

Supplemental Digital Appendix 1

Advisory Committee for the Development of the Social Mission Metrics Survey, 2016-2019

Name	Participation year	Organization	Title
Ali Abdallah	2016-2018	Unity Health Care, The Wright Center for Graduate Medical Education	Resident Physician, Family Medicine
David Acosta	2018-2019	Association of American Medical Colleges	Chief Diversity & Inclusion Officer
Philip Alberti	2016-2019	Association of American Medical Colleges	Senior Director, Health Equity Research and Policy
Karen Bankston	2016-2019	University of Cincinnati	Associate Dean for Clinical Practice, Partnership and Community Engagement
Eileen Breslin	2018-2019	The University of Texas Health Science Center at San Antonio, School of Nursing American Association of Colleges of Nursing	Dean and Professor University of Texas, San Antonio, and Past Board Chair
Jennifer Butlin	2018-2019	Commission on Collegiate Nursing Education	Executive Director
Gregory Chadwick	2018-2019	East Carolina University School of Dental Medicine	Dean
Alexia Charles	2017-2018	The George Washington University	Medical Student
Kim D'Abreu	2016-2017	American Dental Education Association	Senior Vice President for Access, Diversity and Inclusion
Jennifer Danek	2018-2019	Coalition of Urban Serving Universities (USU)	Senior Director
David Danesh	2017-2018	Harvard School of Dental Medicine	Dental Student
Gaea Daniel	2017-2018	Nell Hodgson Woodruff School of Nursing, Emory University	Doctoral Nursing Student, Robert Wood Johnson Foundation NCIN Scholar
Neal Demby	2018-2019	National Network for Oral Health Access NYU Langone Dental Medicine	Emeritus Board Member Senior Vice President
Vernell DeWitty	2016-2018	American Association of Colleges of Nursing	Director for Diversity and Inclusion
Jack Dillenberg	2016-2018	A.T. Still University	Dean, Arizona School of Dentistry & Oral Health
Caswell Evans	2016-2018	University of Illinois – Chicago College of Dentistry	Associate Dean for Prevention and Public Health Sciences
Susan Forneris	2018-2019	National League for Nursing	Director, NLN Center for Innovation in Education Excellence

Robert Graham	2016-2018		Former CEO, American Academy of Family Physicians, 1985-2000
Frederick Isasi	2018-2019	Families USA	Executive Director
Art Kaufman	2016-2018	University of New Mexico	Vice Chancellor, Office for Community Health
Katharine Lawrence	2016-2017	Herbert Wertheim College of Medicine at Florida International University	Medical Student
Karen Linscott	2016-2017	The George Washington University	Project Consultant
Mark A. Lopez	2017-2018	American Dental Education Association	Interim Senior Vice President for Access, Diversity & Inclusion
Robyn Madson	2016-2018	University of the Incarnate Word	Founding Dean, School of Osteopathic Medicine
Veronica Mallett	2018-2019	Meharry Medical College	Senior Vice President for Health Affairs, and Dean, School of Medicine
Beverly Malone	2016-2018	National League of Nursing	Chief Executive Officer
Pat Mastors	2016-2017	Patients' View Institute	Executive Director & Co-Founder
Linda McCauley	2018-2019	Emory University Nell Hodgson Woodruff School of Nursing	Dean and Professor
Thomas Nasca	2018-2019	Accreditation Council for Graduate Medical Education	President and CEO
Wesley Osler	2018-2019	National Student Nurses' Association	President
Patricia Polansky	2018-2019	Center to Champion Nursing in America	Director, Program Development and Implementation
Beth Roemer	2016-2018	Kaiser Permanente	Executive Director, Medical Education Strategy
James Rourke	2018-2019	Association for Medical Education in Europe	Member, ASPIRE Foundation Board and Founding Chair (now member), AMEE Aspire-to-Excellence Panel on Social Accountability
Stephen Shannon	2018-2019	American Association of Colleges of Osteopathic Medicine	President Emeritus
Sonya Smith	2018-2019	American Dental Education Association	Chief Diversity Officer
Henry Sondheimer	2016-2018	George Washington University	Project Senior Consultant, Professorial Lecturer
Diane Stollenwerk	2017-2018	Patients' View Institute	Executive Director

Anne Thomas	2018-2019	National Organization of Nurse Practitioner Faculties	President
Sherin Tookes	2018-2019	Commission on Dental Accreditation	Director
Perry Tsai	2018-2019	American Medical Student Association	National President
Marcia Wilson	2018-2019	National Quality Forum	Past Senior Vice President, Quality Measurement
Jana Zaudke	2016-2017	University of Kansas	Assistant Dean, Academic Society

Supplemental Digital Appendix 2

Social Mission Metrics Survey Debriefing Interview Guideline/Script

Hi, I am Sonal Batra, the Co-Principal Investigator responsible for conducting the Robert Wood Johnson Foundation Social Mission Metrics funded project. On the phone with me today are two members of my research team, Tom Guterbuck, a consultant survey scientist and Julie Orban, a research associate. Before we get started, we wanted to thank you for taking the time to participate in the Social Mission Metrics Study. Your participation helps us better develop and test the instrument for broader use. We understand that you may have many other competing priorities, so we really appreciate your willingness to fill out the questionnaire and to provide us with feedback on this call.

At this time, we would like to ask for your consent to audio record our conversation so that we may better capture what is being said. The audio record is for research purposes only and will not be shared with others outside of the research team. **May we have your consent?**

Consent: Yes or no

This is Sonal speaking with [name] on [date], and you've agreed that we can record your feedback, right? [Get respondent's verbal OK].

The objective of this call is for our research team to learn more about your experience with the study instrument so that we can further refine it for a potential larger pilot phase and address any reliability and validity issues. **Do you have any questions regarding the purpose of the project before we move forward?** [Answer questions] **Do you have a copy of your completed questionnaire in front of you to refer to as we move through it?** [Email to them if they do not]

We would like to start with some overall questions regarding the questionnaire.

When you were filling out the questionnaire, what were your general impressions of it?

Overall, would you say it was easy or difficult to complete?

Was the questionnaire easy to understand?

Was there any part of the questionnaire that was difficult?

What would you change about the questionnaire?

What did you think about the different domains or broad topics covered within the questionnaire?

We would like to review your answers from the closing comments in section U so that we have a better understanding of what you meant.

It appears that it took you ___ time to complete the questionnaire. **What was the process your institution went through to complete the questionnaire?**

Was it difficult for you to get the information you needed to answer the questions? What information in particular?

[Go through each school's answers in section U to come up with additional questions]

Now, we would like to go through the questionnaire pages with you.

Page 1, etc.

On this page: were there any questions that were hard to understand?

Were there any terms or concepts that needed better definition?

Did the answer choices fit your situation? That is, could you find an answer that described your school accurately?

[IF A QUESTION WASN'T ANSWERED]: I see that you didn't provide an answer for (question). Was that because you didn't have the information, you didn't want to share the result, the question wasn't clear, or for some other reason?

Was there anything additional under this topic heading that should have been included?

At this point we would like to ask if you had any other questions for us.

[Wait for questions from pilot school]

Just a couple more questions to wrap-up our discussion today.

In your personal opinion, where does your school stand on social mission, relative to other schools?

**Are their areas or domains where your school's social mission work is especially strong?
Areas where a lot of improvement is needed?**

Does the draft questionnaire allow you to bring out these areas of strength and areas needing development at your school?

Again, thank you for your participation in our research study. We are happy to answer any more questions you may have now or you can contact us at a later date. Please contact me directly at Sonal@gwu.edu.

Supplemental Digital Appendix 3

Activity Areas on the Social Mission Metrics Survey, 2016-2019

No.	Content
Area 1	Social mission
Area 2	Curriculum
Area 3	Extracurricular
Area 4	Targeted education
Area 5	Global health
Area 6	Curriculum aligns to community needs
Area 7	Community collaboration
Area 8	Student diversity
Area 9	Faculty diversity
Area 10	Academic leadership diversity
Area 11	Pipeline programs
Area 12	Student training
Area 13	Faculty training
Area 14	Student-run clinics
Area 15	Student activism
Area 16	Faculty activism
Area 17	Primary care
Area 18	Research

Supplemental Digital Appendix 4

Social Mission Metrics Priorities Survey

Social Mission Metrics (SMM) Priorities Survey

We need your input as we continue to develop informative ways of assessing the extent to which health professions schools are fulfilling the social mission of professional education. This questionnaire will ask you about which specific features of a school are more important when evaluating a schools' social mission performance. Thanks for being willing to give a few minutes to help shape the priorities that will be built into these measures.

Note: This questionnaire is designed for use on a computer or tablet device. It is not formatted to work on your smartphone. If you're seeing this screen on your smartphone, please exit and click into the survey from a computer or tablet.

Background

The Social Mission Metrics Study began in 2016 with the aim of creating a tool to measure the social mission of a health professions school, track it over time, identify best practices, and if relevant, compare it to other institutions. The questionnaire was created with the guidance of a national multidisciplinary Advisory Committee. With their help, we developed 18 different areas that ought to be considered in assessing Social Mission performance. We then developed specific indicators for each of the areas, and these were, in turn, transformed into survey questions that we would pose to school leadership. The questionnaire was edited, shortened, and field-tested at a small number of dental, medical, and nursing schools and further revised based on this field-test process. We've collected some great pilot data from schools that have responded to the revised instrument, but two questions remain open. First, how should specific indicators be weighted when we compute a score for a given area? Second, which of the areas should be given greater or lesser weight when evaluating overall social mission performance of a school? After much discussion, we have decided that the best answers to these questions should come from the preferences expressed by actual stakeholders in health professions education.

What do we mean by "social mission"?

We define the social mission of a health professions school 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." If you define social mission differently, feel free to work from your own definition of the concept as you answer our questions.

What will be done with the results?

The results from this survey will be used to inform our decisions about the weights, to identify specific indicators within each area, and then to assign weighting factors to each area in order to develop a useful and relevant overall score for each school. We want to assign greater weight to the factors that you and others in the stakeholder community think are most important.

Do I need to have data to answer the questions?

The survey aims to measure your views about the level of importance of social mission features of a school. You do not need to gather any data to answer the questions in the survey.

Who is sponsoring this study?

This project is funded by research grants from the Robert Wood Johnson Foundation and the Bureau of Health Workforce, part of the Health Resources and Services Administration [HRSA], an agency of the U.S. Department of Health and Human Services.

Q36.

Social Mission Metrics Priorities Survey Consent Agreement

Please read this consent agreement carefully before you decide to participate in the study.

What you will do in the study: You will complete an online survey that asks you to choose which specific aspects of social mission are most important in health professions education.

Time required: The study will require about 15 to 20 minutes of your time.

Risks: There are no anticipated risks in this study.

How will participating be beneficial?

There are no direct benefits to you for participating in this research study. Your participation will greatly help our research team in the development of the Social Mission Metrics tool to identify measurable indicators of social mission in health professions educational programs. If successful, best practices could be shared with all participating institutions in a larger implementation phase of the Social Mission Metrics survey, thus encouraging needed improvements in health professional education.

How will confidentiality of my answers be protected?

Your responses will only be shared with the study team. Results will be released only in aggregate form that will not allow any respondent to be identified.

What if I don't wish to share an answer?

Participation is strictly voluntary and if there is any requested information that you do not wish to share, please leave the item blank.

Right to withdraw from the study: You have the right to withdraw from the study at any time without penalty.

How to withdraw from the study: If you do not complete the survey, you are withdrawn from the study. There is no penalty for withdrawing.

Payment: You will receive no payment for participating in the study.

What if I have questions?

Please email Julie Orban at juliela@gwu.edu if you have any questions.

If you have questions about your rights in the study, contact:

Tonya R. Moon, Ph.D.
Chair, Institutional Review Board for the Social and Behavioral Sciences
One Morton Dr Suite 500
University of Virginia, P.O. Box 800392
Charlottesville, VA 22908-0392
Telephone: (434) 924-5999
Email: irbsbshelp@virginia.edu
Website: www.virginia.edu/vpr/irb/sbs

Reference IRB-SBS Study #2018-0157-00

You may print a copy of this information for your records.
Just click on the button below.

Print page

Agreement:

I agree to participate in the research study described above.

- I agree to participate
 No thanks

Q39. Thanks for taking time to consider participating. To exit the survey, click the button below and click on the 'next' button, below on the right.

If you reached this page in error and wish to go on to the rest of the questionnaire, please click on the "I agree to participate" button shown above.

This question was not displayed to the respondent.

Opening Demographics. First, just a few questions about you.

Q1. Q1. With which area of health professions education are you primarily concerned?

- Medicine
 Dental
 Nursing
 Other (please specify)

Q2. Q2. What is your main role in health professions education? *[Check all that apply]*

- Faculty member
 Academic leadership (Deans, Assistant Deans, Etc.)
 School administration, staff
 Student
 House staff, resident, fellow
 Practicing in the profession
 Accreditation agency staff
 Education researcher
 Community or patient advocate
 Other (please specify)

Q3. Q3. About how many years have you been involved with health professions education, not counting the years you spent in training?

Years

28

Glossary. You may see some of these phrases used in the survey. The definitions given here are in the context of the project.

Culturally competent programs maintain a set of attitudes, perspectives, behaviors, and policies – both individually and organizationally – that promote positive and effective interactions with diverse cultures.[1]

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]

Health equity research is research that aims to eliminate health disparities and achieve optimal health for all.[3]

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.[4]

[1] Cultural competence. U.S. Department of Health & Human Services website. <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html>. Updated March 1, 2017. Accessed April 5, 2018.

[2] Disparities. Centers for Disease and Control and Prevention website. <https://www.cdc.gov/healthyouth/disparities/>. Updated September 1, 2015. Accessed November 30, 2017.

[3] Health equity. Centers for Disease Control and Prevention website. <https://www.cdc.gov/chronicdisease/healthequity/>. Updated February 10, 2015. Accessed August 29, 2016.

[4] NCHHSTP social determinants of health. Centers for Disease Control and Prevention website. <https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>. Updated March 21, 2014. Accessed November 9, 2017.

Indicators. When evaluating how well a medical school, dental school or nursing school is doing in advancing the social mission of the health professions, there are many aspects to consider. This questionnaire has two main sections. The first section considers indicators for each evaluation area, taking the areas one at a time.

Section A. Importance of indicators for each evaluation area:

In this section, you will be shown short lists describing specific features that could be evaluated within a particular area of a school's social mission. You will be asked about 16 of our 18 areas. Although we are considering a number of indicators, you won't be shown more than 4 indicators for any one area, and some lists will show fewer. To avoid bias, the order of the indicators has been randomized in each questions below. **From each list, please select one item that you see as most important and one that you see as least important.**

Note: If you don't select a most or least important item, we'll take that to mean that you see the unselected items as about equal in importance. There is no back button in Section A due to the randomization that we have built into the instrument.

A1. A1. Evaluation area: Curricular courses and programs

[Please select the one indicator that is most important for social mission and the one that is the least important for social mission of those listed.]

MOST important		LEAST important
<input type="radio"/>	Students required to participate in inter-professional education in clinical, classroom, and simulation settings	<input type="radio"/>
<input checked="" type="radio"/>	Students are required to be involved for an extended period of time in clinical rotations working with patients from a medically underserved population or community	<input type="radio"/>
<input type="radio"/>	School offers compensation to faculty or staff for participation in off-campus clinics or programs in a medically underserved population or community	<input type="radio"/>
<input type="radio"/>	Curricular materials on social determinants of health are integrated across several years of study	<input type="radio"/>
<input type="radio"/>	Curricular materials on health disparities are integrated across several years of study	<input type="radio"/>

<input type="radio"/>	Curricular materials on the health needs of the LGBTQ population are integrated across several years of study	<input type="radio"/>
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A2. A2. Evaluation area: **Extracurricular and service learning activities**

[Please select the one indicator that is most important for social mission and the one that is the least important for social mission of those listed.]

MOST important		LEAST important
<input type="radio"/>	Students are required to participate in service-learning experiences	<input type="radio"/>
<input type="radio"/>	Students are required to be involved in extracurricular activities aimed at health disparities	<input type="radio"/>
<input checked="" type="radio"/>	Students are required to be involved in extracurricular activities aimed at social determinants of health	<input type="radio"/>

A3. A3. Evaluation area: **Targeted education programs**

MOST important		LEAST important
<input type="radio"/>	School's Public Health certificate or degree program involves large percentages of its students	<input type="radio"/>
<input checked="" type="radio"/>	School offers training for other health careers (i.e., Community Health Workers, Medical Assistant, Dental Hygienists, Dental Assistants, Nurse's Aides)	<input type="radio"/>

A4. A4. Evaluation area: **Global health**

MOST important		LEAST important
<input checked="" type="radio"/>	Clinical electives are offered to international students from low or middle income countries at the institution	<input type="radio"/>
<input type="radio"/>	School offers global health rotations abroad	<input type="radio"/>

A5. A5. Evaluation area: **Community collaborations**

MOST important		LEAST important
<input type="radio"/>	School has well developed collaborations with legal professionals	<input type="radio"/>
<input type="radio"/>	School has well developed collaborations with churches, temples or other faith-based organizations	<input type="radio"/>
<input checked="" type="radio"/>	School has well developed collaborations with Federally Qualified Health Clinics	<input type="radio"/>
<input type="radio"/>	School has well developed collaborations with local K-12 schools	<input type="radio"/>
<input type="radio"/>	School has well developed collaborations with local community colleges	<input type="radio"/>
<input type="radio"/>	School has well developed collaborations with local government's health department	<input type="radio"/>
<input type="radio"/>	School has well developed collaborations with philanthropic organizations	<input type="radio"/>

A6. A6. Evaluation area: **Student diversity**

MOST important		LEAST important
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<input type="radio"/>	Holistic review is part of school's formal admission policy	<input type="radio"/>
<input type="radio"/>	Overall ethnic and racial diversity of the student body	<input type="radio"/>
<input type="radio"/>	Student body includes Blacks and Hispanics in similar proportion to their percentage in the US population	<input type="radio"/>
<input type="radio"/>	Student body includes Blacks and Hispanics in similar proportion to their percentage in the state	<input type="radio"/>
<input type="radio"/>	Graduation rates of Black and Hispanic students, relative to rate for all students	<input type="radio"/>
<input type="radio"/>	Students are drawn from the medically underserved population or community that the institution serves	<input type="radio"/>
<input type="radio"/>	First-generation college students are present in high percentages and have good rate of graduation	<input checked="" type="radio"/>
<input type="radio"/>	Percentage of student scholarship dollars that is distributed based on need	<input type="radio"/>
<input type="radio"/>	Percentage of students who self-identify as LGBTQ	<input type="radio"/>

A7. A7. Evaluation area: Faculty diversity

MOST important		LEAST important
<input type="radio"/>	Overall ethnic and racial diversity of the faculty	<input type="radio"/>
<input type="radio"/>	Faculty includes Blacks and Hispanics in similar proportion to their percentages in the US population	<input type="radio"/>
<input type="radio"/>	Faculty includes Blacks and Hispanics in similar proportion to their percentages in the state	<input type="radio"/>
<input type="radio"/>	Faculty includes women and men equally	<input type="radio"/>
<input type="radio"/>	Faculty includes LGBTQ in similar proportion to the US population	<input checked="" type="radio"/>

A8. A8. Evaluation area: Academic leadership diversity

MOST important		LEAST important
<input type="radio"/>	Overall ethnic and racial diversity of the academic leadership	<input type="radio"/>
<input checked="" type="radio"/>	Academic leadership includes Blacks and Hispanics in similar proportion to their percentages in the US population	<input type="radio"/>
<input type="radio"/>	Academic leadership includes Blacks and Hispanics in similar proportion to their percentages in the state	<input type="radio"/>
<input type="radio"/>	Academic leadership includes women and men equally	<input checked="" type="radio"/>
<input type="radio"/>	Academic leadership includes people who identify as LGBTQ	<input type="radio"/>

A9. A9. Evaluation area: Pipeline programs

MOST important		LEAST important
<input type="radio"/>	K-12 pipeline programs have large enrollment	<input type="radio"/>
<input type="radio"/>	K-12 pipeline programs include many students from minority groups	<input type="radio"/>
<input type="radio"/>	K-12 pipeline programs include many students from low-income families	<input type="radio"/>

<input type="radio"/>	Undergraduate pipeline programs have large enrollment	<input checked="" type="radio"/>
<input checked="" type="radio"/>	Undergraduate pipeline programs include many students from minority groups	<input type="radio"/>
<input type="radio"/>	Undergraduate pipeline programs include many students whose parents did not attend college	<input type="radio"/>
<input type="radio"/>	Many undergraduate pipeline program students go on to get education in a health profession	<input type="radio"/>

A10. You're more than half way through our list of areas.

A10. Evaluation area: **Faculty training for a culture of inclusion**

MOST important		LEAST important
<input type="radio"/>	Faculty are required to attend training in social determinants of health	<input type="radio"/>
<input type="radio"/>	Faculty are required to attend health advocacy training	<input type="radio"/>
<input type="radio"/>	Faculty are required to attend cultural competency training	<input checked="" type="radio"/>
<input checked="" type="radio"/>	Faculty are required to attend unconscious bias training	<input type="radio"/>

A11. A11. Evaluation area: **Student training for a culture of inclusion**

MOST important		LEAST important
<input type="radio"/>	Students are required to attend training in social determinants of health	<input type="radio"/>
<input checked="" type="radio"/>	Students are required to attend health advocacy training	<input type="radio"/>
<input type="radio"/>	Students are required to attend cultural competency training	<input checked="" type="radio"/>
<input type="radio"/>	Students are required to attend unconscious bias training	<input type="radio"/>

A12. A12. Evaluation area: **Student-run health clinics**

MOST important		LEAST important
<input type="radio"/>	Student-run health clinics have high student participation rates	<input checked="" type="radio"/>
<input checked="" type="radio"/>	Student-run health clinics have high faculty or staff participation rates	<input type="radio"/>
<input type="radio"/>	Faculty or staff are compensated for their participation in student-run health clinics	<input type="radio"/>

A13. A13. Evaluation area: **Student activism**

MOST important		LEAST important
<input checked="" type="radio"/>	Students are required to be involved in community programs aimed at social determinants of health	<input type="radio"/>
<input type="radio"/>	School provides regular financial support for student activities in the community	<input checked="" type="radio"/>
<input type="radio"/>	Minority students are active in minority professional groups	<input type="radio"/>

A14. Just three more areas to consider.

A14. Evaluation area: **Faculty activism**

MOST important		LEAST important
<input type="radio"/>	Many faculty are involved in community programs related to health	<input type="radio"/>
<input checked="" type="radio"/>	Many faculty are active in advocacy organizations	<input type="radio"/>
<input type="radio"/>	School rewards faculty for community and advocacy participation	<input checked="" type="radio"/>

A15m. A15. Evaluation area: Emphasis on primary care (medical)

This question was not displayed to the respondent.

A15d. A15. Evaluation area: Emphasis on primary care (dental)

This question was not displayed to the respondent.

A15n. A15. Evaluation area: Emphasis on primary care (nursing)

MOST important		LEAST important
<input type="radio"/>	Educational programs put strong emphasis on careers in primary care	<input type="radio"/>
<input type="radio"/>	Large percentage of graduates practicing in community health centers	<input checked="" type="radio"/>
<input type="radio"/>	Nursing - Large percentage of graduates enter public health nursing	<input type="radio"/>
<input checked="" type="radio"/>	NP - Large percentage of graduates enter primary care practice	<input type="radio"/>

A16. A16. Evaluation area: Community needs and social mission in the school's research

MOST important		LEAST important
<input type="radio"/>	School research includes community-engaged research projects	<input type="radio"/>
<input type="radio"/>	School research includes health equity research projects	<input type="radio"/>
<input type="radio"/>	School research includes health promotion and disease prevention research projects	<input checked="" type="radio"/>
<input type="radio"/>	School research includes projects in social determinants of health	<input type="radio"/>
<input checked="" type="radio"/>	School research includes many community health needs assessment projects	<input type="radio"/>
<input type="radio"/>	Community health needs assessment is used to guide the school's research agenda	<input type="radio"/>

Paired Comparisons. Section B.

Now that you've looked at indicators for most of the areas, we'd like to know which of the **areas** you see as having more importance. In each of the following questions, you will be shown two evaluation areas, and for each pair you will be asked to select the one you see as more important in evaluating a school's performance with respect to social mission. (The areas are randomized and there is no significance to whether one is displayed in the left column or the right.) We'll ask you to consider 15 pairs.

Q41. We mentioned these definitions at the start of the survey and wanted to repeat them here for your reference.

Culturally competent programs maintain a set of attitudes, perspectives, behaviors, and policies – both individually and organizationally – that promote positive and effective interactions with diverse cultures.[1]

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]

Health equity research is research that aims to eliminate health disparities and achieve optimal health for all.[3]

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.[4]

[1] Cultural competence. U.S. Department of Health & Human Services website. <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html>. Updated March 1, 2017. Accessed April 5, 2018.

[2] Disparities. Centers for Disease and Control and Prevention website. <https://www.cdc.gov/healthyyouth/disparities/>. Updated September 1, 2015. Accessed November 30, 2017.

[3] Health equity. Centers for Disease Control and Prevention website. <https://www.cdc.gov/chronicdisease/healthequity/>. Updated February 10, 2015. Accessed August 29, 2016.

[4] NCHHSTP social determinants of health. Centers for Disease Control and Prevention website. <https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>. Updated March 21, 2014. Accessed November 9, 2017.

B1. B1. Considering each pair of evaluation areas, which of the two is most important in evaluating a school's performance in the area of Social Mission?

KEY:

- 1 = Item on the left is much more important
- 2 = Item on the left is a little more important
- 3 = Items are equally important
- 4 = Item on the right is a little more important
- 5 = Item on the right is a lot more important

1 2 3 4 5

School has well developed collaborations with community organizations	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Faculty reflects the racial, ethnic, and gender distribution of the population, and includes LGBTQ individuals
Allied institution in an LMIC to train international students and offer global health rotations for US students	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	School's mission statement and strategic plan link its work to a medically underserved population or community
Faculty reflects the racial, ethnic, and gender distribution of the population, and includes LGBTQ individuals	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	School strongly engaged in research on community needs, health equity and promotion, and social determinants of health
School's mission statement and strategic plan link its work to a medically underserved population or community	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Student-run health clinics have high participation from students and faculty
School strongly engaged in research on community needs, health equity and promotion, and social determinants of health	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Required student participation in service-learning and extracurricular activities aimed at health social determinants

B2. B2. Considering each pair of evaluation areas, which of the two is most important in evaluating a school's performance in the area of social mission?

KEY:

- 1 = Item on the left is much more important
- 2 = Item on the left is a little more important
- 3 = Items are equally important
- 4 = Item on the right is a little more important
- 5 = Item on the right is a lot more important

1 2 3 4 5

Student body and graduating classes reflect the racial and ethnic distribution of the population	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Educational programs put strong emphasis on careers in primary care practice/fields
K-12 and undergraduate pipeline programs have large minority enrollment and include first-generation college students	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Faculty reflects the racial, ethnic, and gender distribution of the population, and includes LGBTQ individuals
Faculty are involved in programs aimed at health disparities, determinants or advocacy, with the school's recognition	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Student body and graduating classes reflect the racial and ethnic distribution of the population
Students are involved in programs aimed at health disparities or social determinants, with the school's support	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Student-run health clinics have high participation from students and faculty
Curriculum content focuses on medically underserved communities, health disparities and inter-professional education	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Student body and graduating classes reflect the racial and ethnic distribution of the population

B3. B3. Here's your last set of pairs. Considering each pair of items, which of the two is most important in evaluating a school's performance in the area of social mission?

KEY:

- 1 = Item on the left is much more important

- 2 = Item on the left is a little more important
3 = Items are equally important
4 = Item on the right is a little more important
5 = Item on the right is a lot more important

1 2 3 4 5

Required student attendance at unconscious bias, cultural competency, health advocacy & social determinants training	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Faculty reflects the racial, ethnic, and gender distribution of the population, and includes LGBTQ individuals
Required student participation in service-learning and extracurricular activities aimed at health social determinants	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Curriculum content focuses on medically underserved communities, health disparities and inter-professional education
School has well developed collaborations with community organizations	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Faculty are involved in programs aimed at health disparities, determinants or advocacy, with the school's recognition
Student body and graduating classes reflect the racial and ethnic distribution of the population	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	School has well developed collaborations with community organizations
The design of the curriculum is closely tied to the institution's Community Health Needs Assessment	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Educational programs put strong emphasis on careers in primary care practice/fields

Ending demographics. Before we finish, we have some final questions about you. These are questions about your gender, race and ethnicity.

Q4. Q4. What is your gender?

- Male
 Female
 Other

Q5. Q5. Are you Spanish, Hispanic, or Latino or none of these?

- Yes
 None of these

Q6.

Q6. Choose one or more races that you consider yourself to be [Check all that apply]:

- White Asian
 Black or African American Native Hawaiian or Pacific Islander
 American Indian or Alaska Native Other (please specify)

C1. That's all the questions we have for you. Your responses will help us to shape our evaluation formulas so that they reflect the priorities of the stakeholder community.

If you have any comments about this survey, or about ways we could be measuring social mission performance, please share them here. Then, please click on the right arrow below to submit your responses. Thank you so much for your participation!

Thank you for the opportunity to participate. Will the findings of the study be shared with participants? If yes, how? Thank you.

Embedded Data

Group: 2
P1L: 7
P1R: 9
P2L: 5
P2R: 1
P3L: 9
P3R: 18
P4L: 1
P4R: 14
P5L: 18
P5R: 3
P6L: 8
P6R: 17
P7L: 11
P7R: 9
P8L: 16
P8R: 8
P9L: 15
P9R: 14
P10L: 2
P10R: 8
P11L: 12
P11R: 9
P12L: 3
P12R: 2
P13L: 7
P13R: 16
P14L: 8
P14R: 7
P15L: 6
P15R: 17

Location Data

Location: ([39.045593261719, -77.385299682617](https://www.latlong.net/lat-long/39.045593261719,-77.385299682617))

Source: GeolP Estimation

Supplemental Digital Appendix 5
Dental School/Medical School Field Test Version of the Social Mission Metrics Survey

SOCIAL MISSION METRICS QUESTIONNAIRE

Self-Assessment Tool

INTRODUCTION AND INSTRUCTIONS

Thank you for participating in the self-assessment process by filling out this questionnaire about your 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?

All dental and medical school deans in the United States are invited to participate in the self-assessment process. Given the large number of nursing schools in the U.S., compared to the other disciplines, a randomly selected sample of 400 nursing school deans will also get this invitation. Nursing schools that were not randomly selected to receive an invitation to participate may elect to participate by contacting the study team.

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 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.

How should school-directed questions be answered?

Please answer school-directed questions in relation to the School of Medicine. For example, if your individual school is situated in a larger university or health science center, focus on the individual degree granting school/college for your MD or DO students where possible.

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.

YOUR SCHOOL'S EDUCATIONAL PROGRAM

A. Curricular courses and programs

A1. What is the primary degree that you offer at your medical school?

- 1 Doctor of Medicine (MD)
- 2 Doctor of Osteopathic Medicine (DO)

A2. Does your school have required inter-professional education for all students?

- 1 Yes
- 2 No
- 9 *Don't know*

A2a. IF YES: In which settings do students receive inter-professional education experiences?

- 1 In clinical settings only
- 2 In classroom/simulation settings only
- 3 In both clinical and classroom/simulation settings
- 9 *Don't know*

A3. Does your school offer clinical rotations or courses where your students interact with patients from underserved communities?

- 1 Yes
- 2 No
- 9 *Don't know*

IF YES: Please answer A3a-A3c:

A3a. Are these clinical rotations or courses required of students?

- 1 Yes, required of all our students
- 2 Yes, required of certain students
- 3 No

A3b. IF EXPERIENCES ARE NOT REQUIRED: About how many of your students participate in these clinical rotations or courses over the course of their education

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

A3c. 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)?

- 1 Yes
- 2 No
- 9 *Don't know*

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

A4. Does your school explicitly teach students about social determinants of health in your curriculum?

- 1 Yes, in required courses
- 2 Yes, in elective courses
- 3 No

A4a. IF YES: Is this content integrated across multiple years of study?

- 1 Yes, across all years of study
- 2 Yes, across multiple years of study
- 3 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

A5. Does your school explicitly teach students about health disparities in your curriculum?

- 1 Yes, in required courses
- 2 Yes, in elective courses
- 3 No

A5a. IF YES: Is this content integrated across multiple years of study?

- 1 Yes, across all years of study
- 2 Yes, across multiple years of study
- 3 No

¹ NCHHSTP social determinants of health. Centers for Disease Control and Prevention website.

<https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>. Updated March 21, 2014. Accessed November 9, 2017.

² Disparities. Centers for Disease and Control and Prevention website. <https://www.cdc.gov/healthyyouth/disparities/>. Updated September 1, 2015. Accessed November 30, 2017.

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.

A6. Does your school have specific curricular content focused on LGBTQ health?

- 1 Yes, in required courses
- 2 Yes, in elective courses
- 3 No

A6a. IF YES: Is this content integrated across multiple years of study?

- 1 Yes, across all years of study
- 2 Yes, across multiple years of study
- 3 No

³ GLAAD media reference guide - Lesbian / gay / bisexual glossary of terms. GLAAD website. <https://www.glaad.org/reference/lgbtq>. Accessed November 29, 2017.

B. Extracurricular and service learning opportunities

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

- 1 Yes, required of all students
- 2 Yes, required of some students
- 3 No

B1a. IF EXPERIENCES ARE NOT REQUIRED: About how many of your students participate in service-learning or volunteer opportunities during the course of their education?

- 1 All or nearly all (approximately 91% or more)
- 2 Most (51-90%)
- 3 Some (11-50%)
- 4 Just a few (10% or less)
- 9 *Don't know*

B1b. IF EXPERIENCES ARE REQUIRED: What is the total time commitment required?

- 1 No specific time commitment
- 2 1-10 hours
- 3 11-30 hours
- 4 31-50 hours
- 5 > 50 hours

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

- 1 Yes
- 2 No
- 9 *Don't know*

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

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

C. Targeted education programs

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

- 1 Yes
- 2 No
- 9 *Don't know*

C1a. IF YES: Approximately what percentage of your medical students over the last four graduating classes have completed the Public Health certification or degree option?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

C2. Does your institution or school offer specific education programs that train students to enter the following health careers?

Do you offer a program that trains students to become . . .	Yes	No	<i>Don't know</i>
a. Community Health Workers	1	2	9
b. Medical Assistants	1	2	9

D. Global health

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

- 1 Yes
- 2 No
- 9 *Don't know*

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

- 1 Yes
- 2 No
- 9 *Don't know*

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

- 1 Yes
- 2 No
- 9 *Don't know*

IF YES: Please answer D2a-D2b:

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

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

D2b. What is the average duration of the experience?

- 1 < 2 weeks
- 2 2-4 weeks
- 3 > 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? *Please circle a number.*

- 1 Yes
- 2 No

E1a. **IF YES:** 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. **IF YES:** 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 give us the Web address (URL) where we can locate it and we will attempt to make a determination.

- 1 Yes
- 2 No
- 9 *Don't know*

URL:

E1c. **IF YES:** Please specify your school's community or communities of commitment:

E2. Does your school have a current strategic plan?

- 1 Yes
- 2 No

E2a. **IF YES:** 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. **IF YES:** 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.

- 1 Yes
- 2 No
- 9 *Don't know*

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

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. 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?

- 1 Yes, formal
- 2 Yes, informal
- 3 Neither
- 9 *Don't know*

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

- 1 Substantially
- 2 Moderately
- 3 Slightly
- 4 Not at all
- 9 *Don't know*

⁴ Community health assessments & health improvement plans. Centers for Disease Control and Prevention website. <https://www.cdc.gov/stltpublichealth/cha/plan.html>. Updated November 9, 2015. Accessed August 29, 2016.

G. Community collaborations

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?

- 1 Yes
- 2 No
- 9 *Don't know*
- 10 *Not applicable*

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

- 1 Yes
- 2 No
- 9 *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?

- 1 Yes
- 2 No
- 9 *Don't know*

G2. Does your school have formalized or otherwise well-developed collaborations with any of the following? Please circle a number for each type.

Type of collaboration	Yes	No	<i>Don't know/Not applicable</i>
a. Collaborations with legal professionals	1	2	9
b. Collaborations with churches, temples or other faith-based organizations	1	2	9
c. Collaborations, practice arrangements, or clinical teaching arrangements with a local Federally Qualified Health Center (FQHC)	1	2	9
d. Collaborations with local K-12 schools	1	2	9
e. Collaborations with local community colleges	1	2	9
f. Collaboration with your local government's health department	1	2	9
g. Collaboration with philanthropic organizations	1	2	9

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 program's admission policy include principles of holistic review of applicants?

- 1 Yes, as a matter of written policy
- 2 Yes, as a matter of informal practice
- 3 No
- 9 *Don't know*

H2. What is the total number of students currently enrolled in your degree program?

Total number of students: _____

⁵ Urban Universities for HEALTH. Holistic admissions in the health professions: findings from a national survey. <http://urbanuniversitiesforhealth.org/media/documents/holisticadmissionsinthehealthprofessions.pdf>. Published September 2014. Accessed September 1, 2016.

⁶ Supreme Court of the United States. Grutter v. Bollinger. <https://www.supremecourt.gov/opinions/boundvolumes/539bv.pdf>. Published 2005. Accessed August 29, 2016.

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 primary degree 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 <i>full-time</i> students who identify as: [*]	Percent
a. Hispanic or Latino	_____ %
b. American Indian or Alaskan Native (not Hispanic)	_____ %
c. Asian (not Hispanic)	_____ %
d. Black or African American (not Hispanic)	_____ %
e. Native Hawaiian or Other Pacific Islander	_____ %
f. White (not Hispanic)	_____ %
g. Two or more races (not Hispanic)	_____ %
h. Race/ethnicity not reported/not known	_____ %
i. International student (Nonresident alien)	_____ %
Total (should total to 100%)	_____ %

*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 primary degree 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: _____%

This rate is calculated or estimated over the past _____ years.

This rate represents the percentage of students who graduated within _____ years.

H5. What is the average graduation rate for students by race/ethnicity enrolled in your primary degree 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%.

	American Indian or Alaskan Native	Asian/ Pacific Islander	Black	Hispanic	White	Two or more races	Race Not Reported
Graduation rate:	_____%	_____%	_____%	_____%	_____%	_____%	_____%

This rate is calculated or estimated over the past _____ years.

This rate represents the percentage of students who graduated within _____ years.

H6. Approximately what percentage of your students in your primary degree program are from the community of commitment referred to in section E?

Percent of students: _____%

Information not available

H7. What percentage of students in your primary degree program are from families where neither parent finished college?

Percent of students who were first-generation college students: _____%

Information not available

H7a. Considering only first-generation college students in your primary degree program, what is their average graduation rate? *Note: This rate should be calculated over the same time period as the questions above.*

Graduation rate for first-generation college students: _____%

Information not available

H8. Please consider all the scholarship and grant dollars awarded by your school 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 collect information from each student on his or her self-reported sexual orientation and/or preferred gender identity?

- 1 Yes
- 2 No

H9a. **IF YES:** What percentage of students in your primary degree program self-identify as LGBTQ?

Percent of students identifying as LGBTQ: _____%

Information not available

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.

J1. What is the total number of full-time faculty at your school?

Total number of full-time faculty: _____

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.)

Information not available

Percent of your school's <i>full-time</i> faculty who identify as:	Percent
a. Hispanic or Latino	_____ %
b. American Indian or Alaskan Native (not Hispanic)	_____ %
c. Asian (not Hispanic)	_____ %
d. Black or African American (not Hispanic)	_____ %
e. Native Hawaiian or Other Pacific Islander	_____ %
f. White (not Hispanic)	_____ %
g. Two or more races (not Hispanic)	_____ %
h. Race/ethnicity not reported/not known	_____ %
i. International employee (Nonresident alien)	_____ %
Total (should total to 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: _____%

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

- 1 None
- 2 1-2
- 3 3-4
- 4 5-9
- 5 10 or more
- 9 *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: _____

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.)

Information not available

Percent of your school's <i>academic leadership</i> who identify as:	Percent
a. Hispanic or Latino	____%
b. American Indian or Alaskan Native (not Hispanic)	____%
c. Asian (not Hispanic)	____%
d. Black or African American (not Hispanic)	____%
e. Native Hawaiian or Other Pacific Islander	____%
f. White (not Hispanic)	____%
g. Two or more races (not Hispanic)	____%
h. Race/ethnicity not reported/not known	____%
i. International employee (Nonresident alien)	____%
Total (should total to 100%)	____%

*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: _____%

J8. Does your *academic leadership* team include any member who openly identify themselves as members of the LGBTQ community?

- 1 Yes
- 2 No
- 9 *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?

- 1 Yes
- 2 No
- 9 *Don't know*

IF YES: Please answer K1a-K1c:

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: _____

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: _____%

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: _____%

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?

- 1 Yes
- 2 No
- 9 *Don't know*

IF YES: Please answer K2a-K2d:

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

Number of undergraduate students impacted annually: _____

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

Percent of participating undergraduate students who are minorities: _____%

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

Percent of participating students who are first-generation college students: _____%

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.)

Percent of participating students who enter health profession education: _____%

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?

Training in ...	All or nearly all (91% or more)	Most (51-90%)	Some (10-50%)	Just a few (less than 10%)	Not Offered	Don't Know
a. Unconscious/implicit bias awareness	1	2	3	4	5	9
b. Cultural competency or cultural humility	1	2	3	4	5	9
c. Advocacy on issues related to health	1	2	3	4	5	9
d. Social determinants of health	1	2	3	4	5	9

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

Training in ...	All or nearly all (91% or more)	Most (51-90%)	Some (10-50%)	Just a few (less than 10%)	Not Offered	Don't Know
a. Unconscious/implicit bias awareness	1	2	3	4	5	9
b. Cultural competency or cultural humility	1	2	3	4	5	9
c. Advocacy on issues related to health	1	2	3	4	5	9
d. Social determinants of health	1	2	3	4	5	9

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

- 1 Yes
- 2 No
- 9 *Don't know*

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

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

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

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

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

- 1 Yes
- 2 No
- 9 *Don't know*

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?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *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)?

- 1 Yes
- 2 No
- 9 *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?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

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?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *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.)

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

P3. Does your school recognize or reward faculty participation in the activities in N1 or N2?

- 1 Yes
- 2 No
- 9 *Don't know*

P3a. IF YES: How does your school recognize or reward faculty?

- 1 Promotion criteria explicitly recognize these contributions
- 2 Awards for community activities or advocacy
- 3 Compensation/pay raise
- 4 Other _____

Q. Emphasis on primary care

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

- 1 A great deal of encouragement
- 2 Some encouragement
- 3 A little encouragement
- 4 Neither encourage or discourage
- 5 A little discouragement
- 6 Some discouragement
- 7 A great deal of discouragement

Q2. Approximately what percentage of your graduates practice in community health centers, including Federally Qualified Health Centers (FQHCs)?

Percent of graduates: _____%

Information not available

Q3. Over the past four years, approximately what percentage of your graduates typically enter residency in family practice?

Percent of graduates who enter residency in family practice: _____%

Information not available

Q4. Approximately what percentage of your graduates typically enter primary care practice following residency (family medicine, general internal medicine, general pediatrics, med-peds, or general ob-gyn)?

Percent of graduates who enter primary care: _____%

Information not available

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

⁷ Faridi Z, Grunbaum JA, Gray BS, Franks A, Simoes E. Prev Chronic Dis. 2007;4(3):2.

https://www.cdc.gov/pcd/issues/2007/jul/pdf/06_0182.pdf. Published July 2007. Accessed August 29, 2016.

⁸ Ahmed, SM, Palermo, AG. Community Engagement in Research: Frameworks for Education and Peer Review. Am J Public Health. 2010;100(8): 1380-7. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.178137>. Accessed January 14, 2019.

⁹ Health equity. Centers for Disease Control and Prevention website. <https://www.cdc.gov/chronicdisease/healthequity/>. Updated February 10, 2015. Accessed August 29, 2016.

¹⁰ Health disparities definition. National Institutes of Health website. <https://www.drugabuse.gov/about-nida/organization/health-disparities/about-nida-health-disparities/nih-health-disparities-definition>. Accessed August 29, 2016.

¹¹ Health promotion. World Health Organization website. http://www.who.int/topics/health_promotion/en/. Accessed August 29, 2016.

¹² Prevention research at NIH. National Institutes of Health website. <https://prevention.nih.gov/prevention-research>. Updated April 8, 2016. Accessed August 29, 2016.

R1. For each of the following types of research, please tell us the number of research projects that your school 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. Please circle a response for each type of research.

How many of these projects in the last 3 years?	None	One	2 or 3	4 to 9	10 or more	Don't know
a. Community engaged research (including community based participatory research)	0	1	2-3	4-9	10+	9
b. Health equity or health disparity research	0	1	2-3	4-9	10+	9
c. Health promotion or disease prevention research	0	1	2-3	4-9	10+	9
d. Research into social determinants of health	0	1	2-3	4-9	10+	9
e. Health or research needs assessment in your school's local community or communities of commitment	0	1	2-3	4-9	10+	9

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)

- 1 0-10%
- 2 11-25%
- 3 26-50%
- 4 > 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?

- 1 Substantially
- 2 Moderately
- 3 Slightly
- 9 Don't know
- 10 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?

Thanks again for completing the assessment.

GLOSSARY

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.

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.

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. 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.

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.

Supplemental Digital Appendix 6
Nursing School Field Test Version of the Social Mission Metrics Survey

SOCIAL MISSION METRICS QUESTIONNAIRE

Self-Assessment Tool

INTRODUCTION AND INSTRUCTIONS

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?

We invite you to focus on the baccalaureate level programs at your school when completing this questionnaire since it is specifically designed for bachelor's level programs. Please contact Julie Orban (juliela@gwu.edu) if you would prefer to complete the master's questionnaire instead. This survey is designed for either bachelor's or master's level programs. If you wish to continue, please select Bachelor's Degree in Nursing in question A2 and answer the proceeding 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.

YOUR SCHOOL'S EDUCATIONAL PROGRAM

A. Curricular courses and programs

A1. Does your school offer the following degrees? Please circle a response for each type of degree.

Do you offer any of these types of degrees . . .	Yes	No	Don't know
a. Associate's Degree in Nursing	1	2	9
b. Bachelor's Degree in Nursing	1	2	9
c. Master's Degree in Nursing	1	2	9
d. Doctorate of Nursing Practice	1	2	9
e. Doctor of Philosophy	1	2	9

A2. Which of the following degree programs would you like to base your answers on?

- 1 Bachelor's Degree in Nursing
- 2 Master's Degree in Nursing

A3. Does your program have required inter-professional education for all students?

- 1 Yes
- 2 No
- 9 Don't know

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

- 1 In clinical settings only
- 2 In classroom/simulation settings only
- 3 In both clinical and classroom/simulation settings
- 9 Don't know

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

- 1 Yes
- 2 No
- 9 Don't know

IF YES: Please answer A4a-A4c:

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

- 1 Yes, required of all our students
- 2 Yes, required of certain students
- 3 No

A4b. **IF EXPERIENCES ARE NOT REQUIRED:** About how many of your students participate in these clinical rotations or courses over the course of their education

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

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)?

- 1 Yes
- 2 No
- 9 *Don't know*

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

- 1 Yes, in required courses
- 2 Yes, in elective courses
- 3 No

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

- 1 Yes, across all years of study
- 2 Yes, across multiple years of study
- 3 No

¹ NCHHSTP social determinants of health. Centers for Disease Control and Prevention website. <https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>. Updated March 21, 2014. Accessed November 9, 2017.

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

- 1 Yes, in required courses
- 2 Yes, in elective courses
- 3 No

A6a. IF YES: Is this content integrated across multiple years of study?

- 1 Yes, across all years of study
- 2 Yes, across multiple years of study
- 3 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?

- 1 Yes, in required courses
- 2 Yes, in elective courses
- 3 No

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

- 1 Yes, across all years of study
- 2 Yes, across multiple years of study
- 3 No

² Disparities. Centers for Disease and Control and Prevention website. <https://www.cdc.gov/healthyyouth/disparities/>. Updated September 1, 2015. Accessed November 30, 2017.

³ GLAAD media reference guide - Lesbian / gay / bisexual glossary of terms. GLAAD website. <https://www.glaad.org/reference/lgbtq>. Accessed November 29, 2017.

B. Extracurricular and service learning opportunities

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

- 1 Yes, required of all students
- 2 Yes, required of some students
- 3 No

B1a. IF EXPERIENCES ARE NOT REQUIRED FOR ALL STUDENTS: About how many of your students participate in service-learning or volunteer opportunities during the course of their education?

- 1 All or nearly all (approximately 91% or more)
- 2 Most (51-90%)
- 3 Some (11-50%)
- 4 Just a few (10% or less)
- 9 *Don't know*

B1b. IF EXPERIENCES ARE REQUIRED: What is the total time commitment required?

- 1 No specific time commitment
- 2 1-10 hours
- 3 11-30 hours
- 4 31-50 hours
- 5 > 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?

- 1 Yes
- 2 No
- 9 *Don't know*

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

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

C. Targeted education programs

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

- 1 Yes
- 2 No
- 9 *Don't know*

C1a. IF YES: Approximately what percentage of your nursing students over the last four graduating classes have completed the Public Health certification or degree option?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

C2. Does your institution or school offer specific education programs that train students to enter the following health careers?

Do you offer a program that trains students to become . . .	Yes	No	<i>Don't know</i>
a. Community Health Workers	1	2	9
b. Nurse's Aides	1	2	9

D. Global health

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

- 1 Yes
- 2 No
- 9 *Don't know*

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

- 1 Yes
- 2 No
- 9 *Don't know*

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

- 1 Yes
- 2 No
- 9 *Don't know*

IF YES: Please answer D2a-D2b:

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

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

D2b. What is the average duration of the experience?

- 1 < 2 weeks
- 2 2-4 weeks
- 3 > 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? *Please circle a number.*

- 1 Yes
- 2 No

E1a. **IF YES:** 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. **IF YES:** 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 give us the Web address (URL) where we can locate it and we will attempt to make a determination.

- 1 Yes
- 2 No
- 9 *Don't know*

URL:

E1c. **IF YES:** Please specify your school's community or communities of commitment:

E2. Does your school have a current strategic plan?

- 1 Yes
- 2 No

E2a. **IF YES:** 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. **IF YES:** 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.

- 1 Yes
- 2 No
- 9 *Don't know*

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

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. 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?

- 1 Yes, formal
- 2 Yes, informal
- 3 Neither
- 9 *Don't know*

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

- 1 Substantially
- 2 Moderately
- 3 Slightly
- 4 Not at all
- 9 *Don't know*

⁴ Community health assessments & health improvement plans. Centers for Disease Control and Prevention website. <https://www.cdc.gov/stltpublichealth/cha/plan.html>. Updated November 9, 2015. Accessed August 29, 2016.

G. Community collaborations

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?

- 1 Yes
- 2 No
- 9 *Don't know*
- 10 *Not applicable*

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

- 1 Yes
- 2 No
- 9 *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?

- 1 Yes
- 2 No
- 9 *Don't know*

G2. Does your school have formalized or otherwise well-developed collaborations with any of the following? Please circle a number for each type.

Type of collaboration	Yes	No	<i>Don't know/Not applicable</i>
a. Collaborations with legal professionals	1	2	9
b. Collaborations with churches, temples or other faith-based organizations	1	2	9
c. Collaborations, practice arrangements, or clinical teaching arrangements with a local Federally Qualified Health Center (FQHC)	1	2	9
d. Collaborations with local K-12 schools	1	2	9
e. Collaborations with local community colleges	1	2	9
f. Collaboration with your local government's health department	1	2	9
g. Collaboration with philanthropic organizations	1	2	9

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?

- 1 Yes, as a matter of written policy
- 2 Yes, as a matter of informal practice
- 3 No
- 9 *Don't know*

H2. What is the total number of students currently enrolled in your degree program?

Total number of students: _____

⁵ Urban Universities for HEALTH. Holistic admissions in the health professions: findings from a national survey. <http://urbanuniversitiesforhealth.org/media/documents/holisticadmissionsinthehealthprofessions.pdf>. Published September 2014. Accessed September 1, 2016.

⁶ Supreme Court of the United States. Grutter v. Bollinger. <https://www.supremecourt.gov/opinions/boundvolumes/539bv.pdf>. Published 2005. Accessed August 29, 2016.

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 primary degree 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 <i>full-time</i> students who identify as: [*]	Percent
a. Hispanic or Latino	_____ %
b. American Indian or Alaskan Native (not Hispanic)	_____ %
c. Asian (not Hispanic)	_____ %
d. Black or African American (not Hispanic)	_____ %
e. Native Hawaiian or Other Pacific Islander	_____ %
f. White (not Hispanic)	_____ %
g. Two or more races (not Hispanic)	_____ %
h. Race/ethnicity not reported/not known	_____ %
i. International student (Nonresident alien)	_____ %
Total (should total to 100%)	_____ %

*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 primary degree 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: _____%

This rate is calculated or estimated over the past _____ years.

This rate represents the percentage of students who graduated within _____ years.

H5. What is the average graduation rate for students by race/ethnicity enrolled in your primary degree 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%.

	American Indian or Alaskan Native	Asian/ Pacific Islander	Black	Hispanic	White	Two or more races	Race Not Reported
Graduation rate:	_____%	_____%	_____%	_____%	_____%	_____%	_____%

This rate is calculated or estimated over the past _____ years.

This rate represents the percentage of students who graduated within _____ years.

H6. Approximately what percentage of your students in your primary degree program are from the community of commitment referred to in section E?

Percent of students: _____%

Information not available

H7. What percentage of students in your primary degree program are from families where neither parent finished college?

Percent of students who were first-generation college students: _____%

Information not available

H7a. Considering only first generation college students in your primary degree program, what is their average graduation rate? *Note: This rate should be calculated over the same time period as the questions above.*

Graduation rate for first-generation college students: _____%

Information not available

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?

- 1 Yes
- 2 No

H9a. **IF YES:** What percentage of students in your primary degree program self-identify as LGBTQ?

Percent of students identifying as LGBTQ: _____%
 Information not available

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.

J1. What is the total number of full-time faculty at your school?

Total number of full-time faculty: _____

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.)

Information not available

Percent of your school's <i>full-time faculty</i> who identify as:	Percent
a. Hispanic or Latino	____%
b. American Indian or Alaskan Native (not Hispanic)	____%
c. Asian (not Hispanic)	____%
d. Black or African American (not Hispanic)	____%
e. Native Hawaiian or Other Pacific Islander	____%
f. White (not Hispanic)	____%
g. Two or more races (not Hispanic)	____%
h. Race/ethnicity not reported/not known	____%
i. International employee (Nonresident alien)	____%
Total (should total to 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: _____%

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

- 1 None
- 2 1-2
- 3 3-4
- 4 5-9
- 5 10 or more
- 9 *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: _____

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.)

Information not available

Percent of your school's academic leadership who identify as:	Percent
a. Hispanic or Latino	_____ %
b. American Indian or Alaskan Native (not Hispanic)	_____ %
c. Asian (not Hispanic)	_____ %
d. Black or African American (not Hispanic)	_____ %
e. Native Hawaiian or Other Pacific Islander	_____ %
f. White (not Hispanic)	_____ %
g. Two or more races (not Hispanic)	_____ %
h. Race/ethnicity not reported/not known	_____ %
i. International employee (Nonresident alien)	_____ %
Total (should total to 100%)	_____ %

*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: _____ %

J8. Does your *academic leadership* team include any member who openly identify themselves as members of the LGBTQ community?

- 1 Yes
- 2 No
- 9 *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?

- 1 Yes
- 2 No
- 9 *Don't know*

IF YES: Please answer K1a-K1c:

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: _____

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: _____%

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: _____%

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?

- 1 Yes
- 2 No
- 9 *Don't know*

IF YES: Please answer K2a-K2d:

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

Number of undergraduate students impacted annually: _____

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

Percent of participating undergraduate students who are minorities: _____%

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

Percent of participating students who are first-generation college students: _____%

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.*)

Percent of participating students who enter health profession education: _____%

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?

Training in ...	All or nearly all (91% or more)	Most (51-90%)	Some (10-50%)	Just a few (less than 10%)	Not Offered	Don't Know
a. Unconscious/implicit bias awareness	1	2	3	4	5	9
b. Cultural competency or cultural humility	1	2	3	4	5	9
c. Advocacy on issues related to health	1	2	3	4	5	9
d. Social determinants of health	1	2	3	4	5	9

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

Training in ...	All or nearly all (91% or more)	Most (51-90%)	Some (10-50%)	Just a few (less than 10%)	Not Offered	Don't Know
a. Unconscious/implicit bias awareness	1	2	3	4	5	9
b. Cultural competency or cultural humility	1	2	3	4	5	9
c. Advocacy on issues related to health	1	2	3	4	5	9
d. Social determinants of health	1	2	3	4	5	9

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

- 1 Yes
- 2 No
- 9 *Don't know*

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

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

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

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

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

- 1 Yes
- 2 No
- 9 *Don't know*

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?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *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)?

- 1 Yes
- 2 No
- 9 *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?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

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?

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *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.)

- 1 All or nearly all (91% or more)
- 2 Most (51-90%)
- 3 Some (10-50%)
- 4 Just a few (less than 10%)
- 5 None
- 9 *Don't know*

P3. Does your school recognize or reward faculty participation in the activities in N1 or N2?

- 1 Yes
- 2 No
- 9 *Don't know*

P3a. IF YES: How does your school recognize or reward faculty?

- 1 Promotion criteria explicitly recognize these contributions
- 2 Awards for community activities or advocacy
- 3 Compensation/pay raise
- 4 Other _____

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?

- 1 A great deal of encouragement
- 2 Some encouragement
- 3 A little encouragement
- 4 Neither encourage or discourage
- 5 A little discouragement
- 6 Some discouragement
- 7 A great deal of discouragement

Q2. Approximately what percentage of your primary degree program graduates practice in community health centers, including Federally Qualified Health Centers (FQHCs)?

Percent of graduates: _____%

Information not available

Q3. Approximately what percentage of your primary degree program 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

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

⁷ Faridi Z, Grunbaum JA, Gray BS, Franks A, Simoes E. Prev Chronic Dis. 2007;4(3):2.

https://www.cdc.gov/pcd/issues/2007/jul/pdf/06_0182.pdf. Published July 2007. Accessed August 29, 2016.

⁸ Ahmed, SM, Palermo, AG. Community Engagement in Research: Frameworks for Education and Peer Review. Am J Public Health. 2010;100(8): 1380-7. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.178137>. Accessed January 14, 2019.

⁹ Health equity. Centers for Disease Control and Prevention website. <https://www.cdc.gov/chronicdisease/healthequity/>. Updated February 10, 2015. Accessed August 29, 2016.

¹⁰ Health disparities definition. National Institutes of Health website. <https://www.drugabuse.gov/about-nida/organization/health-disparities/about-nida-health-disparities/nih-health-disparities-definition>. Accessed August 29, 2016.

¹¹ Health promotion. World Health Organization website. http://www.who.int/topics/health_promotion/en/. Accessed August 29, 2016.

¹² Prevention research at NIH. National Institutes of Health website. <https://prevention.nih.gov/prevention-research>. Updated April 8, 2016. Accessed August 29, 2016.

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. Please circle a response for each type of research.

How many of these projects in the last 3 years?	None	One	2 or 3	4 to 9	10 or more	Don't know
a. Community engaged research (including community based participatory research)	0	1	2-3	4-9	10+	9
b. Health equity or health disparity research	0	1	2-3	4-9	10+	9
c. Health promotion or disease prevention research	0	1	2-3	4-9	10+	9
d. Research into social determinants of health	0	1	2-3	4-9	10+	9
e. Health or research needs assessment in your school's local community or communities of commitment	0	1	2-3	4-9	10+	9

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)

- 1 0-10%
- 2 11-25%
- 3 26-50%
- 4 > 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?

- 1 Substantially
- 2 Moderately
- 3 Slightly
- 4 Not at all
- 9 Don't know
- 10 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?

A large rectangular box with a dotted-line border, intended for respondents to write their answers to the question S1.

Thanks again for completing our questionnaire.

GLOSSARY

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.

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.

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. 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.

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.