

## **BIOETHICS AND HUMANITIES PROGRAM REVIEW**

**SITE VISIT: MAY 8-9, 2017**

**UNIVERSITY OF WASHINGTON**

### **COMMITTEE**

#### *Internal Members:*

Chair: Rachel Chapman Associate Professor, Anthropology UW Box 353100 University of Washington Phone: 206.543.5240 E-mail: [rrc4@uw.edu](mailto:rrc4@uw.edu)

Andrea Woody Associate Professor and Chair, Philosophy Box 353350 University of Washington Phone: 206.685.2663 E-mail: [awoody@uw.edu](mailto:awoody@uw.edu)

#### *External Members:*

Leonard Fleck Professor, Center for Ethics and Humanities in the Life Sciences Department of Philosophy Michigan State University C-208 East Fee Hall East Lansing, MI 48824-1316 Phone: 517.355.7552 E-mail: [fleck@msu.edu](mailto:fleck@msu.edu)

Pilar Ossorio Professor of Law & Bioethics Law School University of Wisconsin 975 Bascom Mall, Room 9103 Madison, WI 53706 Phone: 608.263.4387 E-mail: [pnossorio@wisc.edu](mailto:pnossorio@wisc.edu)

### **OUR CHARGE**

We had three charges from the Graduate School of the University of Washington: (1) Assess the quality of the undergraduate minor and the graduate degree program in the Department of Bioethics and Humanities in the School of Medicine; (2) Offer constructive suggestions for strengthening both programs; and (3) Evaluate the overall health of the Department.

### **Background Context**

Three factors seem especially important as background for this report. First, in 2000 Wylie Burke, MD, Ph.D. became chair of the department. To quote the department's self-study, under her tenure "extramurally funded research expanded, the department budget quadrupled, the number of faculty doubled, teaching programs grew, and the department became a recognized leader in empirical bioethics research." Second, the Master of Arts program in Bioethics was suspended in 2005 and was reinstated in 2010. Third, Denise Dudzinski, Ph.D. became chair in 2015. Again, to quote from the department's self-study, she "set forth a vision that included expanding its clinical ethics presence, establishing a UW Medicine ethics consultation service serving four hospitals, expanding organizational ethics consultation services, increasing collaboration with clinical departments throughout the School of Medicine, and creating online educational programs."

Here are the relationships among these three elements. The department currently has ten active faculty members, five on tenure lines, five on non-tenure research lines. Dr. Burke was successful in bringing in very substantial external funding as an ELSI-funded Center for Excellence (CEER), the Center for Genomics and Health Care Equality. That Center has been extraordinarily productive, well-respected and in one faculty member's words "held the family together." But that Center, with its revenue flow, has ended and its Director, the Department's previous chair is retiring. This led to the hire of a new chair and created the need for new income-generating program efforts. This is what Dr. Dudzinski is seeking to do with the consultation services referenced above, as well as the online teaching and increased collaboration with clinical departments, presumably with externally funded projects that might benefit from an ethics component.

This transition is part of what was described by adjunct faculty as a historical "pendulum swing" in a department that under Dr. Burke functioned more like a medical school department, with a long commitment to social justice and community engaged work, and is now moving towards a more hybrid (north campus/south campus) profile geared toward hunting down individual grants for survival in an atmosphere that makes it, for some, more "difficult to care."

### **Transition Challenges**

The context of major transition within the Department has created a constellation of conditions that can be referred to as the "transition challenge." As a result of the transition, faculty outside the tenure system expressed significant uncertainty and anxiety regarding their current and future status in the department, and what the department's new priorities, focus, and direction under the new chair mean for them. Importantly, we also note that on the part of tenure track faculty, there was little to no discussion reflecting acknowledgement and mutual concern for three related tensions that are perhaps inevitable in this transitional period: 1) the pressures faced by WOT colleagues who have not only lost their stable source of funding, but whose areas of work are most likely to bring in significant extramural funding which the department as a whole is, in part, dependent on; 2) the desire of WOT faculty to be able to participate in other important areas of departmental work, including teaching, consulting and inter-disciplinary projects; and 3) the loss of mechanisms to create and pursue a cohesive and integrated vision bringing together this hybrid department. NIH funding has become much more competitive in the past decade, and, in particular, funding for ethics projects is extremely limited.

We would have liked to see more transparent discussion about these structurally-rooted but socially significant tensions. Department staff members (rather than faculty) were actually best situated to articulate the real need for departmental mechanisms to facilitate better communication, integrated and collaborative strategic planning, mutual understanding and collective vision for mission setting. They also had concrete suggestions for what such mechanisms could look like. It was staff who pointed out the need for ways to "get people on the same page," support "bonding for staff and faculty and faculty," and identify "gaps and divergence of vision based on faculty niches" that might be preventing the department from "working through the continuity of ideas and programmatic priorities" over a 3 to 5-year period. We strongly encourage the Chair and faculty to more fully engage the dedicated staff as an

untapped resource for bridging knowledge and perspective, since only some faculty work with all faculty and programs.

The MA program is a source of additional revenue for the Department. But there are only 4-8 students in that program at any time. Developing a larger cohort would be desirable from a financial perspective, but the current intimacy and quality of the program is clearly one of its strengths. The reinvigorated program now focuses on health care professionals who wish to build their expertise in health care ethics and ethics consultation, perhaps in connection with an intended career that includes academic teaching. In our meeting with students in that program there was clearly very strong commitment and energy, which could be at risk if the program were to become significantly larger. The students would also like to see more attention to planning of courses in DBH that would facilitate concurrency with other degree program participation.

Losing the only historically under-represented minority faculty was another significant consequence, not only of the shifting direction of leadership, funding mechanisms and the closing of the CEER, but also of an absence of efforts to retain the faculty member and the community-based focus of her research and expertise. One person characterized those failures as, “retreating support for community connections.” Lack of URM faculty in the unit and absence of concrete steps to address this gap in current and future vision and mission statements for the unit remains a core weakness that negatively affects its health and its potential contributions to research, teaching and service. It is important to add lack of racial and ethnic diversity to the list of challenges of transition we encountered in the department.

The Department’s current lack of diversity is especially unfortunate given that its CEER was quite successful at working with Native American communities in the United States and Canada. Genomics research, and the use of genetic testing to determine tribal membership, are highly fraught issues in many Native American communities. The U. of Washington CEER gained a reputation both among tribes and bioethics scholars as having made remarkable relationships and policy advances regarding human genome research with Native American communities. Dr. Ossorio has considerable experience working with southwestern Native American communities, and she can attest to the complexity, sensitivity, and difficulty of genomics work in these communities and to the incredibly high regard in which the UW CEER was held.

## **PROGRAM ASSESSMENT**

### ***MA in Bioethics and Humanities***

There is no doubt in our mind that the MA program is academically excellent. Course evaluations by students are very high. The published research from graduates of the program is commendable and remarkable; it represents good evidence for the quality of the instruction provided by the program. Another strength is that the program itself includes a very good range of health professionals with different professional backgrounds. This interdisciplinary scope allows ethical disagreements to surface and be discussed respectfully among individuals with very different professional perspectives. However, that is only one sort of diversity.

One weakness of the program is the lack of racial/ethnic diversity among students and faculty. This is something that requires more deliberate initiative by the department. The department recently promulgated a “Diversity Statement,” and we would like to see some concrete steps toward addressing racial/ethnic diversity in the one-year check-in. Improving student diversity might also require financial resources (e.g., tuition waivers) aimed at attracting under-represented minorities. We did not specifically inquire about that point. Our impression is that these are not resources that could come from the department itself, given its own constrained finances, and a pending budget reduction. Promoting racial/ethnic diversity in this and other programs should be seen as a responsibility of both the department and the School of Medicine.

One of the other strengths of the program is that faculty have a broad range of disciplinary expertise within the multi-disciplinary field of bioethics. This clearly adds to the richness of the educational opportunities for students in the program. Further, most of the faculty themselves have strong research and publishing records, which have yielded nationally respected professional reputations.

### ***Undergraduate Minor in Bioethics***

The Undergraduate Minor in Bioethics is also an academically respectable program. It has many of the same strengths and weaknesses as the MA program. It is aimed at undergraduates who intend to pursue careers in the health professions, which suggests some diversity of perspective (limited we realize, given that these students would have little actual experience in any of these professional roles). Again, there is a rich array of course offerings. Course evaluations by students overall are very good. The undergraduates we interviewed were clearly very bright, enthusiastic, and well-educated.

A significant weakness of the program is a lack of racial/ethnic diversity in students and faculty. Correcting this deficiency will require very deliberate effort. We note that the department self-study calls attention to their current outreach efforts to minority and under-represented groups “by participating in student organizations working on issues related to diversity, inclusion, and equity.” In our meetings with faculty we failed to elicit more detailed information regarding the nature and extent of this involvement, and any measure of its success.

The current size of the program is 65-75 students. The program could be significantly larger, and this would have positive financial consequences for the department. The problem here is what we will refer to as the “visibility challenge.” We heard from the undergraduates that they were “surprised” to discover this minor existed (as was true for many of their friends), because the minor is embedded in the School of Medicine on “south campus” and the vast majority of undergraduates are on “north campus.” This suggests that the department needs to invest more effort in “becoming visible” across the campus as a whole. There are a number of ways in which this could be accomplished, but all of them would require extra faculty effort, time, and commitment, and that might be a very limited resource at present. Len Fleck provided examples of ways in which his Center promotes the bioethics minor at Michigan State University. Among other efforts, they use a website/blog titled “Bioethics in the News” with thoughtful commentary

and essays by faculty that invite responses from readers. The Center uses Twitter in a similar manner.

### ***Secondary Academic Programs***

“You’d be hard pressed to find any individual who can describe everything that this Department does for the betterment of the Medical School.” Dean Slattery, UW SOM

Though the phrase “secondary academic programs” is used in the self-study report, the programs covered are of anything but secondary importance, and should be considered extremely significant by both the School of Medicine and University as a whole. As Dean Slattery of the School of Medicine accurately commented, “You’d be hard pressed to find any individual who can describe everything that this department does for the betterment of the Medical School.” We will comment on four of them.

The first of these programs is the *Bioethics Research Integrity Program*. This program provides research integrity education to about 350-400 researchers each year. In a research university this is a very important program, especially in the light of the many incidents of research misconduct that have surfaced in the media over the past decade. The program generates some revenue for the department, through funding by the Medical School, but it was pointed out to us that the amount of funding has not changed in ten years. This situation is problematic, both morally and economically. It was not clear to us who is ultimately responsible for funding this program, but this shortfall is something that ought to be remedied.

The second of these programs was the *Graduate Certificate Program in Palliative Care* (co-sponsored with the School of Nursing). Again, this program generates some revenue for the department. We believe most health professionals see palliative care as being of significant clinical importance. But we learned in the course of our interviews that this program was in danger of losing its funding. We learned that there is an awkward conflict of interest associated with palliative care, both for hospitals and the medical school. Palliative care is reimbursed, but it often means pulling back on other aggressive life-sustaining forms of care (and the clinical revenue such efforts would typically generate). From an ethical perspective we would hope this was not a reason for considering defunding of this certificate program.

The third program is the *Summer Seminar in Healthcare Ethics (SSHE)*. This has been a very successful program with anywhere from 65-100 participants from all over the country. It has high visibility and respectability across the country, and gets outstanding marks from participants. The SSHE generates some revenue for the department, however, it also depends upon the generosity of various adjunct faculty associated with the department who help out in various ways (small group work) on a voluntary basis.

The fourth program is the *Ethics Theme* in the curriculum of the School of Medicine and related residency programs. We noted that the School of Medicine curriculum, and ethics role within it, is currently in a transitional stage. If we heard correctly, it sounded as if in the “old” curriculum ethics topics might have been allotted twelve hours of curricular time, mostly in the second year. This seems marginal. We were not clear how this content was delivered. If this was delivered in

the form of large group lectures, the likelihood is that this method of teaching this content would be marginally effective. Dr. Fleck noted (in response to the question in the self-study report “How can teaching ethics in the School of Medicine be improved?”) that in the College of Human Medicine at Michigan State University the curriculum as a whole is in the problem-based mold with very few large group lectures. Ethics, humanities, and health policy content is all done in small groups (7-8) with a small group preceptor very familiar with the content being taught. Small group discussion is case-based with required and supplemental readings, discussion questions and some video material. The ultimate goal of the sessions is skill-development in recognizing and thoughtfully addressing complex ethical issues through discussion with others who may have different points of view. This does require a considerable amount of faculty time (24 preceptors for each small group modular course).

A new approach is supposed to be introduced in the fall of 2017. It is supposed to be a single course spread out over four years with nine “medicine and society” themes comprising that course. Ethics would be one of those themes. That course would occupy nine teaching weeks over the four-year curriculum. It sounded like contact hours for the course each week would be about 20 hours.

We do not have a clear picture of the instructional methods that would be used to deliver that content, though our comments above would apply here as well. In addition, it would seem that students in clerkships would have ample opportunity to bring to small group discussion cases that raised ethical issues in their clinical training. Among other things, they would then have an opportunity to critically assess how the substantive ethics issues raised in that case were addressed as well as the process by which that occurred, perhaps with special attention to any differences in ethical perspective as represented by physicians as opposed to nurses or other health professionals connected to the case. Critical assessment of discussion with patients (assumed competent) or family members would also be valuable. Development of this curricular material was underway during the course of our visit.

What got our critical attention was the fact that only 10% of one faculty member’s time was being paid for to undertake course development efforts that, in all likelihood, requires much more than 10% of one person’s time. While it is clear that 10% is not adequate for the efforts currently being contributed by a junior tenure-track scholar, it is also probable that once the curriculum is finished and the “Themes” are being instructed, 10% of one person will be an inadequate percentage of time. It is our assumption that other faculty within the department of Bioethics and Humanities would have to contribute their time and expertise to instructional activities in the theme.

While we acknowledge and respect that the Bioethics and Humanities Department prides itself on being a great team player, we feel that the theme of invisible and unpaid labor is too consistent across the activities of the bioethics faculty and may threaten the sustainability, thriving, and future growth of the department. This department may not be attractive to competitive junior faculty if it does not protect its junior scholars’ time for research and writing to the same extent as comparable institutions. For instance, the University of Wisconsin’s Department of Medical History and Bioethics (MHB) generally provides new junior faculty with

an initial semester free of all teaching responsibilities so they can develop a new course, and then provides at least one additional pre-tenure semester with no teaching so that young scholars can focus entirely on their research and writing. It would be a shame if the University of Washington's Bioethics and Humanities Department lost out on good new faculty hires due to resource and time constraints.

## **FUTURE DIRECTIONS**

### ***Clinical Ethics Consultation***

Clinical Ethics Consultation is a new undertaking for the department. This activity is no doubt quite appropriate and valuable, both as a service to the hospitals and as an integral part of the educational efforts of the department. It is also intended to bring in revenue, again to cover for the external funding that was tied to CEER and that has now been lost. However, one of the clear impressions we had as a review team was that this was another effort that brought in less revenue than it should relative to the amount of time and energy invested in providing the service. The ultimate problem associated with this imbalance is that individuals have less time and energy available for publishing research and for pursuing external funding intended to support research.

In the "Future Directions" section of the department's self-study they write, "We will actively seek ways to diversify departmental funding to include self-sustaining distance learning programs, NIH and other federal grants, foundation funding and philanthropy." We will observe, as above, that significant faculty time has to be available and invested in pursuing NIH and other federal grants. Most of that effort may prove fruitless (which is true for most researchers). To have that time and energy available faculty time cannot be overinvested and underpaid in other efforts. That seems to be a problem. Distance learning also requires considerable amounts of faculty time and effort (if done credibly) to develop curricular materials and then to be adequately engaged with students seeking to take advantage of that material. Our recommendation would be that some sort of very careful market analysis ought to be done to be confident that there is a need there that they can serve and that would likely be taken advantage of by enough students to yield the revenue needed to justify that investment.

### ***Future Collaborations in the UW School of Medicine***

In the "Future Directions" section, the department writes, "We will develop new and innovative collaborations with School of Medicine departments [...]" This is a wise and commendable effort, in part because there are genuine needs to be met here, especially for ethics education in many residency programs (which tend to be very light in this respect). The virtue of addressing these needs is that they are local and non-competitive, unlike, for example, pursuing NIH or other federal funding.

The challenge, however, is making certain that the residency programs provide financial support for curriculum development and teaching that is commensurate with the quantity of effort required for that development. If done well and creatively, resources can be multiplied and other educational objectives achieved more efficiently.

An integral part of residency ethics teaching would be identifying those residents who exhibited significant interest and ability in addressing ethics issues, then using them as part of their own ethics training in educating clerkship students in ethics issues at the bedside or in small group meetings. The Surgical Ethics continuing education course mentioned in the self-study sounds like a good start. Developing something comparable in other major areas of medicine would be desirable, assuming that financial resources from the residency programs or the School of Medicine are sufficiently supportive. We strongly warn against taking up other roles and responsibilities within the SOM without fair and integral resource commitment from the SOM leadership and related department heads.

### ***Future Collaborations Beyond the School of Medicine***

The “Future Directions” section also mentions developing innovative collaborations with other UW Schools. It seems that the department already has in place a number of collaborative efforts (Public Health, School of Law, Genome Sciences, Pediatrics, and the Philosophy Department). Again, such efforts are commendable so long as there is mutual benefit, and so long as faculty effort is not spread too thinly and so diffusely as to lose focus on the most important things the department must accomplish.

Another item mentioned in “Future Directions” is increasing commitment to public deliberation. This is something that is certainly congruent with the mission of the department. It is certainly valuable as a public educational service. It is a necessary corrective to the angry screaming and name-calling that has become a standard feature of political “debate” around politically controversial issues. But this too requires considerable faculty effort to organize such forums. It requires partnerships with a broad range of community groups (which is a good thing, especially if such partnerships are seeking to meet diversity objectives). But there needs to be adequate financial support for those efforts from some external funding source. Local foundations might be such a source, again more easily successfully accessed than NIH.

It was a concern to us that when Dean Slattery was informed about the importance of the DBH contributions to undergraduate and graduate teaching, and the way in which ABB funding puts this “hybrid” department located within the UW School of Medicine at a fiscal disadvantage, that his response was to suggest seeking funds from the College of Arts and Sciences. We hope that the School of Medicine leadership will take the opportunity of this deep dive into the DBH functioning and contributions to ensure that this unit, so crucial as it is to the mission, vision and integrity of School of Medicine training and daily functioning, is sufficiently supported and remunerated for all its activities and services that directly and indirectly contribute to UWSOM excellence.

## **CONCLUSIONS**

### ***Faculty Integration and Diversity***

The core and adjunct faculty in the DBH has an impressive range of expertise across many of the scholarly areas associated with bioethics today. The adjunct faculty find the department to be an important resource and intellectual home for them outside of their home affiliations. This is a



very definite strength. We did hear in our meetings with faculty and staff some mention of faculty within DBH being “in silos” and less open to inter-program research and other collaborations. We also heard discussions of the ways in which empirical research is always done in interdisciplinary teams, and we heard discussion of projects in development, such as one on implementation science, that would include individuals from DBH and numerous other units of the university and medical school. DBH faculty apparently have a broad range of commitments, responsibilities, and connections across the School of Medicine and the University. Concerns about silos might reflect the fact that core DBH faculty are already overcommitted, and not willing to take on new projects or develop new collaborations, even within their own department. The department should seek to understand its faculty members’ current inter-program activities and whether such activities are sufficient or whether additional opportunities should be explored.

We laud the faculty for its LGBT representation. However, we reiterate here our concern stated above, that a lack of historically under-represented minority and international faculty is a weakness that transcends disciplinary and theoretical range, and in 2017, cannot but hamper the ability of the department to adequately reach, teach and serve a truly diverse student body and diverse communities in a globalizing state and world. Faculty diversity in this respect could invite student diversity and could lead the department’s faculty to undertake novel bioethics research and scholarship.

### ***Curricular and Teaching Excellence***

We have no doubt about the overall quality or educational value of both the graduate program and the bioethics minor. Both reflect well the quality of the faculty, the quality of students and their value within the university as a whole. They should have continuing status for the next ten years, though some sort of internal review might be valuable in the 3-5 year range in relation to some of the other specific recommendations we offer.

### ***Department Scope and Relevance***

We were asked to comment on recent developments in bioethics and whether those were being incorporated into the unit. As noted above, most of the major areas of bioethics are well represented. Nancy Jecker is adding new coursework pertaining to cross-cultural bioethics. That represents a valuable content addition to the department that would be even further enhanced by desegregating the faculty. We did not hear much about neuroethics or neuroscience. This would be one area that could be strengthened, because much research seems to be directed along these lines today. Also, the department is developing connections to the Precision Medicine Initiative, which is another valuable connection.

American bioethics is built upon such cases as Tuskegee, and the Institute of Medicine’s 2002 extensive and compelling report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, which revealed deep bias in medicine as a source of racial/ethnic health disparities. We are, therefore, concerned with the absence of training opportunities directly focused on racism and racial equity in medical practice. Furthermore, racial discrimination and racism in medical practice was not included in the “Medical Ethics” section of the website. In

the section under “Bioethics Topics” titled [Cross-Cultural Issues and Diverse Beliefs](#), cultural, religious and ideological beliefs are presented as “idiosyncratic” with no reference to race/ethnic experience or identity in provider/client interactions as being core to establishing effective or harmful “therapeutic relationships.” This needs attention from the chair and faculty for improvement.

### ***Current Challenges to Address***

Below we summarize the major challenges faced by the department. We make no pretense that there are quick and easy resolutions for these challenges. But naming them may be helpful.

Challenge #1: The department is underfunded. We have emphasized this multiple times in this report.

Challenge #2: Insufficient race/ethnicity diversity at all levels of the program including: faculty; students in the graduate and undergraduate programs; professional training and Ethics in Medicine resources and Case Studies; and in DBH public interface and “branding.” The Department’s website features the “Standing in Solidarity” poster and a link to the diversity statement on its Home page. Otherwise, we found no representation of racial/ethnic diversity in the community, including on the page with the Diversity Statement. The Diversity Statement is a new document voted on since the beginning of the ten-year review process, and its vision is not supported by any Future Directions priorities or any stakeholder visions shared with us.

Challenge #3: Insufficient visibility, primarily to other departments in the School of Medicine, then to other undergraduate programs in the university (in order to recruit more students to the minor).

Challenge #4: Navigating the transition with a new chair and substantial loss of external funding, requiring a re-ordering of priorities and activities.

Challenge #5: Cohesion within the department, what we referred to above as the silo problem and split between tenure-track and non-tenure track faculty.

Challenge #6: The need for a lot of creative problem-solving in an academic environment with limited financial resources.

Challenge #7: Legitimate feelings of vulnerability among faculty not in tenure-track positions.

Challenge #8: Navigating difficult budgeting and service provision discussions with the UW School of Medicine. It seemed clear to us that the DBH is truly “punching above their weight” and that they provide many more contributions to the SOM than they are supported to provide. It might have been helpful to meet with the Dean of the School of Medicine, or at least the Associate Dean for Academic Affairs (who presumably would have ultimate authority over the curriculum and discretionary budgets). They might have given us a better picture of how the topmost leadership in the School views the Department of Bioethics and Humanities.

## Recommendations

We recommend the following:

1. **Respect:** The entire DBH and its Chairs, past and present, must to be acknowledged, upheld and commended on the excellent and impressive nature of its outstanding services, activities, resources, scholarship and intellectual, academic, pedagogical contributions to both upper and lower campus Schools and Colleges. DBH should be further singled out and better supported (in terms of budgeting and increased faculty and staff) for being a much-valued “home away from home” to ethicists of all trainings and programs who value the nexus provided by DBH for intellectual community and points of synergy and collaboration. We encourage all the units which are primary “homes” to adjunct faculty to consider ways of supporting this critical resource that enhances the lives and work of a broad and distinguished community of researchers, practitioners and practitioner-scholars. We identify the UW School of Medicine as the primary benefactor of the DBH “punching above their weight” by putting out more work and services than their incoming resources should actually humanly sustain.
2. **Review:** The DBH will be reviewed again in ten years as is prescribed by the UW Graduate School.
3. **Regroup:** The DBH shall schedule a one year and a three-year check-in with their full community and relevant stakeholders to support and evaluate progress in addressing the above (8) challenges identified by the reviewers. External stakeholders should be included as helpful and as needed (including lost faculty of color as a key volunteered resource).
4. **Reinvigorate:** The DBH should develop a mechanism for creating greater integration and cohesive community functioning through shared vision, mission and planning that can “get people on the same page,” support “bonding for staff and faculty and faculty amongst each other”, identify “gaps and divergence of vision based on faculty niches” that might be preventing the department from “working through the continuity of ideas” and “unifying programmatic priorities.”
5. **Recompense:** The DBH Chair should be supported by SOM Deans and other administrative leadership to obtain better and more equitable fiscal support for all direct and indirect services provided to the SOM. Such a fiscal review and revised short and long-term budget planning was beyond the scope of this review process, but should occur in a timely way so as to support progress on the above (8) challenges.
6. **Represent:** DBH should have a presence on any SOM Diversity Initiatives that involve faculty hiring, and should be considered for receiving targeted opportunity FTE funds to increase faculty diversity in the unit as a matter of urgency.
7. **Reinvent:** In order to begin work on Challenges #2 and #4, we recommend that the DBH community meet as soon as possible as a community to revise and integrate both their Diversity Statement and Future Directions priorities to include concrete baseline data, action steps, accountability structures and progress goals and benchmarks operationalize a cohesive and integrated vision.