We Can Do Better: Application of an Equity Lens to Faculty Development and Academic Promotion

Submission Id: 10476

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Duke University School of Medicine

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Disclosures

I serve as Chief Medical Officer and Co-Founder of Synopteon, an on-line assessment tool designed to simplify high frequency, low stakes assessments to fuel the adult learner and link to ACGME Milestones. All Teach, All Learn

I will be talking explicitly about racism, systemic racism and white supremacy culture

Objectives

- Describe a framework to measure impact of work in the sphere of Justice Equity Diversity Antiracism and Inclusion to support academic promotion.

- Describe differences between mentorship, sponsorship and coaching and explore ways to assure equitable distribution of faculty support.

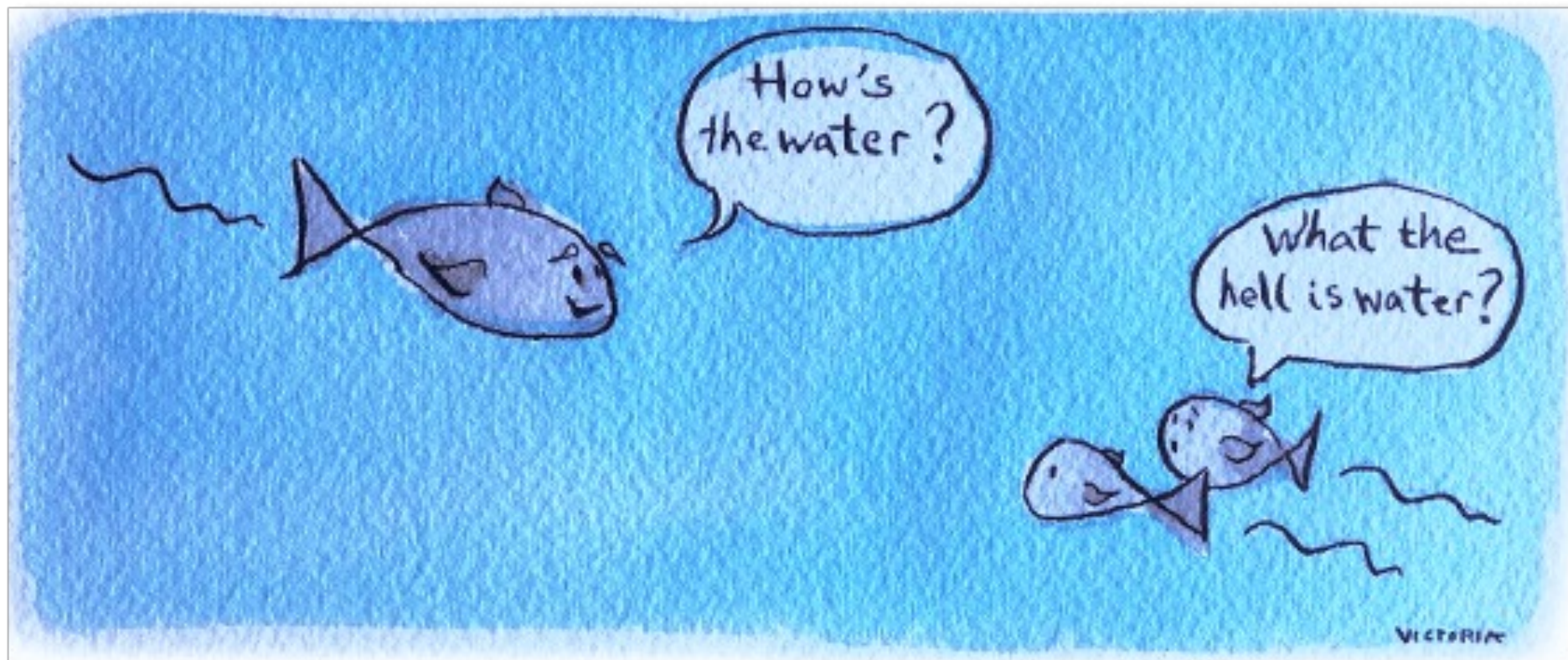- Explain the concept "improvement without equity is harm"

Definitions and guiding principles

- Racism: A system of advantage based on race.

- Anti-racism or racism . . . there is no neutral

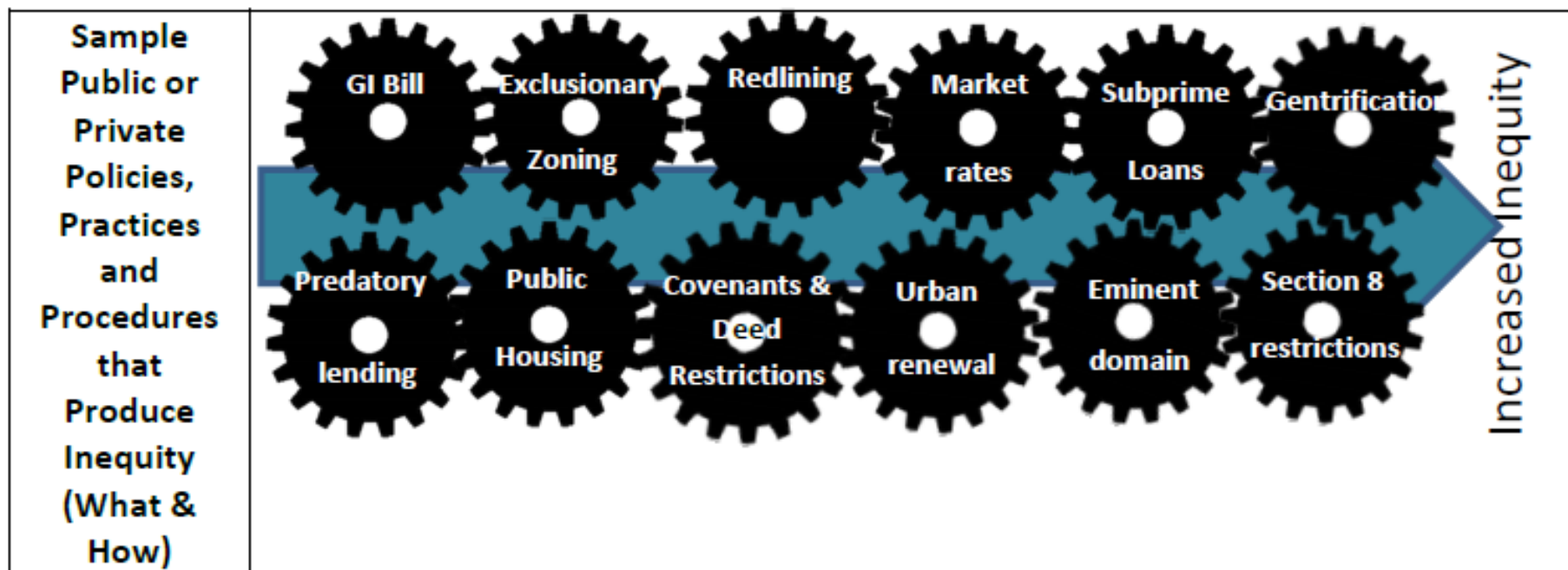- Oppression is not the goal, it's the tool.

- White Supremacy Culture

White Supremacy ≠ White Supremacist
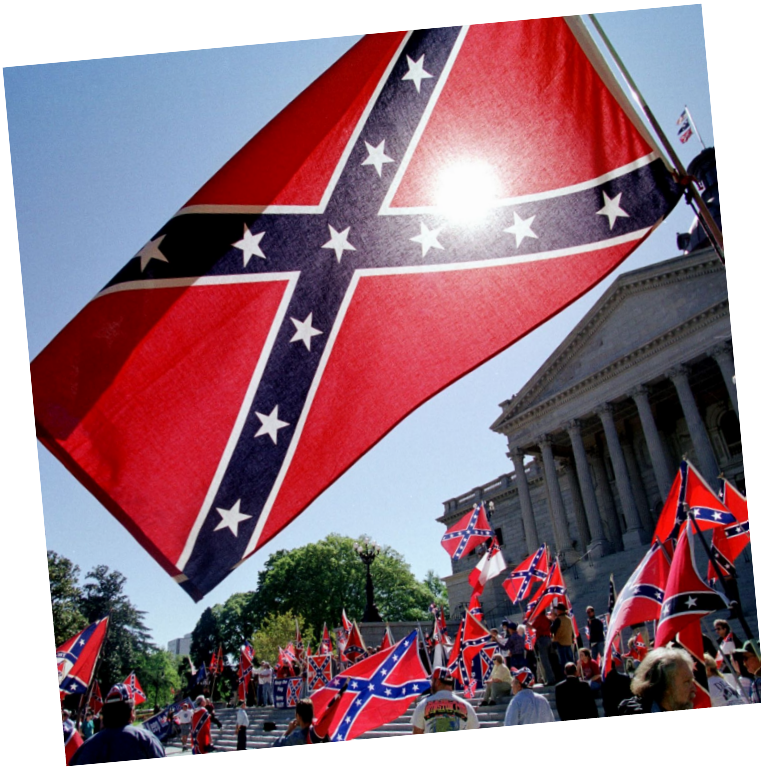
Chronic place-based inequities are not accidental – there is a system in place that propagates them

Housing: The Production of Inequities and Consequences at the Community Level
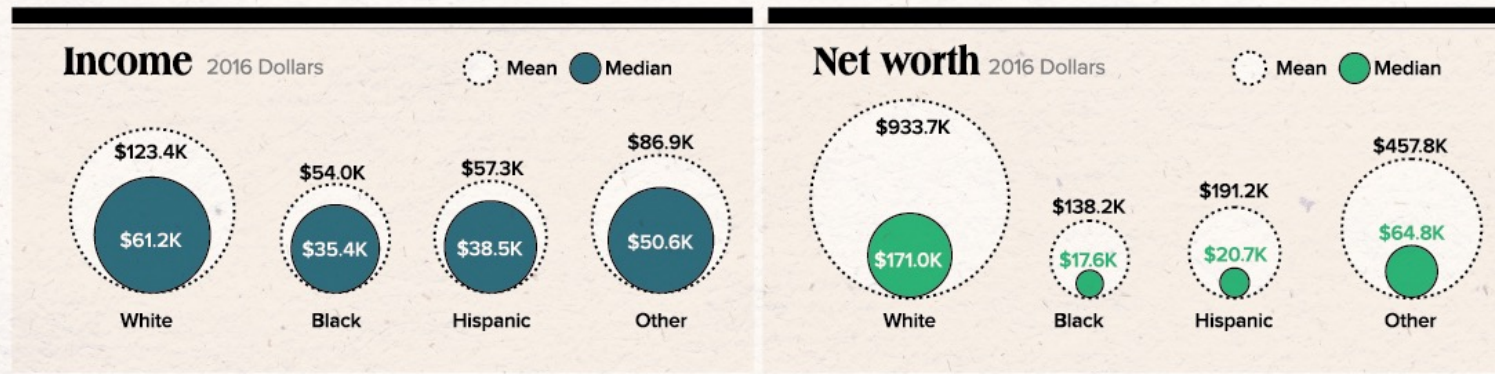
"Countering the Production of Health Inequities" Report from the Prevention Institute

THE RACIAL WEALTH GAP
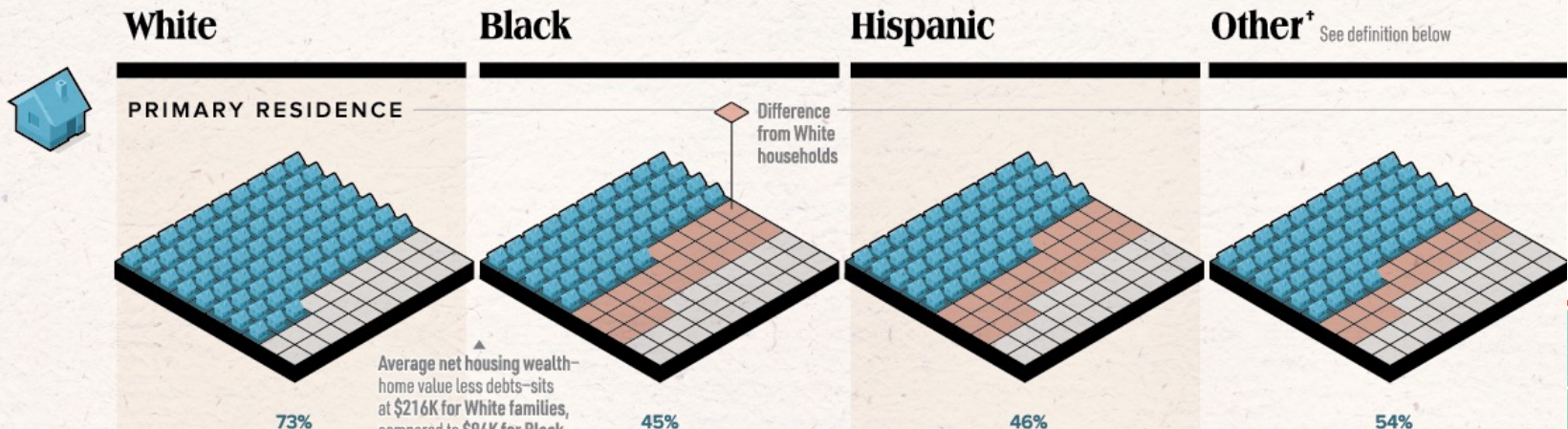## ASSET TYPES HELD BY RACE

There are large differences in income and wealth between racial groups in America.

According to the U.S. Federal Reserve, White families have a median net worth that is almost 10x higher than that of Black households.

Income 2016 Dollars

○ Mean ● Median

	White	Black	Hispanic	Other
Mean	$123.4K	$54.0K	$57.3K	$86.9K
Median	$61.2K	$35.4K	$38.5K	$50.6K

Net worth 2016 Dollars

○ Mean ● Median

	White	Black	Hispanic	Other
Mean	$933.7K	$138.2K	$191.2K	$457.8K
Median	$171.0K	$17.6K	$20.7K	$64.8K

Additionally, White households are the most likely to hold assets of any type.

PERCENTAGE OF FAMILIES WITH ASSET TYPE

White   **Black**   **Hispanic**   **Other⁺** See definition below

PRIMARY RESIDENCE

◇ Difference from White households

Average net housing wealth—home value less debts–sits at $216K for White families, compared to $94K for Black

White	Black	Hispanic	Other
73%	45%	46%	54%

"I did then what I knew how to do. Now that I know better, I do better."

– Maya Angelou

"Being Antiracist requires persistent self-awareness, constant self-criticism, and regular self-examination"
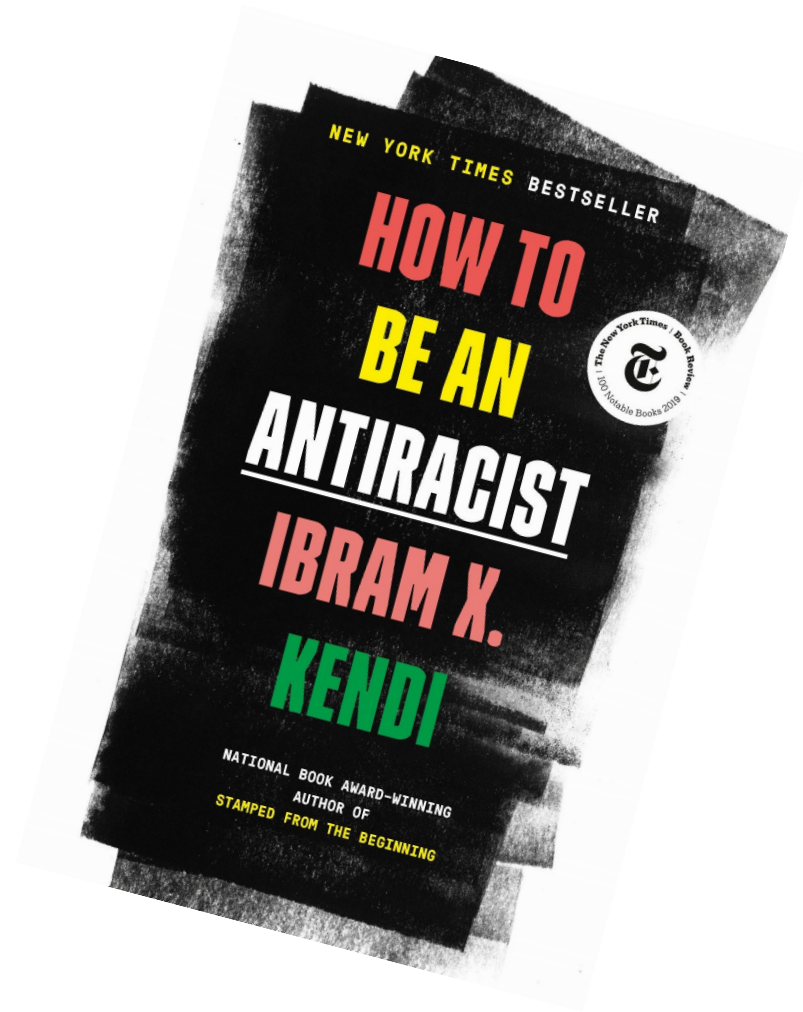
10 Principles for Racial Equity Work

- Know thyself
- Work on three levels
  - (cultural, institutional, interpersonal)
- Build and honor power at the margins
- Organizing Mind
- Think and act collectively
- Be Accountable to principles and people
- Take risks and learn from your mistakes
- Be transparent
- Set explicit goals
- Seek connection and love over fear

Ref: Tema Okun and Krista Robinson: Duke Teaching for Equity Fellowship

Work on three levels

dismantlingracism.org

How are People of Color:
Excluded
Underserved
Financially Exploited
Oppressed/Invalidated
Violated

INSTITUTIONAL
polices, practices

How are white people:
Included
Served
Financially Resourced
Uplifted/Validated
Protected

PERSONAL - individual acts
How are individuals reproducing or colluding with racism in their attitudes and behaviors?

CULTURAL
beliefs, values, norms
How do institutional and community beliefs, values, norms validate whiteness and invalidate People and Communities of Color?

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Duke University Health System

Moments to Movement: Advancing racial, social and health equity

Executive Summary

At Duke Health, we aspire to help every patient, team member and community member have the opportunity to realize their full, healthy life potential from robust beginnings to dignified endings. To launch *Moments to Movement*, an initiative to advance racial, social, and health equity, Duke University Health System (DUHS) established a task force to plan and bring to life goals and priorities in three principle areas:

- People and Environment
- Patient Care
- Community Health

Duke FMCH mission & values

Our Mission

To serve our patients, learners, communities, and each other in pursuit of better health for all.

Our Values

- Wellness and Compassion
- Respect and Integrity
- Diversity and Inclusion
- Community and Collaboration
- Service and Learning
- Enthusiasm and Curiosity
- Equity and Justice
- Joy and Honesty

Intent ≠ Impact

FARE Subcommittee Report: APT, Mentorship, Sponsorship & Coaching

Gerald Bloomfield, MD, Wei Jiang, MD, Christopher Newgard, PhD, Gregory Sawin, MD, MPH

Problems

- Too few URiM's in Leadership and Full Professor level
    - 28% of SOM Class of 2024 ; 28% of PA Class of 2020
    - 14% GME Entering 2021
    - 10.2% of Assistant Professors
    - 7.2% of Associate Professors
    - 4.4% Professor (20 Hispanic (3%) and 9 Black (1.4%)) of our 663 Full Professors in Duke SOM

- APT process and criteria are opaque, confusing and inconsistently applied

- Wide variations in mentorship, sponsorship and coaching practices

- APT as "quality assurance" but no "quality improvement"

"Systems are perfectly designed to get what they get."

- Paul Batalden, MD Senior IHI Fellow

Intent ≠ Impact

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Annual Reviews: Developing a Single System

- **Aim Statement:** Develop policies, practices and structures in Department of Family Medicine and Community Health in support of equitable faculty growth and development that aligns with individual, department and division goals and has clear paths towards timely academic promotion.

- **Goal**: Every faculty member in our department should feel fiercely claimed and supported in their professional development by their unit, division, and our department.

Goals of FDS/Annual Conference Update

- Consistency across divisions and "single system" for easier administration and oversight
- Tool to support "stickier" on-line environment that gets used longitudinally to interact with goals and process
- Process clarification/standardization
  - Mentorship/Sponsorship/Coaching standards
  - Annual Academic Promotion Conversation
- Continuous improvement of the process
  - Modification of FDS v Other system
- JEDAI engagement

Four Questionnaires

- Mentorship, Sponsorship, Coaching and Needs
- Thinking back/Looking forward (traditional accomplishment/goals review)
  - Universal JEDAI goal.
- Intellectual Development Statement entry
- Burn-out check-in

Equity is everyone's business

- What are your JEDAI (Justice, Equity, Diversity, Antiracism & Inclusion) goals for the upcoming year?

- Added to Annual Review form in 2021

Institute for Healthcare Improvement

WHITE PAPER

Achieving Health Equity:
A Guide for Health Care Organizations

AN IHI RESOURCE
20 University Road, Cambridge, MA 02138 • ihi.org

How to Cite This Paper: Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

"Improvement without equity is HARM."
~ John Whittington

Primum non nocere

Mentorship Sponsorship & Coaching

- **Mentorship**: Relationship oriented over long periods of time. Supports development of skills beyond current job and tasks. Less formal and structured than coaching.
- **Sponsorship**: Network oriented, garners resources, shares and introduces to social networks, conferences, and research and career opportunities.
- **Coaching**: Task oriented, formal, structured way of collaboration over a period of time (often limited for season or period). Focuses on getting to destination through empowerment and purposeful support of growth of skills and performance.
- **Summary**: A coach will talk to you. A mentor will talk with you. A sponsor will talk for you.
- **Supervisor = Advisor**: person who performs the annual review and has responsibility for sponsorship and may or may not also serve as a mentor but probably not coach.

Mentorship Sponsorship & Coaching Evaluation FY2022

NEED:	Mentorship	Sponsorship	Coaching
Total (n=55)	9% (n=5)	11% (n=6)	16% (n=9)
Women (58%)	80% (n=4)	83% (n=5)	78% (n=7)
UrM (11%)	0%	0%	11% (n=1)
PoC (29%)	0%	17% (n=1)	44% (n=4)

Acknowledging broader *Expressions of Scholarship*

- "Duke University School of Medicine (SOM) embraces scholarship in the domains of Justice, Equity, Diversity, Antiracism, and Inclusion (JEDAI) **as promotable activities**"

- Also created promotion frameworks for
  - Advocacy
  - Digital Scholarship
  - Team Science

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Promoting ALL of our Values

School of Medicine Values

- Excellence in education, research, and patient care

- Respect for and inclusion of people from all backgrounds

- Commitment to service, solving real world problems

- Sense of urgency in transforming discoveries into improved human health

- Professionalism and integrity in all aspects of performance and effort

Duke University Health System Values

- Caring for our patients, their loved ones and each other

- Excellence

- Safety

- Integrity

- Diversity

- Teamwork

- *Justice, Equity, Diversity, Antiracism, and Inclusion (JEDAI): Justice is the guiding principle and rationale for equity, with diversity and inclusion being strategies (amongst others) to increase equity and justice. Antiracism names the specific sphere of work addressing the egregious and problematic inequity of systemic racism. Words are important, with the name of this sphere of work projecting the Aim and ultimate goal, a **Just Culture**. It invites inclusive consideration of tactics, strategies, projects, efforts, and output in this area to be recognizable, measurable, and promotable activities in their impact to bend the arc of history towards justice. The recommendations herein aim to embed these principles into the APT process.

Work on three levels

dismantlingracism.org

How are People of Color:
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polices, practices

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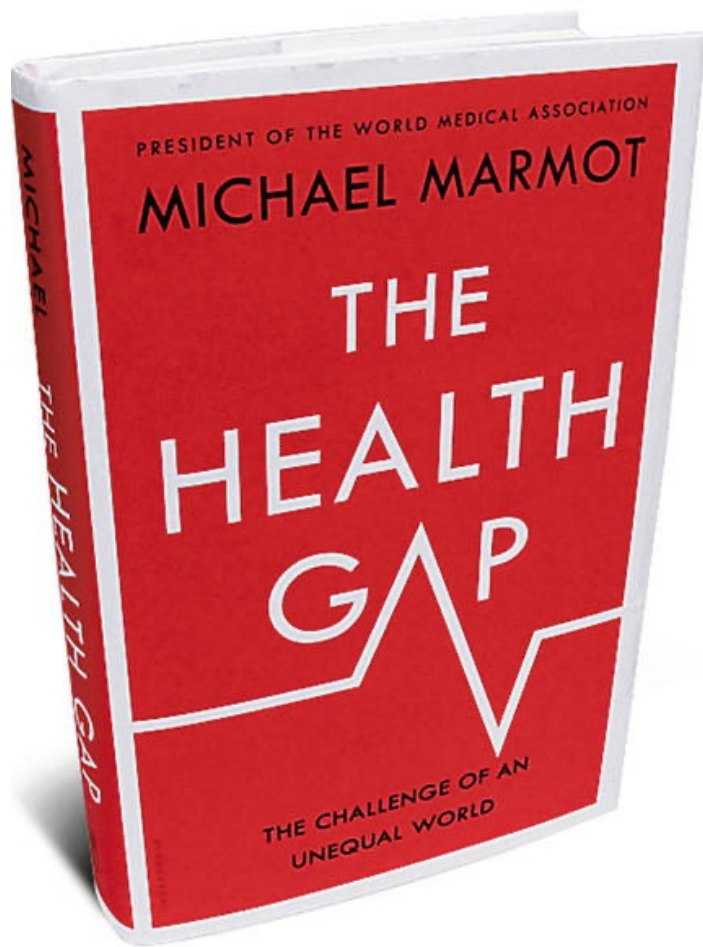
Purpose

People
Who is positively and negatively affected (by this issue) and how?

How are people differently situated in terms of the barriers they experience?

Are people traumatized/retraumatized by your issue/decision area?

Consider physical, spiritual, emotional and contextual effects

Place
How are you/your issue or decision accounting for people's emotional and physical safety, and their need to be productive and feel valued?

How are you considering environmental impacts as well as environmental justice?

How are public resources and investments distributed geographically?

ISSUE/ DECISION

Process
How are we meaningfully including or excluding people (communities of color) who are affected?

What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities?

Are there empowering processes at every human touchpoint?

What processes are traumatizing and how do we improve them?

Power
What are the barriers to doing equity and racial justice work?

What are the benefits and burdens that communities experience with this issue?

Who is accountable?

What is your decision-making structure?

How is the current issue, policy, or program shifting power dynamics to better integrate voices and priorities of communities of color?

Equity and Empowerment Lens

Multnomah County Office of Diversity and Equity

Revised March 24, 2014

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race forward
THE CENTER FOR RACIAL JUSTICE INNOVATION

Racial Equity Impact Assessment

What are Racial Equity Impact Assessments?
A Racial Equity Impact Assessment (REIA) is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities.

Why are they needed?
REIAs are used to reduce, eliminate and prevent racial discrimination and inequities. The persistence of deep racial disparities and divisions across society is evidence of institutional racism—the routine, often invisible and unintentional, production of inequitable social opportunities and outcomes. When racial equity is not consciously addressed, racial inequality is often unconsciously replicated.

When should it be conducted?
REIAs are best conducted during the decision-making process, prior to enacting new proposals. They are used to inform decisions, much like environmental impact statements, fiscal impact reports and workplace risk assessments.

Where are they in use?
The use of REIAs in the U.S. is relatively new and still somewhat limited, but new interest and initiatives are on the rise. The United Kingdom has been using them with success for nearly a decade.

© 2009, Terry Keleher, Applied Research Center, www.arc.org

EXAMPLES OF RACIAL JUSTICE EQUITY IMPACTS

Equity and Social Justice Initiative
King County, WA

The county government is using an Equity Impact Review Tool to intentionally consider the promotion of equity in the development and implementation of key policies, programs and funding decisions.

Race and Social Justice Initiative
Seattle, WA

City Departments are using a set of Racial Equity Analysis questions as filters for policy development and budget making.

Minority Impact Statements
Iowa and Connecticut

Both states have passed legislation which requires the examination of the racial and ethnic impacts of all new sentencing laws prior to passage. Commissions have been created in Illinois and Wisconsin to consider adopting a similar review process. Related measures are being proposed in other states, based on a model developed by the Sentencing Project.

Proposed Racial Equity Impact Policy
St. Paul, MN

If approved by the city council, a Racial Equity Impact Policy would require city staff and developers to compile a "Racial Equity Impact Report" for all development projects that receive a public subsidy of $100,000 or more.
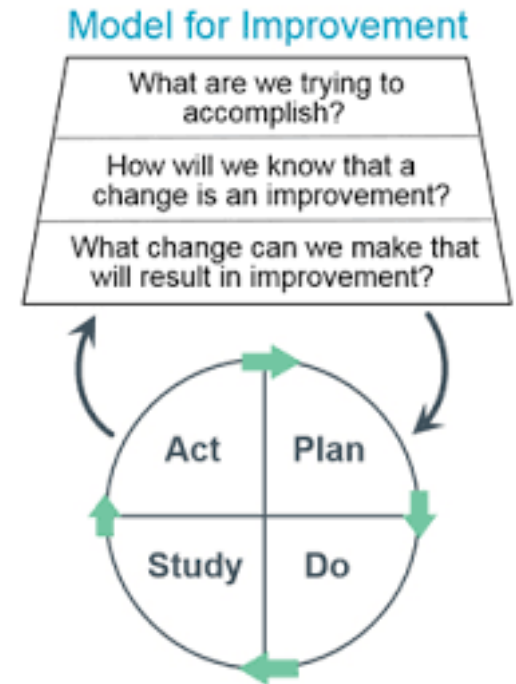
Race Equality Impact Assessments
United Kingdom

Since 2000, all public authorities required to develop and publish race equity plans must assess proposed policies using a Race Equality Impact Assessment, a systematic process for analysis.

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How will we know that a change is an improvement?

- **Commit to evaluation**
  - Culture pulse surveys
  - "how's it going" and burn-out surveys
  - Diversity
  - Querying our reporting systems
  - Contacts to Ombudspersons
  - 360's
  - Exit interviews
  - Retention interviews
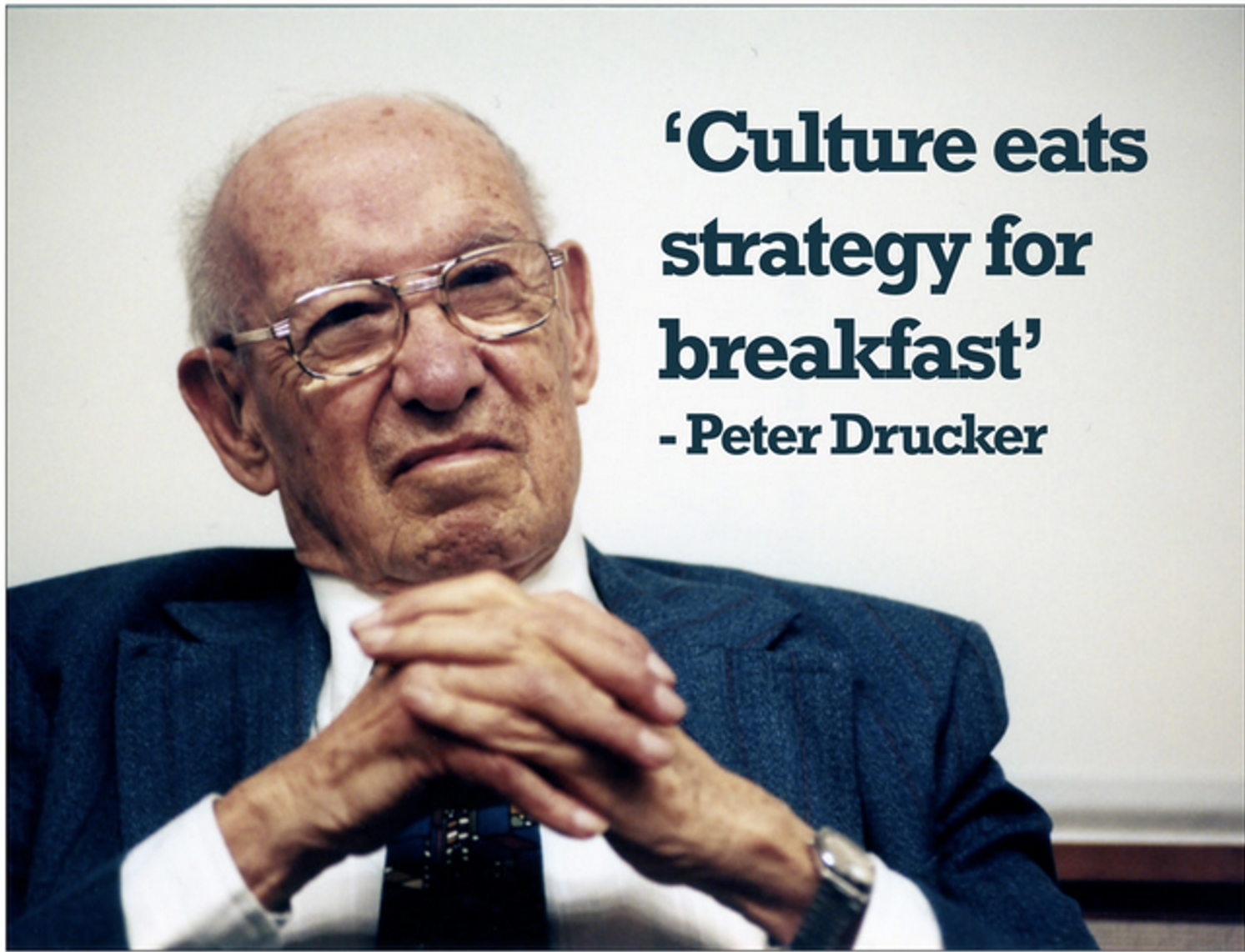 - Time at rank analysis
  - Sub-analysis of your quality metrics

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act — Plan
Study — Do

Institute *for* Healthcare Improvement

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Diversity Engagement Survey

Total mean scores for DES categories by all and position

*Likert scale: Scale options were between 1 and 5 where 1=Strongly disagree and 5=Strongly agree

Domain	Mean
Access to Opportunity	3.97
Appreciation of Individual Attributes	3.92
Climate and opportunities	3.76
Common Purpose	4.22
Cultural Competence	3.8
Equitable Rewards and Recognition	3.53
Respect	3.98
Sense of Belonging	3.91
Trust	3.7

'Culture eats strategy for breakfast'
- Peter Drucker

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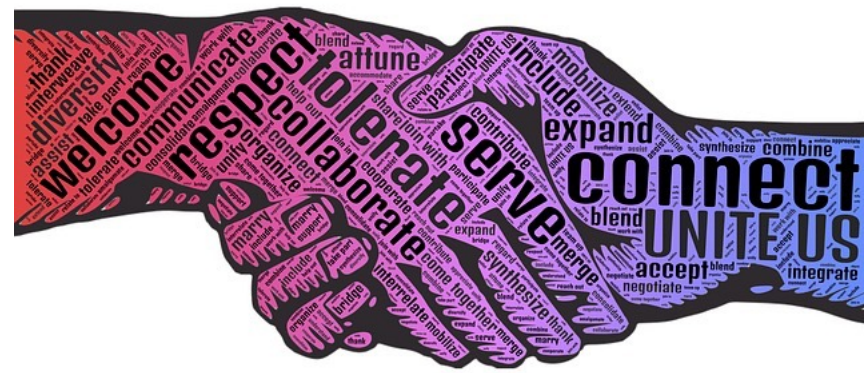
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Office for Faculty

Experiential Workshops: Restorative Practices in the School of Medicine

Thursday, May 4, 1:30-4:30pm and Wednesday, May 10, 9:00am-Noon

- AAMC Restorative Justice in Academic Medicine (RJAM) Collaborative

- Restorative Practice can be used to
  - respond to harm
  - proactively build community

Civility Champions

- Expanded Pilot from Internal Medicine Department with Macy Foundation Grant

- Built on Restorative Justice principles and Non-violent Communication

- "commitment to learning about, modeling, and championing diversity, equity, inclusion, and a psychologically safe environment for learning and improving the culture"

- Six Departments participating: Pediatrics, Family Medicine & Community Health, Emergency Medicine, General Surgery, Neurosurgery, and Otolaryngology

Leadership Competencies

Alexis Kirk, Ph.D
Implementation Scientist

OPTIMAL	DEVELOPMENTAL	UNACCEPTABLE
Proactively invites new ideas and seeks ways to improve current practice. Remains open and curious when presented with tough feedback; persistent in the face of challenges and past failures. Acknowledges power differentials and risk. • *"What have you noticed in the clinic this month that is an emerging need and how can we address it using innovative approaches?"* • *"We've tried something like that in the past and it didn't work as planned, but that doesn't mean I'm not open to a follow-up conversation. Maybe as a next step we can discuss why this hasn't worked in the past and how we might be able to overcome those challenges this time?"* • *"This is a process we've used for a long time, and I even had a hand in developing it! I realize that may have made it hard to suggest an improvement, but you spoke up anyway, not knowing how I'd respond. I appreciate you taking that risk. I'd love to hear more when we meet next."*	Mostly open to new ideas when brought up, but doesn't proactively seek innovation and disruption. May give initially supportive feedback, but never take action OR be quick to jump to ways new ideas won't work. May not always address power differentials. • *"Thanks for sharing that idea."* (but never circles back and doesn't acknowledge risk person took to speak up) • *"That's a good idea, I'm just not sure it's going to work, we've tried something like this before and didn't get a lot of support."*	Gets defensive and dismisses ideas quickly. May get angry or shut down new ways of thinking. Reinforces power differentials. • *"I don't see any evidence that this process is no longer working. I don't think we need any new ideas."* • *"You can give me your idea, but I'll need to be the one to present it to leadership."*

What are your bright spots of growing equity?

Discussion: Q&A

Evaluation

Please evaluate this presentation

In the STFM App

gregory.sawin@duke.edu

Thank You