



**DISMANTLING RACISM
AND ADVANCING EQUITY,
DIVERSITY AND INCLUSION
IN THE SCHOOL OF MEDICINE**

June 2021



The past year has been challenging in ways that we could never have imagined, given the dual pandemics of COVID-19 and the acute, harmful impacts of racism. It has been a year of tremendous pain and loss, yet it has also been one of inspiration and commitment ignited by a long-overdue reckoning with racism in our everyday lives.

The start of our Moments to Movement campaign one year ago marked our renewed and unwavering commitment to fostering meaningful and sustainable change. The resulting strategic plan, *Dismantling Racism and Advancing Equity, Diversity and Inclusion in the School of Medicine*, is made possible through the compelling voices and vision of our students, staff and faculty and the sustained commitments of diversity and inclusion leaders, advocates, and allies. To facilitate deep engagement and allow priorities to be driven by the needs of our community, we initiated a planning process that elevated the inputs, views, and recommendations of our key internal constituencies, with the full commitment and support from our leadership. I am encouraged and deeply inspired by the collective talents and wisdom of all who contributed to this effort to help chart the course forward.

This plan reflects the School of Medicine's goals, priorities and strategies relative to the path we have been on, the path we are currently on, and the path forward. We are proud of our longstanding commitment to diversity and excellence and yet we acknowledge that there is much more work to do. While this work will be hard, I am heartened by the Duke-wide commitment to making it happen.

Our plan for dismantling racism and advancing equity, diversity and inclusion was created with an intentional and appropriate need for flexibility. While many of the strategies put forward will be evergreen in their focus, we also have near-term actions that we will hold ourselves accountable for, recognizing the ongoing durability of our commitments. As we bolster our organizational structure, expand resources, and evaluate initiatives to learn what works well, we will update and modify our efforts to amplify our impact. Further, the plan serves as a guide for action, rather than a full list of initiatives. Much work must also happen at local levels. As such, this serves as a "living" document that will evolve to meet a changing landscape.

My sincere gratitude to each individual who contributed their ideas and voices to this plan and to the committees whose intensive collective efforts enabled its development. Through this process, we achieved great clarity on our current state, vision, and needs through deep engagement across our community. As you read this plan, consider the actions you might take individually, with your teams, and in your local units to support our collective goals. Each of you will play an important role in advancing our mission to dismantle racism and promote equity, diversity and inclusion at Duke and beyond.

Sincerely,

Mary E. Klotman, MD
Dean, Duke University School of Medicine
Vice Chancellor for Health Affairs, Duke University



Table of Contents

Acknowledgments	<u>1</u>
Executive Summary	<u>2</u>
Background and Context	<u>3</u>
Strategic Planning Process	<u>4</u>
Summary of Key Findings	<u>5</u>
Our Goals and Priorities	<u>10</u>
Cultivate an Inclusive, Equitable and Anti-Racist Environment	<u>11</u>
Nurture, Reward and Attract Outstanding Talent	<u>14</u>
Advance Education and Training to Support an Anti-Racist Workforce	<u>20</u>
Develop Anti-Racist, Equity-Centered and Community-Engaged Research Practices	<u>22</u>
Ensure Sustainability by Strengthening Leadership Capacity and Organizational Accountability	<u>24</u>
Critical Enablers	<u>26</u>
Implementation Priorities	<u>29</u>
Measures of Success	<u>34</u>
Glossary of Terms	<u>36</u>

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Executive Summary

In June 2020 the Duke University School of Medicine launched Moments to Movement, our commitment to dismantling racism and better understanding the root causes, harms, and strategies for reducing racial inequity at Duke and beyond. The plan contained herein identifies strategies we will deploy over the next five years with immediate action items we will hold ourselves accountable for as we advance our goals. Underlying these efforts is a vision of enduring change, whereby our efforts, actions, and decisions will create both the structural and cultural change required to advance our vision of a just, inclusive and equitable School of Medicine.

Over the past 12 months, four constituent committees came together to identify and develop recommendations to advance our goals. The recommendations were further refined through sub-committee and task force efforts, inputs from the SOM community, and support from an oversight committee to inform and prioritize recommendations. The renewed commitments put forward in this plan will anchor our efforts to dismantle racism and advance equity, diversity and inclusion for our learners, faculty, staff, and the diverse communities that we serve.

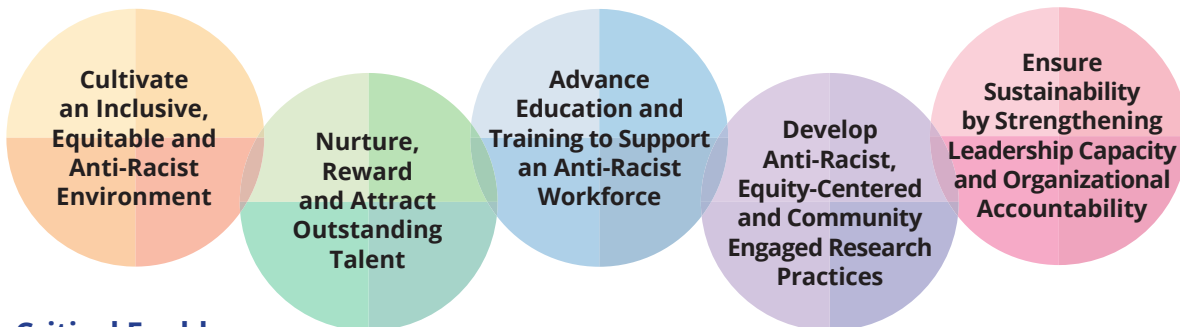
As we consider our current state and look to our future, we identify five overarching goals to advance our mission to be an inclusive, equitable, and anti-racist medical school. To ensure that our actions support our goals, our priorities focus on enhancing our culture, diversity, education, research, and leadership capacity and accountability across the School. Progress will be supported by enhancements to our underlying organizational structure, data and reporting, and other critical enablers that broadly support equity, diversity and inclusion work in our institution.

Dismantling Racism and Advancing Equity, Diversity and Inclusion STRATEGIC PLAN FRAMEWORK

Our Goals

1. Enhance racial diversity and equity, inclusion and respect for all of our constituents
2. Advance careers among underrepresented racial and ethnic (URE) groups in medicine, biomedical science and technology
3. Catalyze anti-racist practice through education of our current and future workforce
4. Stimulate and promote evidence-based discoveries and their translation to reduce racial health disparities, promote equity, and improve health
5. Establish our School as a transformative leader in anti-racism and social justice education and research

Our Priorities



Critical Enablers



Background and Context

In the spring of 2020, nationwide protests erupted calling for justice and an end to systemic racism, stemming from an ongoing, entrenched pattern of murders of Black and Brown people by police and vigilantes. Words now ubiquitous - Say their names and I can't breathe - have come to signify a collective awakening to the deep and ongoing harm driven by white supremacy cultural norms in our society. Further driving the urgency of this moment is the COVID-19 pandemic, which has disproportionately impacted Black, Hispanic, and Indigenous communities. The traumas of racism, both acute and long-enduring, are burdens that have been rendered invisible and carried most heavily by individuals who are Black, Indigenous, and People of Color (BIPOC). For too long, we have called upon those most acutely impacted to redress the deep wounds of racism on our community.

Inspired by protests and calls from leadership nationwide and bolstered by demands for justice and reform from our students and faculty, in June 2020 the School of Medicine launched Moments to Movement, our commitment to dismantling racism, better understanding the root causes, harms, and strategies for reducing racial inequity, and promoting a diverse and inclusive community in the School of Medicine. This commitment extends within our institution and beyond, to our surrounding community, and our nation. We are, after all, a microcosm of the world beyond our walls, and we must do the long overdue heavy lifting to confront the social ills that challenge us.

As we reshape our institutional values and practices to advance racial equity and justice, it is critical that our commitments make bold, broad and specific impacts across groups. Many strategies in this plan are intended to improve experiences and address concerns specifically of Black, Indigenous, and People of Color (BIPOC) and underrepresented race/ethnicity (URE) groups in medicine and biomedical sciences. Yet as this plan was emerging, violence targeting other groups has worsened, especially those identifying as Asian, Asian American, and Pacific Islander, alongside an increasing awareness of inequities faced by members of these groups. While our planning focused on efforts to bolster equity and justice for BIPOC and specifically for Black and African American faculty, learners, and staff in our School, many initiatives will have broader benefits in reducing other forms of bias and discrimination and improving the environment

for our entire community. Our efforts will also require intensified commitment and expertise among our leaders, learners, and scientists, such that the responsibility for progress is shared equitably among people of all races and ethnicities as we engage in shared struggles towards transformation.

In advancing racial equity in service to our community, we must also examine medicine's role in defining race and the legacy of abuse of Black and Brown individuals in treatment, patient care, and

public health research. Defining race in biological terms contributes to racially inequitable treatment and patient care, as evidenced by examples both historic (e.g., Tuskegee syphilis study) and contemporary (e.g., greater maternal mortality among Black mothers; greater illness, hospitalization, and death from COVID-19 among Black, Indigenous, and Hispanic groups). As we educate current and future generations of clinicians and scientists, we must be unified in our shared understanding of race as a social construct and unwavering in our commitment to eradicating racial inequities in health.



While our planning focused on efforts to bolster equity and justice for BIPOC and specifically for Black and African American faculty, learners, and staff in our School, many initiatives will have broader benefits in reducing other forms of bias and discrimination and improving the environment for our entire community.

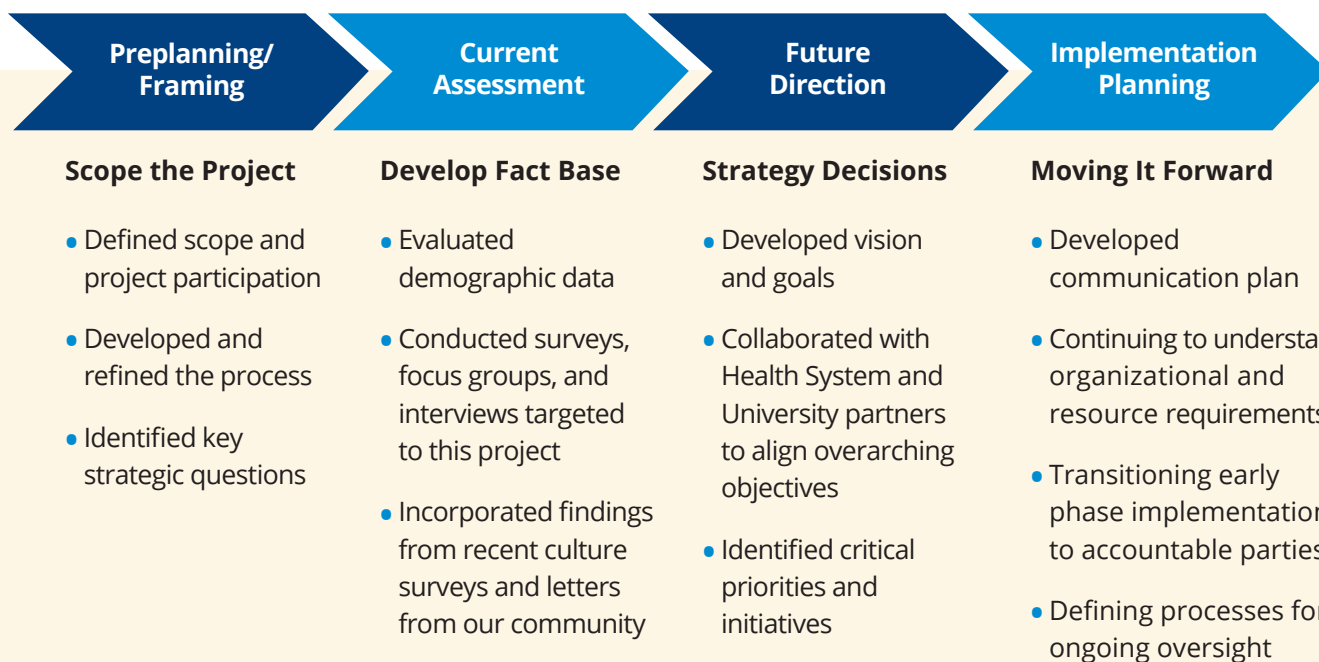
Strategic Planning Process

Recognizing the need to more fully understand the opportunities and challenges in dismantling racism and advancing equity, diversity and inclusion across the School, Dean Klotman commissioned a highly collaborative strategic planning process in order to listen, develop ideas, and form recommendations put forward by constituents across the organization. To facilitate deep engagement and allow priorities to emerge and be driven by our constituents, a deliberate decision was made to form four constituent-based committees to identify key issues and opportunities and to engage constituencies in formulating recommendations to advance our goals. The four committees included:

- Health Professions Students Committee
- Graduate Students and Postdoc Committee
- Faculty Committee
- Staff Committee

The constituent committees engaged with others across the organization in a variety of ways, including through task forces, surveys, focus groups, interviews, and town halls. In addition to the constituent committees, we have engaged with leaders from our major research entities, including CTSI and DCRI, to understand opportunities in our research mission.

As we anticipated commonalities across groups as well as a need to prioritize recommendations, an Oversight Committee of approximately twenty SOM representatives was formed to help integrate the committee findings, prioritize recommendations, and address any gaps. Collaboration across all of Duke Health has been facilitated through regular meetings of the Executive Leadership to continue to drive our processes forward and to facilitate alignment across Duke Health entities.



Summary of Key Findings

The goals and strategies of this plan are informed by findings from an assessment of the School's diversity, culture, practices and policies that could have divergent impacts on the experiences, education and careers of our constituents.

Our Diversity

Race/ethnicity diversity across many of our constituent groups does not reflect and in fact lags in comparison to the diversity of the community population we serve.

- While transformations to health professions program admissions stemming from efforts of Dr. Brenda Armstrong have expanded BIPOC enrollment in the last 5 years, BIPOC enrollment in our biomedical doctoral programs has remained low.
- Black and Hispanic representation among our faculty is concentrated in junior levels and decreases with seniority. There are only 12 Black and 16 Hispanic faculty with tenure.
- Staff are more racially and ethnically diverse than other constituencies; however, diversity is concentrated in non-exempt and lower level positions. Among Executive and Senior staff, just 3.8% are Black and 1.6% are Hispanic.
- Race/ethnicity diversity is especially low among leadership positions such as Chairs, Center & Institute Directors, Vice Deans, Program Directors.

Data Availability, Analysis, and Transparency

Although diversity data is reported in many formats across the organization, many definitions of BIPOC and underrepresented race/ethnicity are used, data are inconsistently collated to compare across groups and with benchmarks and are infrequently shared in public forums.

- Detailed data on recruitment, retention, and promotion by race/ethnicity is not readily available for review to track trends and understand the greatest challenges to address and successes to emulate. In particular, there is a paucity of data for staff in the School of Medicine.
- Leadership roles with significant training and mentoring responsibilities, including divisional leaders, educational leaders, and mentors are not routinely assessed for race/ethnicity diversity.

Our Culture

BIPOC in our community consistently report the lowest perceptions of our culture and low confidence that existing institutional resources and processes are adequate to address issues and concerns.

- Thirty percent of comments in the AAMC Diversity Engagement Survey focused on issues related to race, racism, microaggressions, or other concerns related to racial equity.

- Culture survey data finds that Black constituents, in particular, report diminished belonging, trust in diversity, harassment, and discrimination processes, and perceptions of leaders' commitment to diversity, equity, and inclusion. These patterns are magnified for Black staff in the School.
- While constituents report commonly experiencing harmful micro- and macroaggressions in our environment, they also have substantial concerns about processes for reporting racist and discriminatory behavior.
 - The myriad offices and systems that receive and respond to complaints of discrimination are complex, confusing, and experienced as inaccessible.
 - There are unclear protections and fear of retaliation for individuals reporting concerns.
 - Low transparency or timely reporting about complaints and resolutions, including disciplinary actions, cultivates distrust that Duke will respond effectively to concerns.
 - It is a common perception that there are few repercussions for individuals who engage in racist behaviors in our School and no obvious systematic assessment of patterns of harm.
- Furthermore, when harmful behaviors occur, few observers intervene or show support for the injured party. Additionally, responses and approaches tend to be legal or compliance-oriented, ignoring restorative practices that may have greater community benefits.
- Deep concern has frequently been expressed about perceived inadequacy of communications and responses to racial violence, terrorism, and other disturbing events.

Learning Environment and Support for Learners

A review of curricula identifies shortcomings in how race, racism, and health disparities are holistically addressed in our programs.

- In the MD and DPT program, the Cultural Determinants of Health and Health Disparities course provides in-depth education on race, racism, and health disparities. However, this content is inadequately integrated across curricula and in other academic programs.
 - There are inconsistencies in how race is addressed in preclinical aspects of programs and between the preclinical and clinical phases of training.
 - Educational content often does not reflect the diversity of patient exposures needed to learn cultural humility and practice equitable and anti-racist care.
- Across our graduate programs, while several opportunities exist (e.g., Intro to Inclusion, Diversity, Equity, and Anti-Racism in Biology; Duke Health Disparities Research Curriculum), required components in all doctoral programs are not currently in place.

Across our educational programs, there are perceived and experienced inadequacies in supportive services for BIPOC students and learners.

- BIPOC students in Health Professions experience inadequacies in support resources, mental health services, advising, and mentorship. Services and staff are limited; advisors, faculty, and staff are often inadequately skilled to support BIPOC learners; and in some programs, there is low clarity between support, advising and evaluative roles of faculty and staff, creating a situation where BIPOC students are unsure how to turn to advisors when they need support.
- Our faculty's capacity for inclusive mentorship of learners and junior faculty is being enhanced through the Office of Research Mentoring's offerings. However, not all principal investigators participate in these opportunities and strained mentor-mentee relationships continue to occur.
- In our graduate programs, information about application fee waivers is not widely shared with prospective students and the current mechanism for approval is not efficient which can negatively impact our ability to leverage this incentive to increase the diversity of our applicant pools.
- Lack of retention efforts and concerns about pay equity were emphasized by postdoctoral learners.

Faculty Support and Advancement

A review of faculty development, advancement and recruitment practices has identified a number of areas that have the potential to exacerbate racial inequity in the faculty experience.

Development and Advancement

- There is great inconsistency in annual review and appointment, promotion, and tenure (APT) practices at unit levels. Although reform efforts have been made, many faculty continue to experience APT processes as opaque, confusing and inconsistently applied.
- Along with few mentors who have experience supporting BIPOC faculty, faculty also report poor or failed mentoring; passive mentoring; and inconsistency across units in fostering mentorship.
- BIPOC faculty experience heightened expectations to serve in roles that meet the institution's need for diverse representation on committees or in other areas, yet activities are not always clearly defined for their impact on advancement. This contributes to a phenomenon known as the minority tax.
- Efforts to retain BIPOC faculty are inconsistent and uncoordinated.
- Recent enhancements include the launch of the ADVANCE-UP Program in 2018, which seeks to create a network of scholars to enhance the sense of community among underrepresented faculty, foster timely promotion, and increase representation in leadership positions.

Compensation

- The system for allocating salary and resources is characterized by low transparency, multiple entities contributing to salary (e.g., SOM, PDC, VA), and no standardized system for determining salary across units and divisions, thereby making compensation susceptible to bias and inequity.

Recruitment

- Opportunistic hires may promote majority group members while limiting opportunities for BIPOC.
- Although leadership search committees are required to participate in a seminar focused on implicit bias, many search committees often do not have the full competencies to conduct inclusive searches that minimize the influence of bias on selection and hiring. Additionally, we do not systematically employ processes to ensure that BIPOC are represented in candidate pools for trainees or faculty.
- Leadership positions are often filled with low transparency in processes or open search.

Staff Development and Support

Staff perceive that professional development, promotion opportunities, and general support are centered around faculty and learners, with limited investment in staff development and support.

- Perceptions of pay inequity, low recognition for efforts, and frustrations with a very limited voice in decision making were common among staff and particularly among staff who identify as BIPOC.
- Power dynamics, poor treatment of staff by faculty and fear of reprisal for expressing views are common concerns of staff from all race/ethnicity groups.
- While the School has the annual Michelle Winn Inclusive Excellence Awards, recognition for DEI, anti-racism, and BIPOC mentorship efforts is not well integrated in advancement and rewards processes.
- While faculty and learners have access to ombudspersons to help navigate various situations and resources available to them, staff do not have access to this neutral, third-party resource.

Health Disparities Research

Our School has robust efforts in health equity and disparities research, with numerous centers, institutes, and efforts having health equity as central to their missions. Improved alignment and coordination may yield greater impact.


- Recognizing that racism is an ongoing, urgent public health crisis, our School is well-situated as a leader in research to study the impacts of racial injustice on health and promote translation of evidence-based scientific discoveries into practice to improve health. The School has numerous centers and efforts, such as REACH Equity, CTSI, DCRI, and the Center for Health Measurement (among many others) that are taking steps to enhance their alignment and coordination.
- While generally representative of the state population, race/ethnicity diversity in our clinical studies does not mirror that of Durham county. Low race/ethnicity diversity in clinical research can limit the rigor of measures of safety and efficacy from therapeutic trials and generalizability of results to the population, which can contribute to and exacerbate racial health disparities.

- Consistency is lacking in how race and ethnicity are defined and used across our research enterprise, ranging from IRB policies, recruitment for trials, and definitions used across research agendas.

Leadership and Organization

The School has several offices and efforts in diversity, equity and inclusion, all of which have contributed to a strong foundation for DEI work across our community. Each of these offices has led impactful strategies and programs, yet our decentralized structure and the historically lean resource investment in DEI may inadvertently result in a lack of clarity and consistency in priorities, redundancy in efforts, suboptimal use of resources, and a lack of coordination and clarity around accountability for sustainable change.

- DEI structures have been in place for a number of years: the Multicultural Resource Center formed in 2000; the Chief Diversity Officer was appointed and the Office of Diversity & Inclusion formed in 2011; and more recent leadership offices and roles have been formed in the last 3 years, such as the Assistant Dean for URE Faculty Development and Assistant Dean for Biomedical Graduate & Postdoctoral Diversity and the IDEALS Office. However, the offices face challenges related to resourcing and coordination across efforts.
- Beginning in 2017, each unit has a designated DEI leader who amplifies and promotes efforts in their home units. Through interviews with some departmental DEI leaders, several key challenges and strains were identified: (1) low clarity in role scope and expectations, (2) variability in how their roles are valued, supported, and resourced, and (3) need for longitudinal learning to enhance capacity.
- In addition to formal offices and roles, the SOM has numerous Councils, advocacy and identity groups (e.g., the Inclusion Council; Black Men in Medicine; SNMA; LMSA; APAMSA), yet it is unclear how these groups are empowered to interact with and make recommendations to central DEI and School leadership.
- Our leaders and supervisors are encouraged to participate in a wide range of inclusive leadership development opportunities. However, we do not currently have codified leadership competencies or a required series for leaders in DEI, anti-racism, and culture change.



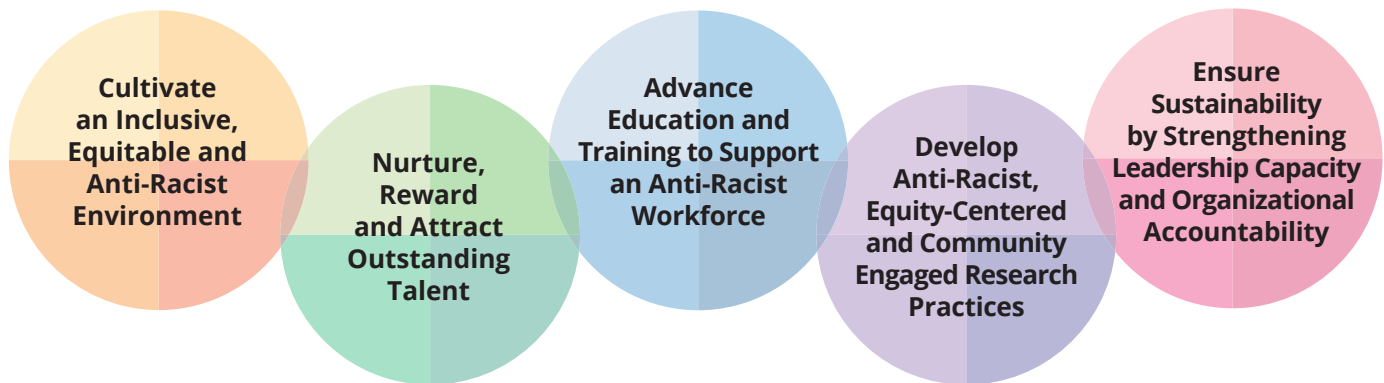
This summary of key findings illustrates numerous strengths we possess as a School, including innovative efforts to address health equity and disparities in curricula and our clinical research portfolio and growth in efforts that support diversity, equity, and inclusion across the School. This review also demonstrates areas where we must heighten our focus, including our organizational and leadership capacity, workplace culture, and race/ethnicity diversity. In the priorities that follow, we endeavor to capitalize on our strengths while addressing the opportunities outlined in this summary.

Our Goals and Priorities

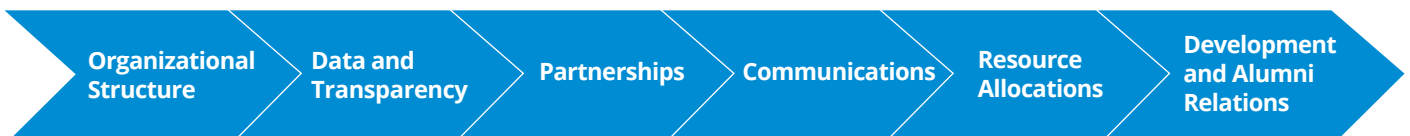
Drawing from key findings as well as compelling appeals and recommendations from our community, we have identified the following goals to advance our efforts to dismantle racism and advance equity, diversity and inclusion for our learners, faculty, staff, and the diverse communities that we serve.

1. Enhance racial diversity and equity, inclusion and respect for all of our constituents
2. Advance careers among underrepresented racial and ethnic (URE) groups in medicine, biomedical science and technology
3. Catalyze anti-racist practice through education of our current and future workforce
4. Stimulate and promote evidence-based discoveries and their translation to reduce racial health disparities, promote equity, and improve health
5. Establish our School as a transformative leader in anti-racism and social justice education and research

Our Priorities



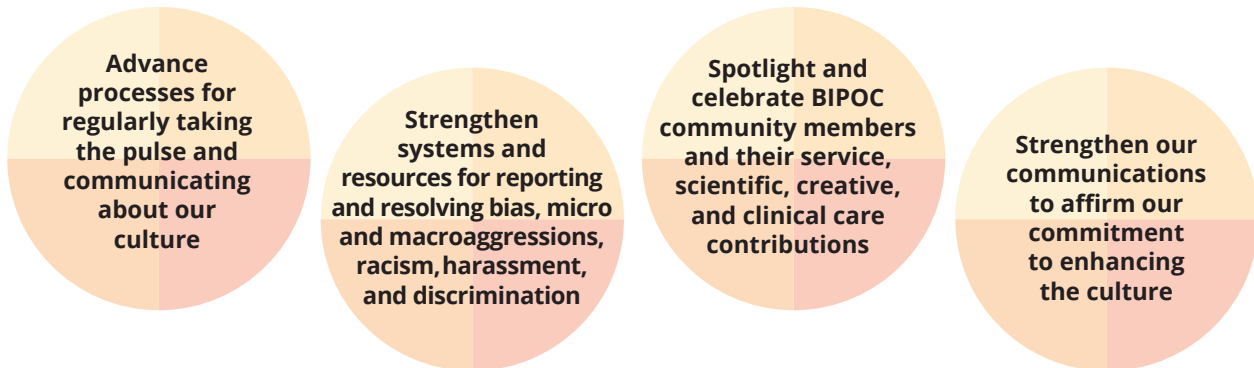
Critical Enablers



Cultivate an Inclusive, Equitable and Anti-Racist Environment

The School of Medicine prioritizes community and culture through tangible steps to celebrate our people and nurture a healthy culture of respect and mutual support where all constituents can thrive and contribute their talents to solving real world problems and improving human health.

Key Strategies



STRATEGY 1: Advance processes for regularly taking the pulse and communicating about our culture.

- All members of our School will have opportunities to participate in culture surveys, which support longitudinal assessment of our work and learning environments.
 - Use survey data to enhance what we know about:
 - belonging and experiences of the culture and opportunities across the School, and
 - the extent and forms of bias, harassment, discrimination, and exclusion experienced by members of our School of Medicine community.
 - Promote transparency and trust by making aggregate results available to all members of the community, with the appropriate level of detail to identify issues across and within identity and constituent groups, units, and programs.
 - Use culture survey data to show progress related to outcomes identified in this plan.
 - Collaborate with the University and Health System to identify areas for continued focus and develop tangible action plans for improvement.
- Recognizing that staff have limited opportunities to interact with leadership, provide mechanisms and opportunities for staff to engage with leadership to enhance bi-directional information sharing and problem solving related to the culture.

18 Month Priority Initiatives

- Integrate findings from *Duke Campus Survey* and *Duke Health Checking In with You Survey* into a report to share with the SOM community.
- Develop a plan, including survey selection and frequency, for ongoing assessment.
- Develop and pilot a staff-leadership engagement approach (e.g., Conversation with a leader, leadership rounding) and determine a process for deploying across local and central leadership levels.

STRATEGY 2: Strengthen our institutional systems and resources for reporting and resolving concerns around bias, micro- and macroaggressions, racism, harassment, and discrimination.

- Advocate for and collaborate with the University to develop an independent, accessible, low-barrier referral hub for reporting and resolving concerns with features that enable leaders and members of our School to:
 - Guide our learners, faculty, and staff to a referral hub to report a concern, which then triages concerns to appropriate offices, such as the Office for Institutional Equity (OIE), Staff & Labor Relations, and School Ombudspersons.
 - Identify and address concerns, such as micro- and macroaggressions, that do not meet legal definitions of harassment and discrimination.
 - Monitor progress and transparently report trends over time and across constituent groups, units and programs on measures that matter to our community: the number and type of concerns raised, including anonymous and non-anonymous reports, and successful complaint resolution.
- Enhance our School's capacity to support individuals reporting a range of concerns and to facilitate successful resolution and restoration of our community.
 - Maintain an office in the School of Medicine under the Vice Dean for Diversity, Equity and Inclusion that is informed by data and committed to improving culture.
 - Enhance collaboration and oversight across reporting mechanisms and supports for our School's constituents, including OIE, Staff & Labor Relations, and School Ombudspersons.
 - Build a strong, mutually-supportive connection with OIE to identify gaps and address needs of the School, recognizing that OIE is the central base for discrimination and harassment reporting, data, support, and compliance.
 - Review data on discrimination and harassment complaints and complaint resolution on a regular basis and develop strategies and interventions to address trends.
 - Communicate resolution to complainants as appropriate while maintaining required confidentiality.
 - Identify and disseminate resources for removing harm and restoring the community, particularly in cases that do not meet legal definitions of discrimination or harassment.
 - Ensure that members of our community have appropriate support by offering a range of responses to concerns, including mediation and restorative practices, that facilitate repairing harm and community restoration.
 - Ensure availability of trained professionals with experience in social work, counseling, mediation, restorative practices, or Ombudsperson practice who have familiarity with medical research/clinical work environments.
 - Communicate with and educate the School community on reporting and resolution and develop proactive educational strategies that are responsive to trends in the reporting data.

- Educate all members of the School community on micro- and macroaggressions, what it means to be a bystander, ally, and upstander, and appropriate responses to feedback when receiving a concern (particularly as the source of harm).
- Empower those who are affected with mechanisms and guidance for bringing concerns forward in a way that will be supported by the institution.
- Develop proactive educational strategies to address problem areas, topics or departments that emerge from monitoring of trends in concerns or complaints and complaint resolution in the School.

18 Month Priority Initiatives

- Collaborate with the University to develop a plan for an independent, accessible, low-barrier referral hub for reporting and resolving concerns, with characteristics including the ability to make non-anonymous and anonymous reports with transparent information about implications of these options, mechanisms to triage reports to appropriate resources for response, establishing and tracking feedback loops, and protections for reporters from retaliation.
- Develop an Ombudsperson service for staff, with potential partnerships with DU, DUHS, and/or SON.

STRATEGY 3: Enhance how we spotlight and celebrate Black, Indigenous, and People of Color and their service, scientific, creative, and clinical care contributions.

- Enhance internal and external recognition of BIPOC faculty, staff, and learners' professional contributions and successes.
 - Hardwire processes to ensure diverse perspectives are involved when selecting panel representatives, speakers, award recipients, marketing materials, and other recognitions.
- Amplify support and recognition of members, teams, and units in our School who lead and contribute to high-impact justice, equity, diversity and inclusion efforts.

STRATEGY 4: Strengthen our communications to affirm our commitment to enhancing the culture.

- Enhance how we communicate our anti-racism vision and values in the context of our mission.
- Clarify and disseminate information about resources and initiatives that enhance culture.
- Provide transparency about challenges and progress in advancing equity.
- Convene a crisis response team to assist administrators and advisors in proactive communications and support to our constituents, particularly in response to alarming social, political, and institutional events.

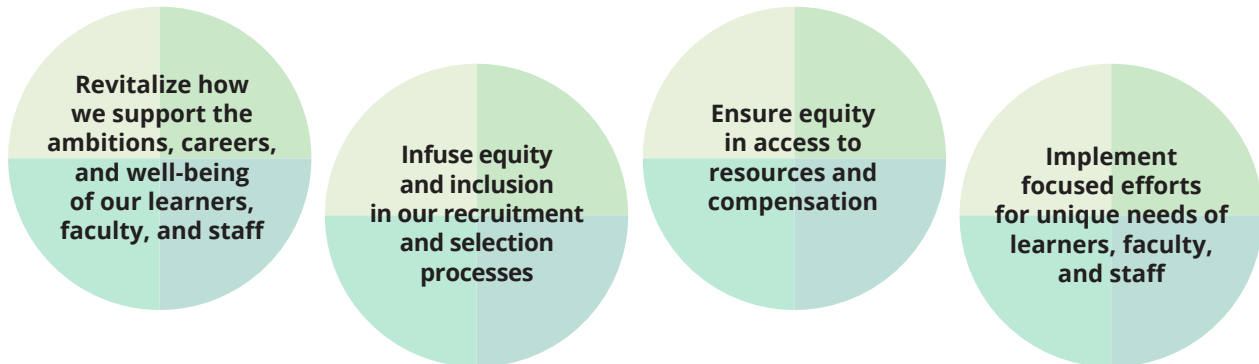
18 Month Priority Initiatives

- Adopt and widely disseminate the pledge, *Duke Health Stands Against Racism*.
- Convene a crisis response team to assist administrators and advisors in proactive communications and support to our constituents, particularly in response to alarming social, political, and institutional events.

Nurture, Reward and Attract Outstanding Talent

We believe that diverse experiences and perspectives contribute to excellence in our mission and are especially critical in caring for diverse patient populations. As we aim to increase BIPOC representation in our community, particularly among tenured faculty, senior staff, and learners, we will revitalize our efforts to support and ensure a vibrant work and educational experience for all members of our School.

Key Strategies



STRATEGY 1: Revitalize how we support the ambitions, careers, and well-being of our learners, faculty, and staff.

Across all of our constituent groups, we will:

- Foster a sense of belonging and community for BIPOC learners, staff, and faculty.
- Advocate for and partner with the University to enhance confidential counseling services (Counseling and Psychological Services, Personal Assistance Service) by augmenting access to providers of color and personnel trained to address racial trauma.
- In our mentoring practices, enhance resources and educational opportunities for mentors to facilitate relationship building and support across diverse identities.
- Invest in professional and leadership development programs for BIPOC faculty and senior staff to enhance pathways into leadership.

STRATEGY 2: Infuse equity and inclusion in our recruitment and selection processes.

Across all of our constituent groups, we will:

- Ensure that inclusive language and our DEI and anti-racism commitments are evident in all of our recruitment practices.
- Promote open search processes and appropriately communicate about positions to ensure awareness and equitable opportunities for all to apply or nominate candidates.
- Ensure diverse search committees, particularly for student admissions and staff/faculty leadership searches.
- Require education on anti-racism for all admissions, search committees and hiring managers.
- Cultivate mutually beneficial partnerships with BIPOC organizations to intensify our intentional outreach in recruitment and admissions.
- Review the strengths of our pipeline programs for students underrepresented in medicine and STEM and enhance our organizational structure through the Clinical and Translational Science Institute (CTSI) to bolster their efforts.

STRATEGY 3: Ensure equity in access to resources and compensation.

- In collaboration with University HR, identify faculty, staff, and postdoctoral roles and areas in need of review and conduct pay equity assessment by race, ethnicity and gender and assess for relevant next steps, including reparation of pay inequity.
 - Ensure that de-identified findings are shared with appropriate audiences to build transparency and trust in the process and enhance accountability for taking action if inequities are identified.
 - Establish a process for ongoing pay equity assessment.
- In collaboration with the University, create transparent processes to promote resource and compensation equity.
 - Create policies advancing objective, standardized processes for salary setting, increases, and resource allocation across units that are transparently communicated.
 - Communicate routinely about the process for determining compensation and resource allocation.

18 Month Priority Initiatives

- Through the CTSI, launch the Pathways Center to enhance connections and diversity across the biomedical research and academic medical pipeline from middle school through faculty development.
- Review how we currently build mutually beneficial partnerships with Historically Black Colleges and Universities, Hispanic Serving Institutions, Minority Serving Institutions, community colleges, and BIPOC professional organizations to enhance our outreach.
- Through the CTSI, launch the Duke-NCCU Bridge Office to develop training and employment opportunities in research and administration for students, staff, and faculty.
- Advocate for and collaborate with University to develop a systematic approach and timeline for conducting pay equity assessments.
- Collate and create resources for best practices in mentoring across diverse identities that are tailored to specific contexts (e.g., health professions, scientific research labs, administrative settings).
- Collaborate with the University to augment behavioral health services with diverse counselors and clinicians of color and employees with expertise in addressing racial trauma.

STRATEGY 4: Implement focused efforts for the unique needs of our learners, faculty, and staff.

To Diversify the Community and Strengthen Support for Our Learners, we will:

- Maintain laser focus on recruiting and supporting students who are Black, Indigenous, and People of Color, first-generation, and from low-resource backgrounds.
 - Build upon and maintain the legacy of Dr. Brenda Armstrong, who pioneered efforts that substantially diversified matriculating MD classes, applying lessons from these efforts that success requires sustained focus and effort.

- Intensify efforts and resources for BIPOC recruitment into our Doctor of Physical Therapy and Physician Assistant Programs, translating and applying key learnings and success strategies from the Doctor of Medicine (MD) program.
- Partner with The Graduate School, the Office for Biomedical Graduate Education, and our Departments to intensify efforts and resources in recruiting BIPOC learners into biomedical science graduate programs.
- Starting during admissions, facilitate connections between current and prospective BIPOC students to create community and a sense of belonging.
 - For biomedical graduate students, adapt and create admissions processes and events that promote access to BIPOC peers and faculty and enhance community across programs.
- For our health professions learners, enhance student affairs and resource services to better augment available counseling services and alleviate tensions in currently consolidated advising, evaluative, and support services.
- Leverage scholarships and increase financial aid for current and prospective BIPOC students in our Health Professions and Biomedical Sciences Graduate programs, including commitments to minimizing debt burden.
- Ensure equity in honors and awards systems by pausing, reviewing, and when appropriate, suspending programs or societies that perpetuate inequities (e.g., Alpha Omega Alpha).
- Support and promote a range of career development opportunities for graduate students, including those with pathways into academia.

18 Month Priority Initiatives

- Review and consider a reorganization of Health Professions' Student Affairs to separate advising from evaluative duties to enhance student support.
- Create a centralized student resources service across health professions programs to augment academic and behavioral support for all students with experienced personnel trained to support BIPOC students.
- Identify and develop standardized assessment tools (such as student, advisee, and mentee evaluations) that provide feedback on faculty, staff, and support services' cultural humility, issues of bias, effective management of content related to identity and inequities, and effectiveness in managing support related to identity, distress, and marginalization.
- For graduate programs using GRE and health professions programs using MCAT scores in admissions, programs must assess and, if the practice is maintained, provide a statement on how it is used equitably.
- Through partnerships between SOM OPSD and the IDEALS Office, Duke's Preparing Research scholars In bioMEDical sciences (PRIME) Program will provide mentored research experience, quantitative skills development, professional development and tailored preparation for successful application to doctoral research programs (PhD or MD-PhD).

To Enhance the Experiences and Career Development of our Postdoctoral Appointees:

- Elevate the value of mentorship, coaching, and sponsorship by enhancing our PIs education, support, and incentives.
 - Define expectations for mentor and committee check-ins with postdocs.
 - Require all faculty mentors and coaches to have formal training in mentorship and specific education on navigating unique challenges faced by BIPOC postdocs.
 - Leverage mentorship training resources from the National Research Mentoring Network (NRMN) and the Peer Group Research on Mentoring Scientists Underrepresented in Biomedical Research (PROMISE) Study.
 - Regularly assess the needs of faculty mentors as well as mentee feedback to enhance support, practices, incentives, and ongoing development.
- Support and promote a range of career development opportunities for postdocs, including those with pathways into academia.
- Implement and entrench systematic recruitment practices for postdocs from the NIH Scientific Workforce Diversity Toolkit, which emphasizes creating diverse talent pools, unbiased searches, outreach and networking, and enhancing mentoring and sponsoring relationships.
- Invest in the creation of a proactive postdoctoral recruitment effort to identify candidates, facilitate connections with faculty PIs, and enhance community for underrepresented postdocs.

To Further the Excellence of Our Faculty, we will:

- Elevate the value of mentorship, coaching, and sponsorship by enhancing our faculty's education, support, and incentives.
 - Define expectations for mentor and committee check-ins with faculty.
 - Require all faculty mentors and coaches to have formal training in mentorship and specific education on navigating unique challenges faced by BIPOC faculty.
 - Leverage mentorship training resources from the National Research Mentoring Network (NRMN) and the Peer Group Research on Mentoring Scientists Underrepresented in Biomedical Research (PROMISE) Study.
 - Regularly assess the needs of faculty mentors as well as mentee feedback to enhance support, practices, incentives, and ongoing development.
- Infuse equity into our faculty advancement processes, including annual reviews and appointments, promotions, and tenure, to ensure consistency and fairness in processes and clarity for individual faculty.
- Formalize processes for retention of BIPOC faculty, including a process to access resources to help facilitate retention.

- Implement and entrench systematic recruitment practices for faculty from the NIH Scientific Workforce Diversity Toolkit, which emphasizes creating diverse talent pools, unbiased searches, outreach and networking, and enhancing mentoring and sponsoring relationships.
- Accelerate hiring of BIPOC faculty with intensive focus on significantly increasing the number of Black or African American faculty in context with future overall hiring goals.
 - Invest in and support cluster hires of faculty who identify as BIPOC, who have research or other professional experience in diversity and inclusion, or who have health equity or disparities research agendas.
 - Actively seek out and recruit rising stars, trailblazers, and thought leaders who advance our diversity, equity, and inclusion strategic priorities.
- Enhance faculty onboarding to welcome and orient BIPOC faculty to the academic community.

18 Month Priority Initiatives

- Develop a plan to review mentorship training offerings and resources for postdoctoral associates and faculty to determine core expectations across mentor-mentee relationships.
- To enhance our faculty advancement processes:
 - The Departmental DEI lead should be actively engaged in annual reviews for all BIPOC faculty in their entity.
 - Create standard guidelines for Departmental Appointments, Promotion, & Tenure (DAPT) committee composition and responsibilities, with expectations on committee diversity, experience in DEI, participation in implicit bias and anti-racism education, and annual committee work to review faculty progression data for race/ethnicity and gender trends and disparities.
 - Systematize APT expectations and enhance communications around the APT process.
 - Broaden the definition of scholarship used in APT to include advocacy and DEI work and create clear evaluative criteria for scholarly impact to better define achievement in this area.
 - Develop a plan to consolidate information systems used to inform APT.
- Provide institutional energy and financial support to the NIH Faculty Institutional Recruitment for Sustainable Transformation (FIRST) Program Application. The purpose of the FIRST Cohort is to transform culture at NIH-funded extramural institutions by building a self-reinforcing community of scientists committed to diversity and inclusive excellence. This community will be built through recruitment of a diverse group of early-career faculty who are competitive for an advertised research tenure-track or equivalent faculty position and who have demonstrated strong commitment to promoting diversity and inclusive excellence.

To Support and Build Pathways for Staff Success:

- Develop a formal mentoring program to develop BIPOC staff for leadership positions.
- Support and create employee resource groups for BIPOC staff to enhance affinity and provide forums to discuss unique challenges in advancing through positions and programs.
- Accelerate hiring of BIPOC executive and senior-level staff with intensive focus on expanding candidate pools with Black and Hispanic leaders.
- For senior position recruitments, we will build partnerships and post positions with Historically Black Colleges and Universities, Hispanic Serving Institutions, Minority Serving Institutions, community colleges, and relevant professional organizations.
- SOM recruitment will partner with the University's renewed efforts to significantly expand internship, professional development, and apprenticeship programs.

18 Month Priority Initiatives

- Fund schoolwide membership in major equity-centered professional groups to enhance professional development opportunities and access to communities of support.
- Develop employee resource groups for BIPOC staff to create affinity and provide forums to discuss unique challenges in advancing through positions and programs.

Advance Education and Training to Support an Anti-Racist Workforce

Our ability to advance racial equity and mitigate racism in our missions requires that we have a shared acknowledgment and understanding of race and racism in our language, our history, and across the contexts in which we learn, discover, and serve our patients and community.

Key Strategies



STRATEGY 1: Ensure that our learning environments teach cultural humility and foster the ability to practice equitable and anti-racist care and research.

In Our Health Professions Programs:

- Enhance orientation activities to set the stage for learning environment expectations that include a high emphasis on equity in care of diverse populations.
- Assess curricular content for bias, racism, or lack of cultural humility.
- Improve consistency in how race is included and addressed in pre-clinical and clinical phases of education.
- Expand the diversity of clinical educators to better reflect our student demographics and undergird the research.
- Provide educational support to clinical training sites in anti-racist and equity-related topics and evaluate sites for bias, racism, or discrimination towards patients and trainees.
- Evaluate opportunities to expand clinical training sites for students to work in community health centers, health departments, and in locations with medically under-served populations (e.g., free clinics, FQHCs, VA, etc.), with careful management to prevent reinforcing stereotypes associated with these populations.
- Promote growth and development of faculty and staff who interact with students as well as student advising and support services through formalizing systems and expectations for enhanced feedback and evaluation.

For our Biomedical Science Graduate Students and Postdoctoral Associates:

- In partnership with the University, establish required base-level education in racial equity, navigating and mitigating implicit bias, and anti-racism.
- In partnership with the University, offer a certificate program to enhance expertise in social equity with appropriate recognition for completing the curriculum.

STRATEGY 2: Implement a comprehensive anti-racism, bias, and discrimination training and education program for our workforce.

- Provide clear expectations for anti-racism, bias, and discrimination education to be completed at onboarding.
- Establish educational requirements at three levels:
 - Required training for all leaders, supervisors, and managers of departments, units and institutes, including admissions, search committees, and hiring managers.
 - Role and context-specific learning opportunities to be self-selected, based on scope of responsibility and functional goals.
 - Required base-level training for all faculty, staff, and students with possible University-wide collaboration.
- Collate educational materials and offerings through a centrally managed online learning hub.
- Facilitate time during work hours to support community members in participating in anti-racism training.
- Formalize individual training expectations by incorporating into performance planning and link to support, incentives, and recognition for staff and faculty (APT, protected time, Scholars@Duke, CE/CME, Annual Reviews, SOM Awards, Citizenship Awards).

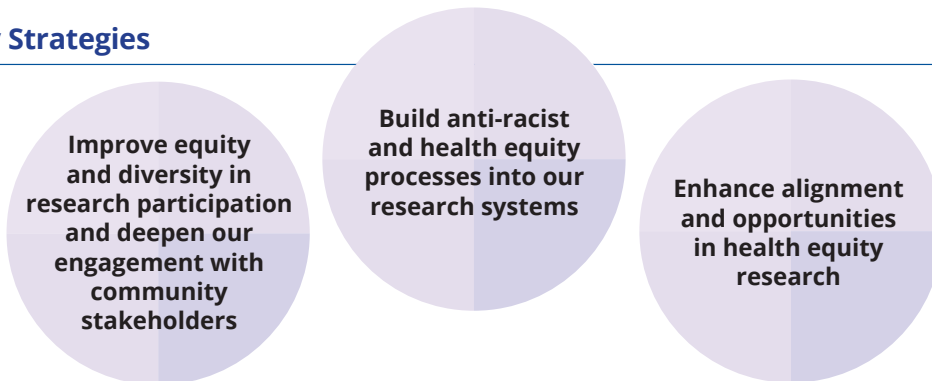
18 Month Priority Initiatives

- Assess and acquire human resources to administer, track, ensure quality and evaluate impact of anti-racism, bias, and discrimination educational opportunities for staff, students, and faculty. Collaborate with the University to utilize education and training resources provided by OIE and other entities while ensuring oversight of our community's engagement by the Vice Dean for DEI.
- Collaborate across the University and Duke Health to create a taskforce of faculty, staff, learners and leaders charged with developing and crystallizing anti-racism, bias, and discrimination education expectations and learning strategies that meet those expectations.
- For all health professions programs, conduct a review of and recommend changes to curricula to effectively address bias, racism, and cultural humility.
- For graduate students and postdocs, develop anti-racism and racial equity base-level curriculum, identify key personnel for course administration, and pilot the curriculum.
- For staff and faculty, facilitate “no meeting” times at least twice annually to support members in attending anti-racism trainings.
- Broaden availability and funding for the Teaching & Leading Equity Now training, Teaching for Equity Fellowship, or equivalent programs.

Develop Anti-Racist, Equity-Centered and Community-Engaged Research Practices

In the School of Medicine, we will use our expertise to study the impact of racial injustice on health, reduce health disparities by engaging diverse populations to guide and lead our research, build anti-racist and health equity processes into our research systems, and promote translation of evidence-based scientific discoveries into practice to improve health.

Key Strategies



STRATEGY 1: Improve equity and diversity in research participation and deepen our engagement with community stakeholders.

- Building upon longitudinal efforts in the Clinical & Translational Science Institute (CTSI), enhance the role of CTSI as a resource for all SOM researchers in community engagement and equitable research practices.
- Facilitate community engagement in research with the goal of improving the health of our community and decreasing health disparities by establishing a central, off-campus research site that is welcoming and easily accessible to the community.
- Fully engage and integrate racially and ethnically diverse community advocates and experts to serve across the research enterprise in critical roles such as the IRB, Quality Improvement initiatives, Patient Advisory Councils, and co-investigators, among others.

STRATEGY 2: Build anti-racist and health equity processes into our research systems.

- Ensure best practices in the conceptualization and use of race/ethnicity in research by reviewing and identifying research practices and processes in need of enhancement or revision.
- Track and report on demographic diversity in clinical research and trials participation to enhance equitable and accountable research planning. Identify trends and appropriate responses, ensuring sharing of best practices across CRUs.
- Partner with DUHS to identify and address how racism and bias affect community perceptions of our health system and research practices, such as trustworthiness and access to quality care.

STRATEGY 3: Enhance alignment and opportunities in health equity research.

- Transform the Duke Clinical & Translational Science Institute (CTSI) with a formal commitment to equity as a key pillar in the institute's efforts.
- In collaboration with DUHS, leverage resources and expertise in AI health and data science to advance knowledge related to health disparities and mechanisms to improve health equity and outcomes in underserved populations.

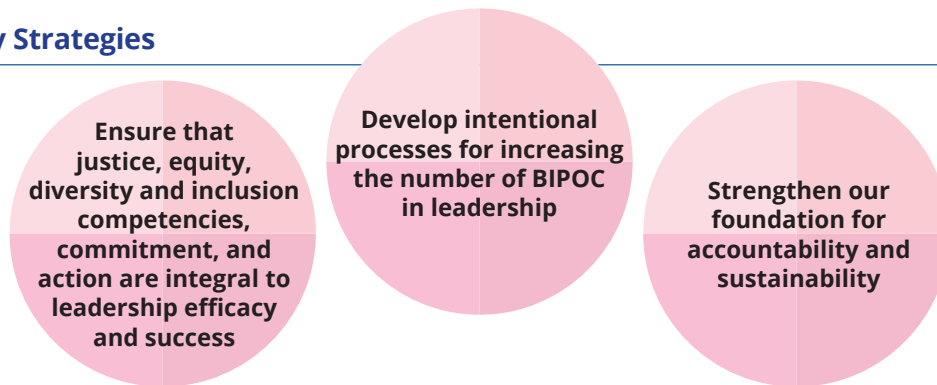
18 Month Priority Initiatives

- Building upon longitudinal efforts in the CTSI, launch the Center for Equity in Research. The vision for this new Center is to provide leadership, guidance, and resources to improve equity and remedy bias and racism in research.
- Launch a new outpatient clinical research site in Durham – Duke University SOM Research at Pickett (R@P) Road – and develop a robust community outreach initiative that improves physical access to research opportunities and provides a nexus for community education and engagement.
- Develop a dashboard of diversity trends in clinical trial participants by CRU.
- Form a committee to examine the use of race/ethnicity in our clinical and research policies, practices and beliefs across departments.

Ensure Sustainability by Strengthening Leadership Capacity and Organizational Accountability

Racial and social injustices did not appear overnight and will not be remedied through quick fixes but will require consistent, sustained efforts. Building inclusive leadership competencies across the organization and accountability systems at all levels are critical to achieving sustainable and enduring change.

Key Strategies



STRATEGY 1: Ensure that justice, equity, diversity and inclusion competencies, commitment, and action are integral to leadership efficacy and success.

- Adopt a revised, holistic definition of positional leadership that emphasizes inclusive interpersonal skills as well as interests and work experience in equity, inclusion, and anti-racism.
 - Establish inclusive leadership competencies and develop a longitudinal educational program to help ensure capacity.
 - Encourage and incentivize senior faculty and staff to take on leadership roles in DEI.
 - Formally recognize and value DEI scholarship and practice when making leader selection decisions.
 - Assess efficacy of leaders in promoting inclusion and equity via periodic anonymous surveys, 360 inclusive leadership tools, and other feedback mechanisms.
- Support and elevate the Departmental DEI Delegate/Vice Chair as a valued leadership role across all units.
 - Establish inclusive leadership competencies and enhance supportive educational programming to help ensure capacity.
 - Clarify expectations and support for the role.
 - Ensure a “seat at the table” with other Departmental leaders to facilitate equity and inclusion practices in all mission areas advanced by the Department/unit.
 - Advance the work together by encouraging all individuals with interests and work experience in DEI to take on local leadership roles, with the goal of enhancing representation of majority group members and reducing the workload in this domain experienced by BIPOC, women, and LGBTQIA.

STRATEGY 2: Develop intentional processes for increasing the number of BIPOC in leadership.

- Enhance transparency in leadership recruitment by publicly posting Requests for Applications for all opportunities and implementing equitable practices in our searches.
- Educate current leaders in best practices to successfully nurture, promote and recruit BIPOC leaders.
- Increase sponsorship of current BIPOC faculty and staff for leadership roles.

STRATEGY 3: Strengthen our foundation for accountability and sustainability.

- Develop diversity, equity and anti-racism accountability plans across departments, centers, institutes, and academic programs for ongoing assessment.
 - All unit plans should be consistent with this SOM plan and articulate how the units will execute these common goals and strategies at the local level.
 - Plans will be reviewed at regular agreed-upon intervals with an experienced DEI advisory committee who provide consultation and input to unit leaders and an annual summary to the Dean.
 - Metrics will be specific and measurable, with a dashboard providing schoolwide and unit level data to inform strategic planning.
 - Incentives will be identified and applied for Departments/Divisions who improve with respect to advancing their goals.
- Develop consistent mechanisms for sharing best practices and lessons learned across units.
- Develop systems and processes to regularly assess and transparently communicate key diversity, equity, and inclusion metrics.

18 Month Priority Initiatives

- Develop a longitudinal learning model to enhance leaders' competencies and capacities in DEI and anti-racism.
- Develop a standardized Departmental DEI leadership role description and agreed upon implementation timeline and process for filling roles in an open and equitable manner.
- Review and assess current and future leadership openings to enhance opportunities for increasing the number of BIPOC in leadership.

Critical Enablers

The success of this plan will require a review of and upgrades to underlying organizational structure, data and reporting, and other processes that broadly support equity, diversity and inclusion work in our institution. We have prioritized efforts in the following areas which will be required for us to implement our strategic initiatives.

Critical Enablers



Organizational Structure

The success of this plan and the need for deliberate collaboration across the SOM, Duke Health, and Duke University calls for a strengthened and enhanced organizational structure supporting equity, diversity and inclusion efforts. Key elements of an evolved organizational structure include:

- Creation of a new faculty role, a Vice Dean for Diversity, Equity, and Inclusion (VDDEI), to oversee DEI efforts across all missions and partner with Duke Health and Duke University.
- Enhanced focus on and investment in staff needs, which may include a dedicated leadership position to address the unique, complex, and long-overdue DEI focus specifically on staff.
- Dedicated capacity and expertise to support curriculum review and develop and manage an educational program.
- Enhanced efforts to coordinate best practices and facilitate communication through a council managed by the VDDEI.
- Standardized unit-level diversity and inclusion roles characterized by:
 - Elevation to a Vice Chair or equivalent level, with appropriate representation to support both faculty and staff
 - Defined minimum supported effort scaled according to entity size and to enable appropriate commitment and available expertise, with potential consolidated efforts to support multiple smaller units (e.g., among Basic Science departments)
 - Likely to require a minimum of 20% supported effort
 - Development and adoption of a standardized core role description
 - Participation in a council managed by the VDDEI which shares best practices across units and supports ongoing DEI efforts, including prioritization of future strategies and investments

Data and Analytic Resources and a Commitment to Transparency

Progress will require the ability to assess our current state, track progress towards our goals, and hold ourselves accountable through transparent communication of results. Currently, gaps in processes and access to data limit our ability to measure and understand opportunities across both staff and faculty to facilitate focused interventions.

- Collaborate with Duke University to assess and improve human resource systems and processes to ensure data capture throughout recruitment, promotion, and retention/termination to facilitate assessment of differences across identity groups in recruitment at all levels, access to training and development opportunities, time to promotion, and retention/termination statistics. This includes data and information relevant to the APT process.
- Identify an approach for a reporting system that consolidates existing data and dashboards, builds in newly identified areas, and allows for longitudinal tracking and analysis of DEI trends, including metrics of success identified in this plan.
- Provide analytics human resources to regularly track and transparently report on diversity metrics.

Partnership with University and Health System

As we are part of a larger Duke community, success in numerous areas will require collaboration with our colleagues across campus and the Health System. We will need to partner with the new Racial Equity Advisory Council and its subcommittees to develop the scope, process, and timeline for addressing key SOM implementation priorities identified in this plan, including, but not limited to,

- Develop a plan for a referral hub for reporting concerns, including discrimination and harassment.
- Augment behavioral health services with diverse counselors and expertise in racial trauma.
- Provide robust training and education to our workforce.
- Review how we currently build genuine, mutually beneficial partnerships with Historically Black Colleges and Universities, Hispanic Serving Institutions, Minority Serving Institutions, community colleges, and BIPOC professional organizations to enhance our outreach for recruitment.

Communications

Continued enhancements to our communications will facilitate how we signal our values related to advancing equity and justice, share progress on our goals, and bolster the visibility of efforts, individuals, and teams across our community.

- Develop and enhance partnerships between Office for VDDEI, University and Health System Communications, and SOM Central Communications to:
 - Communicate the goals, metrics, and ongoing implementation of the plan.
 - Coordinate and optimize current communications mechanisms and needs in advertising and bolstering participation in our array of seminars, colloquia, Grand Rounds, workshops.
 - Enhance communications and connectivity across health equity research centers and initiatives in the SOM.
- Ensure communications teams have expertise in justice, diversity, equity, inclusion and anti-racism.
- Commit to an annual report on progress related to this plan.

Resource Allocations

While we will need new resources to accelerate advancement of our anti-racism commitments, diversity goals and priorities should also be a consistent consideration in allocation of existing resources across both central and local units as well.

- Ensure DEI and anti-racism efforts are managed as a priority and financially supported in our Departments, Centers, Institutes, Programs, and Administrative units, including leveraging strategic recruitment dollars (e.g., Duke Science and Technology, Whitehead Scholars) to advance our diversity goals related to talent diversification.
- Establish a Diversity Fund, starting with an internal commitment of funding and establishing as a priority to augment with philanthropy. Develop processes and criteria for accessing the funds to support recruitment, retention, mentoring, and professional development in ways that advance our goals.

Development and Alumni Relations

Development and alumni relations activities are opportunities to enhance the visibility of our diverse populations, showcase our commitment to diversity, and augment resources dedicated to advancing our diversity and anti-racism efforts, including supporting initiatives to advance knowledge regarding health disparities.

- Provide regular updates to our key philanthropy and alumni boards regarding our anti-racism plan and progress on implementation.
- Ensure representation of diverse constituents in development and alumni relations activities, including enhancing the diversity of our boards.
- Include support for our anti-racism efforts as a key priority for Development, elevating its importance and augmenting internal resources to amplify our opportunities.



Implementation Priorities

18 Month Priority Initiatives	Implementation Leads/Teams
Priority Area: Cultivate an Inclusive, Equitable and Anti-Racist Environment	
<ul style="list-style-type: none"> Integrate findings from <i>Duke Campus Survey</i> and <i>Duke Health Checking In with You Survey</i> into a report to share with the SOM community. 	<ul style="list-style-type: none"> Vice Dean for DEI
<ul style="list-style-type: none"> Develop a plan, including survey selection and frequency, for ongoing assessment. 	<ul style="list-style-type: none"> Vice Dean for DEI
<ul style="list-style-type: none"> Develop and pilot a staff-leadership engagement approach (e.g., Conversation with a leader, leadership rounding) and determine a process for deploying across local and central leadership levels. 	<ul style="list-style-type: none"> Office of Diversity & Inclusion
<ul style="list-style-type: none"> Collaborate with the University to develop a plan for an independent, accessible, low-barrier referral hub for reporting and resolving concerns, with characteristics including the ability to make non-anonymous and anonymous reports with transparent information about implications of these options, mechanisms to triage reports to appropriate resources for response, establishing and tracking feedback loops, and protections for reporters from retaliation. 	<ul style="list-style-type: none"> Vice Dean for DEI
<ul style="list-style-type: none"> Develop an Ombudsperson service for staff, with potential partnerships with DU, DUHS, and/or SON. 	<ul style="list-style-type: none"> Office of Diversity & Inclusion, in partnership with University Office for Institutional Equity (OIE)
<ul style="list-style-type: none"> Adopt and widely disseminate the pledge, <i>Duke Health Stands Against Racism</i>. 	<ul style="list-style-type: none"> SOM Communications
<ul style="list-style-type: none"> Convene a crisis response team to assist administrators and advisors in proactive communications and support to our constituents, particularly in response to alarming social, political, and institutional events. 	<ul style="list-style-type: none"> SOM Communications
Priority Area: Nurture, Reward and Attract Outstanding Talent	
<ul style="list-style-type: none"> Through the CTSI, launch the Pathways Center to enhance connections and diversity across the biomedical research and academic medical pipeline from middle school through faculty development. 	<ul style="list-style-type: none"> Clinical & Translational Science Institute
<ul style="list-style-type: none"> Review how we currently build mutually beneficial partnerships with Historically Black Colleges and Universities, Hispanic Serving Institutions, Minority Serving Institutions, community colleges, and BIPOC professional organizations to enhance our outreach. 	<ul style="list-style-type: none"> Vice Dean for DEI IDEALS Office Multicultural Resource Center URE Faculty Development
<ul style="list-style-type: none"> Through the CTSI, launch the Duke-NCCU Bridge Office to develop training and employment opportunities in research and administration for students, staff, and faculty. 	<ul style="list-style-type: none"> Clinical & Translational Science Institute

Priority Area: Nurture, Reward and Attract Outstanding Talent, Continued

<ul style="list-style-type: none"> • Advocate for and collaborate with University to develop a systematic approach and timeline for conducting pay equity assessments. 	<ul style="list-style-type: none"> • SOM HR • SOM Exec VD/VD for Finance
<ul style="list-style-type: none"> • Collate and create resources for best practices in mentoring across diverse identities that are tailored to specific contexts (e.g., health professions, scientific research labs, administrative settings). 	<ul style="list-style-type: none"> • Office for Faculty Development/ Office for Research Mentoring • Office of Diversity & Inclusion • SOM HR
<ul style="list-style-type: none"> • Collaborate with the University to augment behavioral health services with diverse counselors and clinicians of color and employees with expertise in addressing racial trauma. 	<ul style="list-style-type: none"> • HR/Benefits • In partnership with Duke Dean of Students office
<ul style="list-style-type: none"> • Review and consider a reorganization of Health Professions' Student Affairs to separate advising from evaluative duties to enhance student support. 	<ul style="list-style-type: none"> • Office of Student Affairs • Multicultural Resource Center
<ul style="list-style-type: none"> • Create a centralized student resources service across health professions programs to augment academic and behavioral support for all students with experienced personnel trained to support BIPOC students. 	<ul style="list-style-type: none"> • Office of Student Affairs • Multicultural Resource Center
<ul style="list-style-type: none"> • Identify and develop standardized assessment tools (such as student, advisee, and mentee evaluations) that provide feedback on faculty, staff, and support services' cultural humility, issues of bias, effective management of content related to identity and inequities, and effectiveness in managing support related to identity, distress, and marginalization. 	<ul style="list-style-type: none"> • Office of Clinical Education and Learning Environment • Vice Dean for DEI • Medical Education Administration
<ul style="list-style-type: none"> • For graduate programs using GRE scores and health professions programs using MCAT in admissions, programs must assess and, if the practice is maintained, provide a statement on how it is used equitably. 	<ul style="list-style-type: none"> • Office of Biomedical Graduate Education • IDEALS Office • Admissions for All Health Professions Programs
<ul style="list-style-type: none"> • Through partnerships between SOM OPSD and the IDEALS Office, Duke's Preparing Research scholars In bioMEDical sciences (PRIME) Program will provide mentored research experience, quantitative skills development, professional development, and tailored preparation for successful application to doctoral research programs (PhD or MD-PhD). 	<ul style="list-style-type: none"> • IDEALS Office • Office of Physician-Scientist Development
<ul style="list-style-type: none"> • Develop a plan to review mentorship training offerings and resources for postdoctoral associates and faculty to determine core expectations across mentor-mentee relationships. 	<ul style="list-style-type: none"> • Office for Faculty Development/ Office for Research Mentoring

Priority Area: Nurture, Reward and Attract Outstanding Talent, Continued

<ul style="list-style-type: none"> • To enhance our faculty advancement processes: <ul style="list-style-type: none"> • The Departmental DEI lead should be actively engaged in annual reviews for all BIPOC faculty in their entity. • Create standard guidelines for Departmental Appointments, Promotion, & Tenure (DAPT) committee composition and responsibilities, with expectations on committee diversity, experience in DEI, participation in implicit bias and anti-racism education, and annual committee work to review faculty progression data for race/ethnicity and gender trends and disparities. • Systematize APT expectations and enhance communications around the APT process. • Broaden the definition of scholarship used in APT to include advocacy and DEI work and create clear evaluative criteria for scholarly impact to better define achievement in this area. • Develop a plan to consolidate information systems used to inform APT. 	<ul style="list-style-type: none"> • SOM Office for Faculty Development • URE Faculty Development • All Departments • Vice Dean for DEI Office • SOM APT Office
<ul style="list-style-type: none"> • Provide institutional energy and financial support to the application for NIH Faculty Institutional Recruitment for Sustainable Transformation (FIRST) Program. The purpose of the FIRST Cohort is to transform culture at NIH-funded extramural institutions by building a self-reinforcing community of scientists committed to diversity and inclusive excellence. This community will be built through recruitment of a diverse group of early-career faculty who are competitive for an advertised research tenure-track or equivalent faculty position and who have demonstrated strong commitment to promoting diversity and inclusive excellence. 	<ul style="list-style-type: none"> • Vice Dean for Basic Science
<ul style="list-style-type: none"> • Fund schoolwide membership in major equity-centered professional groups to enhance professional development opportunities and access to communities of support. 	<ul style="list-style-type: none"> • Office of Diversity & Inclusion
<ul style="list-style-type: none"> • Develop employee resource groups for BIPOC staff to create affinity and provide forums to discuss unique challenges in advancing through positions and programs. 	<ul style="list-style-type: none"> • Office of Diversity & Inclusion

Priority Area: Advance Education and Training to Support an Anti-Racist Workforce

<ul style="list-style-type: none"> Assess and acquire human resources to administer, track, ensure quality and evaluate impact of anti-racism, bias, and discrimination educational opportunities for staff, students, and faculty. Collaborate with the University to utilize education and training resources provided by OIE and other entities while ensuring oversight of our community's engagement by the Vice Dean for DEI. Collaborate across the University and Duke Health to create a taskforce of faculty, staff, learners and leaders charged with developing and crystallizing anti-racism, bias, and discrimination education expectations and learning strategies that meet those expectations. 	<ul style="list-style-type: none"> Vice Dean for DEI; Office of Diversity & Inclusion in partnership with OIE Vice Dean for DEI; Office of Diversity & Inclusion in partnership with University (e.g., OIE) and Duke Health (e.g., HR)
<ul style="list-style-type: none"> For all health professions programs, conduct a review of and recommend changes to curricula to effectively address bias, racism, and cultural humility. 	<ul style="list-style-type: none"> Curriculum Committees in partnership with DEI experts
<ul style="list-style-type: none"> For graduate students and postdocs, develop anti-racism and racial equity base-level curriculum, identify key personnel for course administration, and pilot the curriculum. 	<ul style="list-style-type: none"> IDEALS Office Office of Biomedical Graduate Education
<ul style="list-style-type: none"> For staff and faculty, facilitate “no meeting” times at least twice annually to support members in attending anti-racism trainings. 	<ul style="list-style-type: none"> Dean’s Office
<ul style="list-style-type: none"> Broaden availability and funding for the Teaching & Leading Equity Now training, Teaching for Equity Fellowship, or equivalent programs. 	<ul style="list-style-type: none"> Vice Dean for DEI; Office of Diversity & Inclusion

Priority Area: Develop Anti-Racist, Equity-Centered and Community-Engaged Research Practices

<ul style="list-style-type: none"> Building upon longitudinal efforts in the CTSI, launch the Center for Equity in Research. The vision for this new Center is to provide leadership, guidance, and resources to improve equity and remedy bias and racism in research. 	<ul style="list-style-type: none"> Clinical & Translational Science Institute
<ul style="list-style-type: none"> Launch a new outpatient clinical research site in Durham – Duke University SOM Research at Pickett (R@P) Road – and develop a robust community outreach initiative that improves physical access to research opportunities and provides a nexus for community education and engagement. 	<ul style="list-style-type: none"> Vice Dean for Clinical Research
<ul style="list-style-type: none"> Develop a dashboard of diversity trends in clinical trial participants by CRU. 	<ul style="list-style-type: none"> Vice Dean for Clinical Research
<ul style="list-style-type: none"> Form a committee to examine the use of race/ethnicity in our clinical and research policies, practices and beliefs across departments. 	<ul style="list-style-type: none"> Clinical & Translational Science Institute

Priority Area: Ensure Sustainability by Strengthening Leadership Capacity and Organizational Accountability

<ul style="list-style-type: none"> • Develop a longitudinal learning model to enhance leaders' competencies and capacities in DEI and anti-racism. 	<ul style="list-style-type: none"> • Vice Dean for DEI; Office of Diversity & Inclusion • In partnership with Duke Health HR and PDC CMO for DEI
<ul style="list-style-type: none"> • Develop a standardized Departmental DEI leadership role description and agreed upon implementation timeline and process for filling roles in an open and equitable manner. 	<ul style="list-style-type: none"> • Vice Dean for DEI • In partnership with PDC CMO for DEI
<ul style="list-style-type: none"> • Review and assess current and future leadership openings to enhance opportunities for increasing the number of BIPOC in leadership. 	<ul style="list-style-type: none"> • Dean's Office

Critical Enablers

<ul style="list-style-type: none"> • Recruit Vice Dean for DEI 	<ul style="list-style-type: none"> • Dean's Office
<ul style="list-style-type: none"> • Finalize HR needs and budget for VD DEI Office 	<ul style="list-style-type: none"> • Vice Dean for DEI • Dean's Office
<ul style="list-style-type: none"> • Begin to work with University HR to determine system and process needs for appropriate data capture to facilitate evaluation of key HR metrics 	<ul style="list-style-type: none"> • SOM HR
<ul style="list-style-type: none"> • Execute Communication Plan 	<ul style="list-style-type: none"> • SOM Communications

Measures of Success

We will share our progress towards advancing racial equity and addressing systemic racism across our School by tracking and reporting on the following areas that align with our overall goals. While we have identified these areas and metrics as key indicators of progress, others may emerge as work towards our commitments unfolds.

GOAL Enhance racial diversity and equity, inclusion and respect for all of our constituents

Progress	Indicators
<ol style="list-style-type: none"> 1. Sustained growth in the diversity of our faculty, senior staff, and learners. 2. Pay equity assessment & inequity remediation is an entrenched and ongoing institutional effort. 3. All members of the School, and especially BIPOC, feel like they belong, that culture and opportunities are equitable, and they can thrive and be successful at Duke. 4. All members of the School know how to report and find support related to bias, racism, harassment, and discrimination 	<ol style="list-style-type: none"> 1. Increase in # and overall % of Black, Hispanic, Indigenous, and People of Color among our faculty, senior staff, and learners. 2. Assess trends in candidate pools; new recruits or admissions; retention, promotions; tenure; and departures, where relevant. 3. Exploratory and full analysis of pay by race/ethnicity and gender; resulting pay inequities reviewed, prioritized, and adjusted. 4. Using climate surveys, change in scores on belonging, climate, opportunities across identity groups, satisfaction working/ studying at Duke, knowledge of and trust in processes for reporting microaggressions or discrimination. 5. From official reports, number, type, and outcomes of reports of discrimination, harassment, and other concerns.

GOAL Advance careers among underrepresented race/ethnicity (URE) groups in medicine, biomedical science and technology

Progress	Indicators
<ol style="list-style-type: none"> 1. Learners, faculty, and staff, and especially BIPOC, have access to high-quality opportunities and support to advance their careers. 2. Our career advancement policies and practices are fair, transparent, and designed to promote equity. 	<ol style="list-style-type: none"> 1. Funding and scholarships for students from underrepresented groups. 2. Annual numbers of participants in ERGs, career, and leadership development groups. 3. Increased racial and ethnic diversity of senior staff, senior faculty, at leadership. 4. Using surveys, faculty and especially BIPOC faculty report that career advancement practices are fair and transparent.

GOAL Catalyze anti-racist practice through education of our current and future workforce

Progress	Indicators
<ol style="list-style-type: none">1. Educational practices across the school incorporate best practices in conceptual use of race/ethnicity in their pedagogies.2. Our workforce and leadership have responsibilities and development opportunities that enhance their capacity to work effectively across identities, be advocates in anti-racism, and lead inclusively.	<ol style="list-style-type: none">1. Curricular hours dedicated to content on race, racism, and cultural humility in patient care; on Graduation Questionnaires and other annual surveys, improved student scores in related domains.2. All School members participate in education and development in anti-racism, bias, and discrimination, in alignment with the training expectations established for their level and role.

GOAL Stimulate and promote evidence-based discoveries and their translation to reduce racial health disparities, promote equity, and improve health

Progress	Indicators
<ol style="list-style-type: none">1. Standards, definitions, and best practices in the use of race/ethnicity are embedded in research policies, practices, and education and are widely accepted across the research enterprise.2. Clinical research has measures to enhance research planning accountability, equity, and race/ethnicity diversity.3. Health equity research is a signature feature in our School's research portfolio.	<ol style="list-style-type: none">1. Assessment, revision, and defined use of race/ethnicity in our research policies, along with continuing education for researchers.2. Clinical research participation rates by race/ethnicity are substantially similar to our local population.3. Grant applications and awards for research funding or career training in studies of race, ethnicity, or racial inequity/inequality.

GOAL Establish our School as a transformative leader in anti-racism and social justice education and research

Progress	Indicators
<ol style="list-style-type: none">1. Leaders are viewed as advocates and allies in the work of DEI and anti-racism.2. Unit leaders are accountable for and drive success in their DEI and anti-racism plans.3. School leadership is committed to transparency and accountability in the implementation and success of this plan.4. Duke School of Medicine is recognized as a leader in anti-racism and diversity, equity, and inclusion.	<ol style="list-style-type: none">1. Annual reviews of leaders by direct reports on metrics of inclusive leadership.2. Units with DEI and anti-racism plans show growth in core domains, including diversity, inclusion, and equity metrics.3. Annual report on dismantling racism plan progress is shared with Duke SOM community.4. SOM is recognized through national, special interest, and advocacy group awards.

Glossary of Terms

As we seek to dismantle racism and advance equity across the Duke community, it is vital that we have shared terminology that we use as we advance this work together. This glossary was created by Jacqueline Barnett, Kirsten Simmons, and Kenyon Railey.

Sources for definitions are provided via superscript links alongside each term.

Term/Concept	Definition
Advocate ¹	<p>An advocate is an individual who stands up for oneself, a group or cause, and is especially someone who fights for the rights of others.</p> <ul style="list-style-type: none"> • <i>Advocates work/lobby to enact public policy, laws, and programs to address the harm experienced by people of color and others who have been oppressed.</i>
Ally ²	<p>An individual who recognizes their privilege and commits effort to work with oppressed groups in the struggle for justice.</p> <ul style="list-style-type: none"> • <i>Allies acknowledge the oppression and disadvantage of other groups, take risk and supportive action, and commit to efforts to reduce their own complicity or collusion in oppression of those groups.</i>
Bias (Explicit) ³	<p>Explicit biases are the conscious attitudes and beliefs that individuals hold about a person or group of people and expressions of these biases are deliberate.</p> <ul style="list-style-type: none"> • <i>Explicit or conscious bias in the extreme form may be demonstrated by “overt negative behavior” such as “physical and verbal harassment or through more subtle means such as exclusion.”</i>
Bias (Implicit) ^{4,5}	<p>Implicit biases are unconscious attitudes that individuals hold which often affect their understanding of, judgments about, and behaviors and actions toward others.</p> <ul style="list-style-type: none"> • <i>Implicit biases may influence the speed and likelihood of shooting an unarmed person based on race, and the rate of referring black and white patients for thrombolysis who present similarly with acute coronary symptoms.</i>
Critical Race Theory ^{6,7,8}	<p>Critical Race Theory (CRT) is a theoretical framework and movement that examines how the appearance of race and racism is expressed across the dominant culture. CRT scholars note that the social construction of race and racism is a regular component of American society; it is embedded in structures such as law, culture, and economics, which supports the interests of white people.</p> <ul style="list-style-type: none"> • <i>A key focus of critical race theorists is that the regime of white supremacy and privilege has been maintained despite the rule of law and the constitutional guarantee of equal protection of the laws. This has resulted in negative tangible effects on African Americans and people of color especially as it relates to economic resources, educational and professional opportunities, and experiences with the legal system.</i>
Culture ²	<p>The characteristics and social system of meanings and customs created by groups to assure their adaptation and survival. These groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviors, languages and styles of communication that cross generations.</p>

Term/Concept Continued	Definition Indicators Continued
Discrimination ²	The unjust and prejudicial treatment of people, especially on the basis of race, gender, social class, sexual orientation, physical ability, religion and other categories.
Racial Equity ⁹	<p>Refers to the phenomena that the distribution of resources and opportunities would neither be determined nor predicted by race, racial bias or racial ideology.</p> <ul style="list-style-type: none"> • <i>Racial equity efforts would require a societal commitment to dismantle the false narratives of white supremacy and address the legal, political, social, cultural and historical contributors to inequity.</i>
Inclusion ^{2,21}	<p>The authentic commitment of bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.</p> <p>Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.</p>
Intersectionality ^{10,11}	<p>The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group and this impacts the ways in which a person can experience both privilege and oppression. For example, in America, Black women experience gender inequality differently than white women.</p> <ul style="list-style-type: none"> • <i>Kimberlé Williams Crenshaw, "Intersectionality is simply a prism to see the interactive effects of various forms of discrimination and disempowerment. It looks at the way that racism, many times, interacts with patriarchy, heterosexism, classism, xenophobia - seeing that the overlapping vulnerabilities created by these systems actually create specific kinds of challenges"</i>
Micro/ Macroaggression ^{12,13}	<p>Common insults and degrading and derogatory messages sent to marginalized groups by individuals external to the group.</p> <ul style="list-style-type: none"> • <i>Microaggressions are often defined as covert forms of racism that are subtle. Typically, a marginalized group is unaware of the initial impact of a statement or action. (i.e., telling a person of color "you are so articulate" contains the harmful belief that intelligence is not a normal attribute of their personhood and race.)</i> • <i>Macroaggressions often defined as overt forms of racist aggressions (i.e., lynching)</i>
Oppression ¹³	<p>The systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group.</p> <ul style="list-style-type: none"> • <i>Rita Hardiman and Bailey Jackson state that oppression exists in the presence of four conditions: 1) The oppressor has the power to define reality for themselves and others 2) Targeted group internalizes negative messages/cooperate with self-destructive thoughts and behaviors 3) Genocide, harassment and discrimination are institutionalized 4) The oppressor and targeted group are socialized to play these roles as "normal"</i>

Term/Concept Continued	Definition Indicators Continued
<p>Power ²</p>	<p>Access to resources that enhance one's chances of getting what one needs or influencing others in order to lead a safe, productive, fulfilling life.</p> <p>Often Institutional racism manifest itself in access to power.</p> <ul style="list-style-type: none"> • <i>Examples of access to power include differential access to information and resources including wealth and organizational infrastructure, and having a voice/representation.</i>
<p>Prejudice ²</p>	<p>A pre-judgment or unjustifiable, and usually negative, attitude of one type of individual or groups toward another group and its members. Such negative attitudes are typically based on unsupported generalizations that deny the right of individual members of certain groups to be recognized and treated as individuals with individual characteristics.</p>
<p>Race ^{2,14}</p>	<p>A social construct that artificially divides people into distinct groups based on characteristics such as physical appearance (particularly color), ancestral heritage, cultural affiliation, cultural history, ethnic classification, and the social, economic and political needs of a society at a given period of time.</p> <ul style="list-style-type: none"> • <i>Race does not have a genetic or scientific basis, but the concept of race is important and consequential. Societies use race to establish and justify systems of power, privilege, disenfranchisement, and oppression.</i>
<p>Racism ¹⁴</p>	<p>Racism is an ideology that either directly or indirectly asserts that one group is inherently superior to others. It can be openly displayed in racial jokes and slurs or hate crimes but it can be more deeply rooted in attitudes, values and stereotypical beliefs.</p> <ul style="list-style-type: none"> • <i>Racism operates at a number of levels, in particular, individual, systemic/institutional and societal.</i> • <i>A common definition is racial prejudice + power = racism.</i>
<p>Racism (Individualized) ²</p>	<p>The beliefs, attitudes and actions of individuals that support or perpetuate racism. Individual racism can occur at both a conscious and unconscious level and can be both active and passive.</p> <ul style="list-style-type: none"> • <i>Examples include telling a racist joke, using a racial epithet or believing in the inherent superiority of whites.</i>
<p>Racism (Institutional) ^{2,20}</p>	<p>Institutional racism occurs when policies and practices within and across institutions produce outcomes that favor whites and/or disadvantages racial groups or people of color. It is a system of power and privilege based on race that is perpetuated through normal events and occurrences. Institutional racism has perpetuated policies that have disadvantaged racialized groups in employment, housing, education, healthcare, government and other sectors.</p> <ul style="list-style-type: none"> • <i>Examples include restrictive housing contracts and lending policies, racial profiling by law enforcement, and barriers to employment or professional advancements based on race.</i>

Term/Concept Continued	Definition Indicators Continued
Racism (Internalized) ^{2,19}	<p>Internalized racism occurs when a racial group that is oppressed by racism supports the supremacy and dominance of the dominating group by maintaining or participating in the set of attitudes, behaviors, social structures and ideologies that supports the dominating group's power. It is suggested that Internalized racism is not just a result of racism, but a system that creates this internalization.</p> <ul style="list-style-type: none"> • <i>Donna Bivens writes "Not only is there a system in place that upholds the power of white people, there is a system in place that undermines the power of people of color and teaches us to fear our own power and difference."</i>
White Fragility ^{15,16}	<p>White fragility refers to feelings of discomfort a white person experiences when they witness or engage in discussions around racial inequality and injustice. Their engagement in conversations about racism may trigger a range of defensive actions, feelings, and behaviors, such as anger, fear, and silence. These behaviors function to reinstate white racial equilibrium.</p>
White Privilege ²	<p>Refers to the unquestioned and unearned set of advantages, entitlements, benefits and choices bestowed on people solely because they are white. Generally white people who experience such privilege do so without being conscious of it.</p> <ul style="list-style-type: none"> • <i>Statements that exemplify white privilege:</i> • <i>"I can walk around a department store without being followed."</i> • <i>"I can take a job without having co-workers suspect that I got it because of my racial background."</i> • <i>"I can send my 16-year old out with his new driver's license and not have to give him a lesson how to respond if police stop him."</i>
White Supremacy Culture ^{17,18}	<p>White supremacy culture is the idea (ideology) that white people and the ideas, thoughts, beliefs, and actions of white people are superior to People of Color and their ideas, thoughts, beliefs, and actions.</p> <ul style="list-style-type: none"> • <i>In the workplace, white supremacy culture explicitly and implicitly privileges whiteness and discriminates against non-Western and non-white professionalism standards related to dress code, speech, work style, and timeliness. Some identifiable characteristics of this culture includes perfectionism, belief that there's only one right way, power hoarding, individualism, sense of urgency and defensiveness.</i>