EVI Tools | Commitment to Operationalize Racial Equity (CORE)

AY21 BUMG Strategic Plan Initiative: Create and disseminate guidelines for building a culture of racial equity.

Why Lead with Race?
(content included in the Introduction of CORE tool)

- Leading with race is **intentional**; not to the exclusion of other identities experiencing inequities (intersectionality)

- **History and data continuously show that the greatest injustices and inequities exist along racial lines**, because of structural racism.
  - ✓ Across nearly all sectors and outcome measures Black, Latinx, Indigenous and other people of color fare worse than their white counterparts (1).
  - ✓ Within academic medicine, racial inequities persist in terms of representation (students, faculty, and leadership) (2) and the degree to which one feels valued, safe, and respected in the workplace.

- By leading with race, we are **more likely to address gender equity and other issues of equity** – if we neutralize the language we are less likely to address racial equity.

(1) See Racial Equity Institute's The Groundwater Approach for a brief study of racism's deep and lasting impact across society.

(2) According to many resources including the AAMC's Diversity in Medicine: Facts and Figures 2019 https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019

Institutional Need

1. **Responds to and supports departments seeking guidance with meaningful strategies**

2. **Documents and demonstrates BUMG's commitment** to building a culture of racial equity

3. **Shares institutional accountability** by linking to BUMG strategic plan and EVI/BMC/BUSM Anti-Racism Action Plan, inclusive of Health Equity component

What is Our Role as Clinical Faculty?

- Decisionmakers in Academic Medicine must:
  - ✓ Reflect the community we serve
    - ➤ URG faculty brings opportunity to increase community trust and build relationships
    - ➤ URG faculty encourages educational and career development opportunities among structurally marginalized populations and beyond
  - ✓ Create work environments where:
    - ➤ URG faculty have fair opportunities and representation
    - ➤ URG faculty wellbeing is prioritized and considered in decision-making
  - ✓ Correct the wrongs that result/ed from institutional racism, bias and discrimination

The NIH defines under-represented racial and ethnic groups in the biomedical sciences as African Americans and Black, Hispanic Americans, Native Americans/Alaska Natives who maintain tribal affiliation or community attachment, Hawaiian Natives and natives of the U.S. Pacific Islands

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How We Can Achieve Racial Equity

RACIAL EQUITY PRINCIPLES + APPROACHES	
NAME RACISM	We state clearly that racism is a significant root cause of differences we see in life outcomes, such as professional fulfillment
ANALYZE THE DATA	We analyze the data by race and other identities (e.g., gender), and place special emphasis on racial inequities because data shows us that injustice needs explicit attention, not to the exclusion of other injustices/inequities
DEEPLY UNDERSTAND HISTORICAL CONTEXT	We acknowledge the ways in which systemic racism has and continues to shape cultural and professional norms, broadly in society and within institutions like academic medicine (outside of intention)
FOCUS ON IMPACT + SYSTEMS CHANGE	We acknowledge the need to actively work to eliminate racism and dismantle the ways in which these systems of oppression shape our institutional processes, procedures, decision-making, and outcomes. (outside of intention)
ENGAGE THOSE MOST IMPACTED	We must meaningfully engage those most impacted by racial inequities to develop solutions
BE ROOTED IN OUR SHARED FATE	We understand that racial and gender equity, and diversity of staff creates a more effective and healthier workforce and contributes to overall health equity. I = We*. Racial equity is good for everyone.

Adapted from the Boston Public Health Commission's Racial Justice and Health Equity Professional Development Series 2-day Core Training
(*) I=We is a framework from the 10 C's A Model Of Diversity Awareness And Social Change by Patti DeRosa and Ulrich Johnson.
https://www.changeworksconsulting.org/The%2010%20Cs-2002.pdf

Commitment to Operationalize Racial Equity

Intended Outcome: Departments self examine and identify opportunities for growth, and commit to action (prioritize, operationalize + sustain racial equity)

Key Deliverables	Examples

Create a department racial equity team	• **Example team composition:** Dept. Chair, AD, Racial Equity Champion, Administrative staff
	    • Create group agreements, roles, timeline
	    • Review available demographic data, metrics, and resources

Utilize CORE assessment tool to conduct department assessment (for internal use)	**Examples of Assessment Elements** 1 = no work done in this element 5 = the department consistently executes this element • *"Your department has funded positions or offers protected time for faculty doing racial equity, diversity and inclusion work."* • *"In senior level hiring decisions, your department prioritizes experience in diversity, equity and inclusion work."*
Select an AY22 racial equity goal (to be shared)	**EXAMPLES OF POSSIBLE GOALS:** • By December 2021, create a department funded position for advancing racial equity, diversity, and inclusion in department strategic operations • By October 2021, revise job descriptions for leadership positions to include qualifications in diversity, equity, and inclusion work (refer to RBG)

Racial Equity Goal Submission Form

To submit to the Office of Equity, Vitality, and Inclusion by June 1, 2021.

Topic	Department Agreement
A. List of Racial Equity Team members:	
B. Racial Equity Goal selected:	
C. Scope of selected goal:	
D. Drivers to choosing this goal: *Please refer to Activity 6 for assessment findings + selection criteria*	
E. Specific resources you need that you do not have to implement this goal and necessary actions. *Please explain.*	
F. Up to three Assessment findings where your department could use institutional support: *Please refer to Activity 5 for key findings.*	1. 2. 3.
G. List of key stakeholders (those who would be most impacted) you have engaged and/or will engage about the impact of this goal:	
H. Plan to measure goal progress:	
I. Communication plan with your faculty for regular updates: *E.g. devoted time for racial equity goal updates at department meetings, Racial Equity Team regular meetings, etc.*	

EVI Timeline + Process: UPDATED

January 2021

2/10 BUMG Board of Trustees

June 2021

1/20	1/26	2/2	2/17	By 3/31	By 6/1
AD meeting – engagement on CORE	Chairs + Chiefs meeting – engagement on CORE	BMC Med Exec – update on CORE	Champions Meeting - introduce CORE	Disseminate CORE tool	Depts. finalize goal and implementation plan

Interim steps with granular timeline