HHS OOR Equity Audit: Goals and Plan

3/21/21

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Mission of OOR: Our goals are to EQUITABLY support and encourage faculty scholarship across all the disciplines represented in the School. The fields of study in HHS are central to universal human issues and to the health and well-being of individuals, children, and families. Faculty members in HHS are committed to making a difference in the world through their research and scholarship. (the above is from the HHS OOR website. We added the word equitably).

Goals of Audit:

(1) To determine if there are racial, ethnic, and/or gender inequities in the financial and other support provided by the HHS OOR to HHS faculty to successfully engage in research.
(2) To begin to identify factors that may contribute to any such inequities.

Members of Working Group: We sought to create a short-term working group that would include research administrators, members of the HHS research advisory committee, members of other relevant HHS and UNCG committees addressing issues related to race, equity and inclusion, faculty who are diverse with respect to race, career stage, department, and types of research. The members are:

Bridget Cheeks (HDFS)
Tanya Coakley (SWK; HHS RAC Member; Member Senate Equity Task Force; Provost’s Fellow)
Jigna Dharod (NTR)
Omari Dyson (PCS; member HHS Racial Equity Task Force)
Esther Leerkes (Associate Dean for Research)
Tracy Nichols (PHE, co-chair HHS Racial Equity Task Force)
Danielle Swick (SWK; Office of Research and Engagement Faculty Fellow)
Amanda Tanner (PHE, HHS RAC member)
Lisa Walker (Assistant Dean HHS Office of Research, HHS DEI committee member)

Note: Dr. Andrea Hunter (HDFS, Chancellor’s Fellow for Campus Climate) provided input on the approach to identifying members and the initial plan and has offered to be a resource as needed.

Planned Phases:
1. Information Gathering/Analysis - AY 2020-2021 through Summer 2021
2. Dissemination and feedback/commentary from HHS faculty and administrators - early Fall 2021
3. Identify priorities, set goals, generate strategies – Fall 2021
4. Implement strategies – Spring 2022 and on
5. Evaluation–on going with formal report in 2 to 5 years (will seek feedback on ideal timing)
Methods for Information Gathering and Analysis:

Quantitative

a. Determine if there are racial, ethnic, and/or gender disparities in rates of applying for HHS internal funding (i.e., faculty applicants compared to composition of school) and in awards (i.e., recipient data compared to applicant data). This will include HHS Faculty Grants, GRA awards, and Top Off Grants. (Danielle Swick; Lead as part of her Faculty Fellow role in the Office of Research and Engagement). Status: analyses complete; report drafted and under revision.

b. Determine if there are racial, ethnic, and/or gender disparities in the total financial investment in faculty research across all HHS initiatives, controlling for time in faculty position at UNCG. This will include internal funding named above, new initiatives, summer grant writing fellowship, external review of grants, discretionary funding, etc. (Lisa Walker and Esther Leerkes, Lead) Status: data cleaning under way; report to be drafted by May 1.

Qualitative

a. Interviews/focus groups with key informants. This work has been contracted out to Dr. Silvia Bettez, faculty member in Educational Leadership and Cultural Foundations and will consist of three distinct pieces to be conducted over summer 2021.
   - One-on-one zoom interviews with HHS BIPOC faculty, both academic professional track and tenure track.
   - One-on-one zoom interviews with HHS department chairs.
   - Focus group with faculty mentors of pre-tenure BIPOC faculty.

If you are in one of these key informant groups, please be on the lookout for emails inviting you to participate. Dr. Bettez will submit an IRB application prior to engaging in this work. Importantly, your comments will be confidential, and Dr. Bettez will not share transcripts with me. She will also make take precautions to protect anonymity when themes are reported; for instance she will not share direct quotes if there are concerns the content would identify the respondent. Dr. Bettez has conducted other important and sensitive interviews of this type on campus and has earned a very strong reputation as someone who acts with great professionalism and integrity.

b. Document review of policies, guidelines, calls for applications, review criteria, website, and update emails to identify language that may be biased and/or contribute to inequities. This work has been contracted out to Dr. Ayesha Boyce, faculty member in Educational Research Methodology, and will be completed over summer 2021.

Note: we feel very fortunate to have access to such talented experts in qualitative research methodology on campus. Both are women of color and both have content expertise in diversity, equity, and inclusion.
Future Plans: This is a fluid process. Here is current thinking on the remaining stages, but we recognize this will evolve over time. Feedback is welcome.

Phase 2. Dissemination/commentary period: We anticipate sharing quantitative results with the HHS Research Advisory Committee, Department Chairs, and HHS Executive Council as soon as complete. In early fall we will disseminate all results – qualitative and quantitative to all of HHS. We can imagine inviting commentary through a range of efforts including facilitated conversation among HHS BIPOC, discussions in departmental faculty meetings, and/or hosting some town hall meetings on the topic.

Phase 3. Identify priorities, set goals, generate strategies: Once results have been synthesized, we will generate targets and efforts to achieve them. These steps may involve this working group, a reformulation of this working group, the HHS Racial Equity Task Force, HHS Executive and Chairs Councils, newly established entities, or some combination thereof.

Phase 4. Implement strategies. It is difficult to comment on these until we know more. It may also be the case that we invite commentary on the plans prior to implementation. It may also be that strategies get phased in over time rather than all at once.

Phase 5. Evaluation. We maintain many internal records which will facilitate ongoing evaluation to some degree. We will need to decide how many years of data post implementation are needed to draw reasonable conclusions about the efficacy of new strategies. In addition, we may want to collect additional quantitative and qualitative data at some point.