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***How Space, Workforce, and Strategic Planning Leaders Can Keep an Eye on Diversity, Equity and Inclusion in the Time of COVID-19***

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**WELCOME**

**Amy S. Gottlieb, MD**

**Paul Spaulding, PLA**

**Katy Stevenson, MPP**

# Session Overview

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- **Cultivating a Diverse Workforce in the Wake of COVID-19**
- **Rethinking Capital Projects to Achieve DEI**
- **Maintaining Institutional Commitment to Diversity Efforts in the Time of COVID**
- **Q & A**



# *Cultivating a Diverse Workforce in the Wake of COVID-19*

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**Amy S. Gottlieb, MD, FACP**

*Associate Dean for Faculty Affairs*

*Professor of Medicine and Obstetrics & Gynecology*

*University of Massachusetts Medical School-Baystate*

*Chief Faculty Development Officer, Baystate Health*



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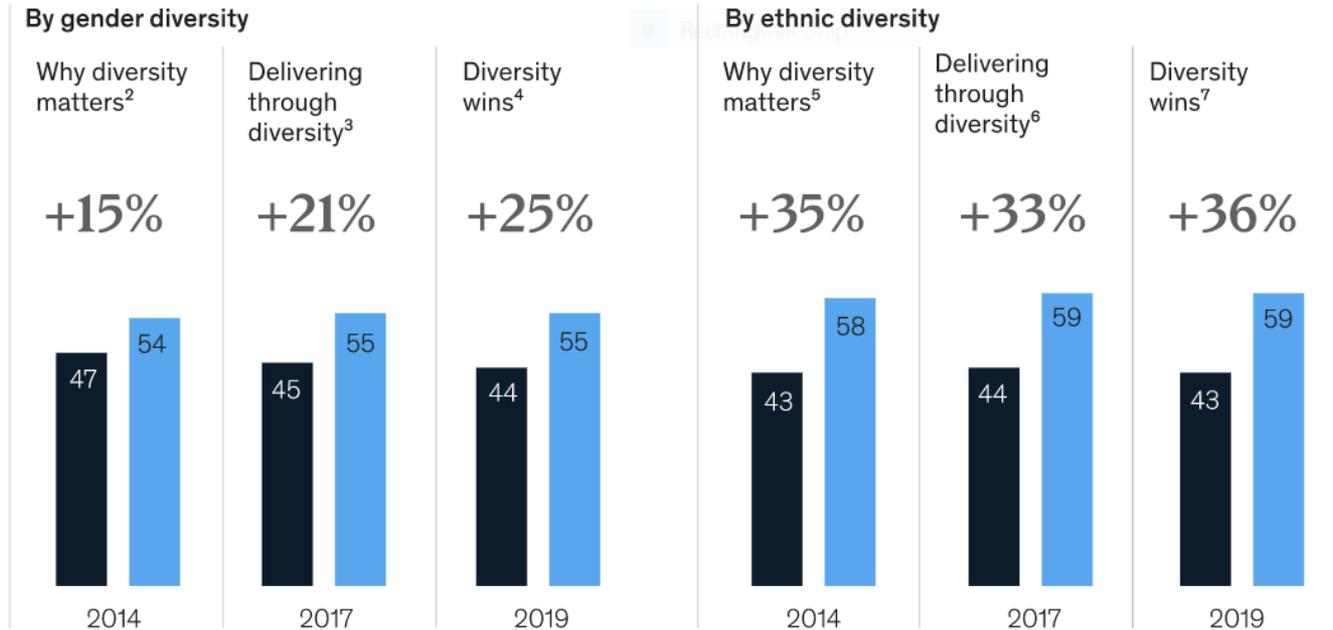


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# Diversity... Not just a social justice issue<sup>1-6</sup>

Likelihood of financial outperformance,<sup>1</sup>%

■ Bottom quartile ■ Top quartile



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# COVID-19: Diverse talent is at risk<sup>7-14</sup>

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- **In pandemic, job losses much higher for women & URM**
  - Heavily employed in sectors affected by shutdown
  - Increased childcare responsibilities b/c school & daycare closures and remote learning
    - Mothers work hours fell FIVE times that of fathers during initial surge
    - Working remotely did not mitigate disparity for mothers of young children
    - With return to remote schooling in September, 80% of those who left the workforce were women (865,000 women)
- **Workers who diminish employment during a recession experience highly persistent earnings losses and diminished career opportunities**



# Women in Medicine & Science<sup>15-27</sup>

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- **Doing more “double shift” work during pandemic**
  - Pre-pandemic, increased responsibilities for dependent care, domestic duties, and childcare disruptions
  - Evidence of diminished workforce engagement/productivity during pandemic
    - Decreased journal submissions and 1<sup>st</sup> author COVID-19 publications compared with male colleagues
    - Consistent sounds of alarm



# Diverse talent is at risk in the wake of the pandemic

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- **Labor force disengagement**
  - Implications for productivity, compensation, and career advancement (*economic scarring*)
- **Institutional decisions should not further erode equity**
- **Inequitable impact of policies and practices**



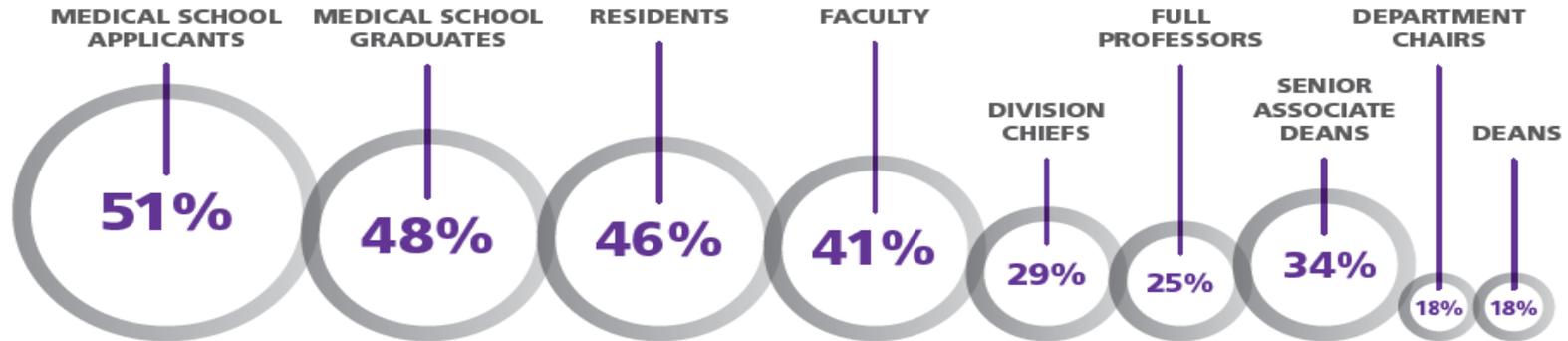
# Where we were pre-pandemic...

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# Women in Medicine & Science<sup>28</sup>

## REPRESENTATION OF WOMEN IN ACADEMIC MEDICINE 2018-2019



# Gender Disparities<sup>28-39</sup>

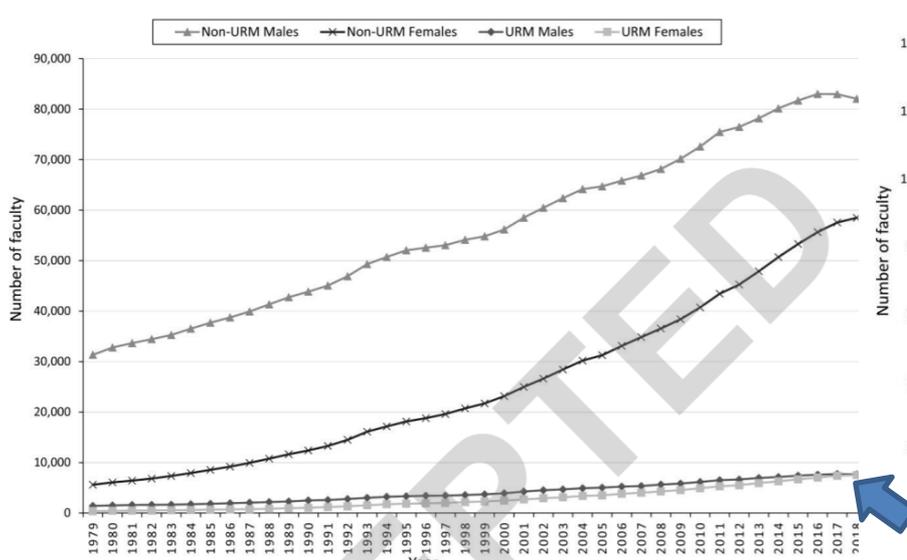
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- Senior academic rank
- Leadership roles
- Research support
- Compensation
- After accounting for age, experience, specialty, productivity, and professional commitment

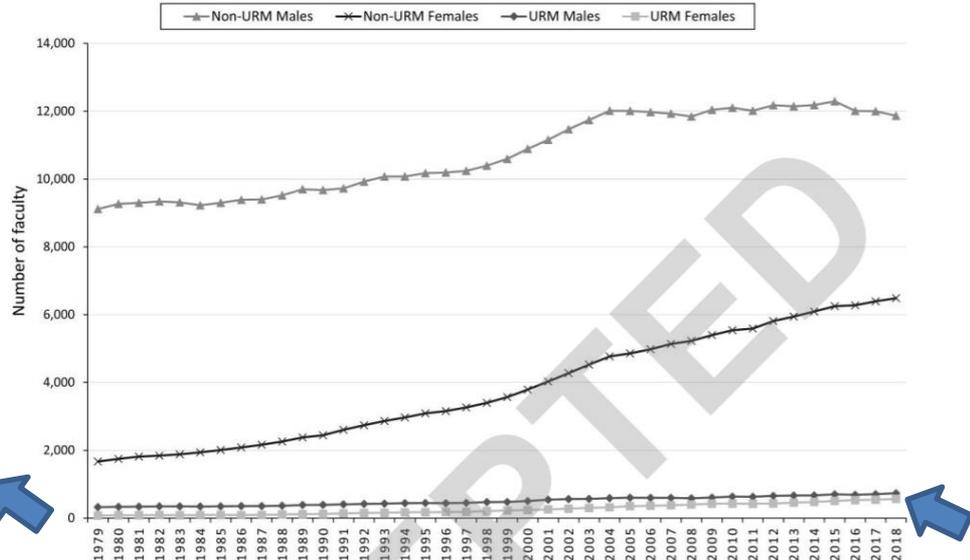


# Women of Color<sup>40</sup>

## Pipeline, Representation, and Advancement



# of clinical faculty members



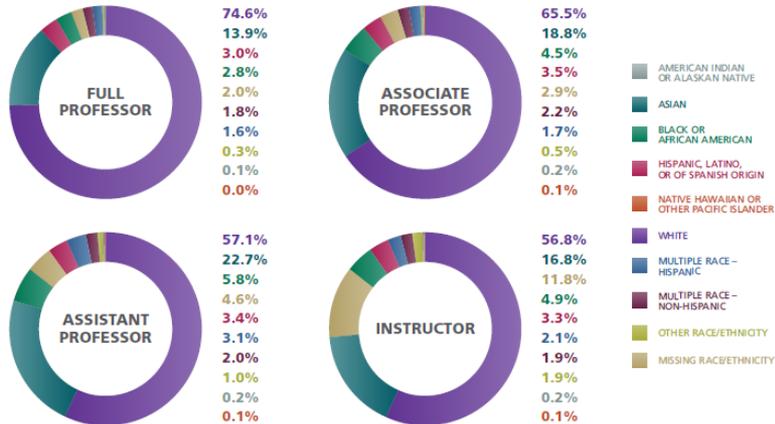
# of basic science faculty members



# Women of Color<sup>28</sup>

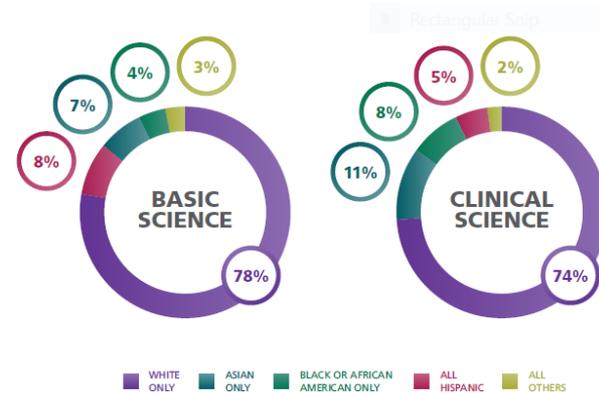
## Full-Time Women Faculty by Rank and Race/Ethnicity, 2018

FIGURE 13



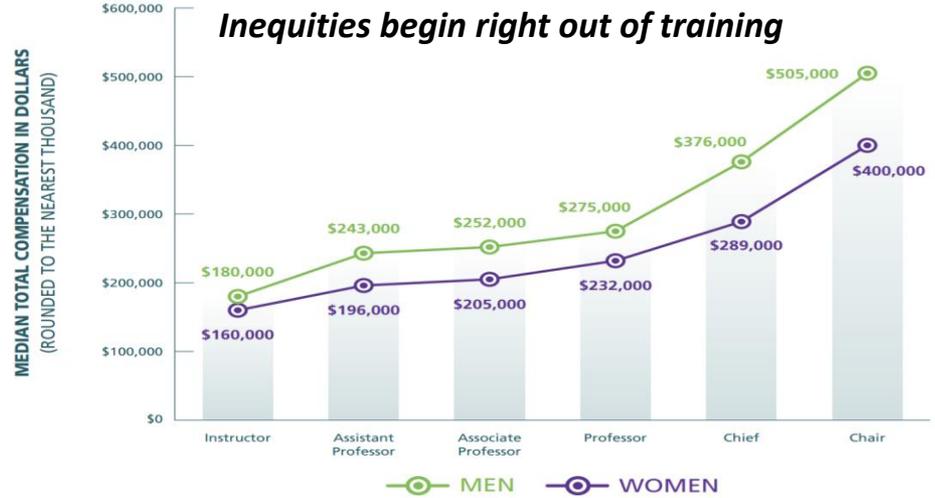
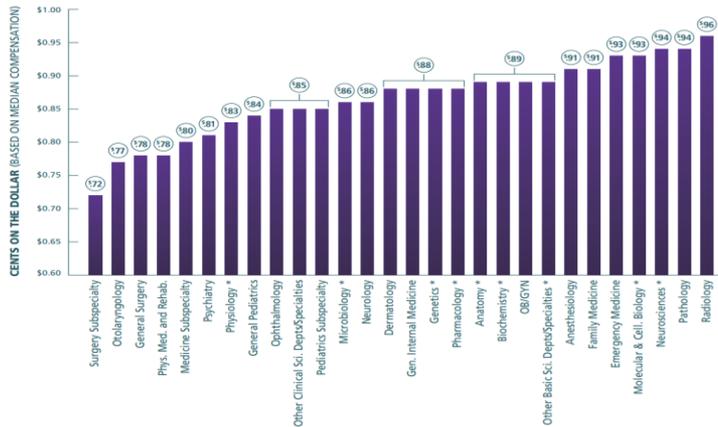
## Women Department Chairs by Race/Ethnicity and Department Type, 2018

FIGURE 23



# Gender Pay Gap<sup>41-45</sup>

**Women physicians earn 75 cents on the dollar compared with equally talented male counterparts**



**Women earn < men in every specialty AND at every academic rank.**



# Gender Pay Gap<sup>46-57</sup>

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***Crucible: A place or situation in which concentrated forces interact to cause or influence change or development (Merriam-Webster)***

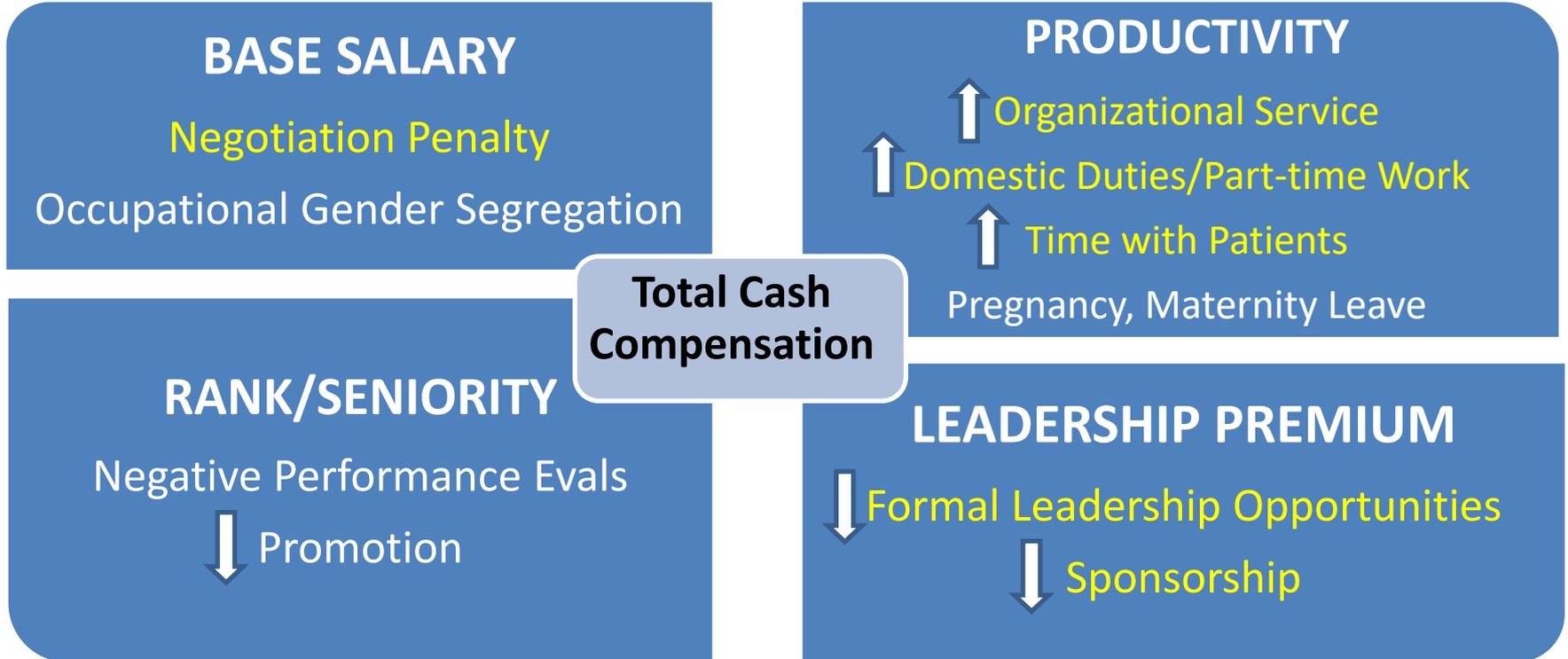


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# Gender Pay Gap



# Financial Recovery: Paying Attention<sup>58</sup>

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1

Pay attention to equity during budget-tightening exercises to ensure women and URM not disproportionately impacted

2

Track FTE reductions/reallocations by gender and URM status and assess impact on total compensation (salary and benefits)

3

Monitor “reduced” productivity by gender and URM status and adjust for COVID-related impact on compensation metrics



# CLOSING the Pay Gap

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## An Opportunity...

- Take a hard look at basic assumptions underlying institutional compensation methodologies to understand expectations (and outcomes) they generate
- Create new approaches that better account for unique contributions of women & URM faculty and biases facing them
- Track and report equity metrics at all compensation touch points



**Goals, progress reports, accountability**



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# Poll Question: Salary Studies

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*To your knowledge, has your organization conducted salary studies to assess allocation of time (e.g., clinical, education, research) and compensation by gender and URM status?*

- YES
- NO



# Poll Question: Salary Studies

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*If you answered NO to the previous question, what's the main reason (choose one):*

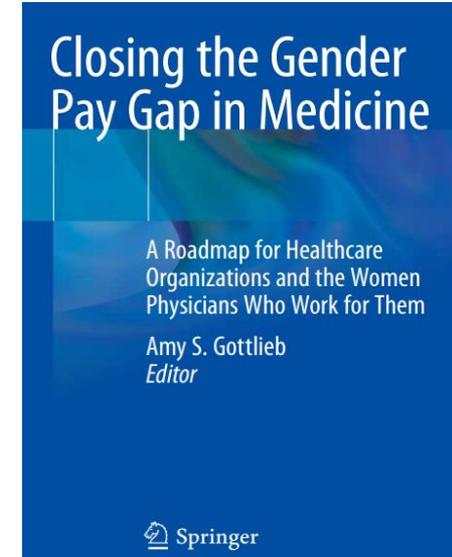
- No institutional appetite to do these types of studies
- There is institutional appetite to do these types of studies but no staffing or resources
- There is institutional appetite and resources to do these types of studies but we don't know how to start the process



# CLOSING the Pay Gap

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- **ORGANIZATIONS NEED A ROADMAP**
  - Assess how current compensation methodologies perpetuate pay inequities
  - Build governance structures, coalitions, and processes necessary to incorporate equity principles into routine business practices
  - Create the dialogue, consistent messaging, and cascaded information to achieve organizational transformation around gender equity



<https://www.springer.com/us/book/9783030510305>



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# Return to Work and Family Support<sup>58</sup>

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1

Flexible work  
schedules and  
remote working

2

Subsidies for  
dependent care  
costs/on-site child  
care

3

Partnerships with  
local businesses re  
bulk discounts for  
personal & family-  
care needs



# GBA Childcare Survey<sup>59</sup>

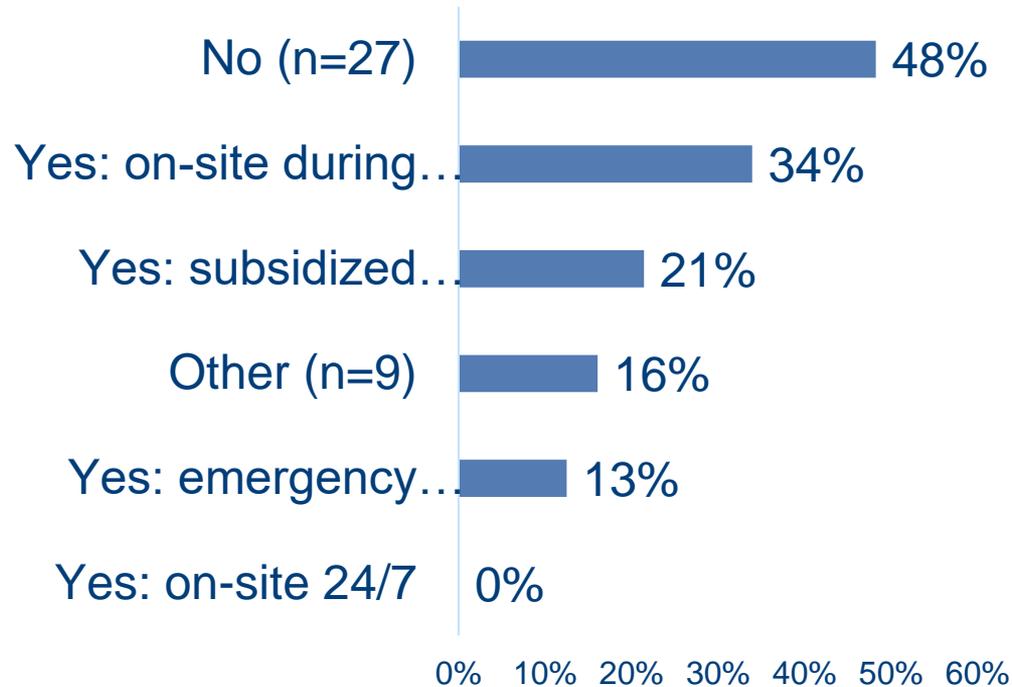
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- August 2020
- AAMC queried 152 institutions via GBA list serv
- 59 responded (39% response rate)



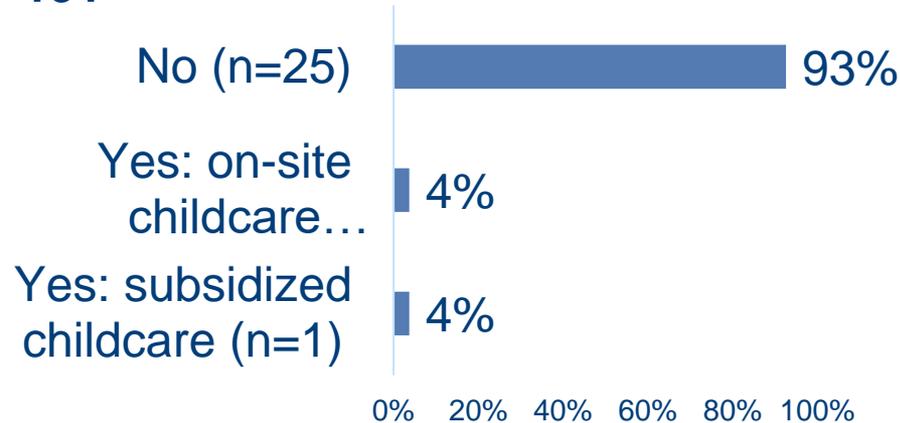
# Did your institution provide childcare options for employees prior to COVID-19?

Of the 59 survey responses, **49% (n=29/59)** selected “Yes”



# For those institutions that did not previously provide childcare options... ( $n=27$ )

Has your institution publicly announced expanded childcare options for employees in response to COVID-19?





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# *Cultivating a Diverse Workforce in the Wake of COVID-19*

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**THANK YOU**

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# Rethinking Capital Projects to Achieve Diversity and Inclusion

Paul Spaulding, PLA

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MEDICINE *of* THE HIGHEST ORDER



UNIVERSITY *of*  
**ROCHESTER**  
MEDICAL CENTER

# Projects

- Focus on emergency facilities



- And, revenue generating capital projects



# Poll Question

- What formal remote work or flexible work policy was in place prior to the pandemic?
  - a. Fully defined policy that details requirements and expectations
  - b. Some guidelines that inform expectations
  - c. Covered by another, broader work place policy
  - d. Left to informal supervisor/employee arrangements
  - e. There are no such policies

# Projects

- Decreased demand due to remote work that may be long term or permanent



# Space Requests

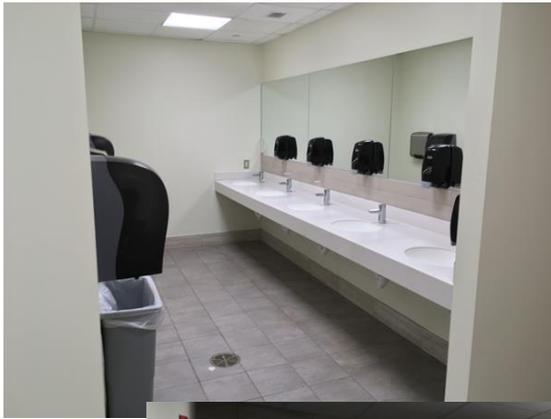
- Reclamation of spaces previously named for or identified with those that did not support nor advance inclusion
  - Omission in institutional history that progressed science and/or medicine

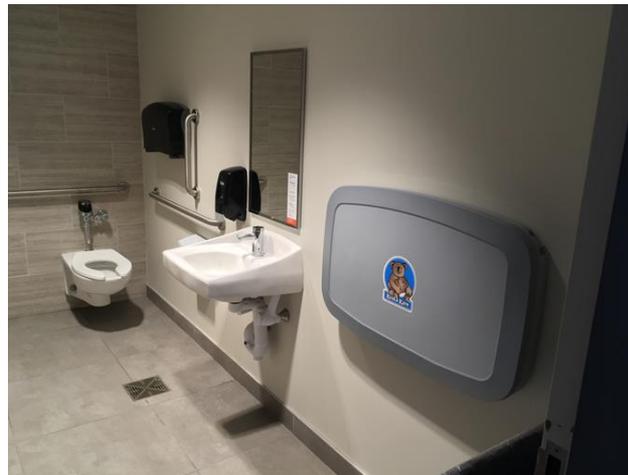


- All-gender rest rooms, lactation rooms, ablution stations, meditation rooms, worship areas

## Poll Question

- What inclusive facilities does your institution provide, or plan to provide in the near future?
  - a. All-gender rest rooms
  - b. Lactation rooms
  - c. Ablution stations
  - d. Meditation rooms
  - e. Worship areas
  - f. Some combination of these
  - g. None





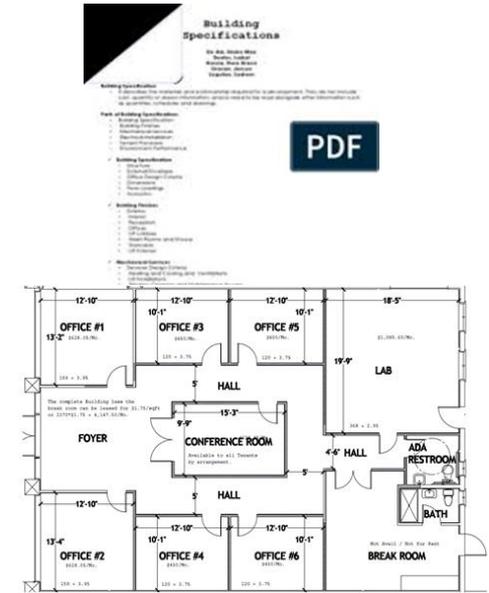


## Poll Question

- Does your institution have established design standards?
  - a. Design and construction standards only
  - b. Furniture standards only
  - c. Office sizing standards only
  - d. Some combination of design, construction, furniture, and office sizing standards
  - e. No standards exist

# Avoiding Future Biases and Preferences

- Detailed institutional aspirations/goals and design standards
  - Approved at the highest level
  - Followed by consultants, contractors, and staff
  - Monitored by institutional managers
  - Reviewed to remain current
- Committing resources
  - Capital and operational funds
  - Time of staff
  - Space

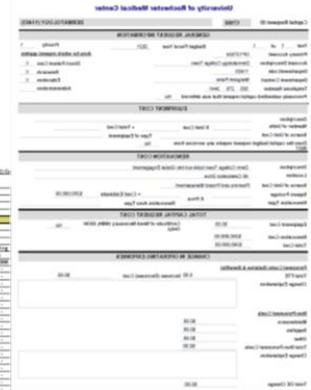


# Avoiding Future Biases and Preferences

- Structured capital budget process
  - Identify funds each fiscal year to advance inclusion initiatives



The image shows a detailed financial spreadsheet with multiple columns and rows. The columns include various financial metrics such as 'Total Available', 'Total Available for Inclusion', 'Total Available for Other', 'Total Available for Capital', 'Total Available for Operating', 'Total Available for Maintenance', 'Total Available for Research', 'Total Available for Student Services', 'Total Available for Faculty Services', 'Total Available for Administration', 'Total Available for Other', 'Total Available for Contingency', and 'Total Available for Reserve'. The rows represent different fiscal years, with the first row being the 'Current Year' and subsequent rows representing 'Year 1', 'Year 2', 'Year 3', and 'Year 4'. The spreadsheet is color-coded with yellow and green highlights for certain rows and columns.



The image shows a form titled 'Initial Inclusion Request to the Board'. The form has several sections with checkboxes and text boxes. The sections are: 'Request for Inclusion', 'Request for Inclusion - Details', 'Request for Inclusion - Justification', 'Request for Inclusion - Financials', 'Request for Inclusion - Other', and 'Request for Inclusion - Summary'. Each section has a 'Yes' and 'No' checkbox, and some have text boxes for additional information. The form is designed to be filled out by a requestor and submitted to the board.

- Forum to listen to constituents – students, faculty, and staff
  - Community concerns, needs, and priorities
  - Guides review of aspirational goals, design standards, and capital budget plans



# MAINTAINING INSTITUTIONAL COMMITMENT TO DIVERSITY EFFORTS IN THE TIME OF COVID

Katy Stevenson, MPP (she/her)

# Gratitude

**Mark Taubman**, M.D., Dean, UR School of Medicine & CEO, URMC

**Adrienne Morgan**, Ph.D., Senior Associate Dean for Equity and Inclusion, UR School of Medicine

**Kathleen Gallucci**, Associate Vice President for Human Resources, URMC

**Michael Rotondo**, M.D., CEO, UR Medical Faculty Group

**Kathy Parrinello**, Ph.D., COO, Strong Memorial Hospital

**Stephen Dewhurst**, Ph.D., Vice Dean for Research, UR School of Medicine

# Survey Question- What changes to your DEI strategic plans were made in the past year?

No changes were made

Pipeline

Recruitment and Hiring Practices

Mentoring and Career Development

DEI Education and Training

Curricular Modifications

Policy Against Discrimination, Harassment, and Discriminatory Employment/Service Practices

Community Engagement

Other (Please add in the Chat)

# URMC 2020 Journey- All of the Above!

Development of the Equity and Anti-Racism Action Plan (EARAP)

Advocacy from many internal and external stakeholders

Spurred on by national and local racially motivated violence



# 5 Years, 5 Goals



**BUILD** an anti-racism infrastructure



**RECRUIT** diverse learners, faculty and staff



**NURTURE** a respectful learning and work environment



**EXEMPLIFY** inclusion in places and digital spaces



**ENGAGE** in equitable health care

# Everyone Benefits

## Five-Year Plan

- 5 goals
- 15 objectives
- 65 actions
- 23 metrics
- Incorporates lessons learned from our previous plan



Make every person feel safe, welcome, and supported at all times

To be a place where everyone, regardless of background or barriers, is lifted up to become their best and healthiest selves

To serve as a powerful force for eliminating racism, division and exclusion in our communities and beyond.

## What is different this time?

Sustained advocacy from many internal and external stakeholders

Iterative process (listened, heard, incorporated)

Plan is inclusive of faculty, staff and learners

Change in mindset- DEI is everyone's work

Consolidated budget process (hospital, faculty group and school)

# Timeline

Community participation – internal and external – was vital to shaping a realistic and robust plan



# Budget Process

Lead by URM C CFO

Included Hospital, Faculty Group and School

Funded new FTEs in Diversity Office and Human Resources

Identify philanthropic funding, but not the driver of the decision making process

# Implemented at URMC through: Foundational, Institution-Wide Central Support

(Training, Recruitment Assistance,



## Department-specific Initiatives



# Survey Question- What has helped your institution stay accountable and focused on your plan?

Dashboards and Metrics

Leadership Team Engagement

Community Advocacy and Attention

Board of Directors Engagement

Other (Please add in the Chat)



# Accountability and Transparency

Leadership Team Engagement

Community Advocacy and Attention

Board of Directors Engagement



## Never Waste a Crisis (or Five)

Cultural changes brought on by the pandemic

Institutions need to continuously hear feedback from multiple internal and external stakeholders





## Questions?

Amy Gottlieb, MD, FACP- [Amy.GottliebMD@baystatehealth.org](mailto:Amy.GottliebMD@baystatehealth.org)

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Katy Stevenson, MPP- [katy\\_stevenson@urmc.rochester.edu](mailto:katy_stevenson@urmc.rochester.edu)

# Save the Date

## GBA/GIP 2021 Joint Spring Meeting

April 29-30, 2021

1:00 – 5:00 p.m. ET on each day

*\*registration will open on March 1<sup>st</sup>*

Questions? Email

or