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**Department of Health Behavior  
Equity Action and Accountability Plan**

April 2021

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## Introduction to the Health Behavior Equity Task Force and the Equity Action and Accountability Plan

The Health Behavior Equity Task Force is a group of faculty members formed in Spring 2020 to promote anti-racism and equity within the Department of Health Behavior. One of our primary goals is the creation, and continued iteration, of this document: The Equity Action and Accountability Plan (EAAP). This introduction is designed to provide important context about the Task Force, how the EAAP was created, and what it is designed to do.

There have been many efforts in the recent and distant past where students, staff, and faculty have taken steps to remedy issues of diversity, equity, and inclusion in Health Behavior and across Gillings as a whole. For example, the Equity Meetups which started several years ago facilitated conversations on topics such as white fragility and microaggressions, were designed to raise awareness and often became a catalyst for further student action. In Fall 2020, as part of their work in HBEH 720: Leading for Racial Equity, a [student team wrote a document outlining much of this history](#), providing invaluable context for the Task Force. Although there is a long history to address, the EAAP was initially conceptualized to be a specific response to the Equity Collective's report, completed in November 2019 and distributed to the department in January 2020, in which Equity Collective members documented the experiences of students of color in the department, titled, *Documenting the racialized experiences of Health Behavior graduate students*. The study used a combination of interviews and focus groups, resulting in the identification of several areas of concern and actionable recommendations. In a conversation facilitated by the Gillings Office of Inclusive Excellence, student representatives attended the February 2020 Health Behavior faculty meeting where they further discussed experiences represented in the report. Students also communicated that they have been largely alone in trying to move the department towards being more anti-racist and equitable. Faculty agreed, and six members volunteered to form the Equity Task Force.

The Task Force operates with a flat structure instead of hierarchical leadership more commonly seen in academic settings. We have no chair, and from our first meeting made a commitment that all substantive communication to and from the Task Force would be collective. Our e-mail address ([hbequitytaskforce@unc.edu](mailto:hbequitytaskforce@unc.edu)) guarantees that all members are included on all communications. We wanted to minimize the chance that our work would inadvertently be influenced by and reproduce the very features of systems we acknowledge are barriers to equity. As soon as we determined our operational framework, we set to work responding to the task with we were charged: developing a plan that could help Health Behavior proactively address issues of racism, inclusion, and equity. The unfortunate reality is that the department's long history on these matters has largely been ad hoc and reactionary.

In March 2020, many Health Behavior MPH students (with support from MPH students in Global Health and Health EQUITY) participated in a student action in which they walked out of class, made formal requests of department faculty around commitments to anti-racist actions, and covered the office door of the department chair with post-it notes that communicated student experiences of microaggressions in the department. The results of this action were documented in a report, which also included a compilation and thematic grouping of these microaggressions. The student action served as an additional catalyst for action among faculty and impressed upon the Equity Task Force the need to incorporate accountability into the plan. Student experiences documented during the student action not only informed the EAAP but were a crucial factor in moving forward with the development and implementation of a bias incident and microaggression response system, "[Student Feedback and Equity Concerns](#)" which launched in March 2021 across Gillings. We briefly document the history and context for creating the EAAP

to be transparent about how it and the Task Force came to exist, and to acknowledge the critical contributions Health Behavior students have made over the last several years, and decades before.

To complement the student-generated reports, the Equity Task Force spent the summer and fall in 2020 soliciting input from department stakeholders to incorporate diverse perspectives in the initial draft of the EAAP. We facilitated multiple listening and feedback sessions with students and student representatives (inclusive of the three MPH concentrations and PhD program administered by Health Behavior). We provided regular updates to faculty during monthly meetings and facilitated a separate meeting for more in-depth updates and discussion about our work. We also had a meeting with departmental administrative and research staff to present and receive feedback on a working draft of recommendations. The meetings with staff focused particularly on identifying elements missing from the recommendations that spoke to their experiences in the department. A combination of feedback from these groups, the findings of and recommendations within the Equity Collective Report, work done by Deanie Anyangwe (a Health Behavior student with the Equity Task Force in fulfillment of the MPH practicum requirement), consultation with others across Gillings and UNC, external resources and trainings, and the Task Force's own lived experiences within Health Behavior, are what informed [the first draft of the EAAP](#) that was circulated in October 2020. We held feedback sessions with department stakeholders, including an additional meeting for people of color across Health Behavior regardless of their role in the department. These meetings were primarily focused on soliciting thoughts around content, prioritization, and implementation of actions steps. This April 2021 version iterates on comments we received in those stakeholder meetings, as well as feedback received via anonymous survey. The Task Force has met every week since its formation and remains committed to ensuring that Health Behavior carries forward this momentum as we begin to implement the EAAP.

The EAAP is organized around six key strategies. Each strategy is accompanied by short-term and long-term action steps, suggestions for resources and partners in executing the relevant work, and possible limitations to implementation. Perhaps most importantly, each strategy also offers ways in which the Health Behavior Department can document progress and maintain accountability in its efforts to implement the EAAP. Racism extends far beyond interpersonal interactions. Consequently, anti-racist action requires we actively undo inequitable systems, many of which are largely invisible to us because of their ubiquity. By building in structures of accountability we hope to communicate a commitment to becoming an inclusive and anti-racist department, but also because we want the EAAP to be a document that we continually return to, discuss, and revise to meet the needs of the Health Behavior community. Since the October draft several relevant steps have already been taken; we use the phrase "movement forward" to document progress towards strategy implementation where appropriate. The EAAP can never have a "final" version, so we always welcome you to reach out to the Task Force with any thoughts, concerns, or suggestions.

We believe the EAAP will be helpful in making Health Behavior a more equitable, anti-racist, and inclusive place to work and learn, yet only to the extent we treat it not as a static text, but as a structure that normalizes and encourages action, reflection, critique, and accountability. The EAAP presents a vision for a more equitable and inclusive department and is also the blueprint to help us achieve these important goals. Undertaking the actions in EAAP is an ambitious, but not an impossible, endeavor. Even as we expect timelines and priorities will need to be revisited, especially with shifting academic calendars and resource constraints, it is difficult to think of an effort more worthy of the attempt. Accountability in the EAAP is more than simply acknowledging when we have accomplished or fallen short of our goals. We will, and we must, collectively iterate upon this document as we put into place new actions, identify new priorities, and renew our commitment to this essential work.

Current members of the Equity Task Force, listed in alphabetical order:

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## Strategy 1: Promote an inclusive, equitable, and anti-racist culture and climate within our department.

*“Anti-racism is the active dismantling of systems, privileges, and everyday practices that reinforce and normalize the contemporary dimensions of white dominance.”*

-Kimberlé Crenshaw

*Why is this important?*

Building an inclusive, equitable and anti-racist culture and climate within the Health Behavior Department is at the core of our Equity Action and Accountability Plan. Utilizing an antiracist lens as we approach this work is essential. An antiracist lens requires us to have a perspective grounded in a historical, political and social understanding of human events and processes that recognizes how use of power by individuals, communities and institutions, particularly as it relates to race and other identities (e.g., language, nationality, immigration status, culture and faith, which are often racialized), has led to current inequities and identifies solutions that reverse injustices.

Addressing our department’s culture and climate are integral components of the strategies highlighted here. Racism, oppression, power, privilege, and white supremacy all negatively impact the lived experiences of Black, Indigenous and People of Color (BIPOC). The climate at Gillings and within our department has been a concern for students, staff and faculty for many years. Students have reported feeling “isolated, angry, tokenized, unsupported, and frustrated” to name a few. This type of environment is not conducive to successful learning or achieving their fullest potential. We want our students to feel supported and to thrive. We want to shift the culture of the department and the school towards one that is anti-racist and free from white supremacist culture that has oppressed BIPOC.

Furthermore, the current climate of racial unrest and white supremacy in the world at large is unjust, violates the values of public health, and creates substantial barriers to effective public health practice and research. We are training public health professionals who need to be ready to tackle real world problems and engage with diverse populations. Our climate and culture should reflect a space that is anti-racist.

We all play a role in creating, dismantling and rebuilding the environments in which we live, work and play. Fundamental and sustainable change takes hard work, time, understanding and commitment to undo what has taken years to build. Change is not easy, and more specifically, this type of change will require us to dig deep and to subject ourselves to periods of discomfort. Despite the challenges, it is imperative that we do the work and take the necessary actions, demonstrating our commitment to our students, staff, faculty, work, department, school and the communities we serve.

Collectively, we must:

- Have tough and difficult conversations with ourselves and others.
- Undo and unlearn what we have been doing and then learn something different.
- Do the hard, painful, and uncomfortable work.
- Ask the tough questions and truly get to the root of things.
- Change our attitudes, beliefs, perspectives and ideas about race and racism.

Again, this will not be easy, but it is necessary, and it will be worth the time and effort that will be required to shift the culture of our department and school towards one where everyone is valued, respected and can thrive. In that type of environment, we all win. We must be deliberate and intentional about our next steps and the action required to accomplish this goal.

*Action steps for the upcoming year*

- **1.1** Use an equity lens to develop and disseminate a complete and accurate history of Gillings and the department to students, staff and faculty as a foundation for understanding our history and the systems that are in place.

**Movement forward:** Worked with a group of students in HBEH 720, Leading for Racial Equity on a special project where they traced the equity legacy of Gillings by documenting how systemic racism has affected and been affected by federal and state policies, faculty activism, faculty research, and teaching.

- **1.2** Determine a process with students, staff and faculty to build community, trust and healing through a deliberative dialogue, appreciative inquiry, truth and reconciliation, or other reconciliatory approach.

**Movement forward:** Worked with Office of Student Affairs and Office of Inclusive Excellence to redevelop a the Student Feedback and Equity Concerns system to facilitate the documentation of bias incidents, microaggressions, and other equity-related concerns.

- **1.3** Designate a space both physical (post COVID-19) and virtual for healing and gathering for BIPOC students, faculty and staff.

**Movement forward:** The Task Force is now participating in school-wide discussions about this step.

- **1.4** Revisit the visual feel of the department (post COVID 19) to eliminate stereotypical images and increase representation of BIPOC students, staff and faculty in parallel with the effort of the Gillings School Art Committee led at the school level by Naya Villareal.

**Movement forward:** The School has formed a committee related to this, and the Task Force will serve as a liaison to that group.

- **1.5** Foster shared understanding and use of anti-racist/racial equity language.

**Movement forward:** The *Anti-Racist Planning Guide for Public Health Pedagogy* developed by Deanie Anyangwe during her practicum with the HB Equity Task Force and the Office of Inclusive Excellence provides some shared definitions/language that we will build upon.

### *Constraints and challenges*

Resistance to change is a primary challenge. People don't want to give up privilege, power and prestige. These three P's have been working in concert to advantage the "privileged" groups and we must address this and discuss these differences. The process of working towards equity is challenging. It can leave those in power feeling like they are losing something or having something taken away as equity is realized. We recognize we may lose people emotionally if the process of exploring and discussing these concerns is viewed as negative, but we believe that we must do the hard work in order to expand, grow and bring about constructive change. Focusing on culture and climate change requires examining and disrupting things as they are. This will mean that we, as members of our department, will need to think critically about our positionality and embrace the discomfort that may come with doing so. In our society, the privileged groups have been the white and upper class; within the academic community, the faculty and administrators are the privileged groups, as compared to students and staff. Yet even within that power structure, there is an imbalance, given the few faculty of color in our department. We recognize how intersectionality is at play here as we advocate for working towards equity.

Despite any challenges (predicted or unanticipated), if we keep in mind the common goal of promoting an inclusive, equitable and anti-racist environment we can successfully allow space to push past those feelings and shift the culture towards one that will be beneficial to all of our department's stakeholders.

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## **Accountability**

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### Who should lead, be involved with, or consulted for implementation?

It is important that the leadership set the example and the tone of the department. This would involve the chair, vice chair, and all departmental program directors. All stakeholders (leadership, faculty, students, staff) play a role in identifying and implementing action steps. Some of the steps would involve consultation/facilitation from experts outside of the department, including from the Office of Inclusive Excellence (OIE), Office of Student Affairs (OSA), and community-based experts.

### How will the Health Behavior Equity Task Force track progress of these action steps to achieve this strategy?

- Conduct qualitative climate surveys and/or focus groups of students, staff and faculty twice a year to assess progress and evaluate reactions.
- Monitor microaggression feedback system via aggregate level data. Because the climate is reflected in all the action steps detailed in this report, we expect, as a result of steps taken to address Strategy 1, to also see progress within the five other strategies highlighted in this report.

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### *Possible steps for future years*

- Organize and launch reconciliatory process described above.
- Develop and conduct climate surveys to assess changes over time.

## Strategy 2: Boost critical reflection, training, and action among faculty to promote anti-racism and equity in our teaching and mentoring.

### *Why is this important?*

Preparing equity-minded public health practitioners and researchers is at the core of our work as faculty in the Health Behavior Department. We hope this strategy's action steps will support our department's efforts to undertake a thoughtful, intentional process to identify and redress equity-related gaps in our curriculum and incorporate anti-racism and equity-focused approaches into our course content, teaching methods and practice, and interactions with students in the classroom and the mentor/mentee relationship. Implementing the components of this strategy are critical to changing the culture and climate of the department.

In drafting these action steps, the Equity Task Force attended pedagogy-oriented trainings sponsored by the Gillings Office of Inclusive Excellence, UNC Center for Faculty Excellence and external organizations, reviewed the literature, and gathered relevant resources. We also worked closely with Practicum student, Deanie Anyangwe, as she conducted interviews with thought leaders in the field, students and faculty, synthesized and shared her findings, and compiled an *Anti-Racist Planning Guide for Public Health Pedagogy*. We anticipate this will be a useful tool that will help our faculty move their pedagogy forward.

### *Action steps for the upcoming year*

➤ **2.1** Make resources available and encourage faculty to “do the internal work” to examine their own positionality, beliefs, assumptions and biases, and reflect on how these impact teaching and mentoring practices, as a foundation for public health critical race praxis.

- Gather, consolidate, curate and make accessible relevant resources for department faculty (e.g., resources collected by our Equity Task Force, material on the Sakai site developed by Debby Stroman, resources from the Gillings Office of Inclusive Excellence, etc.).

**Movement forward:** The *Anti-Racist Planning Guide for Public Health Pedagogy* has been developed by Deanie Anyangwe through her practicum with the HB Equity Task Force and provides guiding questions, resources, and activities to prompt faculty self-inquiry and reflection.

➤ **2.2** Identify and promote opportunities for department-wide trainings to deepen faculty learning, strengthen our faculty community, and facilitate individual and collective skill-building.

- Leverage expertise on campus (e.g., Center for Faculty Excellence) or community (e.g., <https://itisinyou.org/>) to facilitate interactive trainings with skill-building and practice opportunities.

**Movement forward:** The Department of Health Behavior required all faculty to do Phase 1 Racial Equity Training during this academic year and strongly encourages pursuit of other trainings. At the school level, faculty are now required to complete eight hours of inclusive excellence training per year.



- **2.3** Focus the department's 2020-2021 annual faculty retreat on anti-racism teaching strategies and skill-building.

**Movement forward:** Accomplished! Our December 2020 faculty retreat focused on anti-racism teaching strategies and skill-building and was very productive and well-received, laying a foundation for ongoing exchange and skill-building.

- **2.4** Document and share the ways in which faculty incorporate inclusive, equity-focused content, approaches and/or anti-racist strategies from the 2020 faculty retreat in their pedagogy or practice in spring 2021 and their plans for doing so going forward.
- Ensure faculty develop goals and strategies into their end of year plans in conjunction with Strategy 3 (end of year reporting and goal setting for the following year).
  - Ensure that these efforts span all types of courses (theory, research methods, practice). For example, research methods course could include the historical context within which methodologies were developed (e.g., eugenics as the birthplace of modern statistics).

**Movement forward:** We have started holding several meetings a semester dedicated to faculty sharing teaching strategies that work (and do not). These have been well-attended and useful.

- **2.5** Sponsor a microaggressions training in advance of fall semester to build faculty skills and capacity to identify and address microaggressions.
- Note: The Office of Inclusive Excellence (OIE) at Gillings is also working on putting together microaggression trainings. For example, OIE conducted a training for MPH Core faculty and TAs at the start of the spring 2021 semester.

**Movement forward:** Microaggressions was a topic included in the departmental faculty retreat as a first step. Two members of the Equity Task Force (Patsy Polston and Marissa Hall) spearheaded the changes made to the schoolwide Student Feedback and Equity Concerns system, working with the Office of Student Affairs, Office of Inclusive Excellence and Human Resources to develop, refine and test the system that launched in March of 2021. Health Behavior also served as the pilot site for the new system.

- **2.6** Review mentoring practices, structures, and processes to better center the needs of BIPOC students and draft recommendations/guidelines that incorporate student input and best practices from the field.

**Movement forward:** In the spring of 2021 first year MPH student, Emmanuel Saint-Phard, worked with the Equity Task Force as an SBT Research Assistant to amass resources and draft recommendations and guidelines to help the department strengthen, refine and/or restructure its student mentoring practices. In the summer of 2021, first year EQUITY student, Joia Freeman, will conduct her practicum with the Equity Task Force to continue this work on mentoring as well as other related tasks.

### *Constraints and challenges*

Constraints include a tight budget year with limitations on the types of funding available to support some of these strategies. In addition, faculty are extremely busy balancing their teaching, research and service commitments. Providing dedicated time, such as during the annual retreat, and resources, such as for faculty training, will facilitate involvement, as will setting expectations for equity work to be assessed in faculty performance reviews with the chair, as described in Strategy 3. We recognize that additional resources may be required for specialized training, such as an interactive microaggressions workshop.

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## **Accountability**

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### Who should lead, be involved with, or consulted for implementation?

The actions described above primarily fall under departmental and program leadership who will need to set the expectations for many of the steps. Faculty will need to play an active role in carrying out the internal reflective work and documenting steps accomplished (i.e., trainings attended, course content revised, strategies implemented). Several of the action steps will leverage other resources (described above). The Equity Task Force will help leadership in identifying and providing resources to faculty to support these action steps.

### How will the Health Behavior Equity Task Force track progress of these action steps to achieve this strategy?

- Compile and consolidate resources and make them available.
- Track faculty trainings in the aggregate with a bi-annual survey.
- Ensure faculty equity work is included in fall and EOY reviews with departmental chair (per Strategy 3).
- Supervise and support SBT student working on the mentorship strategy.
- Attend departmental meetings of faculty and document strategies shared.

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### *Possible steps for future years*

- Hold twice-yearly retreats to strengthen faculty skills, build camaraderie, problem-solve challenges and share lessons learned.
- Organize regular workshops among faculty to facilitate discussion and exchange.
- Review faculty syllabi and MPH and PhD curriculum to identify equity-related gaps.
  - Identify people best suited to leading this (e.g., program directors, instructors, outside consultants).
  - Develop or adapt courses as needed.
- Determine appropriate strategy for garnering student feedback about classroom environments beyond school-wide course evaluations.

### Strategy 3: Build anti-racist and equity-focused work into the performance expectations and reviews of faculty and staff.

#### *Why is this important?*

As is true in many workplaces, the performance of faculty and staff are evaluated along preset dimensions. Annual performance evaluations are used to examine work performance in the past year and set goals for the upcoming year. Performance evaluations can identify opportunities for professional growth, and can also be important components in promotion, salary increase and disciplinary decisions.

Many faculty and staff who undertake anti-racist and equity-oriented actions within their jobs do so not only without recognition and reward, but also at the potential cost of other achievements considered important for professional advancement. These professional costs may disproportionately impact faculty from underrepresented groups, who are more likely to engage in diversity-related work than their peers. The [UNC Roadmap for Racial Equity](#) recognizes this “invisible labor” and recommends offsetting it through course releases or acknowledging it through monetary compensation (Recommendation #12). If academic settings want to retain those faculty and staff committed to anti-racist and equity-oriented work, that work should be made a central, rather than supplementary, component of performance, and rewarded similarly to other academic indicators of success.

Furthermore, any professional goal can be achieved more fully and easily through strategic planning. Incorporating anti-racist and equity-specific expectations for, and evaluation of, job performance, provides opportunities for identification of time-specific, manageable objectives toward these goals. This may be especially important for faculty or staff who have not previously engaged in anti-racist and equity-oriented work as part of their expected job responsibilities.

Finally, recognizing anti-racist and equity-oriented work as a central, rather than supplementary, component of job expectations helps establish norms around equity within the department in general. Ensuring that faculty and staff can dedicate work time, without penalty or additional required effort, underscores the department’s commitment to a more diverse, equitable and inclusive environment. Without building goals into the employee performance and evaluation process, other recommendations in this report will lack accountability.

#### Performance Evaluation at UNC

*Faculty.* In May-June of each year, faculty meet with the department chair for their End of Year review (EOY) to discuss the previous year and identify 3-4 key goals for the upcoming year. Goals usually focus on teaching (e.g., classes to revamp, new teaching responsibilities); research (e.g., grants to write, key work to disseminate); and service (especially departmental and School committee service for the following year). In addition, all Assistant Professors are reviewed annually by the HB APT in a Fall Faculty Review. Assistant and Associate Professors are reviewed for promotion every 3-5 years using the Department’s and School’s [promotion and tenure guidelines](#). Tenured faculty are reviewed every five years in a Post-Tenure Review (link to school APT guidelines). If going up for promotion, faculty develop a packet for review by the School’s (and sometimes university’s) promotion committees. The packet includes the faculty member’s CV, Career Focus Statement (i.e., summarization of their accomplishments), teaching evaluations, two in-person teaching evaluations (performed by colleagues), and letters of evaluation from two to four researchers outside of UNC who have not collaborated with the faculty member.

*Staff:* Staff are evaluated annually by their supervisors, in accordance with requirements of state employment. Evaluation processes can differ slightly by categorization of employee, but in general, each staff member has a specified job description with multiple components against which they are evaluated. Some of those components are common to all university staff; others are specific to the position. The procedures for staff evaluation are guided by state personnel systems.

*Action steps for the upcoming year*

- **3.1** Incorporate anti-racist and equity-oriented work into faculty performance planning and evaluation.
- Include a question in the end-of-year faculty meeting form asking faculty to identify anti-racist and equity actions they took as part of their research, teaching and/or service during the last year. This question will serve as a starting point for a discussion about ways each faculty member can continue to foster anti-racism and equity-oriented research, teaching and service.
  - Explicitly review equity-focused components of teaching evaluations as part of end-of-year review meetings.
  - Require faculty and the chair to agree upon a professional goal specifically related to anti-racism and/or equity in their set of identified goals for the subsequent year that result from end-of-year meetings.
  - Make examples of different types of goals available to faculty in advance of annual review meetings.
  - Add discussion of equity-oriented teaching practices to peer teaching evaluation conducted as part of promotion processes.
  - Identify strategies for incorporating additional feedback from students and peers in regular faculty review.

**Movement forward:** Departmental leadership has begun collecting examples of equity-oriented actions department members are taking for sharing. The department chair is drafting revisions to the faculty EOY review documents for implementation in May/June 2021.

- **3.2** Develop equitable service expectations.
- Identify a clear expectation of the number of service hours expected of faculty members each year and develop estimates of service hours associated with key roles or committee assignments in the department.
  - Count service on the Equity Task Force as similar to service on other departmental committees, including program advisory or admissions committees.
  - Dedicate the same amount of salary coverage and/or overload payments to the Equity Task Force as is dedicated for program advisory or admissions committees. Coverage and/or overload could be divided among members in the absence of a hierarchical leadership structure.
  - Identify service hours associated with other equity-related work, such as serving on school-wide ad hoc task forces.

**Movement forward:** All faculty will be asked to serve on at least one equity-oriented “action team” to undertake specific tasks resulting from the recommendations in this report.

- **3.3** Identify training opportunities, policies and stakeholders needed to include equity-work into staff performance planning and evaluation.
  - Schedule appointment with business manager and human resources representative to identify opportunities and barriers to adapting the staff evaluation process.

### *Constraints and challenges*

End-of-year meetings are relatively short (30-45 minutes), given the number of faculty in the department, and cover a broad array of research, teaching and service goals and accomplishments. Dedicated discussion to anti-racist and equity work may therefore be limited. Having required questions that faculty answer in advance, as well as a documented goal related to the topic that they draft, could facilitate these discussions. Examples of anti-racist and equity-related goals could also be useful, especially in the first years of implementing this change.

The Health Behavior Department’s Expectations for Promotion and Tenure require service on at least 1 departmental and 1-2 school or university-wide committees for promotion from either assistant to associate professor or associate to full professor, with leadership in one committee expected for the latter. The above recommendations suggest a shift to hour-based expectations, which better capture variation in the amount of time required by different committees. Such a change may require significant time analyzing current service opportunities to understand regular requirements.

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## **Accountability**

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### Who should lead, be involved with, or consulted for implementation?

The short-term actions described above primarily fall under the leadership of the department chair, who conducts faculty end-of-year performance reviews and negotiates service requirements. Active participation of faculty in goal setting and evaluation, however, is also necessary for success. Longer-term actions also require leadership from the business manager and other staff supervisors in the department, as well as the Dean, with participation by staff themselves and other departmental chairs. As with all work concerning employee performance, it may be important to consult with human resources staff at Gillings.

### How will the Health Behavior Equity Task Force track progress of these action steps to achieve this strategy?

- Review the end-of-year meeting form for anti-racist and equity-related requirements in April of 2021.
  - Ask the assistant to the chair to compile anti-racist and equity-related goals from end-of-year forms (without specifying names) during the summer of 2021 for sharing with the department the following fall.
  - Work with the department chair in the spring and summer 2021 to review the budget to identify line-items for service or leadership of the Equity Task Force.
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*Possible steps for future years*

- Review performance plans of staff to identify and support goals consistent with anti-racist and equity focus.
- Revise promotion and tenure expectations to incorporate anti-racist and equity expectations.
- Implement recognition/reward of or award to faculty and staff who advance department equity goals.
- Have chair identify options for salary coverage for agreed-upon equity service that is above and beyond usual service expectations.
- Incorporate measures of anti-racist and equity-focused work in the goal setting and evaluation of departmental leadership. This is consistent with the UNC Roadmap for Racial Equity 11b, which recommends including promotion of racial equity and a welcoming racial climate as criteria for the appointment and reappointment of senior leaders.
  - Require Program Directors to develop diversity or climate goals for training programs and assess progress toward those goals as part of role evaluation.
  - Advocate with the school for the development and assessment of departmental diversity and equity goals that are assessed as part of chair appointment and re-appointment.

## Strategy 4: Increase diversity of Health Behavior faculty by improving recruitment and retention of faculty of color.

### *Why is this important?*

Gillings, through its Inclusive Excellence Action Plan, and Health Behavior students through several channels – most formally the recent Equity Collective report - have consistently identified faculty diversity as a high-priority area in need of improvement. Historically, Health Behavior has had few faculty of color, and in recent history there have been years where the department lacked a single faculty member from a historically underrepresented group. Health Behavior staff, too, have noted the lack of diversity in our faculty, highlighting both perceived and experienced issues of a largely white faculty that oversees a far more racially diverse staff. Additionally, there is no shortage of literature that cites the benefit to a learning environment when diversity exists among faculty and students. The Council on Education for Public Health (CEPH), the accrediting body for Schools of Public Health in the US, acknowledges this benefit for public health students as it directly relates to student capacity to engage in public health work in a diverse workforce.

Many of the actions listed are aimed at directly increasing the hiring of faculty of color, while others are designed to improve their retention within Health Behavior. Some actions are aimed at improving the climate and research diversity of the department, with the understanding that a lot of the cultural change necessary to recruit and retain faculty of color lies with white faculty; these actions are included here as they are also important, even if indirect, measures that should be considered to achieve faculty diversity. Given the extended timelines that go along with hiring individual faculty and long-term nature of diversifying the faculty as a group, these efforts can be especially important as intermediate steps.

This goal does not exist in a vacuum. The removal of the confederate statue in 2018 and UNC's financial settlement with the Sons of the Confederate Veterans in 2019 resulted in UNC's stated commitment to provide redress to begin to make up for past harms. In 2020, BIPOC faculty released the [Roadmap for Racial Equity](#). [The Daily Tar Heel wrote an article](#) highlighting challenges in retaining faculty of color across campus which has received both local and national attention. These collectively present a window of opportunity in which UNC has stated a commitment to diversity and inclusion, and BIPOC faculty have stated the need to increase both the number of Black faculty as well as the number of faculty with research programs focused on communities of color. Finally, these actions must be taken in tandem with other strategies in the EAAP, especially Strategy 1, as a frequent theme from feedback sessions was a concern that a non-inclusive environment would hinder efforts to attract and retain a diverse faculty. All actions taken to diversify the Health Behavior faculty should be taken with this larger context in mind, achieving synergy with other similar endeavors across campus where possible.

### *Action steps for the upcoming year*

- **4.1** Update faculty job posting and hiring process.
  - Review where positions are frequently advertised, update, and standardize a base-level requirement of where all positions will be posted, inclusive of a departmental statement that transparently communicates our commitment and progress towards equity.
  - Review past searches and identify areas for improvement applying an equity lens. Are we dismissing qualified candidates who have been trained at

universities where existing faculty weren't trained? Are we reproducing the type of research and experience we value based on our existing expertise, closing the door for varied but valuable experiences? How are the job descriptions themselves communicating what we value as a Department?

- Modify evaluation criteria for job candidates to value engagement with equity in research, teaching, and mentorship.
- Require a diversity and inclusion statement as part of the application package.
- Ensure that evaluation criteria mirror similar recommended changes to annual faculty evaluation (see action step 3.1).
- Require all search committee members have a minimal amount of training in equity and anti-racism (e.g., REI Phase 1), a refresher in implicit bias, and that search committee chairs are especially equipped to lead a search that is actively anti-racist and conscious of other bias (e.g., gender, sexual orientation, age).

➤ **4.2** Begin identifying external mechanisms to secure resources in order to diversify faculty. Possibilities to explore include:

- NIH Diversity supplements to support postdocs and junior faculty.
- Grants explicitly focused on diversifying faculty (e.g., [NSF-funded University of Houston Center for Advancing UH Faculty Success](#))
- Strategic leveraging of existing T32s (NIH-funded training grant) to facilitate a focus on developing health equity researchers and facilitate a postdoc to faculty pipeline, including better integration of postdocs with faculty.

➤ **4.3** Leverage the current window of opportunity provided by UNC's stated desire to invest resources in diversity and inclusion efforts to secure funds to execute cluster searches/hires.

➤ **4.4** Increase transparency and communication about faculty hiring processes.

- Communicate to student representatives how the various types of faculty searches operate, are funded, and its implications for faculty diversity.
- Normalize and communicate funding mechanisms intended to diversify the faculty (e.g., VITAE) during the search process.
- Standardize, to the extent possible, the process in communicating information about candidate visits and their upcoming presentations to the department, including attaching research and teaching statements.
- Have the department chair include information not only about outcomes, but intermediate actions taken, to improve faculty diversity, in the annual state of the department presentation.

### *Constraints and challenges*

Regarding recruitment, the primary challenge is around already scarce funding and resources, only exacerbated by COVID spending restrictions, department finances, and a general campus-wide reduction in revenue. A recurring challenge also has to do with the long timeline associated with hiring faculty; it can be easy to prioritize shorter-term successes, though action 4.4 should mitigate this somewhat. There is also a sort of chicken-and-egg problem, in which the lack of diversity makes it challenging to implement support structures that facilitate the recruitment and retention of faculty of color in the first place. For example, best



practice dictates search committees be diverse, but the small number of faculty of color makes this currently impractical. While thoughtful use of non-primary appointments to the faculty can be useful, it also has the potential of creating a two-tiered system; it should be used to enhance not substitute diversifying primary faculty. Finally, we must remain vigilant about simultaneously diversifying faculty and the student body as the composition of one can have a reinforcing role on the other.

Retention carries its own set of unique challenges. For example, there is also now recognition by the [NIH itself that securing grants, which is required of most faculty for promotion, is biased against faculty of color who are more often engaged in health equity research that has a systemic bias against being funded](#). Other challenges related to the “minority tax” are of concern, in which faculty of color may find themselves disproportionately engaged with activities that are not compensated or valued in promotion and tenure guidelines, such as increased mentoring of students of color, diversity and inclusion service, or additional requests to guest lecture as other faculty seek to introduce diversity of speakers and topics into their own courses. These challenges are not insurmountable but will likely require revisiting what constitutes appropriate metrics for career advancement.

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## **Accountability**

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### Who should lead, be involved with, or consulted for implementation?

For 4.1, the Department should appoint an ad hoc group of faculty, comprised of those with and without experience on search committees, to undertake the review and offer an updated proposal about necessary changes. Action 4.2 should be a collaborative effort involving all faculty, as this directly aligns with ongoing priorities to secure funding. Lastly, the department chair in consultation with department leadership, in partnership with Gillings leadership, should begin strategizing about how conversations with broader campus leadership could proceed to secure additional resources. The department chair would be responsible for reporting actions taken in 4.4.

### How will the Health Behavior Equity Task Force track progress of these action steps to achieve this strategy?

- Faculty demographic data are already collected and easy to measure and report on yearly.
- Action 4.4 will assist in tracking and reporting intermediate outcomes, and not just the result when a faculty member is successfully hired.

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### *Possible steps for future years*

- Continue to use UNC-specific mechanisms such as Carolina Postdoctoral Program for Faculty Diversity and VITAE.
- Commit to hiring additional faculty whose primary research area is in anti-racism and equity.
- Improve the “onboarding” process for faculty by providing or highlighting:
  - Formal resources and opportunities (e.g., internal grant opportunities).

- Departmental expectations.
  - Introduction to and inclusion into existing groups across SPH and UNC that may be valuable (e.g., Centers, labs).
- Strategize around hiring faculty in groups / clusters to accelerate social support networks within the department.
- Leverage joint and adjunct appointments to draw upon existing faculty diversity across campus and at other research organizations.
- Revisit mentorship model of junior faculty so that it is easier for junior faculty to express concerns or needs.
- Partner with Gillings and university leadership to develop and institutionalize a permanent organizational entity (e.g., a Center) tasked explicitly with the recruitment, development, and retention of faculty of color.
- Advocate that all department chairs report both to their own departmental community as well as the Dean any actions they have taken each year to achieving a more diverse faculty.

## Strategy 5: Increase transparency in hiring practices for students and how financial resources are distributed.

### *Why is this important?*

The Equity Collective report documented that many students of color in Health Behavior found the process of hiring students to be confusing and lacking transparency. Students have also expressed the concern that hiring decisions seem driven by personal connections, leading to students not having equal access to job opportunities. Health Behavior has developed more transparent systems for allocating Teaching Assistantships and School Based Tuition awards, but other position types, such as hourly positions and Graduate Research Assistantships, do not have similar transparent systems in place. Efforts are urgently needed to increase students' access to job opportunities and to evaluate these decisions to make sure they are being made in an equitable and fair manner.

### *Action steps for the upcoming year*

- **5.1** With the goal of increasing the number of open searches available to students, recommend (but not require) that Health Behavior student positions (i.e., those that are funded by departmental funds or by grants of which a Health Behavior faculty is Principal Investigator) are advertised with: 1) a detailed job description, 2) requirements and preferences of applicants, and 3) an application and hiring process and timeline, as possible. Distribute the postings widely via departmental listservs and weekly newsletter. This recommendation does not apply to funding used for recruitment of students.
- **5.2** Collect information from faculty to determine, in the past year, how many students were hired on their projects, what type of position (hourly vs. GRA), and how many were open vs. closed positions. Report back and discuss as a faculty.
- **5.3** Examine data to better understand patterns in funding by different demographic groups.
  - Work with department business manager, Gillings' Strategic Analysis and Business Intelligence (SABI) office, and chair to determine what metrics to examine.
  - Make recommendations for action depending on results on an ongoing basis.

**Movement forward:** Business manager has pulled an initial dataset toward 5.3.

- **5.4** Revisit and revise our communication with prospective and current students, regarding hiring and funding, to ensure we are creating reasonable expectations and not overpromising funding.
- **5.5** Pilot a process for requiring interviews of top candidates for HB SBT-funded and TA positions before hiring decisions are made.

### *Constraints and challenges*

One unintended consequence could be that faculty would go through the job posting process with someone in mind and be unwilling or unlikely to open the possibility of hiring a different person. This could mean that students spend time applying for positions they are unlikely to get. There is also some lack of clarity about responsibilities for faculty to fund their own advisees. Another challenge is that accounting for all funding students receive (for 5.3) could be difficult if funding does not come through Health Behavior or comes from external sources.

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## **Accountability**

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### Who should lead, be involved with, or consulted for implementation?

For 5.1, the department chair will disseminate this recommendation to faculty and remind faculty. For 5.2, the department chair will request information from faculty via email. For 5.3, a small group of faculty will work with the department manager and the department chair. For 5.4 and 5.5, a group of faculty will work with the departmental leadership team (chair, vice chair, program lead for MPH program, program lead for PhD program).

### How will the Health Behavior Equity Task Force track progress of these action steps to achieve this strategy?

- The Health Behavior Equity Task Force will conduct an audit of progress toward these action steps, with the goals of confirming that all steps have occurred within 12 months of the April 2021 EAAP.

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### *Possible steps for future years*

- Create a special section for student jobs section in the weekly department email.
- Ensure tuition sessions and materials are revised to demystify the language presented so that students can better interpret opportunities and understand that full funding may not cover all fees and tuition.
- Identify feasibility/barriers of requiring (rather than recommend) open searches for different student position types through a centralized system.

**Strategy 6: Enhance equity-oriented research practices, including but not limited to, hiring of research faculty and staff.**

*Why is this important?*

While not directly identified through the Equity Collective Report, the research activities of the department are reflected in students' classroom experiences in which research faculty often report on their own research. In such settings, discussions of public health research, including those about health disparities, have not always been presented through an anti-racist lens. In addition, there is need to incorporate an anti-racist, inclusive and equitable approach to all aspects of departmental activities. As such, we need at a minimum to ensure that our research and the way we talk about it does not perpetuate existing structural racism. Further, we need to seek opportunities and means for our research to go even further by contributing to efforts to dismantle inequitable structures. Given that the goal of Health Behavior research is to improve health and wellbeing of populations, researchers from our department are often in the position to recognize and address the disproportionate burden of illness that exists among communities of color.

Despite efforts to address health disparities, substantial inequities in health persist and continue to widen in some populations. The human and financial costs of health disparities cause substantial suffering warranting research to identify means to reduce these disparities by understanding and addressing their underlying causes to create health equity. Health Behavior research, which considers and addresses behavioral, community, social, environmental and structural factors as critical drivers of disproportionate health outcomes, has the potential to reduce disparities. Without a nuanced understanding, however, of the myriad ways in which structural racism contributes to racial health inequities, such studies may result in the delivery of ineffective interventions and, worse, may reinforce rather than dismantle underlying causes of health inequity. Experts have called for the use of a "health equity lens" to conduct more effective health policy research, development, and implementation.

One important aspect of improving health equity is to increase patient and community engagement in research, including via methods of community-based participatory research (CBPR), to improve the saliency and quality of health-related research in communities of color as documented by Yonas and colleagues in 2006. Enhancing the training and practice of Health Behavior faculty, student and staff in the CBPR approach is an important step to enhancing anti-racist approaches in our research. Another important aspect of promoting a "health equity lens" in research is improving the cultural and racial diversity of public health and social science researchers. Historically, this diversity has been lacking in the Health Behavior Department. Achieving racial and cultural diversity among Health Behavior faculty requires putting in place stronger policies to recruit and retain diverse research faculty as addressed in Strategy 4. The NIH's Diversity Program Consortium has acknowledged that "the nation's population continues to become increasingly diverse, and there is an urgent need to ensure that the scientific talent which is key to our nation's success is nurtured, recognized, and supported across all demographic groups." Ensuring that communities, patients, and a racial and cultural diversity of researchers trained in racial equity research contribute substantially to our department's research efforts, will go a long way to creating a means to improve health equity and ultimately help dismantle structural racism in our society.

*Action steps for the upcoming year*

- 6.1 Create a repository consisting of the following:
  - Eligible diversity supplement grants—PIs and grant numbers that would be eligible for diversity supplements at all career levels (undergraduate, graduate, post-doc, junior and mid-level faculty).
  - Departmental research base that seeks to address racial health inequities.
  - Examples of awarded health disparities research supplements.
  - Ongoing funding opportunities for health disparities research, including research supplements.
  - Ongoing school-wide and university-wide efforts and resources available to incorporate an anti-research lens into equity-oriented research.
  - A Roadmap for accessing the resources in the repository.

- 6.2 Offer departmental trainees and faculty support in writing and applying for diversity supplements.

**Movement forward:** Diversity supplements currently discussed in the departmental doctoral program grant-writing class.

- 6.3 Identify what we need to know to enable feasible creation of specific structural (institutional level) changes to hiring, promotion and retention practices related to research staff (e.g., project managers, non-student research assistants) that may facilitate diversity of research staff in the department (in conjunction with Strategies 4 and 5).

- 6.4 Develop a tool, guideline and/or resources for research teams to apply an anti-racist lens to their practices. These can apply to all aspects of research (e.g., intentionally incorporating egalitarian, intersectional, and antiracist approaches to research conceptualization, measurement, study implementation, analysis, interpretation and dissemination). The approaches used should serve to dismantle rather than perpetuate existing racialized power structures. Specific methods to consider include, but are not limited to, participatory, arts-based, quantitative, qualitative and mixed methods.

**Movement forward:** Based on Center for Faculty Excellence trainings and the Health Behavior Faculty Retreat Workshop, faculty members have begun to introduce anti-racism concepts into course content, teaching methods, and course evaluations.

- 6.5 Recommend that the department engage in strategic planning to enhance its research portfolio to better incorporate health equity. This may include considering applying for a training grant in a carved-out area and/or holding a facilitated retreat to brainstorm and discuss intentional ideas for the research mission of the department.

### *Constraints and challenges*

The primary challenges we will face will include a degree of available time that researchers have to learn and incorporate new methods and frameworks into their work. Some researchers may not value the incorporation of new methods into their work or may find the amount of work, labor and duration of time it takes to be a barrier to including this approach in their research. These time constraints are worsened by the pressure that exists on researchers to write and obtain grants to support their own salaries and the salaries of their staff members. In addition, institutional resources devoted to incorporating these activities into current research practices may be strained, particularly in the setting of increasing financial constraints and pressure on the department, school and university to reduce spending.

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## **Accountability**

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### Who should lead, be involved with, or consulted for implementation?

For short term goals, the relevant equity action team (see 3.2) will take the lead on projects, with the recommendation that they soon contact or include the Gillings Office of Research, the NC TraCS CASE (Community and Stakeholder Engagement) Unit, and the Center for Health Equity Research (CHER) as consultants. Leadership from the Health Behavior and Gillings should reach out to broader campus leadership to create synergy with campus-wide approaches to and resources for enhancing faculty diversity among health disparities researchers and for conducting health equity research. For incorporation of content into specific courses, course instructors should be involved as consultants.

### How will the Health Behavior Equity Task Force track progress of these action steps to achieve this strategy?

- The action team formation, progress, and collaborations with other groups will be documented via tracking of meeting dates and content analysis of meeting minutes.
- We will track formation, growth and use of the repository by demonstrating achievement of milestones within target dates set by the action team.
- We will also assess use and usefulness of the repository by surveying faculty and students and maintaining a log of its use and the number of diversity grants written by departmental faculty and students, including students in the grant writing course.
- Documentation of implementation of student and faculty hiring practices will be tracked according to strategies 4 and 5.
- The occurrence, approaches used, experience with and perceived value of incorporation of anti-racist research methods into research conducted by departmental members will be assessed using focus groups and surveys of research students, faculty and staff.

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### *Possible steps for future years*

- Develop a set of best practices for incorporating an anti-racism approach into research practice.

- Develop a set of best practices for teaching anti-racist, inclusive and equitable research methods and disseminating findings that do not inadvertently cause harm or perpetuate racial biases.
- Survey faculty and students regarding current and pending health disparities and anti-racism research.
- Design and disseminate trainings for Health Behavior faculty and staff in the NIMHD framework for research.
- Recommend system level changes (e.g., incorporation into position postings and end of year evaluations) to support diversity in research faculty and staff.