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**Department of Maternal and Child Health, UNC-CH:**

*Building and Sustaining Equity in Scholarship,  
Work Life, Student Life, and Population Impacts*



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Report submitted on June 26, 2022 to Dean Barbara Rimer, UNC Gillings School of Global Public Health, Chapel Hill, NC.

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**Supported by:**

The Office of the Dean, Gillings School  
of Global Public Health  
The University of North Carolina,  
Chapel Hill  
Public Health Foundation, Incorporated

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***“It is therefore the policy of my Administration that the Federal Government should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Affirmatively advancing equity, civil rights, racial justice, and equal opportunity is the responsibility of the whole of our Government.”***

President Joseph Biden, Executive Order (E.O.)13985

*(Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 2021)*

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## EXECUTIVE SUMMARY

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As a part of the leading school of public health in the United States, **the University of North Carolina at Chapel Hill’s Department of Maternal and Child Health (UNC MCH) carries a tremendous responsibility.** The Department is expected to generate knowledge and train professionals who can: (1) reduce the number of infant, child, adolescent, and maternal deaths; (2) eliminate disparities in these outcomes; and (3) define and implement policies, health systems, and environmental conditions that lay a foundation for the long-term well-being of the entire population. The role of the Department does not end with this massive task. It is also a workplace where over 144 people spend 40 hours or more per week in academic pursuits and/or earning a living. It is a community of faculty, students, staff, fellows and alumni. As such, the Department must maintain the integrity of this “Village.” It must do so with an ethos reflecting President Biden’s E.O. 13985.

Like many academic departments in a large university, the MCH Department finds itself in a position where **its modern mission and responsibilities have outgrown dated structures, culture, processes, and mindsets that were designed in a different era.** The results of these misalignments manifest not only in the words of an alumni letter made public, but also in the experiences and observations of many current stakeholders. These stakeholders include: staff, faculty, students, and MCH professionals working in the field.

The major challenges stakeholders have experienced are intertwined with major departmental processes, like: **interpersonal climate, recruitment and retention, curriculum and learning, accountability and decision-making structures.** The challenges and desired vision for each major group (faculty, staff, and students) are summarized in the following tables.



**Table 1. Culture of Equity Vision: Faculty**

Current Equity Challenges	Future Equity Vision
<p><i>Lack of Racial Diversity:</i></p> <ul style="list-style-type: none"> <li>• 78% of MCH faculty are white</li> <li>• All but 1 tenured professorships occupied by white faculty</li> </ul>	<ol style="list-style-type: none"> <li>1. Actively seek a higher level of equity capacity through continuing education and training</li> <li>2. Have the requisite mindset for transformative thinking, ideation, and development of health equity for a wider range of populations</li> <li>3. Make use of equity-friendly tools and processes to conduct collaborative, people-centered, and equity-framed research, teaching, service</li> <li>4. Center the perspectives of people with lived experiences (PWLE)</li> <li>5. Seek deeper understanding of root causes of inequities for a broader range of PWLE who have been historically excluded</li> <li>6. Learn and adapt teaching to address needs of changing populations, lived experiences and needs</li> <li>7. Engage with other sector partners</li> <li>8. Embrace supervisory roles and treat employees and students equitably and respectfully</li> <li>9. Faculty and supervisors need to make themselves available, and spend time with students and employees to build relationships</li> <li>10. Have identified and know how to use a conceptually valid equity frame in all research, program planning, data interpretation, policy development, evaluation, and analysis</li> <li>11. Promote a culture of equity in all aspects of faculty work</li> <li>12. Develop scholarship for and respond appropriately to population equity needs at the community, state, national, and international arenas</li> <li>13. Receive equitable compensation for their work</li> <li>14. Maintain a reasonable quality of work-life integration</li> </ol>
<p><i>No Accountability:</i></p> <ul style="list-style-type: none"> <li>• No structure in place for faculty to facilitate dialogue or report incidents and concerns safely</li> </ul>	
<p><i>Inadequate Support from Leadership:</i></p> <ul style="list-style-type: none"> <li>• Lack of affirming mentorships available with practiced faculty from diverse backgrounds</li> </ul>	
<p><i>No paid time to integrate equity into syllabi, classroom behavior, teaching style, or research</i></p>	
<p><i>No continuing education or training provided on how to navigate conversations about difficult topics such as racism in the classroom</i></p> <ul style="list-style-type: none"> <li>• No training on de-escalation or responding to microaggressions and overt acts of racism</li> </ul>	
<p><i>Inequitable balance of workload across faculty</i></p>	
<p><i>Inequitable faculty salaries</i></p>	

*Climate is unattractive to Black, Indigenous, and People of Color (BIPOC) faculty*

15. Have the skills to facilitate conversations about equity in the classroom, as well as diffuse and address oppressive actions taken by students
16. Use the requisite mindset and tools for seeking feedback and committing to growth in areas related to equity through teaching, research, and student engagement
17. Commit to ongoing self-assessment, awareness and actively engage in learning to understand, detect, and address their own potential expression of bias, racism, colonialist culture, and other mindsets or actions that systematically marginalize any population
18. Be able to teach about equity in a meaningful way

**Table 2. Culture of Equity Vision: Staff**

Current Equity Challenges	Future Equity Vision
<i>Perception of unequal treatment by race/ethnicity</i>	<ol style="list-style-type: none"> <li>1. Be seen as highly skilled staff representing historically excluded communities</li> <li>2. Have a voice in designing and implementing departmental policies and procedures</li> <li>3. Be valued for both professional and lived experience during recruitment/hiring</li> <li>4. Be compensated equitably</li> <li>5. Be treated with respect and as an asset to the MCH Department</li> <li>6. Have safe and easily accessible reporting processes for incidents of discrimination, disrespect, or inequitable treatment – without retaliation</li> </ol>
<p><i>No Accountability:</i></p> <ul style="list-style-type: none"> <li>• No clear procedures to report incidents from the classroom, between other staff/faculty/chair</li> <li>• Prevalent fears of retaliation</li> </ul>	
<p><i>Inadequate Support:</i></p> <ul style="list-style-type: none"> <li>• Lack of mentorships available with practiced faculty or staff from diverse backgrounds that can affirm and enrich ongoing career interests in academia</li> </ul>	

<i>Inequitable staff pay</i>	7. Be actively engaged in ongoing self-assessments and learning to understand, detect and address their own biases, racism, colonialist mindset, and other actions that systematically harm people from historically marginalized communities
<i>No procedures or consistent modeling on how to address and elevate microaggressions and overt acts of racism in the classroom and Department</i>	
<i>Toxic work environment, disrespectful and dismissive treatment is common</i>	
<i>Fear of repercussions when engaging in conversations on racial justice or equity</i>	
<i>No voice in key departmental decisions</i>	

**Table 3. Culture of Equity Vision: Students**

<b>Current Equity Challenges</b>	<b>Future Equity Vision</b>
<i>Lack of courses/learning opportunities and mentorship that address equity and racism</i>	<ol style="list-style-type: none"> <li>1. Graduate with a high level of equity capacity and can develop research, programs, policies, and practices framed through an equity lens</li> <li>2. Develop the requisite mindset for transformative thinking and work</li> <li>3. Have skills to conduct authentic engagement with people with lived experience (PWLE)</li> <li>4. Identify and employ a conceptually valid equity frame in the conduct of all research, program planning, data interpretation, policy development, analysis, and evaluation</li> <li>5. Understand the contexts of key MCH organizational structures to ensure they can build a culture of equity wherever they work – including educating leadership and people in power about their essential role in ensuring diversity, equity, inclusion, and justice (DEIJ) in the workplace</li> </ol>
<i>No accountability for peers, staff, or faculty who conduct microaggressions or overt acts of hate in the classroom and on campus</i>	
<i>Lack of advisors with access to data and expertise in theoretical frameworks relevant to critical health issues where inequities are prevalent</i>	
<i>Department disseminates funding opportunities inequitably</i>	

<p><i>Access to paid practicum and summer internship opportunities varies dramatically depending on the student's advisor</i></p>	<p>6. Feel they can freely and respectfully interact with a cohort that is diverse and that represents historically excluded populations</p>
<p><i>Climate feels stressful and toxic for BIPOC students</i></p>	<p>7. Understand the systems and history that has led to inequities in public health</p>
<p><i>Limited recruitment of students with domestic MCH interests because of lack of advisors with matching interests</i></p>	<p>8. Be able to identify root causes of inequities and contribute to efforts to dismantle the systems that perpetuate inequities</p>
<p><i>Lack of support for international students</i></p>	<p>9. Uphold values of antiracism, inclusion, and respect in interactions with staff, other students and faculty, creating an equitable work environment</p> <p>10. Can create an equitable work environment post-graduation</p>

The question is: **where do we go from here?** How do we redesign a container that will fit the modern MCH mission of becoming a research, teaching, and learning institution as well as a workplace that embodies mindfulness for equity in every aspect of its being? This proposed initiative, *Building and Sustaining Equity in Scholarship, Work Life, Student Life, and Population Impacts*, was designed to facilitate the transformation of ethos, structures, and processes of the Department to ensure that it fulfills its promise to “prepare public health professionals with the requisite skills to become leaders of tomorrow” (*Maternal and Child Health*, n.d.).

**To achieve this goal requires complete transparency on challenges experienced by all stakeholders.** It requires honesty and bravery in assessing and accepting responsibility. It also requires: a long-term vision for what we want the Department to transform into, a strategic plan for getting there, effective and adaptive leadership, ample resources, and a strong will to embrace and sustain the transformative change required to achieve a culture of equity. Finally, it requires a way to monitor change to ensure progress is being made.

**This report provides:**

1. A vision for what a culture of equity would look like in the MCH Department (Section III)
2. Thorough documentation of the challenges faced by MCH stakeholders (Section IV)
3. Strategic recommendations for how the department can transform toward a culture of equity (Section V)

An initial monitoring and evaluation plan to measure progress toward these goals will be available separately.

### **Summary of Short-Term Strategic Recommendations**

*This section summarizes the recommendations for the first 12-months' efforts to achieve a culture of equity in the Department of MCH. Detailed recommendations are contained in Section V.*

#### **THEME #1: ACCOUNTABILITY, DECISION-MAKING, VOICE AND POWER**

**ST1.1.** Adopt, refine, and promote the co-developed vision for the future of the Department with respect to a culture of equity.

**ST1.2.** Initiate decentralization of power and flatten hierarchical structures beginning with decisions relating to building a culture of DEI/IE/equity.

**ST1.3.** Adopt a dashboard to monitor (weighted) service commitments of faculty and ensure equitable distribution, with formulas based on rank, research, teaching, and mentoring loads as defined by APT. Pay particular attention to avoiding excess burdens on junior faculty.

**ST1.4.** Decision-making processes in the Department should be reformulated to include all stakeholder voices.

**ST1.5.** Provide a higher level of support and protection to junior faculty

**ST1.6.** Expand and make transparent the possible compensation options for various levels of equity development work for staff and faculty.

**ST1.7.** Prioritize training for all MCH leadership, faculty, and staff on mindset changes, equity-promoting processes, transformative leadership, and antiracism.

#### **THEME #2 UPDATE AND EXPAND CURRICULUM AND LEARNING EXPERIENCES RESPONSIVE TO HISTORICALLY EXCLUDED POPULATIONS**

**ST2.1.** Develop a culture where students are co-learners with faculty. Encourage student work, including class projects, dissertations, Master's papers, and practica, that develops learning materials that expand the field of knowledge; develop new tools and resources to support Departmental transformation.

**ST2.2.** Enhance a co-learning structure where students generate or identify resources that can increase faculty knowledge. Incorporate a course model in which students focus on developing deep knowledge in specific epidemiologic methods challenges, relevant to their interests.

**ST2.3** Develop and implement a schedule for each MCH course that checks the curriculum for the relevance of content to understanding and addressing the health needs of historically excluded populations.

**ST2.4** Act on assessment by identifying the content, populations, and methods that need to be developed. Monitor course evolution, develop resources for faculty to evolve course material, and work with librarians to catalog resources for easy access by faculty, students, and staff.

**ST2.5.** Work with the Development Office to cultivate funders to support course enhancement

### THEME #3 DEPARTMENTAL CLIMATE

**ST3.1.** Invest in creating a healthy, open MCH climate.

**ST3.2.** Rebuild broken bridges and re-develop trust.

**ST3.3.** Ensure safe dialogue and a clear process for reporting and addressing complaints.

### THEME #4 RECRUITMENT AND RETENTION

**ST4.1.** Develop and implement Phase 1 of an actionable plan for increasing the proportion of newly hired (senior and junior) or promoted tenure-track faculty for people who are Black or Indigenous.

**ST4.2.** Prioritize training for all MCH faculty, staff, and students.

The remaining requirements for transformative change **must come from within the department.** For this transformation to be successful, it must be “all hands on deck:” faculty learning and teaching new theories relevant to historically excluded groups (e.g., BIPOC communities, rural communities, people with disabilities, LGBTQIA2S+ people, etc.); supervisors becoming more sensitive to the quality of their interactions with staff and BIPOC colleagues; alumni making donations specifically for equity work; students becoming active partners in generating adaptive learning resources; and leadership tending to the climate into which students, staff, and faculty of diverse backgrounds are brought. Every stakeholder has an important role to play and every stakeholder must play their role. This includes necessary assistance from the Gillings School of Global Public Health and the University.

*“If the Dean and the Chair set the priority then it will happen at the dept and school levels. There are grounds for optimism, particularly if this department-level initiative can partner with and leverage existing initiatives at the SPH and university-level, and if valued incentives (salary; promotion criteria) are included.” — MCH survey respondent*

*“I believe this is possible if people are committed and a container is created for the work. This needs to happen in the context of discussing power and privilege as well as the unique and challenging environment of the academy.” — MCH survey respondent*

We believe the Department will begin to change when all stakeholders commit to the work required for ethos transformation. We submit this report as a way to make the suffering of some become all of our suffering. We are making visible the privileges afforded to a few so that we might all have a share in it. We are creating a vision for a culture of equity, providing a roadmap to what the Department can become, and being a catalyst for forward motion.

### References

- Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.* (2021, January 21). The White House. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>
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*Building and Sustaining Equity in Scholarship, Work Life, Student Life,  
and Population Impacts*



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## I. INTRODUCTION

*Building and Sustaining Equity in Scholarship, Work Life, Student Life, and Population Impacts*

The Children's Bureau, a federal agency established in 1912, was designed to investigate and report on matters pertaining to the welfare of children. The Children's Bureau-sponsored studies showcased connections between infant and child health and poverty, rurality/ access to care, health knowledge, and other social factors. These studies recognized that a broader and more comprehensive approach to supporting maternal and infant health was needed and ultimately resulted in the enactment of the National Maternity and Infancy Protection Act (Sheppard-Towner Act, 1921). Sheppard-Towner created a variety of new MCH programs that states could adopt to address a multitude of medical, health education, and related issues affecting mothers, infants, and children. As such, the need for professionals to manage these programs increased as more states adopted these programs. The Department of Maternal and Child Health at the (previously named) UNC School of Public Health was established in 1950, with funds from the Children's Bureau, to prepare professionals in addressing the needs of mothers and infants.

The Department's current Chair, Dr. Carolyn Halpern, lays out the importance of MCH to public health, and the many assets of the Department:

*"The United Nation's 17 Sustainable Development Goals are integrally linked to maternal and child health. Improving the well-being of mothers, children, and families ultimately improves the overall health of the entire community. When a global crisis such as a pandemic, or a regional issue such as prolonged drought or natural disaster hits, delivering appropriate support to mothers and children is vital to long term recovery. The challenges are big and addressing the disparities among different populations is of critical importance. As a result, the need for teachers, researchers and practice leaders in the field of maternal and child health has never been greater, and our department is working to provide our students with the skills to make a difference.*

*Our faculty bring training and expertise in a variety of fields at the intersections of the physical, social, and biological sciences, and address issues related to reproductive health, equity, intersectionality, life course, and implementation science. Our collaborative and interdisciplinary approach ensures that our students have broad exposure to every facet of the multiple factors impacting maternal and child health both in the United States and around the world...*

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*...We offer master's, doctoral and dual degree options that encompass both domestic and global study and include both research and practice. Our curriculum allows students and their faculty mentors to design learning opportunities that are uniquely suited to individual career goals.*

*Our students are also exposed to and collaborate on some of the most innovative research being done on these issues today, as we work to further the science of maternal and child health and identify better ways to deploy existing and new knowledge to the field.”*

*(Message from Carolyn Halpern, Chair, n.d.)*

The Department of Maternal and Child Health at UNC-CH is now the last free-standing maternal and child health (MCH) department in the nation. As one of the leading and most visible departments of maternal and child health, in one of the top schools of public health in the nation, the Department holds both the responsibility and the opportunity to both be a world-class leader in changing the status of women and gender expansive people, mothers, children, birthing people, parents, and families, and be a leading influence in the field of public health. MCH must stand out as a beacon. Its size, name, and history allow it to develop into a model that other departments and universities can follow.

Unfortunately, the Department's assets do not yet include addressing the inequities that plague the field of MCH. An alumni letter with multiple signatories across faculty, alumni, students, and concerned community members, described both the historic and current lack of responsiveness of the Department to reported incidents of racism, bias, disrespect, and a curriculum that has not adapted to the population health challenges that modern day demands.

Below are relevant excerpts from the alumni letter, published online in August of 2021:

*It is unfathomable that graduates of a top Maternal and Child Health graduate program would receive MPH degrees without learning about the racist history of gynecology, obstetrics, and medicine. That we would sit in on lectures about “medical mistrust” in the “Black community” without hearing the names Georges Cuvier, Ephraim McDowell, John Peter Mettauer, James Marion Sims, or Henrietta Lacks. That professors can teach about food deserts without acknowledging the racist history of redlining. That lecturers can mention Structural Determinants of Health without once naming racism. Without first providing context, you cannot hope to build a stronger, more equitable public health system (Fleming, P.J., 2020)...*

*... You teach about public health disparities. What is the impact of showing slides of poorer health among Black people compared to White people without also teaching context? What happens when generations of public health leaders go out into the workforce believing that Black people are to blame for higher rates of maternal mortality, preterm birth, asthma, hypertension, COVID-19, etc.? Consider the harm we then inflict as birth workers, researchers, policymakers, funders, educators, when we carry such biases and beliefs. (Oza, 2022)*

The *Building and Sustaining Equity in Scholarship, Work life, Student Life, and Population Impacts* in the Department of Maternal and Child Health project was initiated in January 2022 to address the lack of progress toward equity in the Department of MCH. Fortunately, based on our interviews and survey results, every stakeholder group in the Department recognizes there are problems and wants the Department to change. Similarly, the Gillings School of Global Public Health (SPH) is on a developmental journey to achieve inclusive excellence (IE), solidifying a commitment to evolve into an equity-promoting organization and to support each Department’s related efforts.

Becoming an equity-promoting Department and School is a long and arduous journey; it requires as much of a scientific process as is needed to address any health issue. As such, a full understanding of the current challenges (where we are), a vision of what equity looks like (where we are heading), and a theory of change (how we get there) is needed. Additionally, it requires change management, communication, and resources to stimulate and facilitate change. Finally, it requires active monitoring to ensure efforts are coordinated and remain on track toward the

intended goal. No less than a *culture change* is required to become an equity-promoting organization — and that culture change must be supported by structural adjustments that reinforce the necessary transformation to what we call a *culture of equity*.

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## **A. Purpose of This Report**

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This report documents the current challenges faced by MCH, details a vision for what the Department would look like after it achieves its equity goals, and provides recommendations on how to build the structures that support a culture of equity.

In Part II, we address a major underlying challenge to our progress toward a culture of equity: the lack of a common understanding of the underlying causes and the problems created by inequities. Within the Department, there is no common understanding of who is affected by inequitable systems and how they are affected; there is no common vision for how to address the ways inequities show up. Additionally, there is no common understanding of what structures or processes we need to eliminate, and what we expect to build in their place. There is no common understanding of what equity means, nor who is responsible to achieve it. Finally, there is no common conceptualization of some key aspects of how equity transformation should occur in public health. To address this, we provide some didactic information to bring greater understanding and hopefully closer alignment in views, approaches, and goals within the Department, and across the SPH.

In Part III, we provide a clear goal that the Department can aim for; it was co-developed as a collective vision for a culture of equity by stakeholders in the Department. Without a clear vision of what equity integration should look like in MCH, it will be impossible to sustain an

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effort toward building it. This vision is a work in progress and we expect continued refinement over time, under the leadership of the MCH DEI Work Groups.

In Part IV, we provide comprehensive documentation and an examination of the challenges uncovered via interviews with current and former faculty, staff, students, alumni, MCH professionals in the field, and those affected by the work MCH professionals do. Transparently sharing the variety of challenges faced in the Department help stakeholders see commonalities and the systemic nature of the problems they experience as individuals. This is important because there is power in moving from personal action to *collective* action; collective action is essential if the Department hopes to become a world-class leader in equity. Finally this section makes recommendations for addressing some of the most pressing challenges; it also shares resources to learn more or to address the challenges at hand.

Part V contains a summary of short, medium, and long-term recommendations that the Department can initiate immediately.

A separate monitoring and evaluation (M&E) plan to support the short-term focus and longer-term actions toward building a culture of equity will be subsequently developed as a companion document.

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## **B. Contents of Report and How to Use It**

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Even though this document was produced by a team, all of whom have knowledge of and prior association with the Department, we remain “outsiders” in the sense that we do not navigate the day-to-day operations and contexts vis-à-vis the recommendations offered. This document is intended to generate empathy, particularly on behalf of those who feel victimized and silenced. It is intended to be a teaching tool that brings stakeholders closer to a common

*Building and Sustaining Equity in Scholarship, Work Life, Student Life, and Population Impacts* understanding of outcome, process, and strategy. Finally, it is intended to advise the Department on the right thing to do within the context of the stated challenges.

It is the responsibility of the individuals within the Department to develop a more specific action strategy and ensure these recommendations are adapted and implemented. It is important to understand what the needs and pain points are and what the right thing to do is *before compromises with the realities of university life take precedence*. Holding both realities in mind, with a goal of finding *both/and* solutions, will ensure MCH can transcend the status quo and allow creative implementation strategies to emerge.

This report contains a lot of information, and it is long. We do not expect anyone to read the entire document all at once, but we hope that eventually you will read it all. We recommend forming discussion groups to process each section. The conceptual discussions in Part I are critical to achieving a common understanding of equity and defining a process of getting there. The summary tables are crucial to understanding the range of issues experienced by each stakeholder group. The deeper dives in Part III provide more context to specific experiences and their connections to key MCH processes; these should help readers develop a sense of empathy for various stakeholder experiences and a sense of urgency to change underlying processes.

We all have a role to play in creating the ideal MCH Department. To get there, we expect those who wield power and voice in the Department to become stronger advocates who maintain pressure toward progress. We expect those who feel silenced and powerless to unite their voices and continue to push for partnership in decision-making processes. All should use this document as a historical record, as a vision for the future, and as a guide to moving into that future.

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## **C. Methods**

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This work involved a mixed-method approach of quantitative and qualitative data collection and analysis. We represented each stakeholder group's voice to saturation in the data pool so as to draw a broad and accurate picture of existing conditions. Stakeholders included students, alumni, staff, current and former faculty, and some people currently in the MCH workforce. Data collection involved over 70 person-hours of dialogue and included an estimated 50 unduplicated individuals. The numbers of unique participants are an estimate; in an effort to protect confidentiality, we did not collect names during group encounters or surveys.

In addition to interviews and dialogue with stakeholders, we reviewed documents provided by SPH and the MCH Department. Interviews were either recorded (with permission) or notes were taken. We transcribed recordings using Scribie©, then entered the documents into Dedoose©, a qualitative analysis software.

All text documents were qualitatively analyzed using grounded theory in Dedoose©. A codebook with code definitions was developed to ensure consistency across the two independent coders. Approximately 30 documents were actively coded, but many others were reviewed to provide context. 134 codes were identified with 1,293 code applications across all documents. We created themes that were central to the MCH experience; themes were also based on the most frequently mentioned items. Additionally, the team created overarching themes by identifying and aggregating related codes. Table 6, which can be found in Part IV of this document, lists the themes and the total counts of their application across each document. The five major themes include:

1. Accountability and decision-making

2. Power and voice
3. Departmental climate
4. Diversity in staff, faculty, and students: recruitment and retention
5. Curriculum and learning processes

We used GoogleForms© to anonymously gather stakeholder views about what a culture of equity should look like in the Department. We developed a sample vision statement and provided an opportunity for stakeholders to add, subtract, re-word, support, and reject components in the draft. Some stakeholders provided their input in group dialogue via Zoom; others preferred a more anonymous method via the survey. Approximately 58 people contributed to the culture of equity vision via survey or Zoom.

We rarely use direct quotes in this report to preserve the anonymity of stakeholders who shared sensitive experiences with us. Many quotes from participants were impactful in conveying the experiences that stakeholders want to change; however, we were faced with either watering down voices to preserve anonymity and therefore lessening the impact or creating an environment in which some respondents would feel unsafe expressing their true feelings and experiences by seeing their words verbatim in this report. To handle this, we did several things to anonymize. In cases where multiple people said the same thing in much the same way, we make it clear that the quote comes from multiple respondents. In cases where a quote captures a common experience in a succinct way, we did not use the direct quote; instead, we changed the words and attempted to preserve the context and impact of the words conveyed to us. In some cases, we combined several statements from respondents into one paraphrased quote; this blurred the speakers' identity while preserving the context. Finally, in cases where the quote did not convey sensitive information, we kept the verbatim statement. We hope that we successfully

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cultivated a sense of safety for all respondents while maintaining the impact contained in their words.

To develop recommendations, we drew on conversations with the SPH IE staff and interim director, faculty, MCH DEI Work Groups, SPH Academic Affairs personnel, as well as on our collective experience. To the extent possible, we made recommendations that aligned with the SPH IE strategy; however, there may be points of divergence where we developed recommendations based on our experience integrating equity into other organizations in the field or where recommendations were specific to MCH needs.

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Image Credit: SDI Productions from Getty Images Signature

## **II. CONCEPTUALIZATION: TOWARD A SHARED UNDERSTANDING OF MEANING**

A shared conceptualization of words, items, and ideas related to equity is critical for the Department to work collaboratively. Currently, we lack a common understanding of key concepts related to how equity transformation should take place in maternal and child health. To address this, we provide some didactic information to bring greater understanding and alignment in views, approaches, and goals both within the Department and across SPH. We correct underlying assumptions and provide basic knowledge about the roadmap to equity, bridging divides, and coordinating more cohesive, consistent, and effective action.

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### **A. What is Equity and Who Needs to Develop Capacity in It?**

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“Equity” is not solely an outcome, but also a process and ethos. As an outcome, the state of health equity occurs when outcomes can no longer be predicted by social descriptors or identity. As a process, equity is a commitment to action (the process of redistributing access, resources, and opportunity to be fair and just), a way of thinking (inclusive and person-centered), and a way of being (being free of bias, discrimination, and unfair differential outcomes, exposures, and experiences). **Inequity** results in unfair, differential distribution of material and non-material resources and/or differential access and opportunity. This, in turn, leads to differences in experiences and outcomes that are predictable by race, socioeconomic status, gender identity, native language, and other dimensions of identity. Therefore, equity requires attention on multiple levels; the *process* of achieving equity is as important as the outcomes sought.

## **B. Hierarchies of Human Value**

*This core belief is the myth that built America. Human value hierarchy fueled unfettered land confiscation from Native Americans and unprecedented human decimation and enslavement of Africans, all of which fueled a young country's rapid economic growth and emergence as a world power. As long as the foundational myth of unequal human value is allowed to fester consciously and unconsciously, the idea can, will and, indeed, is being manipulated for political gain and potentially authoritarian power.*

- *Dr. Gail Christopher, former senior adviser and vice president of the W.K. Kellogg Foundation and architect of the Truth, Racial Healing and Transformation framework and process being implemented in cities, universities and organizations across America. (Christopher, n.d.)*

Although most people in SPH and MCH would deny believing in a hierarchy of human value, this ethos permeates the Department in both implicit and explicit ways. Land confiscation from Indigenous people, as well as the kidnapping and enslavement of Africans, are the most obvious foundations of an American ethos that values some groups of people less than others. But the effects of these acts did not end with abolition or treaties; they have been codified into laws, beliefs, and processes that govern us today, ultimately defining how our leaders lead. The process of how leaders make decisions determines whether hierarchies of human value that lead to inequities are perpetuated or undone.

Equity, as a process, manifests through decisions. We all make hundreds of decisions that affect other people in any given week. Each decision is a nexus where equity can be promoted or inhibited. If the decision-maker implicitly believes in a hierarchy of value, their decisions will inevitably, consistently privilege some and harm others. If a leader believes in a zero-sum game – an ethos that often accompanies a meritocracy – they will consistently seek to privilege those who provide them the most value. If the leader only seeks, listens to, or acts on the perspectives

of a privileged few, rather than seeking to understand and empathize with all, the meritocracy plays itself out and is invisible to those who benefit.

In contrast, an equity ethos ensures leaders collect information on all sides and across all affected demographic groups to find a solution that comes closest to ensuring no one is systematically hurt, left out, or privileged by these decisions; there is no community objection when the decision-making process leads to no one being systematically hurt, left out, or privileged.

While racism is the most obvious manifestation of a hierarchy of human value based on race, the human tendency to close ranks, especially in environments with scarcity, can mean additional demographic groups become members of the “out group.” In the Department, BIPOC faculty, staff, and students express feelings of being at the bottom of the hierarchy. Additionally, staff report feelings of “invisibility” in the Department – like they do not matter as much as others. Junior faculty and non-tenure track faculty seem to be saddled with “*multiple executive responsibilities but peon power and support*” compared to tenured faculty; students report feeling that faculty prioritize grants above the responsibility of providing mentorship. Finally, reports of students feeling they are “voiceless servants,” “invisible nobodies,” or “pesky insects” are indicative of a culture that is steeped in hierarchies of value.

The belief in a hierarchy of value, whether intentional or not, can harm anyone. Equity will not be attained in the Department if the Department maintains such hierarchy. Trainings related to mindsets (antiracism, implicit bias, social justice, etc.) bring light to the existence of hierarchy belief systems, and the ways they harm some and privilege others. These trainings can teach people to examine their own behavior and decisions, identify where these beliefs are operating, and intentionally choose a path, behavior, or decision that always promotes, and never

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inhibits, equity. Additionally, both meaningful engagement with people who are most impacted by our decisions and equitable responsiveness can expand fields of vision and uproot a belief in hierarchy of value.

### **C. Equity Requires More than Being Non-Racist**

Racism is one of the greatest contributors to inequity. Racism has spawned ways of thinking, theories, practices, laws, and structures that enshrine it – the effects of these exist to this day. Exposure to the historical effects of racism and its structural vestiges is more insidious than exposure to interpersonal acts with an identifiable perpetrator. This makes racism more invisible to those not experiencing it and leaves those who do experience it second-guessing themselves, spending countless hours of mental energy unpacking why the racist act happened to them.

*You can think...of transformation...as a drawing new water out of your old well – by going deeper than you ever dipped before. The way to get your bucket deeper into the well is by taking on powerful questions, instead of jumping at attractive-looking answers.*  
(Lasley et al., 2015)

Meanwhile, the perpetrator may be unaware of an incident’s impact and deny being racist. One need not consider themselves racist to be a conduit for a structure built to perpetuate racialized disadvantages. Therefore, *anti-racism* is the opposite of racism (Kendi, 2020). This means actively undoing mindsets, actions, and structures that perpetuate disparate treatment, and continually working toward equality for all. Equality cannot exist until equity is achieved.

Other related mindsets create ethos and decision-making behaviors that run counter to equity, including: “White supremacy culture,” (Brown et al., 2016); “transactional versus transformative thinking” (*Transactional versus Transformative Change | Othering & Belonging*

*Building and Sustaining Equity in Scholarship, Work Life, Student Life, and Population Impacts* Institute, n.d.); implicit bias (*What Is Implicit Bias?*, 2019); belief in a hierarchy of human value (*Embedded 'Hierarchy of Human Value' Hinders Progress toward Equality, Social Change Advocate Says*, n.d.); and others. As such, anti-racism training is necessary but insufficient, unless it uproots the non-transformative thought and decision-making processes that frame research, teaching, mentorship, and service conducted in the Department. Expanding our field of vision and mindsets can open new avenues of research and intervention that would likely not be conceptualized under a more limited mindset.

An example of anti-racism principles, as developed at the University of Pittsburgh, can be found here: <https://www.diversity.pitt.edu/education/advancing-institutional-antiracism/antiracism-principle> (*Antiracism Principles*, 2021).

## **D. Equity Concentration vs. Equity Integration: Why New Paradigms are Needed**

*“Why do I need to update my course, isn't there already an equity concentration in the SPH? Won't we be making the whole department an equity- concentration?”*  
*(MCH survey respondent)*

This comment raises a very important point with respect to achieving equity or any other transformative change. Should there be specific courses, modules, and concentrations that provide students with learning related to equity or should equity be integrated into all courses? The answer is: both. Since we are still in a stage of developing scholarship around equity in public health, it is important that students have an opportunity to focus their full attention on methods, models, theories, populations, etc. However, equity is not a part-time effort that is done only by some people, in some cases, for some populations.

*Equity is a fundamental component of quality public health.* For a school of public health, equity describes a pedagogy that is relevant for all health issues and all populations – including

those who have been historically excluded. In fact, a focus on equity means ensuring that historically excluded populations do not continue to be marginalized and that scholarship to address their specific needs is appropriately developed. **Equity is a pillar of public health and pillars are not optional.**

We must acknowledge that it is difficult to change a course that has been taught for years. However, when we become aware of new scientific methods, theories, or knowledge that can improve health outcomes, we have a responsibility to learn and disseminate that knowledge to students. When there are gaps in the science, particularly pertaining to historically excluded populations, we have a responsibility to point them out and fill in those gaps alongside students.

Merriam-Webster defines a paradigm shift as: "an important change that happens when the usual way of thinking about or doing something is replaced by a new and different way" (*Paradigm Shift Definition & Meaning - Merriam-Webster*, n.d.). Upgrading courses and meeting demands of complex issues facing public health requires a paradigm shift. It also requires SPH and the Department to provide appropriate resources of time, money, and other forms of compensation. Paradigm shifts in public health are possible. The last generation has seen growth in scholarship on social determinants, anti-racism, community engagement, qualitative methods, and many other issues not previously part of the mainstream. Therefore, paradigm shifts can occur and be successful.

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**E. “How was I to Know?” What Consequences are Fair for Unintentional Acts of Oppression?**

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*“...I fear losing my job and ruining my career if I make any mistake unintentionally. Equity is an impossible standard that no one can meet...”*

*- MCH Survey Respondent*

Equity may be an elusive and seemingly unattainable goal. To reduce anxiety over failure, equity should be seen more as a vision for the future – a North Star. The process of attaining a culture of equity takes a transformative approach, which is more forgiving of error than a transactional approach (please see Table 4). Measurement of progress toward equity is based on improvement; perfection is not expected.

While a transformative approach uses “unintentional errors” as learning opportunities and triggers to examine and change the processes that facilitate them, the adverse effects of these unintentional acts cannot be ignored. Intentionality (or lack thereof) is irrelevant to the victim of an act deemed oppressive or exclusionary, as the harm accrues regardless. Intentionality may provide cover for the “perpetrator” but provides little protection or reparation for the victim. All of us have years of ingrained behaviors, like unintentional errors, that we need to unlearn and modify.

Yet, unintentional harmful acts and patterns should not go unaddressed. How do you address the act and the actor? Is it through accountability or blame and punishment? Blame is counterproductive, focuses on the past and on the actor only, and it leaves the harm done to the victim unaddressed. However, accountability involves an expectation of preventing harm in the first place; if something occurs, the actor acknowledges the harm, repairs the damage done, and creates permanent processes and structures to prevent it happening again. If the same problem or

type of problem reoccurs without being addressed, accountability was not taken, and a higher level of action must be triggered to address the *pattern* of failed accountability.

**Table 4. Transactional vs. Transformational**

	TRANSACTIONAL APPROACH	TRANSFORMATIONAL APPROACH
<b>Definition</b>	Issue-based efforts that help Individuals negotiate existing structures. These solutions transact with institutions to get a short-term gain for communities but leave the existing structures in place	Initiatives that cross multiple institutions that shift efforts towards proactive solutions. These solutions alter the ways institutions operate thereby shifting cultural values and political will to create equity
<b>Approach</b>	Routine solutions using skills and experience readily available.	Require changes in values, beliefs, roles, relationships, and approaches to work
<b>People responsible</b>	Often solved by an authority or expert	Solved by the people with the problem
<b>Changes required</b>	Require change in just one or a few places; often contained within organizational boundaries	Require change in numerous places; usually cross organizational boundaries
<b>Receptivity</b>	People are generally receptive to technical solutions	People try to avoid the work of “solving” the adaptive challenge
<b>Timeframe</b>	Can be implemented quickly – even by edict	“Solutions” can take a long time to implement and require experiments and new discoveries; they cannot be implemented by edict

Source:  
Human Impact Partners: HealthEquityGuide.org. ASTHO Health Equity Workshop Presentation, October 30, 2019, Arlington, VA.  
Content adapted from Ronald A. Heifetz & Donald L. Laurie, “The Work of Leadership,” Harvard Business Review, January-February 1997; and Ronald A. Heifetz and Marty Linsky, Leadership on the Line, Harvard Business School Press.

In a learning process like that which the Department is in, grace is required to maintain a climate of collegiality. But grace is a two-way street and it has limits. While the person who fails to be accountable may be in a learning process and they deserve time to understand the harm they caused and revisit their actions, grace is not a free pass. When there is a repeated pattern of behavior, it is understandable for victims to become impatient and seek remediation elsewhere. While it may feel like punishment, it is a natural protective reaction on the part of those who feel oppressed to seek remedy. Repeated exposure to socially toxic environments can also ignite

trauma responses with physiologic consequences, particularly among those who have experienced adverse childhood experiences, racism, or other traumatic events (*Adverse Childhood Experiences (ACEs)*, 2022). While we must provide grace for those who make mistakes, the victim requires more grace because they have been harmed. It is unfair and inequitable for some to constantly bear the burdens of others’ learning processes.

**Table 5. Culture of Blame vs. Accountability** (Timms, 2017)

	Culture of Blame	Culture of Accountability
Believes	<ul style="list-style-type: none"> <li>People are the problem</li> <li>Problems are headaches</li> <li>Admitting weaknesses is career limiting</li> </ul>	<ul style="list-style-type: none"> <li>People are problem solvers</li> <li>Problems are learning opportunities</li> <li>We are all still learning</li> </ul>
Focused on	<ul style="list-style-type: none"> <li>Who is wrong</li> <li>The individual</li> <li>Fault-finding</li> <li>The past</li> <li>Assigning punishment</li> </ul>	<ul style="list-style-type: none"> <li>What is wrong</li> <li>The process</li> <li>Fact-finding</li> <li>The future</li> <li>Improving future results</li> </ul>
Results in	<ul style="list-style-type: none"> <li>Making assumptions</li> <li>Hoarding decision-making authority</li> <li>Hiding problems</li> <li>Finger-pointing and CYA behaviour</li> <li>Distrust</li> <li>Turf wars</li> <li>Risk adverse</li> <li>Wait until told</li> <li>Lack of innovation</li> </ul>	<ul style="list-style-type: none"> <li>Considering alternatives</li> <li>Delegating decision-making authority</li> <li>Surfacing problems and solutions</li> <li>Learning from mistakes</li> <li>Trust</li> <li>Cross-functional cooperation</li> <li>Calculated risk taking</li> <li>Taking initiative</li> <li>Innovation</li> </ul>

*The only thing people learn from being blamed is to become better at hiding their mistakes.”*  
 - Michael Timms, *Creating a Culture of Accountability, Not Blame* (Timms, 2017)

**F. Words Matter: Language as a Reflection of Ethos**

The words we use are like mirrors that reflect the worldview in which we operate. We may not *mean* them to, but words convey subtleties that seep into our subconscious and affect how we perceive the world. For example, calling people “slaves” (as opposed to, enslaved human beings) carries with it the implied assumption that slavery is an inherent characteristic, that this is someone’s main identity and not something that was forced upon them through oppression. “Disabled” (as opposed to, person with a disability) implies that having a disability is a greater attribute than being human. “Inclusive/inclusion” (as opposed to, culture of equity) implies “*It belongs to me and I choose to let you in*” or “*It belongs to everyone, but I am in charge, and I choose to allow you to participate.*” Inclusion is an important step in the journey to equity, but it is a word that gives power to those at the top of a hierarchy. Inclusion is not a goal; inclusion is a pathway that leads to a greater ideal, such as equity. Unless the greater goal is clearly defined and inclusion leads to that greater goal, inclusion is merely a token act.

Most of us use terminology to describe others based on social learning. It becomes a habit difficult to break. If we are exposed to diverse populations and ways of thinking, we are more likely to adapt our language to our new learning. Additionally, for many people, it becomes more difficult to adapt to changes in language with age. Recently, some state workers (e.g., teachers) have been prohibited from using certain terminology or teaching certain theoretical frameworks. Prohibiting people from using words like “racism,” “Critical Race Theory (CRT),” “sexual orientation and gender identity,” and “equity” are examples of tools of oppression that limit scholarship and stifle attempts to achieve equity.

The responsibility of academia and MCH vis-à-vis language is to stay abreast of its evolution, set the tone for an organizational culture of adaptive learning, and to include the

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evolution of words as part of historical context. For a department with a considerable number of faculty in the Baby Boomer generation, it may be prudent for faculty to balance independent learning with listening to/learning from students. This bi-directional learning model creates a less hierarchical, more collaborative environment between faculty and students; this learning model is also more conducive to adaptive learning and a culture of equity.

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*Inclusive Excellence is the Association of American Colleges and Universities' (AAC&U) guiding principle for access, student success and high-quality learning. It is designed to help colleges and universities integrate diversity, equity, and educational quality efforts into their missions and institutional operations through:*

- *A focus on student intellectual and social development. Academically, it means offering the best possible course of study for the context in which the education is offered.*
- *A purposeful development and utilization of organizational resources to enhance student learning. Organizationally, it means establishing an environment that challenges each student to achieve academically at high levels and each member of the campus to contribute to learning and knowledge development.*
- *Attention to the cultural differences' learners bring to the educational experience and that enhance the enterprise. A welcoming community that engages all of its diversity in the service of student and organizational learning.*

*(Williams, Damon A., Joseph B. Berger, and Shederick A. McClendon. [Toward a Model of Inclusive Excellence and Change in Postsecondary Institutions](#). Washington, D.C. Association for American Colleges & Universities, 2005 (Williams et al., 2005))*

Inclusive Excellence (IE) means an organization has adopted means for the cohesive, coherent, and collaborative integration of diversity, inclusion, and equity into the organizational pursuit of excellence. At UNC-CH SPH, this is conceptualized as “building, supporting and sustaining a diverse, equitable and inclusive anti-racist community, well-prepared to address 21st-century health inequities” (*Inclusive Excellence Action Plan*, n.d.). Inclusive Excellence can

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be operationalized through six focal areas: training, curriculum, communications, advocacy, representation, and research.

### *Critique of Inclusive Excellence*

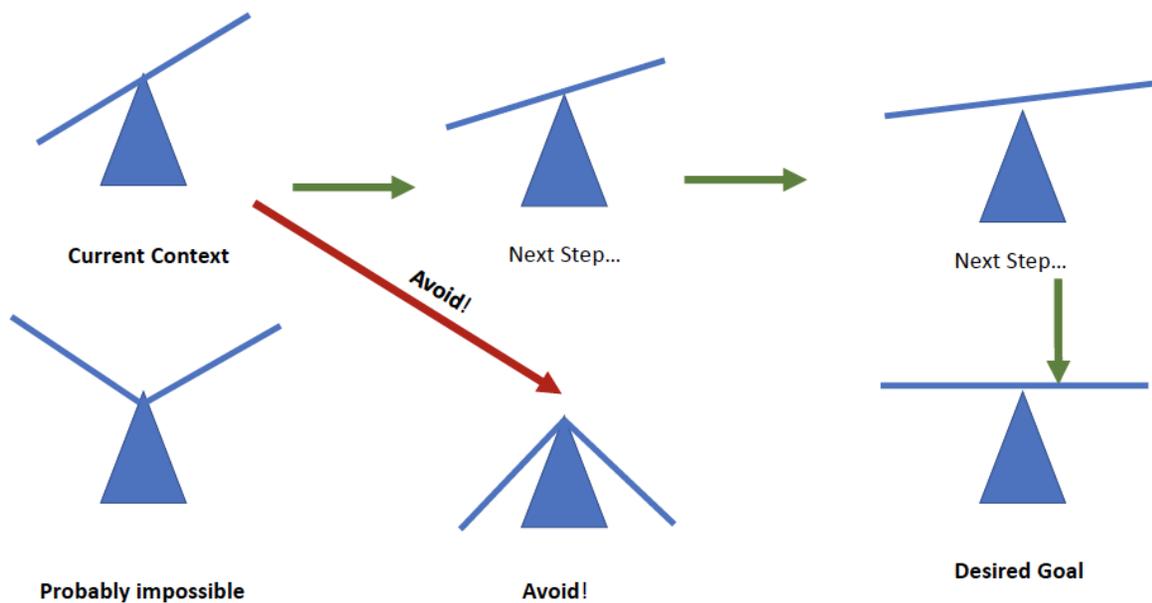
As a process, inclusion can be likened to a salad: the salad maker chooses which ingredients they want to include, and in what proportions. The choices may be based on personal preferences, what is easily available, adding elements to address a specific “lacking” item, or other well-intentioned reasons. Those on the receiving end of the salad can pick out the pieces they do not like. A culture of equity, on the other hand, is more akin to a puréed soup: one might start out with an aim for a particular taste, quality, or sensory outcome (culture of equity) and add the ingredients that will blend to achieve the taste. The individual ingredients give way to the collective and form something new. Inclusion into the concoction is based not just on numbers, but on achieving an alchemical change (*a process of transformation requiring transmutation of the component ingredients into something entirely distinct from the original component*) with each addition contributing to the outcome. In the end, the components become an integrated whole that cannot be subject to cherry-picking, exclusion, or differential treatment.

Inclusive Excellence leaves the door too far open, allowing performative activity (*performative action is more concerned with virtue signaling than collective action and justice*) to substitute for building a substantive and sustained culture. Early in the cultural competence movement, we were provided with a set of “rules” to follow. We may have checked boxes, but we ultimately missed the mark. The goal was not just to learn about other cultures and engage better with people, but to determine the most appropriate solution possible. In some cases, we learned a lot about other cultures and how to engage effectively, only to use the information to better manipulate others into doing what we defined as necessary (Short, 1989). In other cases,

the actions were performative and perfunctory to the extent that they either had no positive impact or actually caused harm.

Inclusive Excellence needs a holistic approach that considers what exists now and in the past, including the structures that produced the context. The current context is unbalanced: privilege for some and experiences of powerlessness and oppression for others (Figure 1). It is important to take special care that the process does not make things *worse* for (1) people currently at a disadvantage, and (2) everyone else. The desired goal is equity and balance. While we cannot achieve equity immediately, we need to choose actions carefully to ensure one group does not take on all of the burden.

**Figure 1. Finding the Right Formula for Moving Toward a Culture of Equity**



In sum, Inclusive Excellence needs to be implemented in ways that result in building a culture of equity. This means attention to the processes for IE are *as important* as the outcomes being sought. Checking off a completed list of actions that appear to align with IE goals communicates what has been “done,” but not what was “built.” It does not show how the

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Department has been permanently transformed toward a long-term path for equity. We believe a vision of a culture of equity is necessary alongside IE to ensure authentic transformation.

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Image Credit: PeopleImages from Getty Images Signature

### **III. MCH CULTURE OF EQUITY: SHARED VISION STATEMENT**

The Robert Wood Johnson Foundation introduced the concept of a “culture of health,” defined as “...*working together to define scalable solutions and taking targeted action in communities...*” (*Taking Action*, n.d.) to reach the end goal of ensuring all conditions, institutions, people, policies, and places in a community are working toward the same goal: always supporting and never inhibiting health for anyone in the population. We adapt this concept and use “culture of equity” to define a tangible purpose and end goal for equity processes, strategy, and activity, and to use it as a gold standard, or a best practice to measure against, to assess program efforts.

It will be impossible for MCH to define and implement a culture of equity strategy without first defining what a culture of equity would look like in the Department. A *vision* is a mental picture of what you want to achieve, making it easier to define a clear path toward building the vision. A vision is the equivalent to the architect’s sketch of a building before the engineer defines a process for how it will be built. A clear vision allows for better decisions and for the best use of serendipitous opportunities that may arise along the way. Further, a vision must be a collective enterprise. All stakeholders must buy into it and therefore must have a role in defining what it looks like for them. We engaged MCH stakeholders in the development of a vision for a culture of equity in February and March 2022. Our process for this is described in the Methods section of this report.

This vision is expected to become the structure that MCH seeks to build over time. It is not expected to be built immediately. Rather, it is widely understood among MCH stakeholders that such a vision will take many years to unfold. The vision statement will ensure any decisions made from this point forward can be made against the question: “*How does this decision*

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*promote or inhibit the unfolding of our collective vision?” Please see the resulting draft vision statement in the section below.*

*Collective Vision for MCH Culture of Equity*

**Students will:**

1. Graduate with a high level of equity capacity and ability to develop research, programs, policies, and practices framed through an equity lens
2. Develop the requisite mindset for transformative thinking and work
3. Have skills to conduct authentic engagement with people with lived experience (PWLE)
4. Identify and employ a conceptually valid equity frame in the conduct of all research, program planning, data interpretation, policy development, analysis, and evaluation
5. Understand the contexts of key MCH organizational structures to ensure they can build a culture of equity wherever they work. This includes educating leadership and people in power about their essential role in ensuring diversity, equity, inclusion, and justice (DEIJ) in the workplace
6. Feel they can freely and respectfully interact with a cohort that is diverse and that represents historically excluded populations
7. Understand the systems and history that has led to inequities in public health
8. Be able to identify root causes of inequities and contribute to efforts to dismantle the systems that perpetuate inequities
9. Uphold values of antiracism, inclusion, and respect in interactions with staff, other students, and faculty, ultimately creating an equitable work environment
10. Have skills to create an equitable work environment post-graduation

**Faculty and those in supervisory roles will:**

1. Actively seek a higher level of equity capacity through continuing education and training
2. Have the requisite mindset for transformative thinking, ideation, and development of health equity for a wider range of populations
3. Make use of equity-friendly tools and processes to conduct collaborative, people-centered, and equity-framed research, teaching, and service
4. Center the perspectives of people with lived experiences (PWLE)
5. Seek deeper understanding of root causes of inequities for a broader range of PWLE who have been historically excluded
6. Learn and adapt teaching to address needs of changing populations, lived experiences, and needs
7. Engage with other sector partners
8. Embrace supervisory roles and treat employees and students equitably and respectfully
9. Make themselves available; spend time with students and employees to build relationships
10. Have identified and know how to use a conceptually valid equity frame in all research, program planning, data interpretation, policy development, evaluation, and analysis
11. Promote a culture of equity in all aspects of faculty work
12. Develop scholarship for, and respond appropriately to, population equity needs at the community, state, national, and international arenas
13. Receive equitable compensation for their work
14. Maintain a reasonable quality of work-life integration

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15. Have the skills to facilitate conversations about equity in the classroom, as well as diffuse and address oppressive actions taken by students
16. Use the requisite mindset and tools for seeking feedback; commit to growth in areas related to equity through teaching, research, and student engagement
17. Commit to ongoing self-assessment and awareness; actively engage in learning to understand, detect, and address their own potential expression of bias, racism, colonialist culture, and other mindsets or actions that systematically marginalize any population
18. Be able to teach about equity in a meaningful way

**Staff will:**

1. Be seen as highly skilled staff representing historically excluded communities
2. Have a voice in designing and implementing Departmental policies and procedures
3. Be valued for both professional and lived experience during recruitment/hiring
4. Be compensated equitably
5. Be treated with respect and as an asset to the MCH Department
6. Have safe and easily accessible reporting processes for incidents of discrimination, disrespect, or inequitable treatment – without retaliation
7. Be actively engaged in ongoing self-assessments and learning to understand, detect, and address their own biases, racism, colonialist mindset, and other actions that systematically harm people from historically marginalized communities

**Department Chair will:**

1. Lead efforts to develop and achieve the long-term vision for a culture of equity

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2. Frame all decision-making through an equity lens
3. Commit to a process of active and adaptive transformation that includes shared power and shared decision-making with faculty, staff, and students
4. Ensure zero tolerance for retaliation (implicit, explicit, intentional, or unintentional) against any staff, faculty, or student who lodges a complaint or otherwise makes known inequitable, disrespectful treatment or differential impacts
5. Acknowledge and acts to repair the damage of historical inequities in the Department and makes explicit commitments to deep transformation
6. Ensure adequate numbers of BIPOC faculty are available to mentor BIPOC students
7. Implement an equitable system that creates transparency for faculty service expectations, tracks service activities, and ensures faculty and staff have reasonably balanced workloads throughout the Department
8. Commit to actively engage in ongoing self-assessments and learning to understand, detect, and address their own potential expression of bias, racism, colonialist culture, and other mindsets or actions that systematically marginalize any population
9. Have the skills and training necessary to effectively facilitate difficult conversations with students, faculty, and staff
10. Support supervisors (faculty and non-faculty) in their ability to supervise and hire staff using an equity framework
11. Demonstrate transparency with actions and decision-making
12. Ensure the Department is self-reflective and committed to internal equitable practices
13. Hire a permanent Vice Chair for Culture of Equity to ensure equity and inclusion are actualized

14. Work to ensure pay equity for all faculty and staff throughout the Department
15. Work toward becoming knowledgeable of priority local, state, national, and international population needs for historically excluded populations and ensure responsiveness in MCH curriculum, faculty, and fellow hiring, and in mission and priority setting

**Environmental culture:**

1. Is set up with tools and resources to support and reward collaborative work for faculty and students
2. Encourages study of community-defined priority public health needs, domestically and globally
3. Communicates an expectation that all staff, faculty, students, fellows, interns, and others will engage in self-assessment and training to develop new mindsets, skills, behaviors, and practices that promote respectful and equitable interpersonal interactions
4. Has safe processes to report racism, untoward actions, microaggressions, and inaction in the face of need, without any fear of reprisal (implicit, explicit, intentional or unintentional)
5. Has a process to ensure appropriate resolution of reports of racism, untoward actions, microaggressions, and inaction in the face of need
6. Is characterized by shared power among faculty, staff, students, and Chair for collective decision-making toward developing a holistic culture of equity
7. Is supportive, non-retaliatory, and encourages collaborative learning

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8. Maintains a physical environment and culture that includes artwork reflective of a diverse range of historically excluded populations, through images that are not offensive, and that were taken with permission from the subjects
9. Maintains a physical environment and culture that prioritizes accessibility in compliance with the Americans with Disabilities Act (ADA) at a minimum, anticipates challenges for recruited faculty, staff, or students living with disabilities, and proactively provides support
10. Strives to use and model inclusive language; stays abreast of changing language

**Curriculum and coursework:**

1. Is framed in equity, made relevant to historically excluded populations, and addresses some aspect of learning on knowledge, mindsets, tools, processes, skills, and experience to conduct transformative, intersectional equity work
2. Includes ongoing, structured equity training that complements the curriculum (e.g., RaceForward or Racial Equity Institute)
3. Includes access to self-assessment tools and training to develop new mindsets, skills, behaviors, and practices that promote respectful and equitable interpersonal interactions
4. Acknowledges the role White supremacy culture has played and continues to play in the field of public health; identifies root causes and systemic change that can be made in the field to promote health equity
5. Is centered in reproductive justice; reflects a full range of reproductive experiences, including abortion, fertility, gender-affirming reproductive care, and more

6. Is assessed periodically and revised accordingly to reflect the changing landscape of the priority public health needs of historically excluded populations

**Practice, service, and responsiveness to public:**

1. Faculty and students use tools, processes, skills, and experiences to conduct authentic, collaborative engagement with people with lived experience.
2. MCH graduates are provided with learning and experiences that prepare them to develop programs and practices framed in equity.
3. Faculty make use of available resources to learn and adapt teaching to address the needs of changing populations, priority health issues, and lived experiences.
4. Faculty develop scholarship that responds appropriately to priority population equity needs at the community, state, national, and international arenas.

**Graduate Research Assistantships, practicum support, mentorship:**

1. Strong mentoring is available to BIPOC students.
2. Students experience an equitable process for identifying and attaining practicum and Graduate Research Assistantships.
3. A roster of paid internship options for students with financial hardships is developed.
4. English as a second language (ESL), writing, and other support is provided for international students and others in need.
5. A structure is developed to create appropriate matches between students and advisors.

**Partners, networks, collaborations, alumni:**

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1. Students acquire tools, processes, skills, and experiences to conduct transformative engagement with partners in other sectors to achieve collective impact.
2. The Department uses tools, processes, skills, and experience to conduct transformative engagement with people with lived experience.
3. The Department collects annual anonymous “360-degree” feedback about the Department from alumni, partners, and members of the DEI Work Groups with steps to address cited limitations.

### *Stakeholder Comments on Emerging Vision for Culture of Equity*

Some representative stakeholder comments on the emerging vision are listed here:

***We cannot expect students to address health inequities without a vision for the Department. It has to be core to who we are and what we are committed to doing.***

*I believe that this vision will significantly improve the learning experience for students, thus increasing their capacity to learn and be present. Additionally, equity should be at the core of all programming in our public health careers. **Seeing equity in practice at Gillings will help us to understand how to do this in our careers.***

*The Department staff and faculty as a whole seem to be at different points on their own journey of understanding. This is hard work and it never ends. Those that truly believe this is essential for progress are doing the work every single day. While others might not be fully committed and only engage when required. Training does not mean action and intention does not equal impact. **I think we can get there but probably not as fast as we would like to...**those who choose to stay in the Department need to understand there is no endpoint. **This is a continuous, lifelong process.***

***It is absolutely possible.*** Many departments at UNC and the professional schools have undertaken similar changes and it has certainly been for the better.

*An emphasis on applied/evidenced-based practice needs to be more prominent at all levels.*

*To help us find a path forward, I think it would be helpful to define concrete ways to operationalize these and ways to measure our progress.*

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*If the Dean and the Chair set the priority, then it will happen at the department and school levels.*

***There are grounds for optimism**, particularly if this department-level initiative can partner with and leverage existing initiatives at the SPH and university-level, and if valued incentives (salary; promotion criteria) are included.*

*I think **these issues are so very complex** that we will find many unintended consequences, which might not contribute to a healthier culture.*

*These standards feel fraught with punishment when **I would hope that standards would create a path toward enlightenment**. I fear that these standards could inadvertently lead to a culture where people are actually afraid to have honest discussions or to engage in deep learning because of the implicit punishments expressed within.*

While most stakeholders reacted favorably to the emerging consensus vision, comments include dissenting opinions and additional suggestions for improving the vision statement. As such, this vision should be seen as a work in progress requiring continued dialogue.

*Resource: Visioning*

⇒ [What is Vision and Why is Having a Vision Important?](#) (University of the People)

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and Population Impacts*



*Image Credit: SeventyFour from Getty Images*

## **IV. RESULTS: PROBLEM ANALYSIS**

The Department of Maternal and Child Health has many positive attributes and these should not get lost in a discussion about how to improve it. Some of the greatest assets may be the staff, students, and alumni who are so dedicated and connected to the Department that they put considerable effort and time into organizing, discussing, and putting forward a set of recommendations to address the challenges they faced and that future students will face as well. It is because of these assets that the Department is worth the effort to improve – so that it can be the best it can be. Although this report focuses on challenges, the Department has a foundation of assets to build this critical work on. This section addresses the five major domains where the most challenges were reported: accountability and decision-making, power and voice, Departmental climate, curriculum and learning processes, and diversity, recruitment, and retention.

**Table 6. Most Frequent Issues Reported in MCH Department**

	Theme	Frequency of Citation
1	Curriculum/Teaching: Responsiveness to Historically Excluded Populations, including Sexual Orientation and Gender Identity	70
2	Accountability and Decision-making	88
3	Climate	54
4	Equity Conceptualization	43
6	Diversity; Student and Faculty Recruitment	52
6	Power and Voice	34
7	Connections and Partnerships	21

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## **A. Accountability and Decision-Making**

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Harm prevention is a crucial component of accountability. As such, forethought, planning, and vision are required. If and when a problem arises, accountability requires both acknowledging harm and the victim experiencing it, and conducting an examination of the system or processes that allowed it to occur. This examination may reveal a needed system or process does not exist. Ultimately, accountability requires repairing the damage done to the victims and creating permanent processes and structures to prevent it happening again.

Within an organization, decision-making can either result in the perpetuation of inequities or the promotion of equity. Given the numerous decisions made in the Department on a weekly basis, the aggregate effect of how the Department makes decisions is substantial. At every decision-making point lies a crossroad where one can either choose an equitable response or one that perpetuates inequities.

While there are many frameworks for what constitutes an effective decision-making process, most need modifications for dealing with the complexity of achieving a culture of equity. For example, most frameworks cite the first step as “identifying the problem.” In a complex world, no problem exists in isolation and thus identifying the problem must include understanding the context in which it sits, and the history and processes which created it. Addressing problems in isolation from context can create imbalance in the system. It often results in treating systemic problems as discreet, unique, and unrelated events.

The second step usually recommended is “gather information and weigh the evidence.” In a complex system with diverse and underrepresented perspectives, it’s important to ensure

stakeholder perspectives are appropriately represented in the data collection process. Without this, we only process data relevant to the interests of those who hold most power.

The third step often cited is “choose among the alternatives.” Under this model, consideration of the existing environment and its limiting conditions often takes precedence over defining *the right thing to do*. Thus, we focus on creating compromises, based on aforementioned limitations, before fully understanding what the right thing to do is. To combat this inclination, we should instead seek to define a “universal design approach.” Our central question becomes, “How can we respond in ways that meet the needs of those who are most disadvantaged or harmed, while also ensuring no harm to all others?”

Universal design is based on an architectural concept of building structures with ramps, curb cuts, and other features to ensure that those who are most physically disabled have equitable access, while at the same time not disadvantaging access for anyone else (*Design for Everybody*, n.d.). While we tend to be good at defining boundary conditions, we do not spend much energy on defining alternative and innovative solutions to address them. Instead, we tend to allow them to stifle progress. A necessary culture change that MCH needs to achieve in its quest for a culture of equity, is to apply design thinking/universal design principles. Creativity, multiple perspectives, and out-of-the-box thinking are required for this adaptation in the decision-making process. Decision-making does not end with a design solution though; it requires an implementation strategy as well. This may include defining an acceptable way forward and clearing the path to make it happen.

*Detailed Analysis of MCH*

Challenges to accountability and decision-making cited in the Department center on: (1) decision-making bottlenecks, (2) predominate and ineffective types of delegation strategies, and (3) inaction in the face of need. Each challenge is detailed below.

*Decision-making bottlenecks*

Overall, the decision-making processes used in the Department are antiquated and ill-suited to address the complexity of the problems it faces; these processes are for the most part undocumented. A major overhaul to these processes is critical to building a culture of equity. As highlighted previously, attention to an equity *process* can lead to equitable *outcomes*.

In addition to the overall process of how decisions are made, there is considerable ambiguity about who has the responsibility and power to make decisions. This ambiguity creates bottlenecks, which halt any forward movement in defining or implementing solutions. For example, the MCH IE committees hesitate to work on components of the SPH IE strategy within the Department if there is even a *whisper* of an expectation that the School will define a process that MCH will be required to follow; MCH IE committees want to avoid duplicate efforts. This expectation of a School-wide mandated approach has been inconsistently communicated by the Dean's office and the SPH IE. In fact, our understanding is that the SPH IE sees many paths that may lead to the desired IE outcomes. SPH will only have a compendium of best practices to share with other departments if departments respond appropriately to the goals of SPH IE strategy by piloting alternative approaches.

Even when the Department does invest in solution development, bottlenecks can prevent solutions from being translated into action. The MCH DEI Work Groups have invested hours of volunteer time, completed considerable research and planning, and developed recommendations

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- only to see them neither discussed nor given a green light in faculty meetings. When a decision of the Work Group is agreed upon, it is often assigned to a responsible party with resources to implement. However, the power and authority the MCH DEI Work Groups have to enact their developed recommendations is unclear. Additionally, these work groups have received limited, if any, administrative resources. This lack of clarity about the role of MCH DEI Work Groups' and their minimal resources is interpreted by the rest of the Department's stakeholders as "performative action that is being used to appease alumni and the Dean's office." These stakeholders believe MCH DEI Work Groups do not exist to achieve real transformation.

Instead of resourcing internal stakeholders/experts, SPH hired external consultants to address bottlenecks and to develop an IE strategy for the Department. There are both pros and cons to this decision. For example, MCH stakeholders may expect outside consultants to "save" the Department, resolve all its problems, and design necessary solutions. Additionally, there is sentiment that the responsibility for change can be relinquished to consultants, since the faculty, staff, and students have limited bandwidth. Finally, DEI workgroups have experienced delayed action, as they wait to ensure alignment with consultant recommendations.

Consultants can infuse knowledge and structure to bolster internal processes, do some heavy lifting to spark development of new systems, stimulate thinking about out-of-the box solutions, and, most importantly, bring to light problems stakeholders feel powerless or unsafe communicating. What a consultant cannot do is conduct the long-term internal departmental work necessary to build a culture of equity. Consultants can objectively define "the right thing to do," but the Department and SPH is responsible for resourcing and implementing strategy, and finding creative solutions to the boundary conditions that have stifled progress for years. As

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such, external consultants *can* accelerate progress, but should not be used for performative commitment to progress.

*Ineffective delegation strategies*

Another challenge to the decision-making process is delegation. The Department has an abundance of *need* and a dearth of person-power. In conjunction, there is not enough delegation of decision-making. For example, the MCH DEI Work Groups assume they need final decisions by the Chair to move forward. The Chair has not ceded power to the Work Groups to make and implement decisions.

It is difficult for a Chair to adequately develop a vision, make plans for the Department, manage day-to-day operations, maintain an academic portfolio, perform service duties to the University and alumni, and take on the full responsibility to transform the Department to a culture of equity. The Chair needs support. Therefore, they should delegate responsibility to someone with the power and investment to make change. This delegated role can neither be performed on a voluntary basis nor as fulfillment of a service requirement; it must be a full-time, dedicated position focused entirely on this task, so the culture of equity transformation receives the attention and support necessary to do this work.

In cases where the Chair has delegated responsibilities, it has been at times where they are under duress and when someone/anyone must be appointed to do some of the fundamental administrative services in the Department. Respondents/interviewees reported the Chair has delegated large responsibilities, driving faculty who are already overburdened to a breaking point. At times, major Departmental responsibilities were delegated to junior faculty, which may be inappropriate given their rank and experience.

*Inaction in the face of need*

Numerous stakeholders described inaction in the face of need. The inaction seems to be due to a lack of a clear and consistent processes, transparency to stakeholders of what the process is, knowledge to make important decisions, and Departmental expectations.

Inadequate or ineffective decisions have been reported and seem to result from:

- Unclear vision of the end goal
- Making decisions reactively, instead of proactively
- Lack of alignment across multiple Departmental interests
- Inadequate communication and lack of effective stakeholder involvement
- No existing structure of facilitation to support decision making and action steps in DEI co-leads meetings or faculty meetings

*Recommendations*

1. Commit to developing, implementing, and learning from Department-specific Inclusive Excellence solutions aligned with SPH goals.
2. Use Departmental experience to inform SPH-wide best practices rather than waiting for SPH to define processes.
3. Learn and practice adaptive decision-making processes that incorporate, at minimum, stakeholder engagement and universal design.
4. Hire a Vice Chair with power and resources to manage the design, implementation, change management, monitoring, and evaluation of DEI/IE strategies. The Vice Chair can be accountable to the Department stakeholders, the Chair, and to the SPH IE Associate Dean.

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5. Assess emergent problems as part of a systemic challenge, instead of problem-solving; focus attention on visioning and developing a forward-thinking, holistic, long-term survival, and sustainability plan for a thriving Department, guided by a culture of equity.
6. Develop, adopt, and monitor indicators of progress toward developing a long-term vision; clearly communicate transparent plans and progress (or lack thereof) to all MCH stakeholders.
7. Openly acknowledge past problems and harms, some of which predate the current administration, and some of which emerged from it.
8. Commit to repairing the damage of past harms to rebuild trust with stakeholders.
9. Make an open commitment to building a culture of equity; communicate the planned process to stakeholders.
10. Address systems change proactively, before problems emerge or reemerge.
11. Adopt a dashboard to monitor (weighted) service commitments of faculty; ensure equitable distribution with distribution formulas based on rank, research, teaching, and mentoring loads.
12. Develop a transparent process for the MCH DEI Work Groups, from development to implementation.
13. Expand and make transparent the various compensation options for multiple levels of equity development work.

*Resources: Accountability & Decision-Making*

- ⇒ [What is Design Thinking?](#) (Interaction Design Foundation)
- ⇒ [Design Thinking](#) (IDEO U)

- ⇒ [Why Design Thinking Works](#) (Harvard Business Review)
- ⇒ [What is Human-Centered Design?](#) (DC Design)
- ⇒ [Human-Centered Design vs. Design-Thinking: How They're Different and How to Use Them Together to Create Lasting Change](#) (Moving Worlds)
- ⇒ [Successful Delegation: Using the Power of Other People's Help](#) (Mind Tools)
- ⇒ [Becoming Someone New: Essays on Transformative Experience, Choice, and Change](#) (Oxford University Press)
- ⇒ [Transformative Choice and “Big Decisions”](#) (OUP Blog)

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## **B. Power and Voice**

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If we cannot attain equity and justice within the Department, there is little chance of moving the needle toward health equity in the field of MCH. Without an internal guiding structure that always promotes, and never inhibits, movement towards greater equity, students will be shortchanged in their public health learning experience and therefore be less prepared to promote equity in the field. Additionally, the Departmental climate will continue to suffer, impacting future recruitment and retention of students, staff, and faculty. Alumni will (and already have) stop financially supporting the Department. The necessary internal guiding structure is predicated on the democratic ideal that people should have a say in decisions that affect their lives. Power dynamics and leadership styles (of Department and committee chairs, supervisors, etc.) are high-level structures that govern existing Departmental culture and determine whose voices are included in decision-making.

Engagement is *the collaboration between groups of people to achieve a shared vision or goal*. This is typically operationalized in public health practice as “giving stakeholders a seat at

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the decision-making table.” By engaging with all stakeholders, solutions are better developed and the information attained is more robust. This results in an increased ability to attain universal solutions to problems with holistic and sustained impacts. Engaging people from diverse backgrounds and experiences in decision-making processes has a positive effect on everyone’s well-being and health (Shakesprere et al., 2021).

A culture of equity is highly reliant on transformational mindsets and puts emphasis on the value of collective benefit; autocracy relies heavily on transactions and providing benefit to a privileged few. Good engagement therefore requires responding appropriately to community needs, as well as creating a power dynamic that includes shared power. Power-sharing is often the most difficult barrier in achieving a culture of equity. Good engagement also requires more time and nontraditional resource distribution. Additionally, good engagement means being led by, or involving, those directly impacted by the issue from the design phase.

There are consequences to excluding the stakeholders most affected by policies and procedures in the decision-making process. Additionally, simply creating a “seat at the table” is an insufficient way to engage stakeholders. **The goal of engagement is to ensure that the partners brought to the proverbial table are prepared to represent the cross section of needs of people in their affinity group, and that they can express these opinions freely, without fear, and with an expectation that the needs they express will be addressed in the development of solutions.** Centering the voices of those directly impacted in decision-making leads to better outcomes for all.

### *Maternal and Child Health Context*

On a national level, we see the adverse effects of systematic disenfranchisement on populations.

*Generations of policies and practices—such as breached treaties, voter suppression, erosion of workers’ right to organize, and mass criminalization—have excluded vulnerable people from decision-making, resulting in government systems that don’t meet the needs of the people they purport to serve. This is not only a moral concern, but also a social, cultural, and economic liability. When entire populations are unable to fully participate in society, the enormous loss of potential affects the whole nation.*

*– PolicyLink , 2020 Protect and Expand Community Voice and Power (Protect and Expand Community Voice and Power / PolicyLink, n.d.)*

In the Department, the analogous disenfranchisement is operationalized through a long history and culture of:

1. Hierarchical structures of power
2. Lack of advocacy at the higher levels of power (leadership, senior faculty)
3. Lack of numbers and/or time for effective organizing among those who feel they have little power
4. Voting as a decision-making process within a non-representative structure (vs. universal design)
5. Lack of safe structures for dialogue or for reporting problems
6. Lack of, or poor, communication
7. Faculty and leadership lacking the skills to facilitate or participate in difficult conversations
8. Not seeking, listening, hearing, and acting on opinions

Each of the above concerns is discussed further below.

#### *Hierarchical structures of power*

In the Department, there are at least three identifiable points of power: position of the Chair, money, and tenure. The Chair is responsible for ensuring the administrative, working, and

learning environment of the Department supports the mission. Additionally, the Chair ensures the environment is responsive to stakeholder needs. At UNC-CH, Department chair appointments are considered an administrative rank, secondary to the chair's faculty rank (*Working Titles*, n.d.). Almost half of the Chair's responsibilities are administrative. The UNC-Gillings governance webpage states:

*As leaders of and advocates for their departments, Chairs bring a unique set of perspectives and concerns to the dean's council. By definition, each department chair:*

- *Provides vision and leadership for departmental research, service and academic programs*
- *Manages departmental administrative functions*
- *Leads departmental faculty and staff*
- *Facilitates funding from a variety of sources*
- *Oversees research, grants and centers*
- *Connects to alumni and donors*
- *Promotes and nurtures diversity and inclusion*
- *Provides leadership for all student functions*

*(Dean's Council at the Gillings School, n.d.)*

The considerable range of responsibilities makes it almost impossible for the Chair to be successful without a collective effort from all stakeholders. The Chair must also have appropriate administrative support for success. According to the UNC-Gillings' governance description, the major function of a Chair is to create the conditions (1) for the Department to be healthy and (2) for the stakeholders to thrive. This would be impossible without the voice and partnership of the Department's stakeholders.

*It's just not a safe space. People feel uncomfortable. I don't think anyone feels comfortable going to a mentor or supervisor or someone in power to tell them about how they were being disrespectful or racist or insensitive to others of different backgrounds, it's just not comfortable or even safe, and I don't think that it should be the responsibility of the powerless to do that anyway.*

*– MCH Survey Respondent*

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After the Chair, center directors who bring in a lot of money have the most power. Often, Centers function as fiefdoms within the Department. Additionally, the considerable responsibilities of managing a Center allow center directors to distance themselves from the collective when necessary. Importantly, most stakeholders are loath to antagonize faculty who bring in high dollars.

Next in the hierarchy are faculty who bring in high-dollar grants, which provide substantial facilities and administrative costs to the Department. Tenure and seniority also afford faculty the ability to dictate their engagement within the Department. Low on the hierarchy are junior faculty, regardless of whether they bring in money. Junior faculty and staff experience an expectation of being a team player: *“if you do not do as asked or if you criticize, you will experience consequences.”*

*“Faculty are basically rated on how much money they bring into the department. Bringing money in buys POWER, power of self-determination, and no one is going to antagonize those with money...Paying attention to the disrespectful treatment of staff is not a priority...”*

*– MCH Survey Respondent.*

Faculty who are low on the Departmental hierarchy fear often retribution, such as not being granted promotion or tenure. Staff fear negative comments on their staff evaluations, which could affect their careers, health, and earning power. Students fear losing the support of the mentors they need.

*“It’s probably best for you not to challenge the people who will be making decisions that can so deeply affect your livelihood.”*

*– MCH Survey Respondent*

*Lack of advocacy at the higher levels of power (leadership, senior faculty)*

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In a transition from a hierarchical system to being more equitable, there is an expectation that those who hold power will wield it for the benefit of the collective. We received reports that senior faculty in the Department do not collectively use their power to drive solutions toward equity and justice. This example showcases the limitations of “inclusion.” Inclusion is a choice that relies on the good graces of those in power, as opposed to being a structured part of culture that all stakeholders, whose lives are intricately tied to the organization, have agreed upon.

Based on interviews and collected survey responses, we found that a subset of faculty members contribute numerous volunteer hours to ensuring equity is integrated into their behavior, research, and teaching; they also promote an anti-racist culture and a culture of equity in the Department. A few of the other faculty members appear to have a moderate commitment to equity, and they use their available resources to increase the equity capacity of their teams. These contributions could have a positive downstream impact on the Department. However, developing a culture of equity requires a team effort and must include *all* stakeholders; it cannot be achieved by only a few champions. Many stakeholders shared responses similar to this one:

*“... It's a split, you have faculty that care a lot, and then then you have those that just don't care at all, so I guess I also struggle to see how do we bring them all together because it's not fair for some faculty to feel very invested in these issues, but they're only one person, it takes a group, they cannot just solve all the issues on their own, so you can't just rely on champions. It's gotta be a group effort.”*

*Lack of numbers and/or time for effective organizing among those who feel they have little power*

Those in the Department who feel disenfranchised or oppressed may perceive their numbers as too small to matter. A sense of futility overrides their desire to use their voice to incite change. Many experience problems but only a few report them.

Yet, the faculty, alumni, students, and staff who either recognize or feel a need for transformative change far outnumber those who prefer to maintain the status quo. Given this, the fact that the status quo still remains essentially unchanged is an indicator of the imbalance of power that exists.

*“... There is only one person of color on any of the DEI Committees. No other (BIPOC) staff volunteered because they think it is all about the students and not for staff.”*

*– MCH Survey Respondent*

*Voting as a decision-making process within a non-representative structure (vs. universal design)*

When epidemiologists collect data in a population where subgroups are underrepresented, data are weighted to approximate true representation. It is therefore understandable that democratic voting (one-person, one vote) is ineffective within a department that is not diverse and that lacks equitable representation in decision-making circles. As such, minority interest in pushing toward structural solutions to achieve equity and addressing racism can be overridden. Decisions can be made by a majority who do not have the same level of understanding of how equity is achieved and how inequity is perpetuated.

For example, we sought to understand how the recommendations developed by the MCH DEI Work Groups would be processed. We found there was no transparent process; it was assumed by the subcommittees that the recommendations would go to the full faculty for a vote and then to the Chair to make a final decision. Unfortunately, very little time is allotted in faculty meetings for the work groups to discuss findings and to teach the rest of the faculty what they learned; faculty are asked to vote on strategies they know little about. The Department needs a different process that involves co-learning and a power structure that elevates those who are investing their time to research and develop strategies.

*Lack of safe structures for dialogue or for reporting problems.*

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Voices are heard and opinions are expressed when people feel safe to do so. In the Department, stakeholders do not feel safe because they fear retribution. Stakeholders are also apathetic, based on a history of promises with no action.

*“...there was a survey which allowed staff to report problems. This survey was instituted and conducted at least twice already. Many staff did not fill out the second time because they noted that nothing changed after the first one.”*

*– MCH Survey Respondent*

Multiple faculty, students and staff report feeling upset at the way the Department handled the response to the alumni letter, and the response itself. As one respondent said:

*“When the alumni first wrote to the department in Sept 2020, and the matter was discussed in a faculty meeting, some faculty were taken aback because (the question was raised) whether anyone knew of any incidents of racism in the department. The implication was that the person had never heard of any incidences and was completely unaware.”*

*Lack of (or poor) communication.*

Power is also expressed in the Department via information. Those with access to information have power over those who do not, and the stakeholders who tend to lack access to information appear to be BIPOC students. BIPOC students report differential access to information about internships, teaching assistantships, jobs, data needed for research projects, and other opportunities. Faculty report a lack of mentorship in navigating the appointment, promotion, and tenure (APT) process. Staff report not being consulted on APT decisions, even though they have considerable insight on the faculty under review. Finally, it was reported that the student handbook, which provided a basic level of information, is no longer emphasized as a resource to students.

*Faculty and leadership lack skill to facilitate or participate in difficult conversations*

Critical dialogue, or *the collective meaning created by through conversations of individuals*, is necessary to understanding all aspects of a problem, particularly in situations where opinions will be diverse. Being comfortable with diverse opinions, maintaining constructive dialogue through conflicting points of view, active listening, and managing complex topics are skills required to discuss issues that cause debate nationally.

Both students and faculty report they do not have the skills outlined above and need to develop them. For example, BIPOC students have been followed and accosted by White students with angry tirades (in and out of class), which has gone unaddressed by faculty advisors who do not know how to handle these situations. One student was reportedly told by the instructor that *if the student felt unsafe, they would not be penalized for not coming physically to class*. **People who are victimized by others should not bear the responsibility of remediating the situation.** Furthermore, a solution of voluntary exclusion is unacceptable. Overall, a higher-level of action was needed for resolution; multiple reports confirmed that no meaningful action addressed this case.

*Opinions not sought/not listening/not hearing/not acting.*

We identified numerous accounts of situations where faculty, staff, or students were not consulted on an issue of importance to them (e.g., alumni letter response, APT discussions) or, alternatively, opinions were sought but not heard (e.g., staff surveys). In sum, leaders are not skilled in active listening, resolving disagreements, and universal design; the quality of the decision-making processes lack safety for expressing opinions or reporting problems. The consequences of these lead to:

1. Retrenchment of staff, students, and faculty from participation
2. Feelings of futility

3. Powerless DEI Work Groups
4. Collateral consequences such as: recruitment, retention, climate, and accountability

Unequal power is a cancer that undermines morale, and ultimately results in damage to the entire Department and possibly the reputations of leadership. It “creates stress and anxiety among colleagues, diminishes rigor and creativity in the group and drags down team members’ engagement and performance” (Keltner, 2016).

### *Recommendations*

To address the cited challenges, the Department needs to:

1. Flatten academic hierarchy by:
  - a. Developing transparent structures for decision-making
  - b. Designing and documenting clear accountability structures
  - c. Shifting decision making power to those working on equity improvement
  - d. Providing appropriate resources for MCH DEI Work Groups
2. Improve communication by structuring faculty meetings to ensure there is dialogue about important equity issues
3. Systematically monitor the Departmental vision; make collaborative revisions as needed over time
4. Make the climate safer for everyone by:
  - a. Developing a safe reporting and ombuds process
  - b. Acknowledging and repairing past damage
  - c. Paying attention to collateral consequences of decisions on subpopulations in the Department
5. Pursue training in:

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- a. Universal design
- b. Critical and difficult conversations
- c. Adaptive leadership
- d. Effective meeting facilitation

Additionally, we recommend the following structural changes:

1. Decrease the Chair's academic responsibilities and increase their administrative effort.
2. Examine access and use of information channels to determine the best approaches to ensure equity.
3. Reconstitute faculty and student handbooks to equalize access to essential information.
4. Develop procedures to enhance stakeholder engagement in decision-making.
  - Create and use a service dashboard as an objective measure of service for APT to minimize imbalance in workloads.
  - Appoint a Vice Chair for Culture of Equity to centralize decision-making on equity issues.

*Resources: Engagement*

- ⇒ [Community Engagement?](#) (PopuliHub)
- ⇒ [Can your employees really speak freely?](#) (Harvard Business Review)
- ⇒ [Don't let power corrupt you](#) (Harvard Business Review)

*Resources: Leadership*

- ⇒ [Reflections From 14 Years as a Department Chair](#) (Academic Impressions)

*Resources: Critical dialogue*

- ⇒ [Crucial Conversations](#) (Crucial Learning)
- ⇒ [Learning to talk/talking to learn: Teaching Critical Dialogue](#) (Teaching Educational Psychology)

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## C. Departmental Climate

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*“In a recent poll of 800 managers and employees in 17 industries, about half the respondents who reported being treated rudely at work said they deliberately decreased their effort or lowered the quality of their work in response” (Keltner, 2016)*

Climate refers to how employees, faculty, and students feel when they are physically in, or interacting with, the Department. This includes the characteristics of:

- Physical space
- Cultural space
- Existence of factors that nourish intellectual growth and support
- Psychological space
- Interpersonal interactions

Given the mission of the Department, the ultimate goal is to ensure that its environment supports faculty, employees, and students to learn, develop, and thrive.

Just as the weather can affect one’s mood and behavior, so can an organizational climate. Staff may spend at least 30% of their day within this environment. Students and faculty have their entire lives shaped by it. If the environment is healthy, people can thrive; if it is unhealthy,

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it can result in illness, stress, unhappiness, high turnover, reduced productivity, and inability to meet personal or organizational goals.

These effects go beyond the workplace itself, extending outward to affect the reputation of the Department and its ability to attract new staff, students, faculty candidates, national partnerships, and funding. Climate sets the tone for whether recruits will want to make MCH their home and whether current faculty, staff, or students will choose to stay. As mentioned previously, faculty bring grant funding to the Department. As such, losing faculty or staff means losing major investments. Students pay large sums of money, and often go into decades of debt, to be trained at UNC-MCH. They deserve to invest in an environment that is conducive to learning and that prepares them to address today's complex public health issues.

### *Problems Cited*

The climate of the Department, as gleaned from numerous reports across faculty, staff, and students, can be summed up in a word: "toxic." It sounds harsh, and not everyone shares this experience, but there are numerous documented reports of witnessing or experiencing racism, differential treatment, microaggressions, insults and disrespect, inaction in the face of need, being left to fend for themselves, threats, or lack of help. Common sentiments reported by multiple parties include:

*"It's exhausting being a student of color in this department..."*

*"I experience microaggressions all of the time, but there are a few who have never seen or experienced this. It is very clear to me that their privileged background is the reason why."*

*"The department does not meet the floor of 'do no harm.' We need to build a positive experience so that students can thrive and grow personally and professionally. It should be an experience they embrace and not one they have to mentally prepare to engage in..."*

### *Experiences*

It is difficult to list each of the experiences described by stakeholders in a way that simultaneously preserves the authenticity of their trauma while not violating their confidentiality agreements. Yet, it is critically important for all stakeholders to know and understand the experiences of their peers. “Proving racism” is difficult, especially when it is so deeply embedded in institutional culture that only the recipient notices – and when the defense of “lack of intent” is used repeatedly.

Racism is a very real experience for BIPOC people and other historically excluded populations, and these experiences need to be told, heard, and understood so culture can be changed. It is difficult to capture in words the degree of trauma and the amount of mental and psychological energy expended by processing, managing, and protecting oneself after experiencing or witnessing these issues – energy which should or could have been spent on the pursuit of public health excellence. Yet, these deeply felt harmful experiences constitute very real costs to many students, staff, faculty, and alumni.

A partial list of the challenges experienced by students, staff, and faculty are bulleted below. Specific agents are not referenced here, but it can be assumed given the hierarchical culture of the MCH Department that anyone in the higher levels of the hierarchy can be a perpetrator.

#### Interpersonal

- Using derogatory narratives to describe people of color
- Telling BIPOC students “they do not belong in the Department”
- Speaking negatively about staff to external partners

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- Proclaiming a mantle of “being woke,” yet not exhibiting the behaviors congruent with this mantle (i.e., performative action)
- Verbally assaulting and stalking BIPOC students to debase their thoughts and viewpoint
- Feeling like an “outsider” with few connections to faculty
- Perpetrator training doesn't result in any substantial changes in behavior

### Structural

- Assigning students interested in reproductive justice or health inequities to faculty advisors who do not have the knowledge and experience to guide them because there are no appropriate subject matter expert advisors available
- Increasing the numbers of BIPOC students without creating a climate that ensures they will thrive
- Not addressing reports of traumatic experiences
- Placing the onus on the victims of racism, disrespect, or other maltreatment to address the situation on their own
- Not openly acknowledging past mistakes and harms
- Fostering misogyny by not guaranteeing funding to students

*“Misogyny because most of the students identify as female or women, and a lot of the work that we do serves people who can get pregnant, or people with reproductive needs, and the fact that it’s underfunded perpetuates the same disparities we’re trying very hard to address”*

*– MCH Survey Respondent*

- Using power or position in hierarchy to bully or threaten others into actions that are not conducive to the victims’ personal or career well-being

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- Making a few BIPOC people and other faculty responsible for all DEI activities without providing adequate resources and time
- Using reactive supervision and management styles; chasing discreet problems
- Destabilizing individual faculty's work-life balance
- Not following a clear vision for where the Department is headed; using appeasement by addressing simple, straightforward problems as a way to gaslight critics
- Using processes, behaviors, and actions that are inconsistent with Inclusive Excellence
- The physical environment reflects a colonialist culture and is also not conducive to collaboration
- Maintaining processes that privilege some and disadvantage others (e.g., access to paid internships)
- Counting the number of trainings received as a metric for success, yet not acknowledging the fact that one desired outcome of training, a healthier climate, is not improving

MCH stakeholders should be free to express their experiences openly, but the current climate is not safe for them to do so. The fear of reprisal is real and is not just a threat; it has been actualized in real repercussions to jobs, careers, and pursuit of knowledge. A toxic environment, paired with an unsafe environment for expressing problems experienced, results in a closed structural loop that is impossible to penetrate; this makes it easy to pretend that the problems do not exist. Breaking this structural loop requires (1) someone lower on the hierarchy putting their neck on the line and potentially losing their job, or facing career setbacks, (2) someone at the top of the hierarchy to taking initiative to dramatically improve the internal

climate, or (3) those at the lower end of the hierarchy exerting their collective power and pushing for transformative change.

*Collateral Impacts*

*“Diversity and inclusion are important, but if we do not have an environment that is safe for underrepresented students, staff, and faculty, are we causing more harm?”*

The ugly truth is that we can do “good actions” and still cause more harm. This problem arises from *reacting* to public complaints, as opposed to *proactively* building a Department climate in alignment with the environment we envision. Having a proactive strategy involves planning step by step, maintaining balance, and visioning for/anticipating what comes next.

As it stands, the Department cites success at increasing the enrollment of “students of color” by 50% (as shared by the MCH Chair response to Medium alumni letter), but without first making sure the environment is conducive to the safety and growth of students of color. MCH needs to be more strategic and forward-thinking to break the chicken-and-egg cycle it has created. *More* support is needed. BIPOC students need *more* faculty who are qualified and able to mentor them, such as BIPOC faculty who hold similar interests, and who will fight for more nurturing conditions. BIPOC faculty need *more* BIPOC mentors and leaders within the Department who will support their APT and career goals, ensure the environment is safe, and have their best interests in mind.

Without positive changes to the existing climate, BIPOC faculty are less likely to want to come to MCH. The climate will remain stagnant until there is a critical mass of people willing to push for, and create, change. While the climate remains as it is, students, faculty, and staff will continue to suffer. This cycle must be broken; the Department needs to transition from managing

transactions and putting out fires, to a more strategically forward-thinking, functioning environment.

One reason often cited for not implementing change is *lack of funding*. Budget cuts at the state trickle down to the University, to SPH, and to the Department. This is a real and major structural barrier to developing of a culture of equity. Without efforts to navigate this barrier, Departmental efforts aimed towards transformation will continue to be undermined. Budgets and funding allocations are moral documents that reflect the priorities and ethics that an organization holds dear. They are the main structure that transforms words and intentions into *action*. We intentionally use the word “navigate” barriers, rather than “break”, because navigation forces us to collectively design alternative solutions that are not reliant on state allocations, while still working to increase those allocations.

### *Recommendations*

1. Alumni can elect to target their donations to specific activities relating to DEI in the Department.
2. The SPH Development office should cultivate private donors to support equity and justice development in the SPH. In 2020, after the murders of George Floyd, Breonna Taylor, and Ahmaud Arbery, many corporations and private donors pledged support for anti-racist structure building. SPH needs to seek out these resources.
3. MCH needs to appoint a Vice Chair for Culture of Equity. Departmental *climate* is intricately related to many other issues discussed, such as recruitment and retention, power dynamics, and building a culture of equity. A Department chair who maintains a heavy academic portfolio and has multiple responsibilities cannot do everything; they

need to delegate, with concomitant power, to other entities. An associate chair can take on the responsibilities and accountability for improving climate.

4. The Department needs to reassess the pros and cons of an increased online presence, including a cost/benefit analysis and the value add to students and the Department as a whole. Such an assessment should determine the faculty effort needed to sustain it. A more robust online presence could allow for remote access to faculty and instructors with expertise in reproductive and gender justice, anti-racism, transformative and critical theoretical perspectives, and equity – and in multiple languages. If it allows the Department to increase its reach while increasing revenues, it may also help alleviate some of the current strains on faculty time, increase BIPOC students' access to faculty that match their interests, and improve overall climate. It would also extend learning opportunities to students who work full-time jobs or have commitments that prevent them from moving to Chapel Hill.

*Resources: Climate*

- ⇒ [The Times Up Guide to Equity and Inclusion During COVID-19 Recovery](#) (Times Up Foundation)
- ⇒ [How to Promote Racial Equity in the Workplace](#) (Harvard Business Review)
- ⇒ [Fighting Backlash to Racial Equity Efforts](#) (MIT Sloan)
- ⇒ [What the pandemic taught us about racism at work and how to handle going back to the office](#) (PBS News Hour)
- ⇒ [Addressing Diversity, Equity, Inclusion, and Anti-Racism in 21st Century STEM Organizations Proceedings of a Workshop—in Brief](#) (National Academies)

- ⇒ [5 ways racism is bad for business – and what we can do about it](#) (World Economic Forum)
- ⇒ [How to Detoxify Your Work Environment to Promote Diversity](#) (Everfi)
- ⇒ [Guide to Creating an Equitable Work Environment](#) (Marquette University Employee Resource Groups)
- ⇒ [Changing Company Culture Requires a Movement, Not a Mandate](#) (Harvard Business Review)
- ⇒ [Changing an Organization’s Culture without Resistance or Blame](#) (Harvard Business Review)
- ⇒ [Leaders, Stop Rewarding Toxic Rockstars](#) (Harvard Business Review)
- ⇒ [Time’s Up for Toxic Workplaces](#) (Harvard Business Review)

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## **D. Curriculum and Departmental Learning Processes**

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Developing curriculum and Departmental learning processes that employ an equity lens requires recognition of past and current issues that need to be addressed, as well as a commitment to developing a holistic approach that considers future needs.

For the first time, more than half of the U.S. population under the age of 16 identifies as a racial or ethnic minority (Frey, 2020). Among this group, Latinx and Black people together comprise nearly 40% of the population. A recent report from the Human Rights Campaign Foundation estimates at least 20 million adults (nearly 8% of the total population) in the U.S. could be lesbian, gay, bisexual, or transgender; this is almost double prior estimates. The Pew Research Center reports 5.1% of adults under 30 years old are transgender or non-binary. The

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Department must both understand the health of these populations and train a workforce that is representative of them.

The definition of a “family” looks different today than it did in prior decades. Families today are more dynamic and fluid; they reflect multi-partnered fertility, shared custody, grandparent-led and multigenerational households, single-parent families, LGBTQIA2S+ and gender diverse families, families with disabilities, families living with or affected by HIV, and immigrant, mixed-status, and undocumented families. Outdated research and policy definitions of families are inadequate. The Department must stay on the forefront of this to serve our communities successfully. Students need knowledge of multicultural, conceptual, and theoretical frameworks that address racial equity and the diverse needs of the historically excluded. Students must be prepared to work professionally with the evolving research and social policy on families.

Current Departmental course offerings do not always adequately prepare students to study or work with historically excluded populations in ways that recognize and respect cultural differences and norms. The issues that arose in discussions of curriculum and Departmental learning processes indicate problems associated with White normativity and attempts at diversity and inclusion; each fall short of equity. In general, university pedagogy has a White normativity perspective which functions to make Whiteness “standard” or “typical,” if not always explicitly superior. When assumed to be the “valid” approach, it can reify the thought processes of Western Europeans and limit instruction on cross-cultural perspectives and theoretical approaches (Duran & Duran, 2000).

### *Detailed Problem Analysis*

#### Racism and racial microaggression in the classroom

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Students cannot comfortably talk about classroom content that is perceived to be racist. Having unsafe classroom experiences and feeling uncomfortable discussing racist exposures with faculty can put students at risk for psychological stress, harm, and can affect student willingness to participate in class. There appears to be a steep learning curve for some instructors to develop the critical self-reflection skills needed for teaching in an equitable environment.

*I would also like to add that it kind of comes as a risk for students to bring that up with a faculty member just because of the power dynamics and that it's still not safe, even if you talk about race or it's brought up in the class. You can't really fully express yourself because you might fear repercussions that you may not know about...*

*It's just not a safe space. People are gonna feel uncomfortable. I don't think anyone feels comfortable going to a faculty member to tell them about how they were being maybe racist or whatever they said was insensitive to others of different backgrounds, it's not comfortable, and I don't think that it should lie on the student's responsibility to do that either.*

Overt acts of racism are inappropriately managed – or ignored

Inappropriate management of aggression in the classroom promotes racism and perpetuates unequal power and White privilege.

*As is known to the Dean's Office, there was an incident {in an MCH class} in which a White student made hostile, aggressive, and insulting comments towards students of color and physically threatened {them} after the class ended (following the students to their next class and confronting them there). These students repeatedly conveyed to the instructor that they did not feel safe in the class. The instructor responded by telling the students that, if they did not feel safe in the class then they did not have to attend class. Multiple students reported their experiences around racism in their exit interviews and this was never discussed among faculty.*

*---MCH survey respondent*

Diversity is needed in research and theory to uplift multiple populations and their lived experiences

An important subtheme throughout conversations was the need to integrate diverse theoretical frameworks into more of the curriculum.

*I think that there could be more of an emphasis of applying an intersectional lens to the research that faculty are engaged in, that are available for students to participate in, and the research and theory that we are taught as kind of our foundational understanding of MCH and you can bring as many guest speakers of color, but it doesn't hide the fact that we are almost forced into thinking in this very Eurocentric, White-centric way, when all of these have been studied on White middle class families and people... It just doesn't make sense.*

*We had a class last semester where at the end of the class, the professor mentioned that Critical Race Theory is likely gonna be on our comprehensive exams, but we've never been taught critical race theory, we've never been taught any theoretical perspectives and the feeling I've gotten from the students that are above me is that if you wanna learn something in that space, you have to teach it to yourself, so that's essentially what my classmates and I have been doing is just teaching ourselves and teaching each other.*

Faculty research interest areas do not align with students of diverse backgrounds and experiences

*So, I think the solution that I think that they're doing is just having this panel discussion is not gonna do anything unless there is an actual data set that we can get our hands on and work with and develop our skills through*

*- MCH survey respondent*

*...but I know that there tends to be almost preferential treatment for which students get access to data and certain data sets, and this often puts students of color, Black students on the margin, and it makes it harder to pursue your dissertation or find a source that you can use to do this culminating work, and so I think that that's very, very important to have obviously equitable access to funding, but also equitable access to data.*

*- MCH survey respondent*

The Department may have a theoretical commitment to equity, but it is not there in practice

*...and I feel like there's a lot of discussion of equity and centering equity in our classes, but that's not actually happening in practice, those are the ways that students and marginalized students, students of color, marginalize students are treated, the opportunities that are given to us, the resources that are given to us, and so I'm really bothered by the fact that we can talk about equity all day, but if we're not offering that to our students and... What are we really discussing here?*

*- MCH survey respondent*

Inequity in practice: availability and distribution of practicum resources

*...the practicum...highlights a lot of inequities, a lot of individuals cannot take the summer off and work for free...And it also takes a lot of time, so even if they do have to work like they need to make sure that it is a paid opportunity.*

*- MCH survey respondent*

*...it's either you pick a practice...that you're interested in and you don't get paid for it or you choose something you're not really interested in, but that's what can continue paying your bills over the summer, which isn't really fair, because... that's why we're here to further look into our research interest...*

*- MCH survey respondent*

Inequity in practice: inequitable financial support for students

The current approach to providing financial support does not work for many students.

*I think the fact that department is one of the few that doesn't guarantee funding throughout the PhD is a form of misogyny, to be honest, because most of the students identify as female or women, and a lot of the work that we do serve people who can get pregnant, or people with reproductive needs, and the fact that it's under-funded is just perpetuating the same disparities that we're trying very hard to address.*

- MCH survey respondent

*...And I also wanna speak on behalf of myself as a mother, as a parent... And equitably, ... I don't think that they even understand what that means, there's this expectation that you have like a spouse or someone to look after you see care of you, so I'll just offer the same financial package, but how is that equitable.*

- MCH survey respondent

### *Recommendations*

#### Transformative curriculum experience needs to embrace antiracist, anti-colonial content

The historical context of laws and policies, like those that are the legacy of slavery, colonialism, and gender oppression, needs to be incorporated into the Foundations and other general courses; this context will avoid perpetuating a dynamic in the classroom that certain populations need “saving.”

#### MCH courses must be attentive to language

We recommend using gender-inclusive language in teaching and materials (e.g., birthing people, pregnant people, people of birthing capacity, commitment to respecting gender pronouns, etc.) and trans- and gender-expansive reproductive health curricula taught by people with lived experience. We must also replace disorder-centered language like “Blacks, diabetics, hypertensives, homeless people, clinically obese people, drug addicts, HIV-positive people” with people-centered language, such as: people with diabetes, Black people, people who are unhoused, postmenopausal people, people who use substances, people with bigger bodies, and people living with HIV.

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Language matters; the MCH curriculum must adapt to remove blame from people and populations. A great way of ensuring this happens is by having people with lived experience in tenured faculty and leadership positions.

### Develop and implement regular course audits

A schedule for assessing each MCH course, and the curriculum as a whole, for both relevance of content and understanding and addressing health needs of historically excluded populations, needs to be developed. This can be done in partnership with SPH IE and the Dean's Office to ensure MCH is aligning with Schoolwide equity assessments.

### Institute a mechanism for reporting and responding to racist and other oppressive acts

We recommend mandatory trainings on anti-racism, sexual orientation and gender identity, and disability justice and anti-ableism for all MCH faculty, staff, and students. These should be followed up with opportunities to candidly acknowledge harmful acts and discuss how the Department can create welcoming spaces.

### Modify the practicum and master's project

The practicum is a project-based assignment that allows students to continue building skills in an arena in which they have a long-term interest. Low-income students should not have to "make do" with assignments that offer pay (but are not a useful experience in the long-term); the Department needs to provide funding to cover the cost for students who choose a non-paying practicum. This will involve seeking foundation funds or advocating to local and national MCH organizations to pay their interns. While a thesis is the expectation for students who seek long-term careers in a research-focused environment, students planning to work in applied settings should be supported in completing rigorous, creative final projects such as case studies, creative works, and portfolios.

Provide credit for faculty service work

Service is required of all faculty. It ensures faculty contribute to real world challenges. Service can be provided to the University, to the profession, or to the community. The Department should work with the Dean’s Office, other SPH departments, and MCH training programs to generate creative approaches to fund and credit faculty service work.

**E. Recruitment, Retention, and Faculty, Staff, and Student Diversity**

Diversity focuses on the need for variation in race, ethnicity, sexual orientation, and values and belief systems in the Department. Inclusion focuses on making sure all students and employees feel welcome and their unique learning and working styles are attended to and valued (Dougherty & Kienzl, 2006). Diversity in the student, staff, and faculty body cannot be the solution to structurally embedded issues of inequity and power. An equity process is transformational by design; diversity and inclusion are a guarantee of a respectful “seat at the table” without a commitment to dismantling the structural advantages and privileges of those in power. As noted above, diversity and inclusion are necessary but insufficient aspects of an equity process. A framework for addressing the dimensions of structural racism is required.

The most recent cohort of students enrolled in the Department include a larger proportion of people of color. The proportion of Black/African American MCH students increased from 11% (N=11) in 2017 to 26%(n=22) in 2021, however, there is no consistent increase in the proportion of Latinx students. No Indigenous students are currently enrolled.

**Table 7. Student Diversity**

	2017	2018	2018	2020	2021	2022 (Projected)
	11	10	11	15	22	

<b>Black/African American</b>	10.89%	10.75%	13.41%	20.55%	25.88%	
<b>White</b>	60 59.41%	56 60.22%	54 65.85%	41 56.16%	38 44.71%	
<b>American Indian/ American Native</b>	1 0.99%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	
<b>Asian</b>	9 8.91%	10 10.75%	6 7.32%	6 8.22%	11 12.94%	
<b>Latinx</b>	7 6.93%	8 8.60%	5 6.10%	6 8.22%	5 5.88%	
<b>Unknown</b>	6 5.94%	3 3.23%	2 2.44%	1 1.37%	4 4.71%	
<b>2 or more</b>	7 6.93%	6 6.45%	4 4.88%	4 5.48%	5 5.88%	
<b>TOTAL</b>	<b>101</b>	<b>93</b>	<b>82</b>	<b>73</b>	<b>85</b>	<b>48</b>

Currently there is one African American faculty who shares an appointment in the Department of Health Behavior, no full-time African American faculty, and two African American postdocs.

**Table 7. Faculty Diversity**

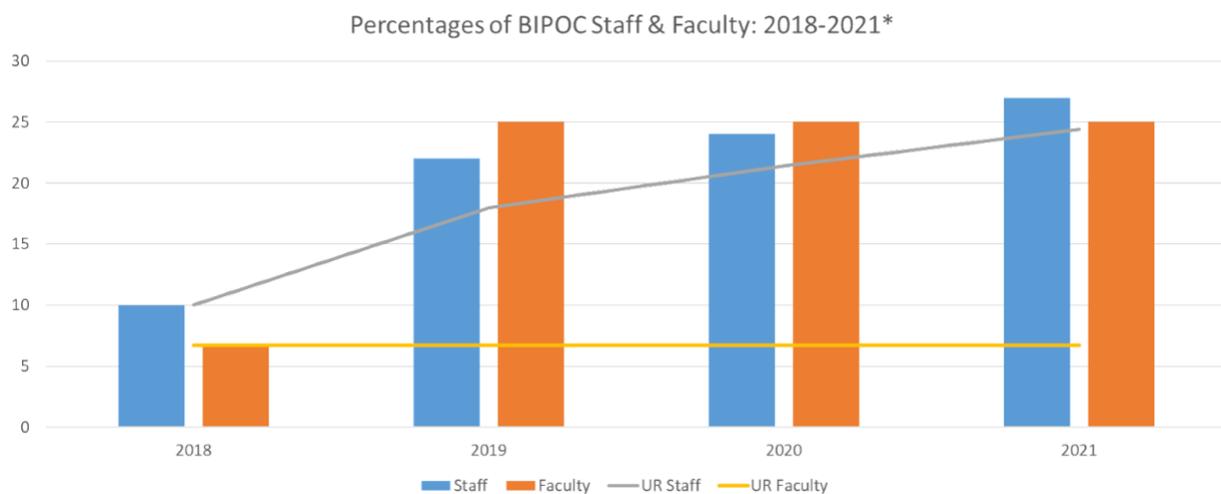
	Assistant Professor	Associate Professor	Full Professor	Adjunct	Post-Doc	Total
<b>Black/African American</b>	0	1	0	N/A	3	<b>4</b>
<b>Latinx</b>	0	1	0	N/A	0	<b>1</b>
<b>Asian</b>	1	2	0	N/A	0	<b>3</b>
<b>American Indian/ American Native</b>	0	0	0	N/A	0	<b>0</b>

<b>White</b>	9	5	8	N/A	1	<b>23</b>
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While more BIPOC students have enrolled, the Department lacks supportive leadership. As discussed earlier, MCH DEI Work Group activities related to retention and creation of a respectful climate lack resources and are plagued by excessive service/mentoring/committee duty. These faculty activities are time-consuming and rarely count toward promotion. This lack of support has impacted faculty and staff productivity and motivation.

For staff, diversity has increased, but there has been a lack of progress toward alleviating the perceived hierarchy between faculty and staff, and in addressing the unfair structure of monetary and non-monetary compensation.

**Figure 2.** Percentages of BIPOC Faculty and Staff (2018-2021)



A recent review of challenges and opportunities of Latinx women in academic public health noted that racism and other structural and systemic conditions limit representation of Latinx and people of color in academia (Abraído-Lanza et al., 2022). Challenges like

immigration and family separation have inflicted harm on the families and communities of Latinx faculty.

Faculty of color are adversely affected by family level dynamic assumptions such as availability of spousal support, caregiving responsibilities, and work/family balance. Additionally, institutional barriers set by NIH editorial boards and universities apply different standards to scholarship. These standards include diversity-related topics, such as “cloning” practices (the tendency of faculty to almost always hire “a clone” of themselves, which may result in continuous reproduction of a non-diverse faculty), discounting or devaluing the work or educational credentials of historically-excluded faculty, and gaps in the curriculum on issues relevant to historically excluded populations.

*“I find it odd that in a field where the major MCH issues are the high Black infant and maternal mortality rates, that the Department has no Black women faculty and no one focused on domestic MCH issues...”*

Faculty from historically excluded communities, and other faculty who choose to integrate a culture of equity may also be burdened with inequitable service obligations. Their “diversity” service and teaching activities, participation in faculty recruitment activities, counseling students, and the amount of time and effort required for diversity-related training adds a “cultural tax” to their load. This “cultural taxation” can adversely impact publications and grant-funded research, which in turn affect academic advancement.

#### *Problem Summary*

1. The Department has increased diversification efforts around student recruitment without having a diverse faculty.

*“If they diversify the student body before diversifying the faculty, what kind of mentorship is available for incoming students...mentorship that supports both lived experience and research interests for all of the students that they're admitting, I think is the important component.” – MCH Survey Respondent*

*[There is] some change in student diversity but not faculty... The floor is “do no harm” but how do we create an environment where students thrive? – MCH Survey*

2. Students perceive some faculty are uncomfortable working with those who have interests in populations or theories outside of the “White standard.”
3. The Department’s ability to recruit faculty of diverse experiences and backgrounds may be limited by the perception that faculty can only get into the Department if they come in with their own money.
4. The Department fails to provide a rewarding learning atmosphere where international students can thrive.
5. Department leadership does not provide a supportive environment for junior faculty who are committed to working on diversity, equity, and inclusion.
6. Requiring faculty to acquire over 90% of their salary through grants and contracts is detrimental to their ability to focus on mentoring and inclusive curriculum development.

### *Recommendations*

1. While the Department grapples with the long-term challenge of expanding the faculty to be more diverse in background and experience, it can build individual professors’ capacity to work with students from historically excluded communities and hold professors accountable for their contributions to student learning.
2. Build advisory and mentoring skills for all leadership and faculty members to support students from historically excluded communities.

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3. Consider two ways for hiring faculty in clusters. First, hire a group of people with appointments across multiple departments that can float between disciplines. Second, hire more than one BIPOC faculty at a time, minimizing feelings of isolationism and overload. Both options are possible.
4. Develop a credible pathway to diversify tenure track faculty for current fellows.
5. Ensure strong, effective mentorship and onboarding for postdocs and new faculty hires.
6. Provide a competitive package of funding, benefits, and protected time for new faculty hires.
7. Staff who cannot receive pay increases or promotions under the current human resources rules should be consulted on how they can be compensated for their work (e.g., monetary awards).

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and Population Impacts*



*Image Credit: Tatiana*

## V. SUMMARY RECOMMENDATIONS AND ACTION PLAN

***Short-term (ST):***

*THEME #1: Accountability, Decision-Making, Voice, and Power*

ST1.1. Adopt, refine, and promote the co-developed vision for the future of the Department with respect to a culture of equity.

- a. Commit to developing, implementing, and learning from Department-specific IE solutions that are aligned with SPH goals and use learning to inform SPH-wide best practices, rather than waiting for SPH to define processes.
- b. Assess emergent problems as part of a systemic challenge. Instead of problem-solving, focus attention on visioning: developing a forward-thinking, holistic, long-term survival and sustainability plan for a thriving Department – guided by a culture of equity.
- c. Adopt and monitor indicators of the progress toward developing long-term vision; clearly communicate transparent plans and progress (or lack thereof) to all MCH stakeholders.

ST1.2. Initiate decentralization of power and flatten hierarchical structures beginning with decisions relating to building a culture of DEI/IE/equity.

- a. Hire a Vice Chair invested with power and resources to manage the design, implementation, change management, monitoring, and evaluation of DEI/IE strategies. The Vice Chair should be accountable to Department stakeholders, the Chair, and to the SPH IE Associate Dean.
- b. Develop a transparent process for MCH DEI Work Group work from development to implementation.

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- c. Increase development of resources to support DEI/IE work (time, money, other).
- d. Openly acknowledge past problems and harms, some of which predate the current administration, and some of which emerge from it. Commit to repairing the damage of past harms as a way to rebuild trust with stakeholders.

ST1.3. Adopt a dashboard to monitor (weighted) service commitments of faculty and ensure equitable distribution, with formulas based on rank, research, teaching, and mentoring loads as defined by APT. Pay particular attention to avoiding excess burdens on junior faculty (O’Meara et al., 2020).

ST1.4. Decision-making processes in the Department should be reformulated to include all stakeholder voices.

- a. The Department should convene faculty, staff, alumni, and students to articulate a desired process for engagement.
- b. Ensure that stakeholder voices are not just sought, but also heard and acted upon from the beginning. Stakeholders include staff, faculty, students, and community.

ST1.5 Provide a higher level of support and protection to junior faculty.

- a. Protect investments in junior faculty by increasing the likelihood that they will achieve tenure.
- b. Ensure criteria and expectations for achieving promotion and tenure are consistent with, and do not exceed, APT guidelines.
- c. Create a pathway for confidential reporting and oversight of faculty workloads.

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- d. Develop a School-level ombuds process for confidential reporting and mediation of unfair treatment, retaliation, racism, microaggressions, and other harms before it escalates to a formal university-level process. The Associate Dean of Inclusive Excellence should be responsible for developing and administering this.

ST1.6 Expand and make transparent the possible compensation options for various levels of equity development work for staff and faculty. Levels include: MCH DEI Work Group chairs; MCH DEI Work Group members; and faculty who modify courses to adopt equity and justice lens. Compensation options to consider including, but are not limited to:

- a. Acknowledgement (with currency for APT)
- b. Awards, honors (with currency for APT)
- c. Leaves
- d. Service grants
- e. Salary coverage (%)
- f. Travel monies
- g. Paid assistants

ST1.7 Prioritize training for all MCH leadership, faculty, and staff. Training topics should include:

- a. Adaptive decision-making processes that incorporate, at minimum, stakeholder engagement and universal design
- b. Adaptive leadership

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- c. How to collaborate well with peers, community partners, and people from diverse backgrounds
- d. Disability justice
- e. Design thinking practices
- f. Understanding power and privilege (especially in an institutional structure)
- g. Implicit bias
- h. Trauma-informed care/trauma-informed workspace
- i. Creating/maintaining a safe space and brave space
- j. Microaggressions

*THEME #2: Update and Expand Curriculum and Learning Experiences Responsive to Historically Excluded Populations*

ST2.1 Develop a culture where students are co-learners with faculty. Encourage student work, including class projects, dissertations, Master's papers, and practica, that develops learning materials that expand the field of knowledge; develop new tools and resources to support Departmental transformation (see: (Anyangwe, 2021)).

ST2.2 Enhance a co-learning structure where students generate or identify resources that can increase faculty knowledge. Incorporate a course model (used by Dr. David Savitz in EPID, circa 1994), in which students focus on developing deep knowledge in specific epidemiologic methods challenges, relevant to their interests. This model can be adapted to include student investigation of frameworks, theories, research methods, engagement, practices, and case studies relevant to

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understanding and addressing the needs of historically excluded populations. Learnings can be cataloged and made accessible to the entire Department.

ST2.3. Develop and implement a schedule for each MCH course that checks the curriculum for the relevance of content to understanding and addressing the health needs of historically excluded populations.

ST2.4. Act on assessment by identifying the content, populations, and methods that need to be developed. Monitor course evolution, develop resources for faculty to evolve course material, and work with librarians to catalog resources for easy access by faculty, students, and staff.

- a. Update global health courses to a strengths-based perspective. Make a “Decolonizing Global Health” course mandatory.
- b. Shift to a strengths-based curriculum across all courses. Cease teaching about disparities without context; cease blaming BIPOC for poor health outcomes.
- c. Include disability justice and anti-ableism in teaching, training, and practice.

ST2.5. Work with the Development Office to cultivate funders to support course enhancement.

- a. Identify and cultivate donors.
- b. Plan and document the use of alumni and other targeted gifts for equity capacity development.
- c. Encourage all new grant budgets to include a budget line that supports Departmental equity building culture in identifiable ways, aligned with overall strategic plan.

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Where there is no line item, use a set portion of F&A costs to generate Departmental equity resources.

*THEME #3: DEPARTMENTAL CLIMATE*

ST3.1. Invest in creating a healthy, open MCH climate.

- a. Commit to improving the climate for the staff, students, faculty, and fellows who are currently in the Department – before embarking on major recruitment strategies.
- b. Ensure safety and support.
- c. Co-develop and adopt a code of behavior.
- d. Invest in relationship-building among faculty, staff, and students to create a healthy, collegial, and open MCH community.
- a. Re-institute the student-led Brown-Bag lunches, the informal gatherings of students, staff, and faculty to discuss student-defined issues.
- b. Expand to include staff-defined issues.
- e. Create collaborative spaces to support co-learning.
- f. Decolonize all visual representations (e.g., wall décor) throughout the Department.

ST3.2. Rebuild broken bridges and re-develop trust.

- a. Acknowledge past harms and history, apologize, then seek harm reduction.

ST3.3. Ensure safe dialogue and a clear process for reporting and addressing complaints.

- a. Create or advocate for a safe reporting and ombuds processes.
- b. Repair past damage.

- c. Give attention to collateral consequences.

*THEME #4: RECRUITMENT AND RETENTION*

ST4.1. Develop and implement Phase 1 of an actionable plan for increasing the proportion of newly hired (senior and junior) or promoted tenure-track faculty for people who are Black or Indigenous.

- a. Develop a credible pathway to tenured track faculty positions for current Fellows and develop a competitive compensation package for new hires (salary, protected time, start-up funds, etc.).
- b. Adopt a “group hire” policy for Black and/or Indigenous faculty, prioritizing those who have expertise in domestic priority MCH issues (e.g., birth outcomes, infant mortality, maternal mortality); hire no fewer than 3-4 faculty in a cohort.
- c. Ensure strong, effective mentorship and onboarding for post docs and new faculty hires.
- d. Create opportunities for joint faculty and/adjunct positions with other schools who have faculty with interests relevant to populations that have been historically excluded.

ST4.2. Prioritize training for all MCH faculty, staff, and students. Training topics should include:

- a. Racial Identity Development Theory
- b. Understanding the value of lived experience; quantitative data is not the whole story
- c. Facilitating difficult conversations

- d. De-escalation, ideally in a classroom environment

***Medium-term (MT):***

MT1: Increase recruitment of BIPOC students of different ages and backgrounds, both domestically and internationally, for the Masters and Doctoral programs.

MT2: Increase recruitment of BIPOC post-doctoral graduates into faculty positions at UNC SPH.

MT3: Increase recruitment of staff, students, and faculty who identify as transgender or gender diverse/expansive.

MT4: Increase recruitment and support of staff, students, and faculty who are disabled.

MT5: Create meaningful support for BIPOC and international students while at Gillings and during the job application process (e.g., resume and cover letter review from peers or alumni, direct connections to alumni or hiring managers, and career counseling).

MT6: Facilitate quarterly salary equity reviews to ensure all faculty and staff are compensated equitably.

MT7: Incorporate a reproductive justice (RJ) framework in all courses and specific readings.

Compensate guest lectures from RJ leaders.

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MT8: Update Foundations in MCH curriculum to include the racist history of gynecology, obstetrics, and medicine.

MT9: Work to offer paid internship options contracted with local organizations, or within the Department, to ensure all students receive payment for the mandatory practicum experience (since unpaid internships often reinforce the racial wealth gap).

MT10: Advocate for BIPOC leadership within the SPH administration.

MT11: Generate resources to support equity work.

MT12: Create a long-term vision and strategic plan for survival, growth, and thriving of the Department that includes equitable responsiveness to global and domestic issues relevant to BIPOC communities.

***Long-term recommendations (LT):***

LT1: Set term limits for positions such as Department Chair to ensure (1) historically excluded faculty have access to leadership positions, and (2) diverse leadership styles, perspectives, and ideas fuel continuous improvement.

LT2: Conduct monitoring and evaluation of progress toward culture of equity.

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LT3: Establish a Reproductive Health and Justice Study Center that focuses on domestic populations, policy, and programs for reproductive health, reproductive justice, maternal and infant health, and birth outcomes. As a major issue facing populations of color, inequities in maternal health and birth outcomes should have a focal point in the SPH and in the Department. Currently, there are limited faculty with interests and work in this area, and the Department has no major voice in shaping national policies. Centers provide the Department with the ability to: (1) leverage more money, (2) increase state and national visibility, (3) attract students and faculty with interests in these areas, and (4) increase the potential for impact and voice in state and national policies and outcomes. The Center could increase knowledge and impacts in these areas by developing and coordinating relevant scholarship and service across the Breastfeeding Center, Workforce Development Center, School of Medicine, Implementation Science Center, and Departments of Epidemiology, Health Behavior, Environmental Health, and Health Policy.

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