

UW-MADISON

DIVERSITY FORUM 2022

Striving to Become an Anti-Racist Department: Strategies for Sustained Engagement and Transformation

Maddie Batzli, Jennifer Edgoose, ananda mirilli,
William Schwab, Shelly Shaw



Members of the DFMCH Diversity, Equity and Inclusion Committee

Department of Family Medicine and Community Health

2021 Diversity, Equity and Inclusion Committee including UW Health and nINA Collective Partners



Maddie Batzli



Shiva Bidar-Sielaff



Jordan Bingham



Bret Benally-Thompson



Jacqueline Boggess



Jennifer Edgoose



Matt Fleming



Sheena Frydrych



Jerome Garrett



Tom Hahn



Adrienne Hampton



Ronni Hayon



ananda mirilli



Donna Nett-Pomrening



Linda Park



Ron Ravel



Ashley Royston



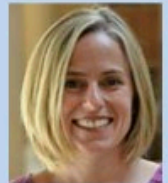
Dan Samuelson



Justin Sena



April Schulz



Shelly Shaw



Kacia Stevenson



Jonathan Takahashi



Naomi Takahashi



John Tovar



Morgan White



Allie Wolf



Lashika Yogendran

Disclosures

We have no conflicts of interest.

Anti-racism work is hard and requires time and money.
Our department has invested \$50,000 to obtain consultative services from the nINA Collective.

Objectives

Participants will be able to:

- Assess the racial climate of an organization
- Develop strategies for engaging an organization in anti-racism work
- Discuss opportunities to engage in anti-racism work in participants' organizations

Has your department or unit assessed its racial climate? Yes/No/I'm not sure

A quick snapshot: Founded in 1970

- We are one of the largest departments at the UW-Madison with almost 200 faculty and over 800 staff Our faculty straddle both UW-SMPH and UW Health
- We are a clinical department with 17 family medicine clinics and care for over 150,000 patients across the lifecycle from birth to death.
- We work closely with Access (our local federally qualified health centers) and one of our clinics is an Access clinic serving the uninsured and underserved of Dane County
- We train some of the top family medicine resident physicians in the United States as well as fellows in academic family medicine and research, integrative health, addiction medicine, sports medicine, and LGBTQ+ gender affirming care



...AND

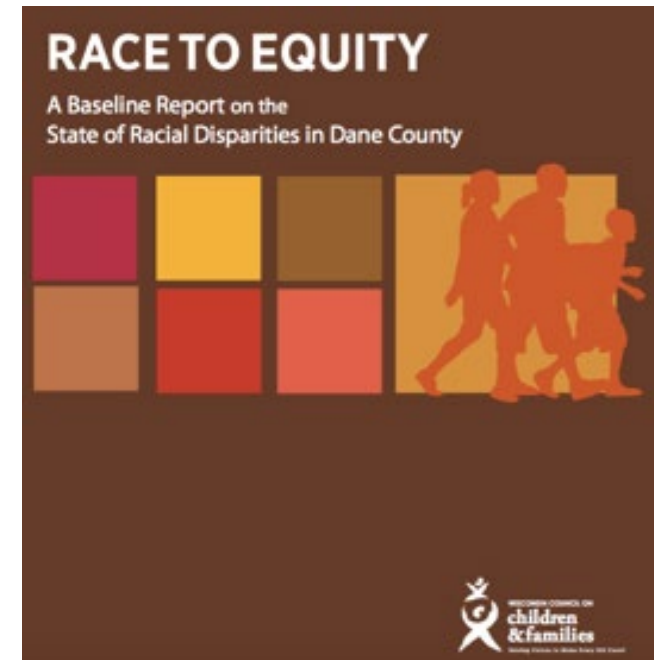
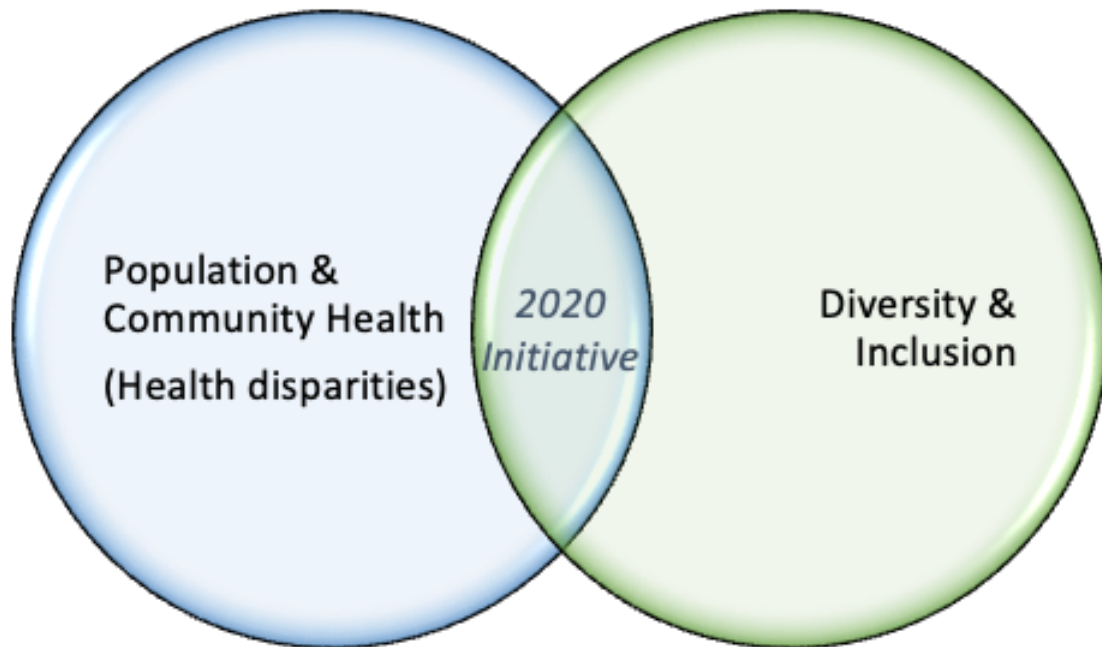
- We are a predominantly white department
- We are caring for an increasingly racially and ethnically diverse patient population
- We believe in the World Health Organization's **Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**"
- We believe that everyone deserves good health.

BUT

....Do we know how to achieve this?

Beginnings: *The 2020 Initiative*

- October 2013: Race to Equity Report
- March 24, 2014: Match Day
- July-December 2014: Launch of the 2020 Initiative



Lives lost during the 2020 Initiative

- 7/14/14: Eric Garner (age 44)
- 9/9/14 Michael Brown, Jr (age 18)
- 11/22/14 Tamir Rice (age 12)

Diversity, Equity and Inclusion Committee Founded 2015

<https://www.fammed.wisc.edu/diversity/>



DIVERSITY, EQUITY, AND INCLUSION

[Diversity Home](#)

[Anti-Racism Resources](#)

[The Race Card Project](#)

[Diversity Activities >](#)

[Committee and Partners](#)

[Land Acknowledgement](#)

[Diversity Events](#)

[A Message from the Chair of the
Diversity Committee](#)

[UW School of Medicine and
Public Health Diversity Page](#)

[UW Health Diversity Page](#)

Mistreatment hurts everyone:
[Report a concern to SMPH or
UW Health](#)

- [DEI Committee Statement of Solidarity with AAPI Community \(PDF\)](#)
- [Land Acknowledgement](#)
- [DFMCH Anti-Racism work 2020 – Present](#)
- [Anti-Racism Resources](#)
- [Black Lives Matter](#)



"Soaring Toward Change" paper cranes folded by members of the DFMCH in December 2014, marking a departmental commitment to diversity, inclusivity and health equity.

Diversity at the UW Department of Family Medicine and Community Health

Diversity is integral to the mission and vision of the UW Department of Family Medicine and Community Health (DFMCH). We partner with the [UW School of Medicine and Public Health \(SMPH\)](#) and [UW Health](#) to promote diversity, inclusion and health equity in our own institution. We also collaborate with academic peers nationwide on strategies and models for addressing diversity issues at other institutions.

Since 2015, our department has a Diversity, Equity, and Inclusion (DEI) Committee comprising faculty and staff from the DFMCH, SMPH and UW Health.

We first developed our Mission, Vision, and Strategic Framework "TRUST" in 2015, and revised these in 2022 in partnership with the [nINA Collective](#).

Contact Info

[Jennifer Edgoose, MD](#), Chair,
DFMCH Diversity, Equity, and
Inclusion Committee

Mentoring

[DFMCH Mentorship Toolkit](#)

AAFP Curricular Toolkit

[Health Equity Curricular
Toolkit](#) – Lead Editor, Jennifer
Edgoose with modules
featuring and written by
DFMCH faculty

Publications

[A Commitment to Health
Equity: Reflections on Why;
One Journey Toward How](#)

Getting Started with Anti-Racist Work (for Co-conspirators)

[21-Day Racial Equity Habit
Building Challenge](#) – Toolkit
by Eddie Moore, Jr. | 2014

May 25, 2020

Between 2014 and 2020, police in the United States killed at least 7680 people.

Al Jazeera

Names of 164 Black people killed by police Jan-Aug 2020

Jamarri Daiwon Tarver Tina Marie Davis Tyree Davis Brandon Dionte Roberts
Kwame Jones Miciah Lee Claude Washington Fain III Earl Facey Ryan Simms
Henry Isaac Jones Keenan McCain Zyon Romeir Wyche Aaron T. Booker
Kanisha Necole Fuller Alvin Cole Renard Antonio Daniels Albert Lee Hughes
Jasman Washington Harold Spencer Kelvin White Samuel David Mallard
Marquis Golden Andrew J. Smyrna Michael J. Rivera Marc Dominic Neal
Deandre Lee Seaborough-Patterson Darius J. Tarver Mubarak Soulemane
Leonard Charles Parker Jr. William Howard Green Jr. D'ovion Semaj Perkins
Reginald Leon Boston Jr. Gamel Antonio Brown Manuel "Manny" Elijah Ellis
Etonne T. Tanzymore Joshua James Brown Ronnell Mouzon Bobby Joe Gibbs
Jaquyn Oneill Light Keith Dutree Collins Abdirahman Salad Kevin Aldophe
Dominique Antwon Anderson Kenneth Laneal Sashington Joseph C. Jewell III
Jeremy Grayson Devan Austin Twilley Tyler M. Jones Justin Lee Stackhouse
Desmond Hayes Anthony Taylor Barry Gedeus Darrell William Mobley Sr.
Donnie Sanders Zachery Anderson Jr. Lebarron Ballard Tyrell "Rex" Fincher
William Dion Tolbert Simpkins Alvin Lamont Baum II Desmond Franklin
Goldie Bellinger Breonna Taylor Kamaal Koby Edwards Mychael Johnson
Tommie Dale McGlothen Jr. Idris Abdus-Salaam Dewayne Curtis Lafond
Nathan R. HodgeDerick L. Powe George Floyd Joel Acevedo Ruben Smith III
Steven Demarco Taylor Brent D'Andrew Martin Virgill Thorpe Skyleur Young
Joshua Johnson Elmer L. Mack Kelvin D. Shaw Jonas Joseph Shaun Lee Fuhr
Malcolm "Milky" Xavier Ray Williams Jonathan Lee Adams Brandon Gardner
Qavon Webb Jah'Sean Iandie Hodge Demontre Bruner William Lamont Debose
Dreasjon "Sean DaDon" Reed Finan H. Berhe McHale Rose Adrian Medearis
Yassin Mohamed David Tylek Atkinson Rayshard Scales Randy Roszell Lewis
Robert Johnson Jr. Tobby LaRon Wiggins William Johnson Jr. Dion Johnson
Willie Lee Quarles Sr. Joshua Dariandre Ruffin Maurice S. Gordon Chase Rosa
Tony McDade Jarvis Sullivan Modesto "Marrero Desto" Reyes Terrell Mitchell
Momodou Lamin SisayDerrick Thompson David McAteeTerron Jammal Boone
Donald Ward Michael Thomas Phillip Jackson Kamal Flowers Lewis Ruffin Jr.
Rayshard Brooks Said Joquin Kanavis Dujuan Glass Robert D'Lon Harris
Caine Van Pelt Rasheed Mathew Moorman Vincent Harris Darius Washington

The impact upon people of color

REFLECTIONS

Dear White People

Krys E. Foster, MD, MPH, FAAFP¹

Christina N. Johnson, MD, PhD²

Diana N. Carvajal, MD, MPH³

Cleveland Piggott, MD, MPH⁴

Kristin Reavis, MD, MS³

Jennifer Y. C. Edgoose, MD, MPH⁵

Tricia C. Elliott, MD, FAAFP⁶

Marji Gold, MD⁷

José E. Rodríguez, MD, FAAFP⁸

Judy C. Washington, MD, FAAFP²

¹Department of Family and Community Medicine, Thomas Jefferson University, Philadelphia, Pennsylvania

²Overlook Family Medicine Residency Program, Summit, New Jersey

³Department of Family and Community Medicine, University of Maryland School of Medicine, Baltimore, Maryland

⁴Department of Family Medicine, University of Colorado, Aurora, Colorado

Foster KE, Johnson CN, Carvajal DN, Piggott C, Reavis K, Edgoose JYC, Elliott TC, Gold M, Rodríguez JE, Washington JC. Dear White People. *Ann Fam Med*. 2021 Jan-Feb;19(1):66-69. doi: 10.1370/afm.2634. PMID: 33431395; PMCID: PMC7800738.

ABSTRACT

We are living in unprecedented times. While the world is grappling with COVID-19, we find the horrors of racism looming equally large as we, yet again, confront lurid deaths in the center of the news cycle of Black and brown people from police bias and brutality. Those of us who have been championing anti-racism and justice work and bearing the burden of the “minority tax” have been overwhelmed by sudden asks from our well-intentioned White colleagues of how to best respond. In the tone of the Netflix series, “Dear White People,” we further emphasize that we are not alone in trying to reach out to you, our White colleagues and leaders. Please hear our story and heed our call to action.

Ann Fam Med 2021;19:66-68. <https://doi.org/10.1370/afm.2634>.

Dear White People,

We come to you as family physicians on the frontline caring for the most vulnerable in our communities; as educators teaching the best and brightest; as scientists seeking novel ways to achieve health equity; as parents of children of all different hues; as survivors of an unjust world; and as leaders who have been fighting for social justice for decades.

We are tired.

Responding to the “Urgency”

- Internal work
- Leveraging resources

Anti-Racist Educational Resources: A starting point

- [Anti-Racism Resource List: Well-being, Educational, and Community Resources](#)
- [21 Day Racial Equity Challenge](#) – by Eddie Moore
- [DFMCH Groundwork Resources](#)



“Soaring Toward Change” paper cranes folded by members of the DFMCH in December 2014, marking a departmental commitment to diversity, inclusivity and health equity.

Leadership

We can't provide clinical care, or teach learners, or do research, or address community health without having an operational awareness of how structural racism is present and a framework for confronting it.

Bill Schwab
Interim Chair January 2020-June 2021
June 18, 2020



Beth Potter 1968-2020

Leadership Principles: #1

1. Don't just do something, stand there

Leadership Principles: #2

1. Don't just do something, stand there

2. Sustain the conversation

Leadership Principles: #3

- 1. Don't just do something, stand there*
- 2. Sustain the conversation*
- 3. Put your money where your values are**

“A leader is not a searcher for consensus but a molder of consensus.”

- Dr. Martin Luther King, Jr.

Capacity Building

DEI 2.0: From DEI to Anti-racism

RECOMMENDATIONS FOR THE DEPARTMENT OF
FAMILY MEDICINE AND COMMUNITY HEALTH

ON BECOMING AN ANTI-RACIST
DEPARTMENT

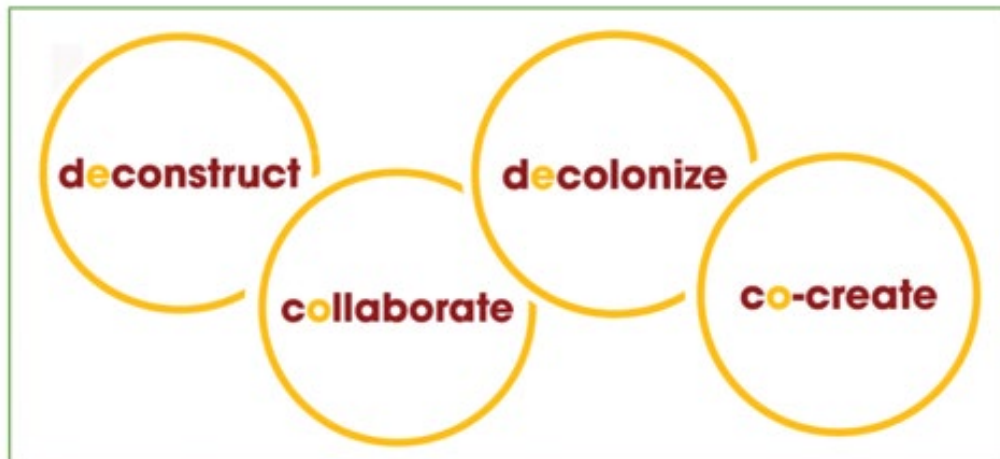
DFMCH Diversity Equity and Inclusion Committee

Released July 2020

Expanding the capacity of the DEI Committee



Our Philosophy



Through modeling that another way is possible, we transform, support, and create systems and structures that are built around racial equity

<https://www.ninacollective.com/>

DFMCH - nINA Partnership: 2021

Phase I: Visioning and Relationship Building (Jan - March)

Phase II: Organizational Assessment Review (Jan - March)

Phase III: Training and Capacity Building (Feb - Aug)

Phase IV: Racial Identity Caucus Group Development (April - Oct)

Phase V: Action Planning and Evaluation (Oct - Dec)



Assessment

Departmental DEI Survey (August 2020)

PURPOSE:

- To gauge the attitudes, behaviors, experiences and needs of the DFMCH members pertaining to diversity, equity and inclusion (DEI) issues
- To provide guidance for the Department's Anti-Racism Initiative including the upcoming departmental partnership with the nINA Collective

Maddie Batzli, BA (co-editor)
Bri Deyo, MPH (senior editor)
Jennifer Edgoose, MD, MPH
Rose Hennessey Garza, PhD
Ellen Goldstein, PhD
Linda Park, PhD

Mixed method survey

- Types of questions
 - 16 questions about attitudes, behaviors, experiences and needs (some with open text response options)
 - 12 demographic questions
- Distributed via email and through the DFMCH *In Brief* bi-weekly newsletter in August 2020 to:
 - DFMCH staff (clinical and non-clinical), faculty, clinicians, residents, and fellows

DEI Survey Year	
2014	2020
181	420

Unable to meaningfully compare 2014 to 2020 data due to a different sampling of departmental members and a significant change in awareness in DEI issues from 2014 to 2020

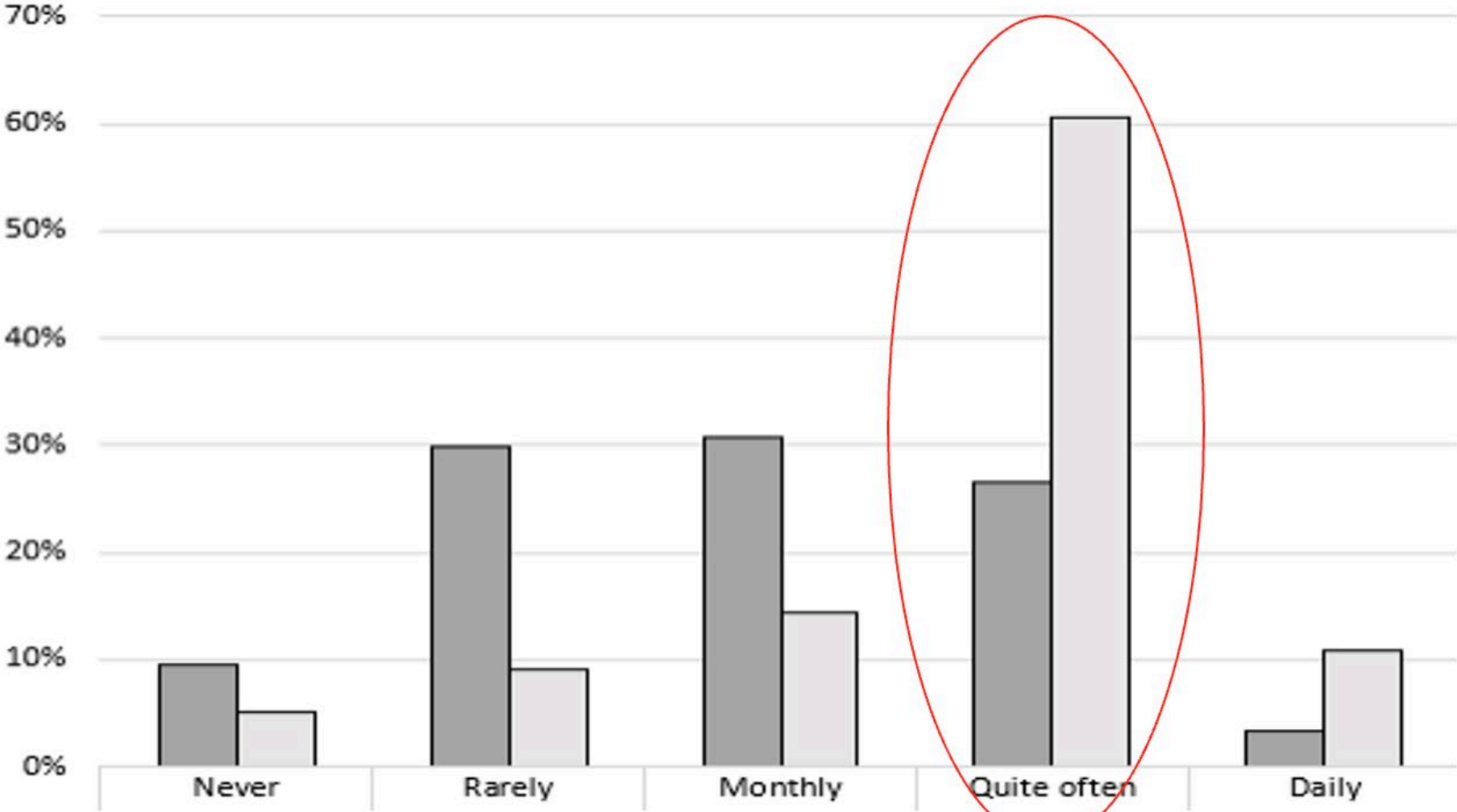
Key Takeaways

- Many participants express **concern about DEI issues** and **need for more departmental resources and support**
- Some **believe that racism is not a problem** in the department or that reverse-racism exists
- Some **equity/inclusivity** concerns other than racism
- **Experiences, beliefs, and priorities differed by race**

DEMOGRAPHICS (n=420)

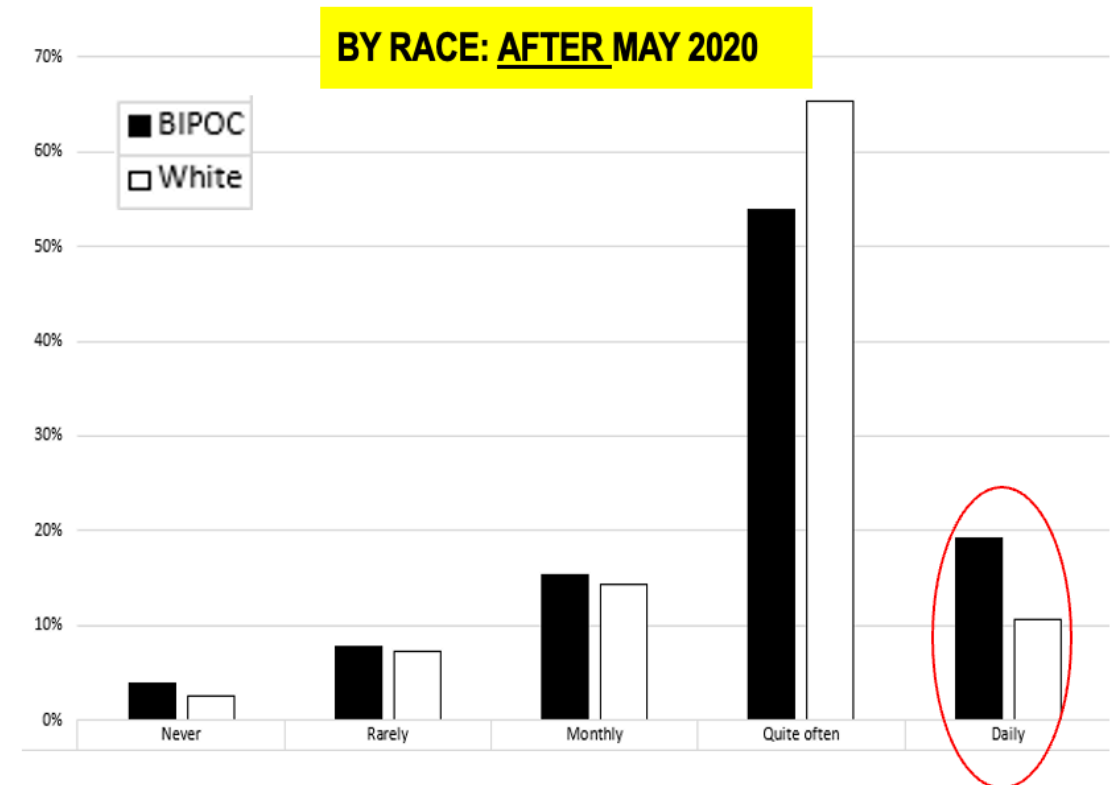
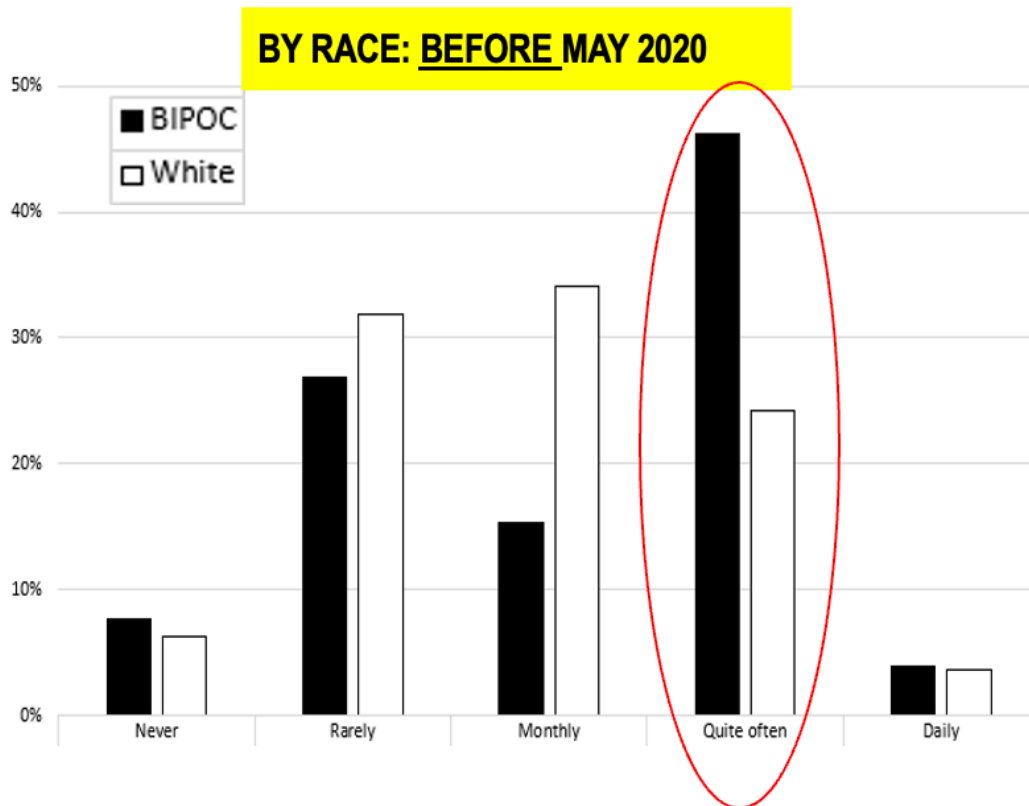
- **RACE:** 81.2% White; 7.7% non-White or 2 or more races
- **PROFESSIONAL ROLE:** Clinic staff 32.3%; Admin staff 24.9%; Faculty 28.2%; Residents 5.2%

Participant engagement with issues of racism and racial inequality increased after Black Lives Matter protests in May 2020

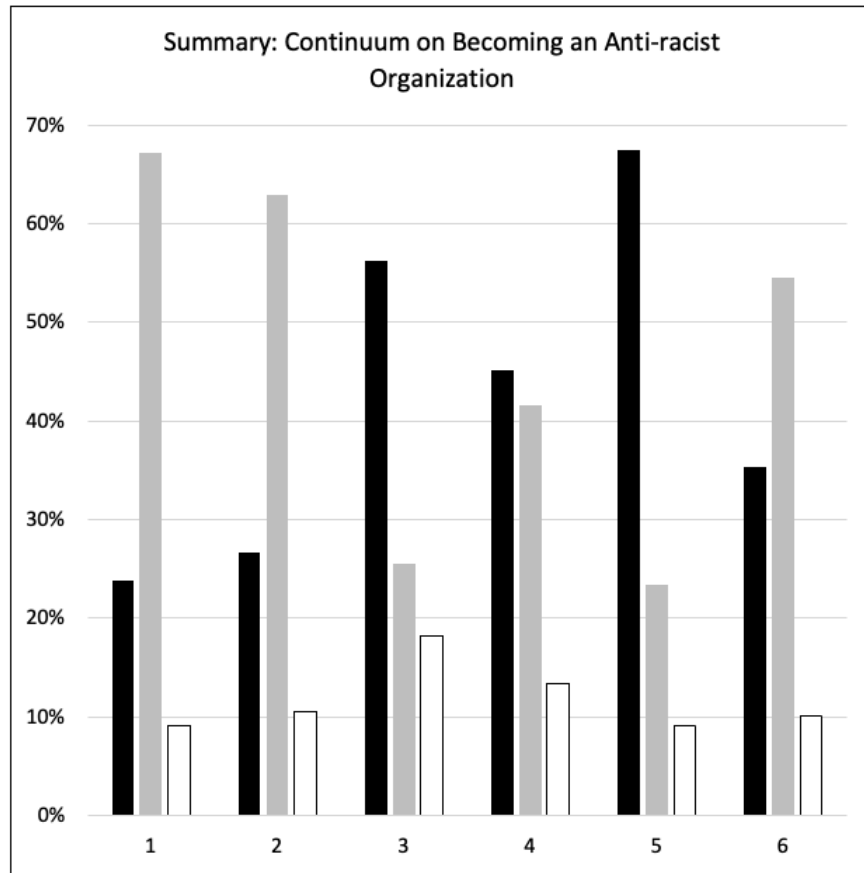


BUT, while frequency of conversation about race increase after May 2020...

- **BIPOC were already engaged in conversations about racism more frequently than their white colleagues before May 2020.**
- **More BIPOC are having conversations about racism daily than white employees, proportionally**



How do EMPLOYEES RANK DFMCH on the multicultural organization continuum?



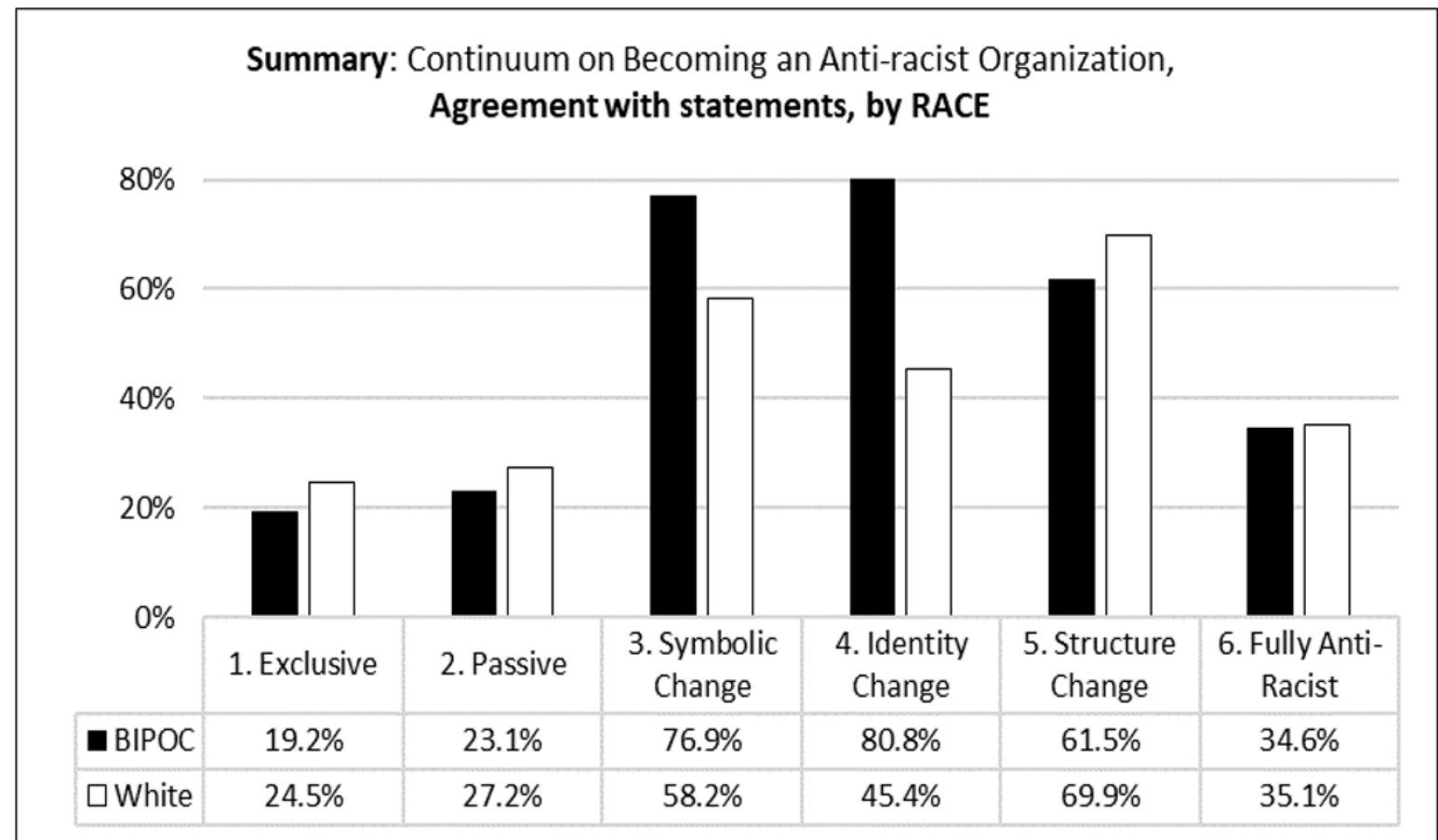
KEY:

AGREE DISAGREE DON'T UNDERSTAND THE QUESTION

Overall, the most agreement appears in the level **3-5 range**, with the highest number of employees ranking DFMCH as level 5

- **Level 3: “Symbolic Change:** DFMCH publicly carries out efforts to address diversity, equity and inclusion but does not address institutional status quo of privilege.”
- **Level 4: “Identity Change:** DFMCH has a system that supports antiracism but culture prevents Black, indigenous, and people of color from holding leadership positions.”
- **Level 5: “Structural Change:** DFMCH is committed to anti-racist restructuring and ensures that the voices of Black, indigenous, and people of color contribute to structural change.”

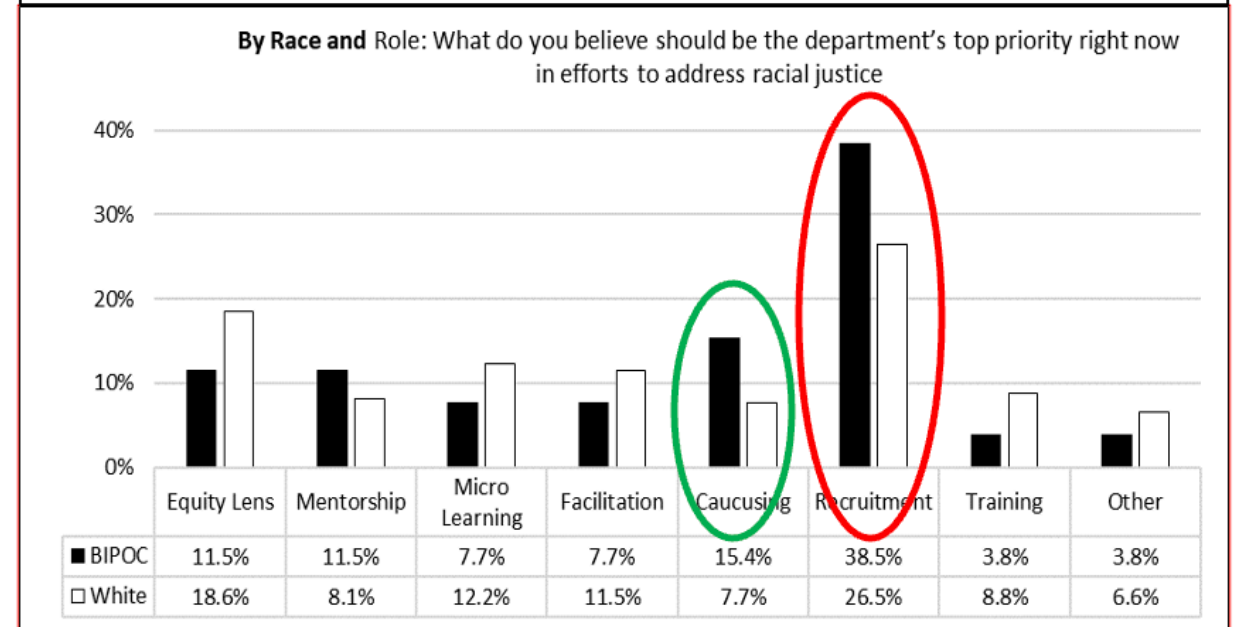
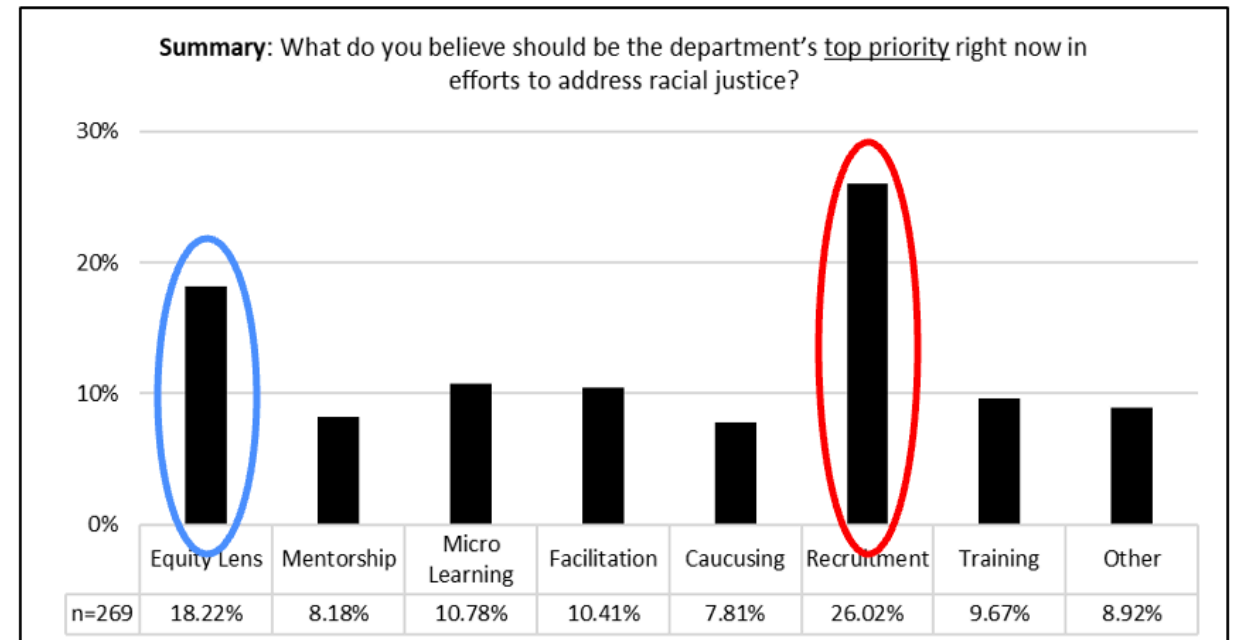
Ranking the DFMCH on the Multicultural Organizational Continuum by Participants' Race



BUT when **disaggregated by race**, the majority of **BIPOC** employees rank DFMCH as a **level 3-4** organization on the multicultural organizational spectrum, while most **white** employees rank DFMCH as **level 3-5**, with the highest number ranking DFMCH as level 5.

Recruitment: A top priority

- **Recruitment** and applying an **equity lens** across dept. named as top priorities for anti-racist work
- When **broken out by race**, **recruitment** still listed as top priority by far, particularly by **BIPOC**. **Racial affinity caucusing** named as top priority by second largest percentage of **BIPOC** respondents



Where do you think your department or unit is on this continuum scale of becoming an anti-racist, multicultural institution?

MONOCULTURAL		MULTICULTURAL		ANTI-RACIST		ANTI-RACIST MULTICULTURAL	
Racial and Cultural Differences Seen as Defects		Tolerant of Racial and Cultural Differences				Racial and Cultural Differences Seen as Assets	
1. Exclusive A Segregated Institution	2. Passive A "Club" Institution	3. Symbolic Change A Multicultural Institution	4. Identity Change An Anti-Racist Institution	5. Structural Change A Transforming Institution	6. Fully Inclusive A Transformed Institution in a Transformed Society		
<ul style="list-style-type: none"> Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos and Asian Americans Intentionally and publicly enforces the racist status quo throughout institution Institutionalization of racism includes formal policies and practices, teachings and decision-making on all levels Usually has similar intentional policies and practices toward other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. 	<ul style="list-style-type: none"> Tolerant of a limited number of People of Color with "proper" perspective and credentials May still secretly limit or exclude People of Color in contradiction to public policies Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings and decision-making on all levels of institutional life Often declares, "We don't have a problem." 	<ul style="list-style-type: none"> Makes official policy pronouncements regarding multicultural diversity Sees itself as "non-racist" institution with open doors to People of Color Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff Expanding view of diversity includes other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. <p>But . . .</p> <ul style="list-style-type: none"> "Not those who make waves" Little or no contextual change in culture, policies and decision-making Is still relatively unaware of continuing patterns of privilege, paternalism and control 	<ul style="list-style-type: none"> Growing understanding of racism as barrier to effective diversity Develops analysis of systemic racism Sponsors programs of anti-racism training New consciousness of institutionalized white power and privilege Develops intentional identity as an "anti-racist" institution Begins to develop accountability to racially oppressed communities Increasing commitment to dismantle racism and eliminate inherent white advantage <p>But . . .</p> <ul style="list-style-type: none"> Institutional structures and culture that maintain white power and privilege still intact and relatively untouched 	<ul style="list-style-type: none"> Commits to process of intentional institutional restructuring, based on anti-racist analysis and identity Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their worldview, culture and lifestyles Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution's life and work Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities Anti-racist multicultural diversity becomes an institutionalized asset Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments 	<ul style="list-style-type: none"> Future vision of an institution and wider community that has overcome systemic racism Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests A sense of restored community and mutual caring Allies with others in combating all forms of social oppression <p>© By Crossroads Ministry: Adapted from original concept by Baily Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding.</p>		

Findings/Themes (Policy & Practice Review)

- **Emerging infrastructure; policy and widespread practice still in formation**
- **Lack of diversity, especially in leadership -- with some recent improvement**
- **Lack of race-explicit language in key documents**
- **Expand from “diversity” to “workforce equity”**
- **Opportunities for communication, engagement, and alignment**
 - DEI Committee role and ways to engage
 - Shared language and analysis (e.g., root causes of health inequity)
 - Use of racial equity tools in policy & practice
 - External communications
 - Community partnerships



nINA Assessment Methods

Policy & Practice Review

- Administration and Governance
- Communications and Marketing
- Community Outreach and Engagement
- Mission, Vision, Values, and Priorities
- Program Planning and Delivery (including data and metrics)
- Workforce Equity: Organizational Climate and Culture
- Workforce Equity: Human Resources and Personnel Management

Focus Groups

Formal and Informal Discussions

- BIPOC employees
- Residency leadership
- Family/Patient Advisory Committee
- Climate Committee
- Executive Team members



Findings/Themes (Focus Groups & Interviews)

- **Organizational priority & commitment - higher than ever**
 - *“This is a conscious effort; more than we have accomplished in the past.”*
 - *“We shouldn’t just be doing this because it’s popular or to avoid looking bad.”*
- **Organizational identity and complexity - structure & interwovenness of institutions**
- **Organizational readiness for transformation - a long way to go**
 - *“Generally I think there are a lot of people who care about the issue...but we don't necessarily have confidence to know how to move things forward or have a coordinated effort in place.”*
- **Organizational climate & culture - embedded whiteness**
 - *“...we have to get a handle on what wisdom looks like. All people have something to offer, not just those at the highest tier.”*
- **Workforce equity - representation and power dynamics**
 - *“I answer to all white people, everybody.”*



Strategies

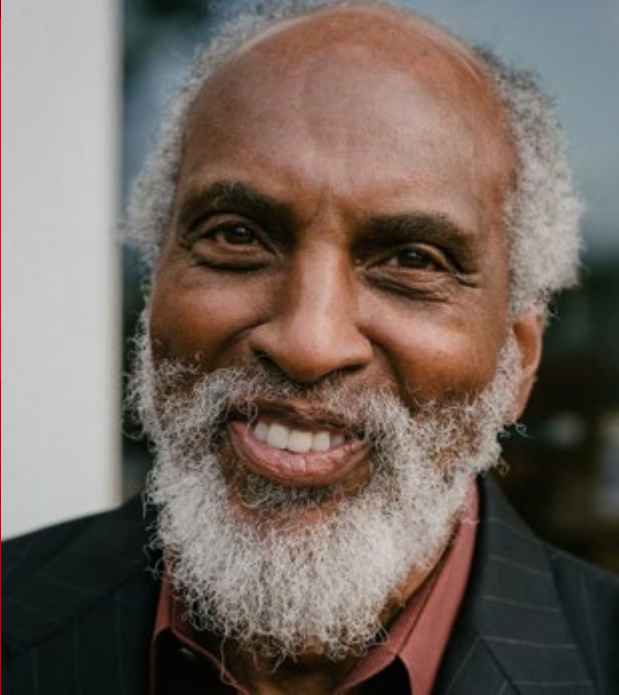
Recommendations from nINA

1. Develop and internalize equitable and inclusive practices before, and along with, work toward diversity.
2. Build and support DFMCH infrastructure for racial equity/anti-racism/DEI work.
3. Review and update guiding documents, policies, and practices to reflect racial equity priorities.
4. Create an annual learning plan that reinforces core concepts and allows for discussion, exploration, and application to the specific work of individuals and teams.
5. Solidify internal infrastructure to support honest, integrous, and mutually beneficial external partnerships.
6. Elevate and incorporate BIPOC voices, both in the department and in community partnerships.
7. Establish department-wide practices for use of racial equity tools to conduct systematic reviews of policies and practices.
8. Communicate the imperative of racial equity/anti-racism/DEI work widely, clearly, and often.



Visioning and Transformation

Toward Belonging



Belonging or being fully human means more than having access. Belonging entails being respected at a basic level that includes the right to both co-create and make demands upon society.

john a. powell
Director, Othering & Belonging Institute
UC Berkeley

DFMCH's Emerging Racial Equity Vision

DFMCH is a place where everyone feels engaged, included, and has a sense of belonging;

a place that reflects the community we serve at all levels.

To achieve this vision, we will disrupt and redefine professional culture that is currently defined by whiteness. We will model a new normal for what academic medicine looks like and how it works.

Developed by DEI Committee, early 2021



DFMCH DEI Committee: TRUST

MISSION Our committee exists to disrupt and redefine professional culture that is defined by whiteness . We will model a new normal for what academic medicine looks like and how it works in order to promote and practice health equity, diversity, inclusion, and anti-racism.

VISION Our department is a place where everyone feels engaged, included, and has a sense of belonging; a place that reflects the community we serve at all levels.

TRANSFORMATION We will create and sustain systems of shared power and equitable allocation of resources that supports health equity, diversity, inclusion, belonging, and anti-racism. Our new narrative will be one of disrupting professional culture defined by whiteness.

RECRUITING We will develop and support intentional systems for recruiting and selecting more diverse leadership, faculty, staff, and residents. We will actively identify and support pathways to more diverse clinical, research, and educational teams and leadership.

UNLEARNING AND LEARNING We will provide access to educational curriculum, tools, and resources that help faculty, staff, and clinical learners to unlearn behaviors and practices that support exclusion and replace these with those that support inclusion and belonging.

SUSTAINING AND RETAINING We will establish and maintain institutional policies and practices, including systems of mentorship, that support belonging and an inclusive climate for all, especially for pioneers and champions of inclusion.

TRACKING AND TELLING We will develop and test clear metrics that help us assess and refine our work. We will share stories and strategies of building trust and shared power to support health equity, diversity, inclusion, belonging, and anti-racism in academic medicine.

TRUST: Transformation

Transformation requires activity of sustained and sustainable commitment to change. Examples beyond visioning include

- Expansion of the DFMCH Office of Community Health
- Investment in anti-racism and health equity activities
- Diversity in leadership
- Application of an equity lens to current and new policies and practices
 - e.g. Cultural and religious inclusivity

DFMCH Holiday Celebrations: Mini-analysis and discussion

Brainstorm and discuss the following with your group:

What is the desired outcome? (What is the condition of well-being we want people to experience?)

Who is impacted (by current or recent practices?)

What ideas do you have for practices that increase inclusion and belonging?

We want to be inclusive

We want people in our department to feel a sense of belonging during times of celebration.

Who benefits and how?

Who is burdened and how?

Have a DFMCH calendar that notes all holidays that everyone observes.

The UW provides a similar calendar here <https://secfac.wisc.edu/academic-calendar/>

festive and belonging

Celebrating the people in our department every day - cultural celebrations are valid as separate from celebrating someone's

People who observe Christian holidays
Legal holidays, "official" days off are mostly centered around these days.

People who observe non-Christian holidays
Often have to work on holidays or make the case for using rare floating days for these holidays.

Create multiple ways for people to share information and co-create strategies

All holidays should have acknowledgement and celebration

People who enjoy celebrating all festivities benefits

If we highlight all holidays...

Those communities who aren't recognized (government/social)

Increase awareness.

Don't as

Days time : more getting days off the implication is some holidays are more important than others. For

what are our options to make floating holidays so people can choose when they use these

Those who celebrate

...could be a burden to educate everyone on the holidays that they may not recognize

I was only exposed to one way and haven't had enough exposure to know

Just beca from a cer has a cert doesn't al hey celeb ooliday or eligious t

Practicing Applying an Equity Lens

white Christian holidays

How do you know?

Getting to know the folks on our teams

So we can create spaces where people feel they can share both

Consider the dep: "What d



Practicing an Equity Lens

- What is the **desired outcome**? (What is the condition of well-being we want people to experience)
- Who is impacted by current or recent practices
 - **Who benefits** and how? **Who is burdened** and how?
 - How do you know
 - **What data** do you have? What data would tell you more about this?
 - How have people most impacted or excluded been **engaged**? How can they inform this practice?
- What ideas do you have for practices that **increase inclusion and belonging**?
- What are potential (or actual) **unintended consequences**?

TRUST: Recruiting

We have formed working groups to address recruitment strategies across our department (faculty, staff and learners) but our residency has been leading the way for years.

- Holistic reviews
- Analysis showed bias toward white applicants, so recruitment practices were revised
- Launching of a pathway program to promote mentorship of URM students interested in family medicine led by URM residents

TRUST: Unlearning and Learning

In order to engage our large department and to increase our own capacity, we have worked on providing various learning and training opportunities

- DEI 101 Training Sessions
- Facilitation of Courageous Conversations Workshop
- Leadership Development Equity Workshop
- Black History Course Sessions presented by Nehemiah Urban Center for Leadership Development
- DEI Microlearning Sessions developed by UW Health
- Racial Affinity Caucusing
- DEI 1:1 Coaching Sessions

TRUST: Sustaining and Retaining

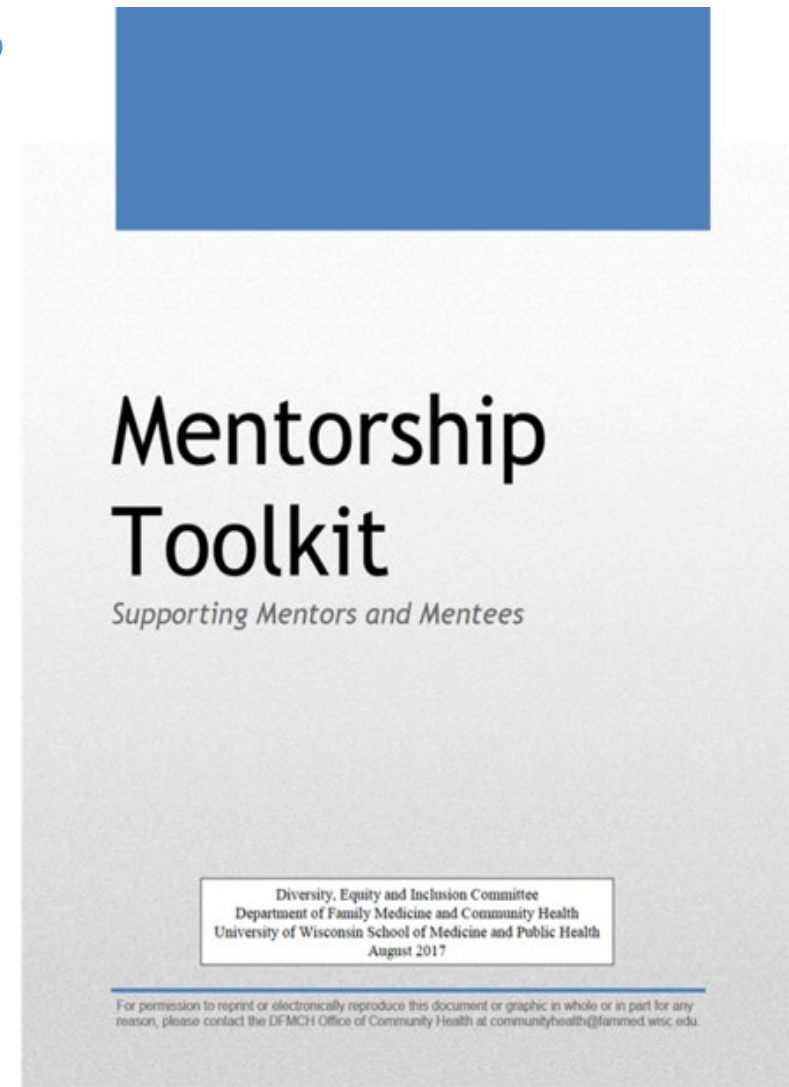
“In order to be a mentor, and an effective one, one must care...Know what you know and care about the person, care about what you know, and care about the person you’re sharing with.”

— Maya Angelou

“A mentor is someone who allows you to see the hope inside yourself.”

— Oprah Winfrey

<https://www.fammed.wisc.edu/files/webfm-uploads/documents/diversity/Mentorship-Toolkit.pdf>



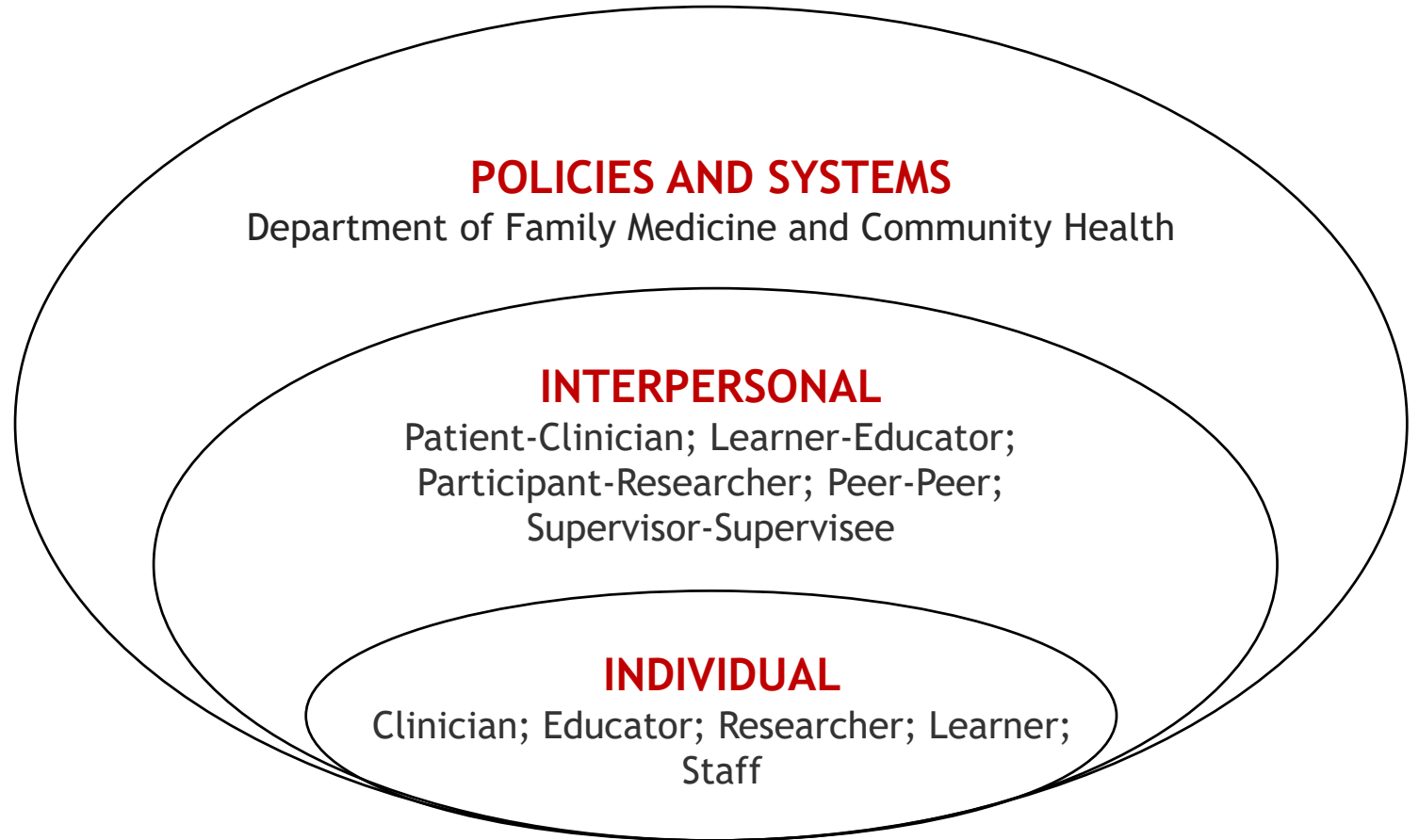
TRUST: Tracking and Telling

- We have formed a DEI Dashboard working group and are developing metrics for our department
- With expanded infrastructure we have expertise in
 - participatory-based community research
 - qualitative research
 - community organizing
- We anticipate greater inclusion of community voices in this work

Communicating a multilevel approach

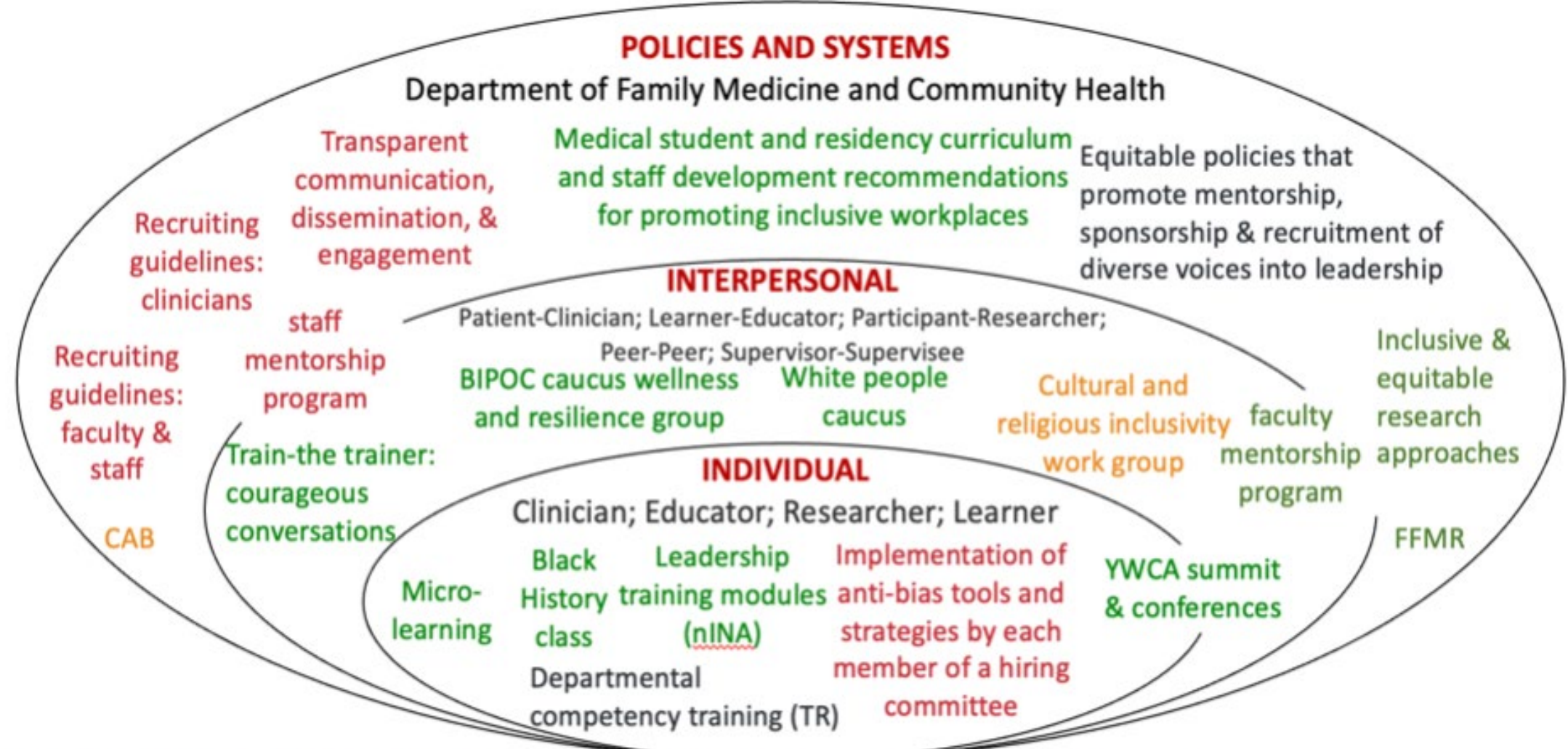
A Socioecological Model

assumes humans are a product of their **individual** characteristics, **interpersonal** relationships, **organizational** entities, and **community** structures, systems, and **policies** to which they are exposed.



Adapted from: Edgoose JYC, Carvajal DN, Reavis KMP, Yogendran L, Echiverri AT, Rodriguez JE. Interrogating Race and White Supremacy: A Socioecological Framework for Academic Medicine. *JABFM* (in press)

An SEM Summary of the DEI Committee's Work



- activity scope = DEI capacity; project is moving forward
- activity scope = DEI capacity; project is not advancing (yet)
- activity scope ≠ DEI capacity
- activity scope and capacity unknown/not yet assessed

What antiracism strategies is your department/unit pursuing?

What are the barriers in your department to doing antiracism work?

Topics for consideration

- **Leadership**

How do assure sustained systems-level change? (as a leader or how do you engage and/or work with your leadership)

- **Development of broad partnerships**

How do you reach out and build partnerships? Who could you reach out to? Explore opportunities for reciprocity/co-creation/alignment

- **Needs assessment and evaluation**

How do you engage and assess your members; How can an organization hold itself accountable?

- **Antiracism education and training**

What are opportunities for unlearning and learning? Who should/could you engage?

Thank you. Q&A

“...the academy is not paradise. But learning is a place where paradise can be created. The classroom, with all its limitations, remains a location of possibility. In that field of possibility, we have the opportunity to labor for freedom, to demand of ourselves and our comrades, an openness of mind and heart that allows us to face reality even as we collectively imagine ways to move beyond boundaries, to transgress. This is education as the practice of freedom.”

bell hooks

Teaching to Transgress: Education as the Practice of Freedom. Routledge, 1994.

For questions contact:

Jennifer Edgoose Jennifer.edgoose@fammed.wisc.edu or Maddie Batzli mbatzli@wisc.edu

In memory of Beth Potter
– dear friend, colleague, and social-justice advocate