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Department of Health Behavior  
Equity Action and Accountability Plan

October 2020 Draft

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

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

The EAAP was initially conceptualized to be a response to the Equity Collective's report, completed in November 2019 and distributed to the department in January 2020, in which Equity Collective members documented the experiences of students of color in the department, titled, *Documenting the racialized experiences of Health Behavior graduate students*. The study used a combination of interviews and focus groups, resulting in the identification of several areas of concern and actionable recommendations. In a conversation facilitated by the Gillings Office of Inclusive Excellence, student representatives attended the February 2020 Health Behavior faculty meeting where they further discussed experiences represented in the report. Students also communicated that they have been largely alone in trying to move the department towards being more anti-racist and equitable. Faculty agreed, and six members volunteered to form the Equity Task Force.

The Task Force operates with a flat structure instead of hierarchical leadership more commonly seen in academic settings. We wanted to minimize the chance that our work would inadvertently be influenced by and reproduce the very features of systems we acknowledge are barriers to equity. We were charged with developing a plan that could help us proactively address issues of racism, inclusion, and equity; the department's history on these matters has largely been ad hoc and reactionary.

In March 2020, many Health Behavior MPH students (with support from MPH students in Global Health and Health Equity) participated in a student action in which they walked out of class, made formal requests of department faculty around commitments to anti-racist actions, and covered the office door of the department chair with post-it notes that communicated student experiences of microaggressions in the department. The results of this action were documented in a report, which also included a compilation and thematic grouping of these microaggressions. The student action served as an additional catalyst for action among faculty and impressed upon the Equity Task Force the need to incorporate accountability into the plan. Student experiences documented during the student action not only informed the EAAP but were a crucial factor in moving forward with the development and implementation of a microaggression response system at Gillings (currently planned to launch in Spring 2021). We briefly document the history and context for creating the EAAP to be transparent about how it and the Task Force came to exist, and to acknowledge the critical contributions Health Behavior students have made over the last several years, and decades before.

To complement the student-generated reports, the Equity Task Force spent the summer and fall soliciting input from department stakeholders to incorporate diverse perspectives in the initial draft of the EAAP. We facilitated multiple listening and feedback sessions with students and student representatives (inclusive of the three MPH concentrations and PhD program administered by Health Behavior). We provided regular updates to faculty during monthly meetings and facilitated a separate meeting for more in-depth updates and discussion about our work. We also had a meeting with departmental administrative and research staff to present and receive feedback on a working draft of recommendations. The meetings with

staff focused particularly on identifying elements missing from the recommendations that spoke to their experiences in the department. A combination of feedback from these groups, the findings of and recommendations within the Equity Collective Report, work done by a Health Behavior student with the Equity Task Force in fulfillment of the MPH practicum requirement, consultation with others across Gillings and UNC, external resources and trainings, and the Task Force's own lived experiences within Health Behavior, are what informed this first draft of the EAAP.

The EAAP is organized around six key strategies. Each strategy is accompanied by short-term and long-term action steps, suggestions for resources and partners in executing the relevant work, and possible limitations to implementation. Perhaps most importantly, each strategy also offers ways in which the Health Behavior Department can document progress and maintain accountability in its efforts to implement the EAAP. Racism extends far beyond interpersonal interactions. Consequently, anti-racist action requires we actively undo inequitable systems, many of which are largely invisible to us because of their ubiquity. By building in structures of accountability we hope to communicate a commitment to becoming an inclusive and anti-racist department, but also because we want the EAAP to be a document that we continually return to, discuss, and revise to meet the needs of the Health Behavior community. Over the next several weeks we will be presenting several opportunities for feedback about this initial draft and look forward to hearing from you, though you are always welcome to reach out to the Task Force with any thoughts, concerns, or suggestions.

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

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

Alexandra Lightfoot  
Carol Golin  
Derrick Matthews  
Marissa Hall  
Patsy Polston  
Shelley Golden

[hbequitytaskforce@unc.edu](mailto:hbequitytaskforce@unc.edu) | <https://sph.unc.edu/hb/equity-task-force-updates>

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

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

-Kimberlé Crenshaw

*Why is this important?*

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

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

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

Collectively, we must:

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

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

### *Action steps for the upcoming year*

- **1.1** Use an equity lens to develop and disseminate a complete and accurate history of Gillings and the department to students, staff and faculty as a foundation for understanding our history and the systems that are in place.
- **1.2** Determine a process with students, staff and faculty to build community, trust and healing through a deliberative dialogue, appreciative inquiry, truth and reconciliation, or other reconciliatory approach.
- **1.3** Designate a “space” both physical (post COVID 19) and virtual for healing and gathering for BIPOC students, faculty and staff.
- **1.4** Revisit the “visual feel” of the department (post COVID 19) to eliminate stereotypical images and increase representation of BIPOC students, staff and faculty.
- **1.5** Foster shared understanding and use of anti-racist/racial equity language.

### *Constraints and challenges*

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

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

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## **Accountability**

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

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

department, including from the Office of Inclusive Excellence (OIE), Office of Student Affairs (OSA), and community-based experts.

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

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

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

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

### *Why is this important?*

Preparing equity-minded public health practitioners and researchers is at the core of our work as faculty in the Health Behavior Department. These strategies are intended to help our department incorporate anti-racism and equity-focused approaches into our course content, teaching methods and practice, and interactions with students in the classroom and the mentor/mentee relationship. Implementing this strategy is critical to changing the culture and climate of the department.

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

### *Action steps for the upcoming year*

- **2.1** Recommend faculty initiate self-inquiry to reflect on positionality, beliefs, biases, and practices as a foundational step in the “learning to be anti-racist” process.
  - Seek guidance from available resources, such as the soon-to-be released *Anti-Racist Planning Guide for Public Health Pedagogy* (see Introduction, Section 1: Racism and Anti-Racism, Section 2: Power and Identity).
- **2.2** Mandate ongoing anti-racism trainings for faculty, including and in addition to REI Phase 1, to deepen faculty learning and promote skill-building.
  - Link with Strategy 3 (see below).
- **2.3** Focus the department’s 2020-2021 annual faculty retreat on anti-racism teaching strategies and skill-building.
  - Require faculty to set personal goals to put learning from retreat into practice.
  - Link faculty goals with Strategy 3 (see below).
- **2.4** Sponsor a workshop in conjunction with the launch of the schoolwide microaggressions feedback system to build faculty skills and capacity to identify and address microaggressions.
  - Leverage expertise on campus (e.g., Center for Faculty Excellence) or community (e.g., <https://itisinyou.org/>) to facilitate interactive training with skill-building and practice opportunities.
- **2.5** Review mentoring practices, structures and processes to better center the needs of BIPOC students and draft recommendations/guidelines that incorporate student input and best practices from the field.
- **2.6** Determine strategy for garnering student feedback about classroom environments beyond school-wide course evaluations.

- **2.7** Require faculty to conduct syllabus audits within a year of the initiation of this finalized plan to identify and redress equity-related gaps.
- Provide faculty resources on effective syllabus audits (e.g., North Central Sociological Association & Alpha Kappa Delta Pre-Conference Workshop on Teaching & Learning (2018) (In) Justice and Equity in the Classroom – Foundations and Strategies for Inclusive Pedagogy Effective Syllabus Audits).

### *Constraints and challenges*

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

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## **Accountability**

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

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

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

- Track faculty trainings in the aggregate with a bi-annual survey.
- Assess faculty equity work in fall and EOY reviews with departmental chair (per Strategy 3).
- Review faculty syllabi for edits.
- Administer student surveys to evaluate faculty mentorship.

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### *Possible steps for future years*

- Hold twice-yearly retreats to strengthen faculty skills, build camaraderie, problem-solve challenges and share lessons learned.
- Organize regular workshops among faculty to facilitate discussion and exchange.
- Once syllabus audits are complete, review faculty syllabi and MPH and PhD curriculum to identify equity-related gaps and revise.
  - Develop or adapt courses as needed.

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

#### *Why is this important?*

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

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

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

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

#### *Action steps for the upcoming year*

- **3.1** Incorporate anti-racist and equity-oriented work into faculty performance planning and evaluation.
  - Include a question in the end-of-year faculty meeting form asking faculty to identify anti-racist and equity actions they took as part of their research, teaching and/or service during the last year.
  - Require faculty and the chair to agree upon a professional goal specifically related to anti-racism and/or equity in their set of identified goals for the subsequent year that result from end-of-year meetings.

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

### *Constraints and challenges*

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

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

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## **Accountability**

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

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

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

- Review the end-of-year meeting form for anti-racist and equity-related requirements in April of 2021.

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

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

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

### *Why is this important?*

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

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

Finally, this goal does not exist in a vacuum. The removal of the confederate statue in 2018 and UNC's financial settlement with the Sons of the Confederate Veterans in 2019 resulted in UNC's stated commitment to provide redress to begin to make up for past harms. In 2020 BIPOC faculty released the [Roadmap for Racial Equity](#). Recently, The Daily Tar Heel wrote an article highlighting challenges in retaining faculty of color across campus which has received both local and national attention. These collectively present a window of opportunity in which UNC has stated a commitment to diversity and inclusion, and BIPOC faculty have stated the need to increase both the number of Black faculty as well as the number of faculty with research programs focused on communities of color. All actions taken to diversify the Health Behavior faculty should be taken with this larger context in mind, achieving synergy with other similar endeavors across campus where possible.

### *Action steps for the upcoming year*

- **4.1** Update faculty job posting and hiring process.
  - Review where positions are frequently advertised, update, and standardize a base-level requirement of where all positions will be posted.
  - Modify evaluation criteria for job candidates to value engagement with equity in research, teaching, and mentorship.
  - Require a diversity and inclusion statement as part of the application package.
  - Ensure that evaluation criteria mirror similar recommended changes to annual faculty evaluation (see action step 3.1).

- Require all search committee members have a minimal amount of training in equity and anti-racism (e.g., REI Phase 1), a refresher in implicit bias, and that search committee chairs are especially equipped to lead a search that is actively anti-racist and conscious of other bias (e.g., gender, sexual orientation, age).
    - Best practice dictates diverse committee membership, but the small number of faculty of color makes this currently impractical.
  - Review past searches and identify areas for improvement applying an equity lens. Are we dismissing qualified candidates who have been trained at universities where existing faculty weren't trained? Are we reproducing the type of research and experience we value based on our existing expertise, closing the door for varied but valuable experiences? How are the job descriptions themselves communicating what we value as a department?
- **4.2** Begin identifying external mechanisms to secure resources in order to diversify faculty.
- T32 (NIH-funded training grant) focused on health equity research to facilitate a postdoc to faculty pipeline.
  - NIH Diversity supplements to support postdocs and junior faculty.
  - Grants explicitly focused on diversifying faculty (e.g., [NSF-funded University of Houston Center for Advancing UH Faculty Success](#)).
- **4.3** Leverage the current window of opportunity provided by UNC's stated desire to invest resources in diversity and inclusion efforts to secure funds to execute cluster searches/hires.
- **4.4** In the annual State of the Department presentation, have department chair include information not only about outcomes, but intermediate actions taken, to improve faculty diversity.

### *Constraints and challenges*

Regarding recruitment, the primary challenge is around already scarce funding and resources, only exacerbated by COVID spending restrictions, department finances, and a general campus-wide reduction in revenue. A recurring challenge also has to do with the long timeline associated with hiring faculty; it can be easy to prioritize shorter-term successes, though action 4.4 should mitigate this somewhat. There is also a sort of chicken-and-egg problem, in which the lack of diversity makes it challenging to implement support structures that facilitate the recruitment and retention of faculty of color in the first place. While thoughtful use of non-primary appointments to the faculty can be useful, it also has the potential of creating a two-tiered system; it should be used to enhance not substitute diversifying primary faculty. Finally, we must remain vigilant about simultaneously diversifying faculty and the student body as the composition of one can have a reinforcing role on the other.

Retention carries its own set of unique challenges. For example, there is also now recognition by the [NIH itself that securing grants, which is required of most faculty for promotion, is biased against faculty of color who are more often engaged in health equity research that has a systemic bias against being funded](#). Other challenges related to the "minority tax" are of concern, in which faculty of color may find themselves disproportionately engaged with activities that are not compensated or valued in promotion and tenure guidelines, such as increased mentoring of students of color, diversity and inclusion service, or additional

requests to guest lecture as other faculty seek to introduce diversity of speakers and topics into their own courses. These challenges are not insurmountable but will likely require revisiting what constitutes appropriate metrics for career advancement.

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## **Accountability**

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

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

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

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

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### *Possible steps for future years*

- Continue to use UNC-specific mechanisms such as Carolina Postdoctoral Program for Faculty Diversity and VITAE.
- Commit to hiring additional faculty whose primary research area is in anti-racism and equity.
- Consider developing a departmental T32 that could train both students and postdocs, strengthening an internal pipeline.
- Improve the “onboarding” process for faculty by providing or highlighting:
  - Formal resources and opportunities (e.g., internal grant opportunities).
  - Departmental expectations.
  - Introduction to and inclusion into existing groups across SPH and UNC that may be valuable (e.g., Centers, labs).
- Strategize around hiring faculty in groups / clusters to accelerate social support networks within the department.
- Leverage joint and adjunct appointments to draw upon existing faculty diversity across campus and at other research organizations.

- Revisit mentorship model of junior faculty so that it is easier for junior faculty to express concerns or needs.
- Partner with Gillings and university leadership to develop and institutionalize a permanent organizational entity (e.g., a Center) tasked explicitly with the recruitment, development, and retention of faculty of color.
- Advocate that all department chairs report both to their own departmental community as well as the Dean any actions they have taken each year to achieving a more diverse faculty.

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

### *Why is this important?*

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

### *Action steps for the upcoming year*

- **5.1** Recommend that all Health Behavior student positions (i.e., those that are funded by departmental funds or by grants of which a Health Behavior faculty is Principal Investigator) are advertised with: 1) a detailed job description, 2) requirements and preferences of applicants, and 3) an application and hiring process and timeline. This recommendation does not apply to funding used for recruitment of students.
- **5.2** Recommend that the information about Health Behavior student positions be distributed over the departmental listserv and/or the weekly newsletter at least 1 week before the deadline for job applications. As with 5.1, this recommendation does not apply to funding used for recruitment of students.
- **5.3** Examine and report demographic and concentration differences in student funding.
  - Work with department business manager and chair to determine what metrics to examine.
  - Examine demographic and concentration differences in funding annually, to identify where disparities lie.
  - Disseminate these data at the chair's State of the Department.
  - Make recommendations for action depending on results on an ongoing basis.
- **5.4** Create a statement about how funding decisions are made and allocated during the recruitment process and after enrollment in the program; post on the website, make widely available to students and disseminate at the chair's State of the Department.

### *Constraints and challenges*

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

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## Accountability

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

For 5.1 and 5.2, the department chair will disseminate this recommendation to faculty and remind faculty. For 5.3, the Health Behavior Equity Task Force will work with the department manager and the department chair. For 5.4, the vice chair will create and disseminate the statement, in collaboration with the departmental leadership team (chair, vice chair, program lead for MPH program, program lead for PhD program).

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

- The Health Behavior Equity Task Force will conduct an audit of progress toward these action steps, with the goals of confirming that 5.1, 5.2, and 5.4 have occurred within 6 months of this report being finalized.
- For 5.3, we aim to have an initial report ready within 6 months of the EAAP being finalized, with further recommendations within 12 months.

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### *Possible steps for future years*

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

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

### *Why is this important?*

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

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

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

### *Action steps for the upcoming year*

- **6.1** Convene a sub-task force to carry out steps below and to develop a long-range plan.

- 6.2 Reach out to individuals and units (e.g., UNC Center for Health Equity Research) currently conducting school-wide and university-wide efforts to incorporate an anti-racist lens into equity-oriented research (using snowball sampling) to understand and catalogue current efforts and identify gaps.
- 6.3 Create a repository of the following:
  - Eligible diversity supplement grants—PIs and grant numbers that would be eligible for diversity supplements at all career levels (undergraduate, graduate, post-doc, junior and mid-level faculty).
  - Departmental research base that seeks to address racial health inequities.
  - Health disparities research supplements.
- 6.4 Recommend incorporation of discussing strategies for writing diversity supplements in the departmental grant writing class.
- 6.5 Identify specific structural (institutional level) changes to hiring, promotion and retention practices related to research staff that may facilitate diversity of researchers in the department (in conjunction with Strategies 4 and 5).
- 6.6 Recommend potential ways to incorporate anti-racist research methods into departmental research methods courses, including introduction of the role of CBPR and other egalitarian research approaches that dismantle rather than perpetuate existing racialized power structures.

### *Constraints and challenges*

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

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## **Accountability**

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

For short term goals, the departmental leadership should reach out to departmental faculty and students to form a task force to carry out the short-term goals and plan for the long-term goals, include who should carry them out. The subtask force should consider including Penny Gordon-Larsen, leaders of the NC TraCS CASE (Community and Stakeholder Engagement) Unit and CHER as consultants. Departmental leadership should consider identifying department members who attend Gordon-Larsen school wide committee meetings as well as members of the Health Behavior Equity Task Force as potential subtask force members. Leadership from the Health Behavior Department and Gillings should reach out to broader campus leadership to create synergy with campus-wide approaches to and

resources for enhancing faculty diversity among health disparities researchers and for conducting health equity research. For incorporation of content into specific courses, course instructors should be involved as consultants.

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

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

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*Possible steps for future years*

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