

Racial Equity Task Force Report – Summary

April 2021

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During the summer of 2020, Vanderbilt University Medical Center (VUMC) and Vanderbilt University School of Medicine (VUSM), like the rest of the country, experienced a global pandemic that exposed harsh realities of health inequities, civil unrest, and difficult truths about racial violence. During the midst of this, leadership at VUMC and VUSM strengthened their commitment to dismantling historic injustices and structural racism.

On July 8, 2020, Dr. Jeffrey Balsler, President and CEO of VUMC and Dean of VUSM, announced five initial steps the organizations would take toward dismantling racism and battling discrimination.

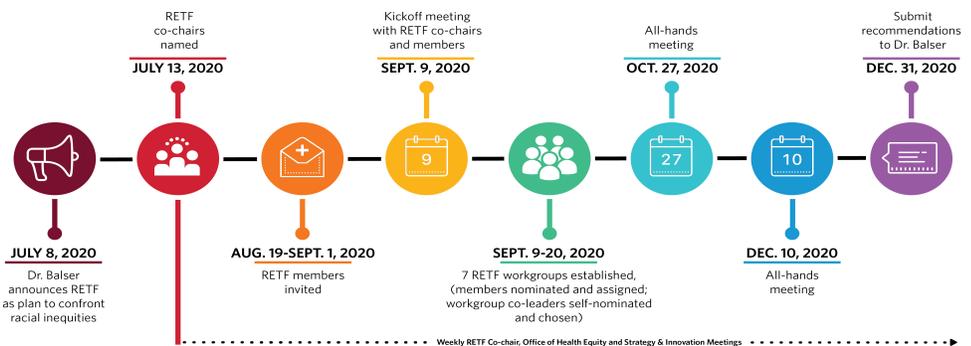
1. Convene a Racial Equity Task Force to deliver recommendations by 12/31/20;
2. Deliver anti-racism training to all senior leaders;
3. Begin examining how existing policies, practices, and organizational culture disadvantage racial/ethnic minorities;
4. Identify gaps in curriculum and opportunities to embed strategies to address structural racism and promote racial justice; and
5. Increase availability of racial equity resources.

In late July, three co-chairs – Mamie Williams, Director, Nurse Safety and Well-being, Peety Kaur, VUSM Class of 2021 President, and Michael R. DeBaun, Professor of Pediatrics – were appointed to lead the Racial Equity Task Force. Subsequently, more than 100 task force and workgroup [members](#) were selected – with a focus on minoritized and often-silenced voices – including nurses, physicians, scientists, departmental and hospital leaders, representatives from human resources, food services, environmental services, and campus police. The [Office of Health Equity](#), led by Consuelo H. Wilkins, convened and supported the task force’s work.

A half-day kick-off meeting was held September 9, 2020 to determine priorities and plan activities. Subsequently, seven thematic workgroups were established, each with co-chairs and a project manager from the Office of Health Equity. Each workgroup was tasked with obtaining primary and secondary data, gathering input from faculty, staff, and learners, and developing recommendations specific to their area. Critical feedback was elicited from racial and ethnic minorities using strategies such as small group listening sessions, which were intended to provide a safe space for sharing.

The workgroups met individually throughout the fall, and one midpoint “all-hands” meeting was held in late October. The final task force meeting was held December 10. During the half-day session, workgroups shared their recommendations, and the task force identified final priorities, areas of overlap, and recommendations in need of additional evidence or support. Co-chairs subsequently finalized recommendations, which were submitted to VUMC and VUSM executive leadership December 31. There are 62 primary recommendations and 152 subrecommendations in 8 thematic areas.

Racial Equity Task Force Implementation Timeline



Eight Themes from VUMC Racial Equity Task Force

To advance racial and ethnic equity, VUMC and VUSM should:

1. Establish an infrastructure which promotes racial equity and combats structural racism.
2. Cultivate an environment where everyone feels welcome; a place that is inclusive, respectful, and free of racism and discrimination.
3. Promote health, economic empowerment, and career advancement for employees from marginalized racial and ethnic groups.
4. Recruit, retain, and promote a diverse workforce; proactively remove barriers to hiring, retention & career advancement for marginalized racial/ethnic groups.
5. Prepare students to understand the social construct of race, racism, and racial equity, and to dismantle racism in health care, research, and public health.
6. Recruit and retain more students and trainees from racial and ethnic groups historically excluded and underrepresented in medicine and health professions.
7. Cultivate a research culture that allows all researchers and staff to thrive, supports racial equity, and advances research that addresses racial inequities.
8. Deliver the highest quality care to all patients, eliminate use of racialized medicine, and foster a climate that welcomes people of all races and ethnicities.

The current state at VUMC and VUSM:

- ❖ There is no apparent infrastructure to support and promote racial equity at VUMC and VUSM; mechanisms for accountability are unclear.
- ❖ There is no system-wide training on preventing or responding to racial or ethnic discrimination, inequity, or abuse/aggression; current reporting mechanisms are inadequate and/or inaccessible to our most vulnerable employees.
- ❖ Employees of color are overrepresented in lower-paying positions, which impacts their health, financial well-being, and opportunities for advancement.
- ❖ Individuals from groups that have been marginalized are underrepresented in almost every role in VUMC, except services. There is no clear strategy for the recruitment, retention, and career advancement of racial/ethnic minorities.
- ❖ VUSM health sciences education does not include longitudinal education on bias, racism, and racial equity across all degree programs; learners are not consistently and continuously educated on how to mitigate implicit bias and fight structural racism in their fields of training.
- ❖ VUSM has had and continues to have a lower number of URM students and trainees than some peer institutions. Departments across VUMC also struggle with the racial/ethnic diversity within their residency and fellowship training programs.
- ❖ There is no clear guidance on defining and reporting race as a variable in research. Additional structures are needed to foster an anti-racist research environment. Medical records, and hence research databases derived from EHR (i.e., Synthetic Derivative and BioVU), have limited racial categories and do not include measures of socioeconomic status; research reliant solely on VUMC patients may not reflect the diversity of the Nashville area.
- ❖ Staff listening sessions and survey data indicate a lack of confidence in leadership related to improving racial and ethnic bias and inequity at VUMC/VUSM, many were made to feel as though they do not belong and noted that they have experienced racial prejudice at work.
- ❖ Race, ethnicity and language are inconsistently captured in patient data, which limits the ability to identify health disparities.
- ❖ Racial and ethnic minorities in Nashville continue to have poorer health outcomes, even with health insurance and VUMC in their community.

Primary Recommendations of the Racial Equity Task Force

Establish the infrastructure needed for an equitable and antiracist institution:

- Demonstrate a public commitment to ensuring a culture of racial equity at VUMC and VUSM.
- Implement a centralized structure with dedicated budget and resources for racial equity work at institutional and departmental levels.
- Identify institutional metrics related to racial equity, which are publicly reported, and tied to executive compensation.
- Create a racial equity oversight committee that reports to senior leadership.
- Establish an anti-racist policy strategy and consider community impacts in guiding decisions for government and commercial payor contracts.
- Procure supplies and services from local, diverse businesses.
- Ensure racial equity in access to and delivery of health care.
- Increase racial/ethnic diversity of leadership teams across VUMC, including Board of Directors and other hospital boards (VHAN, VCH, etc.).
- Improve the accuracy of data on faculty, staff, learner, and patient race, ethnicity, and language preference.
- In partnership with racial minority populations, advocate as an institution for an external public policy agenda that supports equity and anti-racism.
- Support improved internal and external communication about existing racial equity infrastructure and programs.
- Create a task force to document and publish Vanderbilt's history of racism, discrimination, and social justice efforts.

Cultivate an anti-racist and supportive environment:

- Implement enterprise-wide anti-racism and racial equity education and training.
- Implement an enterprise-wide, multi-modal reporting system in which employees, students, and patients can report bias-related incidences, discrimination, racism, micro-and macro-aggressions, and racial abuse.
- Demonstrate ongoing and transparent commitment to address and reconcile critical incidents of discrimination, racism, micro-and macro-aggressions.
- Mandate that all managers participate in training that will provide skills in conflict resolution; how to handle reports of racism, discrimination, micro-and macro-aggressions; and how to create a safe space for staff to report these.
- Include metrics around reducing incidents of racism, discrimination, and micro-and macro-aggressions to annual review cycles and promotions.
- Design feedback mechanisms and response frameworks that fit the needs of people in different job groups (focus groups, surveys, interviews).
- Create adequate and safe spaces for all employees to take breaks, check emails, and have access to computers.
- Ensure all employees have access to computers; this is to allow employees in service roles access to anti-racism and racial equity resources and reporting systems for discrimination, racism, micro-and macro-aggressions, and racial abuse.

Promote the health and well-being of all employees:

- Provide resources and support to enhance knowledge and skills in personal financial management, budgeting, and investing.
- Increase availability and access to education and training for career advancement to every employee.
- Provide resources and support to enhance health and wellness of our employees and the communities where they reside.
- Eliminate inequities in paid time off, which disproportionately impact employees of color.
- Increase access to quality childcare.
- Allow option to donate to employee-selected charities that serve underprivileged and underrepresented communities.
- Increase access to safe and affordable transportation.
- Increase the diversity of discounts offered to employees.
- Ensure all employees have access to basic computer skills educational resources.

Primary Recommendations of the Racial Equity Task Force, continued

Recruit and retain a diverse workforce:

- Increase the number of racial and ethnic minorities in candidate pool for all positions.
- Track leaders' hiring of racially and ethnically diverse candidates and hold them accountable if there is lack of diversity in their teams/offices/departments.
- Personalize career counseling to support promotion for all job families.
- Increase the number of racial and ethnic minority employees considered for career advancement and promotion with VUMC/VUSM.
- Effectively communicate workforce equity and diversity metrics.
- Evaluate processes for selecting awardees and nominating candidates for awards and honors to ensure that the process does not disadvantage minoritized populations and are reflective of our inclusive culture.
- Create training and mentorship programs for racial and ethnic minorities.
- Identify an Executive Champion/Sponsor to gain buy-in from key stakeholders and ensure efforts to recruit, retain, and promote a diverse workforce are successfully implemented.

Teach and prepare our students to understand the social construct of race, racism, and racial equity and to dismantle racism:

- Increase the capacity of VUSM faculty to discuss race, ethnicity, and the origins of health inequities while teaching in clinical and non-clinical settings.
- Integrate structural racism as a core competency for students in all VUSM graduate programs.
- Commit to ensuring a culture of racial equity.
- Develop transparent and easily accessible processes for assessing and reporting racism, discrimination, and bias in education and training.
- Increase student and trainee exposure to individuals from marginalized racial and ethnic groups.
- Increase access to anti-racism and racial equity resources.

Recruit and support a diverse body of students:

- Clarify definition of "underrepresented minorities;" document definition explicitly; and make this information transparent to faculty, students, and applicants.
- Actively recruit students from HBCUs to VUSM with a multi-pronged outreach approach.
- Expand internship programs for local high school and college students from racial and ethnic backgrounds historically excluded from health professions.
- Review VUSM admissions committee bylaws, selection criteria, interview practices, and applicant assessments for racial equity.
- Increase amount of financial support to URM students in the MD program through need-based and merit-based scholarships.
- Institute exit interviews for all learners to understand why URM trainees leave VUMC and VUSM.
- Implement standardized surveys across the institution for prospective URM trainees who chose to attend peer institutions and not VUSM/VUMC.
- Develop a mentoring program with adequate resources that supports URM students, residents, and fellows.
- Require clinical departments to fund at least one URM visiting clerkship student per year with the goal of increased URM senior medical students rotating.
- Increase strategic and targeted outreach for URM medical school, resident, and fellowship applicants.

Ensure an equitable research environment and promote an antiracist research agenda:

- Provide ongoing support to increase and sustain a racially diverse biomedical research workforce.
- Establish the infrastructure (e.g., a Center for Research Equity) to cultivate a research community will catalyze research that addresses health inequities.
- Develop an antiracist scientific vision and research agenda.
- Create institutional standards and support the universal collection of social determinants of health data, including race, ethnicity, primary language, and social class measures in Vanderbilt databases and clinical records.
- Encourage/incentivize investigators to use social determinants of health measures, both individual and structural, to facilitate data harmonization and comparison across studies.
- Improve investigators ability to conduct research with scientifically valid enrollment goals and data that reflect the racial, ethnic, and socioeconomically diversity of disease burden.
- Create a VUMC Equity in Research Oversight Committee to establish transparency and organizational accountability research.

Deliver highest quality healthcare to all:

- Establish a culture of health equity improvement; require each clinical department to identify a racial disparity and implement a process to improvement.
- Establish regularly occurring and mandatory education for VUMC faculty, staff, and trainees about the origin of race as a social construct.
- Improve the accuracy of patient demographic data, including race, ethnicity, and language preference, via multimodal outreach and training of staff.
- Assess patients' perspectives on treatment, care, services received; stratify results based on ethnic and racial status.
- Eliminate racialized science and medicine, which are built on racism, the biologization of race, inaccurate or incomplete data, and flawed assumptions about racial hierarchy.

Racial Equity Accomplishments and Activities July 2020 through March 2021

VUMC's strides toward eliminating racial and ethnic injustices have already begun. Specific actions taken between July 2020 and March 2021 include

- ✓ elimination of race-based glomerular filtration rate (eGFR) reporting;
- ✓ full-day antiracism training for VUMC executive leadership including department chairs and VUMC Board of Directors;
- ✓ increased VUMC minimum wage to \$15/hour;
- ✓ embedded antiracism training in first year medical students curriculum;
- ✓ renamed Dixie Place, a vestige of southern secessionist states, as Vivien Thomas Way in honor of African American surgical pioneer Vivien Thomas