FACULTY DEVELOPMENT & DIVERSITY PROGRAM: UIH FACULTY INTERVIEWS

UCDAVIS HEALTH

Summary Report

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Faculty Development & Diversity Program: UIH Faculty Interviews

EXECUTIVE SUMMARY

As part of the UC Davis Health Faculty Development and Diversity (UCDH FDD) program, interviews were conducted with faculty from the Schools of Health who self-identify as being from racial or ethnic groups that are underrepresented in academic health. Twenty-eight individuals (24% of eligible UIH faculty) participated in an interview to share their stories of their pathway into academic health and their experiences as a UIH faculty member at UCDH. Participants also provided insights and suggestions on best methods to recruit, retain and support UIH faculty at UCDH. Qualitative analyses of de-identified interview transcripts were conducted to ascertain common experiences and themes. Findings describing UIH faculty pathways to a career in academic health and their challenges to achieving leadership and career goals are summarized below.

Inspiration, Pathway and Impact as UIH Faculty

1. Experience of the Academic Health Pathway

a. Influencing Factors

- Inspiration to become a faculty member in academic health was often attributed to strong mentorship and social support as well as a personal drive to influence, impact or improve outcomes for a community or population of interest. In addition, many participants were interested in combining both clinical and teaching practices and were attracted to UCDH for this reason. For others, becoming a faculty member in academic health was described as a natural career trajectory based on interests or as happenstance.
- Factors related to being from an underrepresented group that impacted the pathway of participants in becoming a faculty member in academic health included those stemming from their personal upbringing and background (i.e., being cognizant of their first-generation status, few UIH role models to follow, low SES or social capital), as well as overcoming multiple challenges along their career trajectory as students and UIH faculty. These challenges were described as ongoing, and included facing biases, rejection, discouragement, and marginalization as UIH.
- Individual level challenges included combating chronic imposter syndrome, as well as striving to increase mediators to these challenges such as building resilience, initiative, and fulfillment in seeing students and/or patients succeed or improve.

b. Assets and Resources for a Pathway toward Success

- The most reported reasons for choosing to come to UCD for an academic health faculty position included direct recruitment or invitation or following a specific mentor or opportunity at UCDH. For others with previous training at UCDH, their established support network and welcoming/collaborative environment perceived at UCDH was described as a key determinant for continuing a career at UCD. Some participants also described UCD as a good fit in terms of geographic location and proximity to family and related support.
- In discussing specific examples of effective recruitment methods carried out by UCDH, participants mentioned the collaborative environment and high value perceived for UIH faculty during recruitment or a desire to work with specific mentors or projects. Some participants, generally early in their careers, mentioned the competitive hiring package that equated with support and value of UIH faculty at UCDH.

Many participants also mentioned that they were unable to recall their recruitment experience or described their recruitment as "nothing special" and had minimal influence on their decision to come or stay at UCDH.

- The most important support or opportunity that helped participants become academic health faculty members was support mechanisms through mentorship, sponsorship, and collaboration as well as access to resources and opportunities for growth.
- High points of their work or career as a UCDH faculty member included mentoring, teaching and/or serving patients, particularly those with similar racial/ethnic backgrounds. In addition, achieving notable outcomes such as awards, publications, positions of leadership were also described as high points among participants or considered important to feeling successful or accomplished.

Challenges to Achieving Career Goals and Leadership Roles as UIH Faculty

2. Experience as Academic Health Faculty at UCDH

- Challenges in attaining leadership roles were framed in the context of system level challenges (i.e. biases, being selected only for those that required "diverse" leadership roles) as well as having an unclear understanding of how to go about attaining leadership positions.
- Participants described the impact of their UIH status on their current experience in academic health as complicated. Challenges described included negotiating "diversity tax", racial and ethnic biases, and feeling invisible, neglected, or excluded. In addition, female participants discussed the compounded effect and responsibility (imposed by others and self) of being a "double minority" as UIH female faculty. Cultural norms within their own cultural groups, as well as gendered norms and expectations related to work/life balance and childrearing, also complicated UIH female experience as an academic health faculty member.
- Personal challenges experienced as an underrepresented faculty member in academic health at UCDH primarily included those associated with imposter syndrome, feelings of marginalization and isolation and being undervalued. In addition, gaps in faculty retention, or seeing other UIH leave UCDH, made participants question their own belonging at UCDH and if they were "genuinely" valued. Many described the ripple effect felt as UIH left UCD since they were "so few" at UCDH.
- Additional responsibilities described by participants based on their personal background as related to being from an underrepresented group included being called on disproportionately to represent or provide "diversity" on committees, and other service areas. Time and effort dedicated for these service areas came at the cost of being "dinged" or delaying the process towards promotion and tenure and were not recognized as contributions aligned for this advancement.
- Female participants often described the impact of being from an underrepresented group in terms of being from both a racial/ethnic minority and gender minority. These descriptions were discussed in the context of feeling dual underrepresentation in the academic community as a racial/ethnic minority as well as having to navigate expectations in gender roles in the academic culture. In addition, responsibilities such as serving as a role model for others and expectations in providing service time was also regarded as "double" or, in some cases, more marked as a female faculty member.

Summary

Findings suggest there are common factors to consider in recruiting, promoting, and supporting UIH faculty. These factors are categorized conceptually at the individual, interpersonal and infrastructure/system levels at UC Davis Health to help develop areas of potential reinforcement or intervention (Figure 1).

Figure 1. Factors that Influence UIH Faculty Experience at UCDH

	Protective/Support	Stressors/Challenges
Individual	Unique contribution and perspectives as diverse UIH; Resilience and proactive attributes; Commitment to serve as role models for diverse students; Additional service time provided to UCDH as UIH.	Imposter Syndrome; limited social capital; feeling undervalued or neglected as UIH faculty; questioning belonging at UCDH during times of low retention; unclear path on how to attain success as UIH at UCDH.
Interpersonal/ Academic Community	Mentorship/sponsorship and related UCD resources (i.e., Mentoring Academy); Relatability to other UIH faculty, and high satisfaction from giving back and/or working with diverse students, patients, and communities.	Implicit and explicit biases and marginalization experienced; Significant gender biases among female UIH; Imposed diversity tax with no formal recognition or influence for career advancement; Limited support perceived for leadership positions not related to UIH status.
Infrastructure/ System Level	UCDH's emphasis on inclusive culture; strong commitment to diversity from UCDH FDD leadership; Opportunity for UCD to further support and actively recognize service time and efforts that uniquely impact UIH; Other opportunities include greater representation of UIH in leadership roles.	Gaps in recruiting and retaining UIH faculty; and perception of limited strategic planning to systematically address these gaps.

Individual: Characteristics related to the individual that influence their behaviors to pursue goals and seek opportunities.

Interpersonal: Formal and informal social networks and support systems that can influence individual behavior, mitigate stressors, or provide opportunities.

Infrastructure: System level factors and relationships among organizations, institutions, and policies that differentially affect opportunities and success.

Recommendations from UIH faculty

When asked for their recommendations on best ways to recruit, retain and support UIH faculty in academic health, interviewees mentioned:

- Recruitment of UIH faculty should include the development of a robust and diverse pipeline that integrated outreach to communities of interest. In addition, increasing the number of UIH faculty in leadership positions across campus and fostering a diverse campus body overall would develop UIH representation at UCDH. This visible diversity on campus was noted as particularly important because, as participants noted "diversity attracts diversity".
- To retain and support UIH faculty, active and ongoing mentorship or sponsorship was considered pivotal, along with collaborative networks. In addition, demonstrating genuine value for diversity through tangible support and recognizing contributions and additional service/roles placed on UIH faculty was also recommended.
- Early career or new UIH faculty in academic health should be proactive and take initiative to engage and collaborate on new opportunities. In addition, establishing support mechanisms early on and identifying mentors was viewed as important for early career faculty to help them succeed in their academic career trajectory.
- Unique to UIH, mentors were considered especially instrumental in shielding or protecting early career faculty from overcommitting to additional service and responsibilities. Setting related boundaries and prioritizing time for self-advancement and growth is a significant influence on success as a faculty member.
- Recognizing one's own personal value and merit as UIH as well as building resilience and social support was seen as essential throughout all training and career levels. In turn, these attributes helped in managing stressors related to imposter syndrome, implicit and explicit biases, and feelings of isolation/marginalization at UCDH.

METHODS

Eligibility

UCD faculty from the Schools of Health were eligible to participate if they self-identified in their hiring paperwork filed with HR and at time of the recruitment for the UIH project with one or more of the following race/ethnicities:

- Black or African American
- Native American, Native Hawaiian/Other Pacific Islander
- Hispanic, Latinx or of Spanish Origin
- Other Asian*: Southeast Asian descent; Origins from Cambodia, Malaysia, Thailand, Laos, Vietnam
- Multiple Race/Ethnicity, when one or more race/ethnicities are from the preceding categories

Participants also had to be available to meet in person for a 1-hour interview at the date/location of their choice, agree to be audio recorded, and to provide informed consent. This research was approved by the UCD IRB [HRP-503-Placeholder for protocol number].

Recruitment and Data Collection

Recruitment activities for the UIH Project took place between October 2018 and January 2019. An initial outreach email was sent out through an email announcement to all UCDH faculty by the UC Davis Associate Dean for Faculty Development and Diversity inviting all faculty to participate in the UIH project (See appendix D). This initial email provided the opportunity to any eligible UCDH faculty to participate in this research. After this initial email, the Schools of Health (SOH) Evaluation unit carried out all follow up recruitment, sampling and scheduling activities for the project interviews as aligned with the IRB study protocol.

Race/Ethnicity	Male	Female	Total
African American	6	2	8
Asian (Other*)	3	7	10
Hispanic/Latinx	5	5	10
Total	**14**	**14**	**28**

A total of 3-5 waves of follow up recruitment emails were sent by the Schools of Health Evaluation Unit to UIH faculty using the 2018 PeopleSoft database provided by FDD which identified all full-time faculty who self-identified as UIH at UCDH during their hiring processes. This database included a total of 118 UIH faculty from which potential participants were randomly selected and recruited in waves from each of the specific UIH background groups of interest for this research (please see Appendix C). These recruitment emails summarized the goal of the project to better understand the experiences of ethnic minority faculty in academic health in the UC Davis Schools of Health, explain what participation in the project would entail, and eligibility to participate. Each recruitment wave (contact through email) was tailored according to the desired sampling plan (i.e., number of individuals based on race/ethnicity, gender, etc.) and adjusted as interviews were scheduled and confirmed. Primary reasons for not participating among those who responded to the email invitation(s) included lack of time to participate during the recruitment time frame or family/travel obligations (n=5), concerns related to confidentiality (n=2), or not self-identifying with the eligible racial/ethnic background groups to participate in the study (n=8). All faculty who responded to the email(s) received follow up emails and phone calls from the SOH team to acknowledge correspondence if no interested/eligible to be in the study, answer any questions, provide further information about the study, schedule or reschedule interviews as needed, in addition to confirmation/reminders and thank you emails upon completion of the study.

In total, 28 qualitative interviews were conducted among faculty members in academic health, of which 8 participants self-identified as Black or African American, Hispanic/Latinx or "Other Asian" (in one of the eligible

categories in this group). All interviewees were provided a hardcopy of the informed consent form, which was reviewed with the interviewer prior to starting the interview. Interviews took place at locations that were convenient for participants to meet and that were conducive to the interview process (i.e., a conference room, participant's office, etc.). Interviews were carried out by two primary interviewers; at the beginning of the project, both primary interviewers were present to conduct 5 interviews together and engaged in post hoc reflections after the interview concluded. Upon the completion of 5 initial interviews, the two interviewers carried out interviews independently, and met frequently (over phone, email or in person) to discuss and review findings and prepare for the upcoming interviews scheduled by the SOH unit.

Project interviews ranged from 40-60 min. and averaged 50 minutes in duration. All interviews were recorded using a digital audio recording device. The audio recordings were transcribed verbatim by Landmark Transcription and stored on a UC Davis approved secured database. Access to the de-identified transcriptions of all interviews was granted to the School of Health Evaluation Unit and blinded to the PI and associated FDD staff involved in the study, as outlined in study protocol to ensure confidentiality. Upcoming tasks upon completion of the target number of interviews (N=28) for the SOH team include preparing and carrying out the analysis of the transcripts and observational notes from the interviews using qualitative research methods.

Interview Questions

Participants were asked a total of fourteen (14) questions during the interview, which were selected based on a review of the literature and objectives needed to inform potential actions at UCHD as determined by the FDD leadership team. These questions were also informed by the initial five interviews conducted to improve the flow and clarity of the questions and capture further details about participants experience as it related to the objectives of this project. These questions consisted of:

1) Who or what inspired you to pursue academic health?
2) Were there factors related to being from an underrepresented group that impacted your pathway to academic health?
3) What drew you to academia at UCDH in particular?
4) Can you give me an example of things that UCDH did during recruitment that helped you decide to come here?
5) Please tell us about the most important support or opportunity that helped you to become an academic health faculty member.
6) What has been a high point of your work so far as a UCDH faculty member? Please describe the situation.
7) Thinking about any times when you have successfully pursued leadership roles while you were here, what supported your success?
8) In what ways, if any, do you think being from an underrepresented group impacts your current experience in academic health?
9) What are some of the challenges you have experienced as an underrepresented faculty member in academic health at UCD?
10) Do you feel like you have special or additional responsibilities based on your personal background related to being from an underrepresented group
11) Have you ever felt excluded, unwelcome, or uncomfortable at UCD because of your racial or ethnic background?

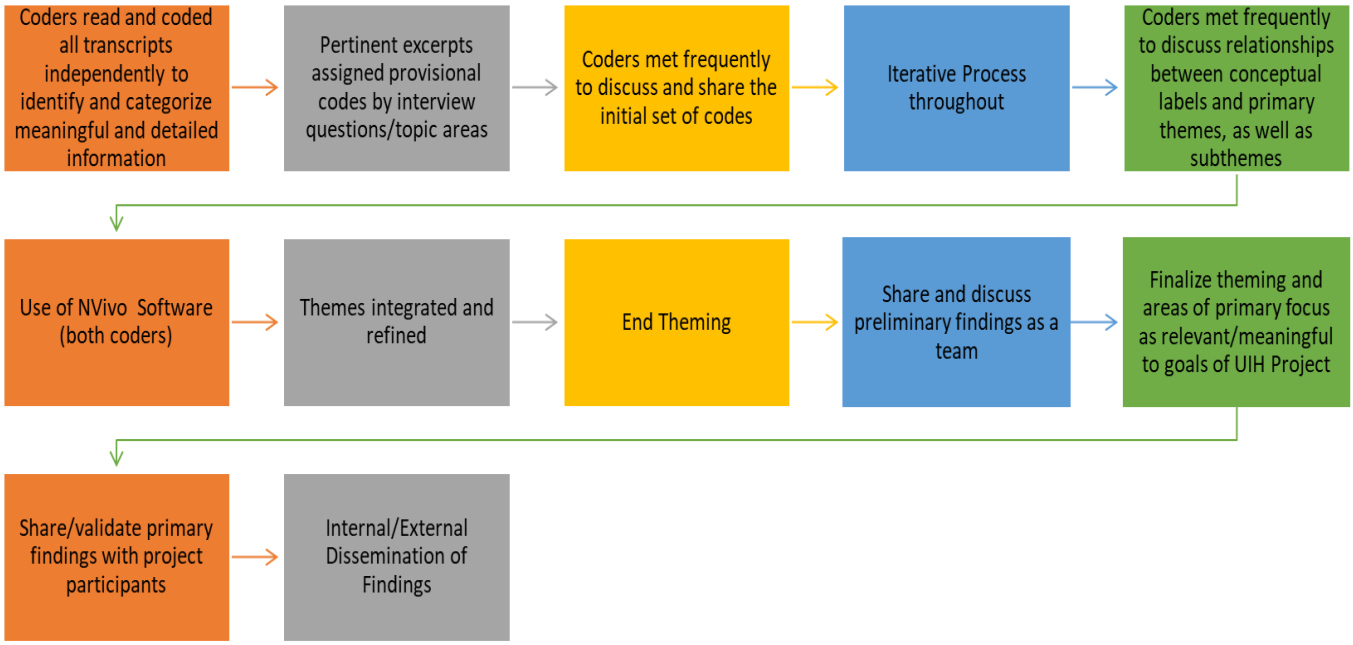
12) UCDH wants to recruit more underrepresented faculty as well as support and retain current faculty from underrepresented groups. Are there specific things that UCDH could do to be more effective in supporting UIH faculty?
13) What suggestions or advice would you give to early career or new UIH faculty in academic health?
14) Thinking back about what you have shared is there anything else, or unique, that you would like to share with us?

Summary of findings focus primarily on data relevant to advancing the objectives of FDD to improve the experience of UIH faculty at UC Davis Health. Guided by the interview questions, data in this report are summarized under the following major headings: a) Inspiration, pathway and impact as UIH faculty; b) Challenges to achieving leadership and career goals and; c) Recommendations to recruit, retain and support UIH faculty at UCDH. Findings may provide insights into opportunities to address common challenges and increase factors that foster success among UIH faculty at different stages of their career trajectory at UCD and other academic settings.

Data Analysis

De-identified transcripts were analyzed using inductive content analysis to identify and categorize meaningful and detailed information about participant's experience as UIH faculty during the interviews (1-2). The significance of individual experiences or themes relate to frequency of appearance and patterns identified within and across different questions for each interview. The coding framework integrated salient themes and patterns generated from interviews and emergent themes were verified during discussion. Two experienced coders in qualitative methods first independently coded and met frequently to identify potential interpretive shifts in the meanings of codes that informed individual coding frames. Code discrepancies were discussed among coders over 5 discussion meetings to achieve mutual consensus of code meaning. A final report summarized themes and subthemes relating to participants perspectives, experiences, and recommendations to recruit, retain and support UIH faculty at UC Davis Schools of Health. Checks of coding schema against text served as a constant comparison to ensure rigor in analysis and interpretation of study results (2). Data was analyzed using NVivo, Excel, and SPSS software programs.

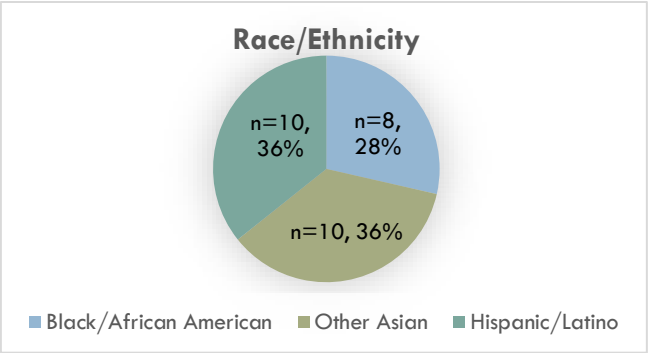
Figure 2. Qualitative Approach

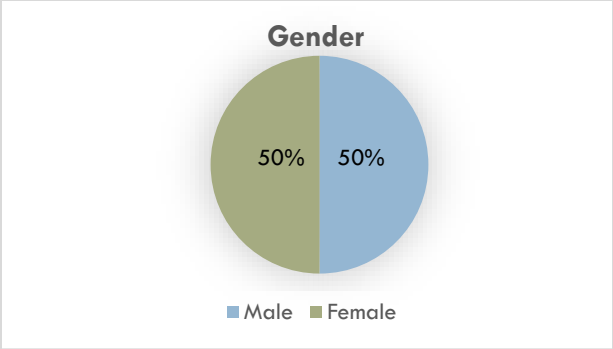


STUDY RESULTS

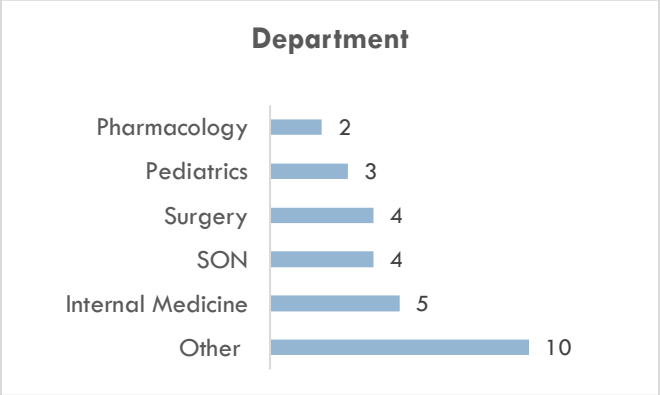
Participants Characteristics

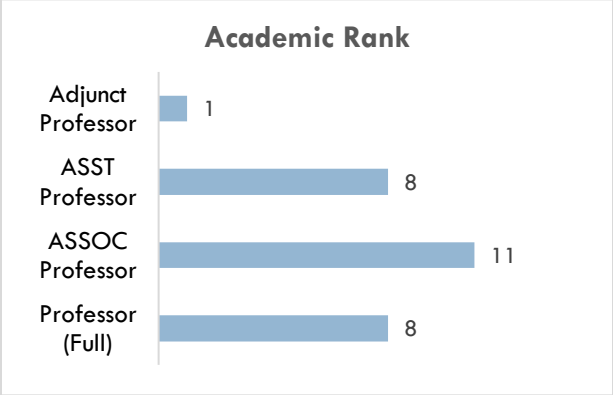
Participants in the UIH project were both female and male (equal numbers) and 36% percent self-identified their race/ethnicity as Hispanic/Latino, 36% were in one of the "Other Asian" categories (see page 5) and 28% identified as Black/African American.





Most participants were from Internal Medicine or in "Other" varied departments (see note below) at UCDH. Most were Associate Professors and only one participant was and adjunct professor.





Note: "Other" departments include: *Pathology and Lab Medicine, Microbiology and Immunology, Orthopedic Surgery, Anesthesiology & Pain Medicine, Cell Biology and Human Anatomy, Family and Community Medicine, Physical Medicine and Rehab, Psychiatry and Behavioral Sciences, and Public Health Sciences.*

SUMMARY OF FINDINGS

A. Inspiration to Pursue Academic Health

Participants were first asked during the interview "who or what inspired you to pursue academic health?". Primary themes reported regarding participants' inspiration to pursue academic health included: 1) Mentorship, opportunity, and encouragement to pursue academic health; 2) Desire to influence, impact or improve outcomes for a community or population of interest; 3) Career interest in combining both clinical and teaching practices and; 4) Natural trajectory or planned happenstance. These themes are described below with selected representative quotes from participants.

1. Mentorship, opportunity, and encouragement to pursue academic health

Most participants referenced mentorship, opportunities and/or encouragement as key in their career trajectory to pursuing academic health. For many, mentors provided clear and feasible steps towards career advancement, as well as continued encouragement and support to pursue a career in academic health.

> *The individual who I worked with… she* [mentor] *said, "okay, well you have to go to graduate school, then you need to do a post doc, and then you can get a position at a university", so she was the one that provided some kind of explanation of what you needed to do to achieve that goal.*
>
> *I had a very good mentor as an undergrad… he was tough, but he was passionate about science and about what he was doing. From there, I just follow his lead and do to this day, 20 years later.*
>
> *They [mentors] give fantastic mentorship to point me in the right direction. Here I am today …I still check in ..they're wonderful for advice if I need it…we're moving independently, but still I collaborate with them. That's very good experience.*

Participants also noted that specific opportunities or guidance either by mentors or role models was also crucial in facilitating or guiding heir decision to pursue a career in academic health.

> *That opportunity to do research abroad is what led me through the first door to actually pursue grad school, because it wasn't even on my radar…that's really the thing that stands out for me, because everything else was kind of—the bricks or the foundations were already kind of laid out to just kind of keep going in the direction of academia or higher education.*
>
> *I think that the entire time along the way, there's been some pretty important people who kept pushing me in that direction…I think they all really gave me the support and direction that I needed to keep going this way.*

2) Desire to influence, impact or improve outcomes for a community or population of interest

In addition to mentorship and exposure to new opportunities, participants also attributed their inspiration to pursue academic health to having a strong commitment to give back, influence or impact, and/or to improve health outcomes for a community or a population of interest. Many described this in terms of addressing health disparities or wanting to improve health outcomes by working with specific populations of interest; these populations included underserved communities and patients, as well as teaching the next generation of diverse leaders to continue a legacy of service or impact.

I realized early on that I want to be involved with teaching the next generation coming. It was very much of an internal draw. There wasn't necessarily anything in my undergrad education that spurred me to want to teach or go into academia, but it was working with the patients.

My patients. I initially practiced as a general doctor, and then I realized that my patients—I was serving underserved communities—I realized they were not getting the health care that they needed… I realized that the type of subspecialty work was also very needed in underserved communities.

I have always loved service—I mean, to pay back to people, to be part of the community, to make a difference in my own communities, so I always aspired to be in the healthcare because I thought that was, to me, the quickest and direct way to make a difference…

3) Career interest in combining both clinical and teaching practices

Participants described the flexibility of pursuing a career that combined both clinical and teaching practices as a draw to pursuing academic health. This was generally described as the "best of both worlds" and was conveyed using examples previously described for serving diverse and underserved patient populations and guiding future generations that would continue this work.

Being in the clinic alone will only help me take care of patients. Being in academia alone will only help me teach. But being in an academic health system gives me both worlds, to teach people, take care of patients.

…I tell people it was as if the glory of being a professor was suddenly revealed to me and that I hadn't really fully appreciated that there are people who dedicate their lives to nurturing the next generation of physicians. In that moment, I just said, "He's [guest speaker in class] gotta have the best job in the world because he gets to care for patients and do this [teaching]*," so I really want that job…It was my before-after moment. I knew it. It was like this awakening for me.*

4) Natural trajectory or planned happenstance

In addition, some participants also reported that a career in academic health felt like a natural next step to their career path in academic health.

I think maybe because I did fairly well on rotations and well as a resident, it just seemed like a natural next step to, then, kind of continue in this arena where I was already succeeding, and I didn't have a big pull pulling me anywhere.

I think with that, as I progressed through my clinical education and career, that was parallel to a scientific method type of investigative research. That's been what I've been doing since college. That was the natural progression, I think, in my entry into medicine.

I feel that being in academia has been a first nature. It is almost like in my DNA. I have built a life working in academia and doing research, teaching, and lots of community engagement. I have done that ever since I was in high school, actually.

B. Impact of UIH Status on pathway to academic health

Participants were asked if there were factors related to being from an underrepresented group that impacted their pathway to academic health. Primary themes identified for this question included: a) Identity and background in becoming a UIH faculty member b) Challenges and discouragement faced in becoming a faculty member; c) Compounded effect of being a double minority among UIH Females; d) Imposter syndrome and self-doubt and; e) Resilience and determination to become a role model for others.

1. Identity and background in becoming a UIH faculty member

In answering this second interview question, many participants referenced the impact of being from an underrepresented group, not only in the context of being a racial/ethnic minority in academic health, but also in terms of their own personal background coming from a low socioeconomic background or having low social capital.

I think it's two things, because I think being an underrepresented individual, I came from a community where it was not expected to go to college, or certainly to become a physician. It's a combination. It's being an underrepresented individual, but it's also coming from a lower socioeconomic background…

In that sense I felt later that I was like, oh, this was a lot harder because I didn't have resources early, I didn't have information early, but once you get that information, then you know what you have to do…

For me, I've seen it's just the information, or I guess what's called now, privilege. Your parents are privileged, or you're in a privileged environment, so you have resources, you go to a really good high school, you're exposed to a lot more things, things like that...

I can remember like I'd be on rounds and my attending would be talking about goin' to a 49er game and then going wine tasting and traveling to Europe and what could I offer? I went to Disneyland once. I drank a beer [laughter]. Right, it's just a world that I didn't know. I didn't know how to contribute to that discussion.

Participants frequently described the lack of role models in their upbringing or pathway that "looked like them", which made it a challenge to envision a career choice in academic health.

> *I think it's the* [broader] *impact in the sense that I never really saw myself as pursuing academic medicine because I didn't really know anyone that was like me* [growing up] *or that had a similar background that had done it. In my mind, people that pursued academic medicine were the classic doctors, right? You should be male; you should be white.*
>
> *I think if I had had earlier exposure, then it would have been easier for me to picture myself in that position. If you picture yourself in that role, then it's easier to get there.*

These factors related to personal backgrounds, differences in socioeconomic class and career expectations, as well as social capital and exposure deficits to resources played were highly impacting for many UIH. In addition, participants described external challenges as UIH that impacted their experience later in their career path towards becoming a UIH faculty member.

2. Challenges and Discouragement to Pursue Academic Health

Participants described confronting challenges or biases from others, which in many cases included prejudice, discouragement or being devalued during their academic training. For some, these experiences further promoted feelings of self-doubt and "imposter syndrome" to achieve career goals and at times also delayed attainment of career goals. For others, it compelled them to work harder to prove their own merits and worth.

> *I was demoralized from the beginning almost as if people just did not see any potential in me. It was really hard and I remember finishing that rotation happy that I passed, but feeling if the rest of my school is like this, you can have it. I don't know how I could continue that onslaught.*
>
> *…I was discouraged to go into academics on the fear that I was gonna fail and be a dropout or something from medical school. When I got that feedback, I made a strong effort to prove them wrong, and I did. I succeeded at proving them wrong. I was mad at the time that that was the advice I was being given, not on my own merits.*
>
> *I still see that there are some biases, some prejudice* [at UCDH]. *I have observed myself a certain level of discrimination that is not conducive to being an environment that widely, horizontally and vertically, embraces the importance of diversity.*

Many mentioned the effect of discouragement and bias on personal challenges related to "imposter syndrome" and feelings of marginalization.

> *I really feel that I was very shy, and I had a lot of doubts about coming to academic medicine. I'm still writing my story because I know that minorities are a really, really, really tiny piece of medicine. We're less than 10 percent.*

I think I have that idea of oh, it's, people that are faculty have to be like super smart. That's not me, `cause I don't see myself that way, so when you meet a professor of medicine, that erudite kind of person that professes. I'm always like I'm not that person, so what am I doin' here.

It took me a long time to get started because I was afraid that, if I were to go to school, I'm not gonna be nothin', I'm gonna fail knowing my educational background. The way I got over that was—they would offer you placement tests. I would go, and I would take the placement test. I'm like, "This is gonna suck." It terrified me.

3. Compounded Effect of having a "Double Minority Status" as Female UIH

Female participants often described the impact of being from an underrepresented group in terms of being both the racial/ethnic and gender minority. These were discussed in the context of feeling dual underrepresentation in the academic community as a racial/ethnic minority as well as having to navigate expectations in gender roles in the academic culture.

Yeah, it's interesting because I remember thinking that, gosh, there's no women here amongst the faculty. We are six, seven, people. I'm the only female. I've been the only female since essentially my whole time here as faculty.

I think there was just a little bit less of an expectation for a woman to go into [redacted] *—it's like, women, you do OBGYN, or if you were good enough to get into medical school, you're gonna do family medicine or pediatrics. I can't remember how many times people asked me if I was gonna do pediatrics. I was, like, "No, actually, I'm gonna do this.*

For some female participants, gender was reported to play a larger role in planning and navigating their career trajectory or position in academic health.

I was kind of more worried about the gender thing [as compared to being a racial/ethnic minority] *just because of what happened at the time was that two females were leaving, and they were leaving for different reasons.*

…it was really more of a gender thing than necessarily being [a UIH race]*…I had someone that applied for a fellowship who then separately emailed me and said, "Oh, by the way, I actually met you back when you were a fellow at [redacted], and it was the first time that I saw a woman* [of color] *doing what I wanted to do." All of a sudden, I was, like, maybe I can really do this.*

4. Resilience and determination to make an impact

Resilience and determination were frequently mentioned as essential to achieve career goals, particularly when coming from lower SES or underserved backgrounds with distinct cultural and normative expectations. For many,

hardship and experiencing health disparities firsthand further promoted their determination to impact or best serve communities of interest.

> *I think just being from a refugee family and seeing the challenges of just knowing the background of how—my family's from Vietnam and just how the Vietnam War affected their health and their mental health and seeing just the challenges of other Vietnamese families acculturating to the U.S. and just the struggles with the language and the different obstacles that came about and the lack of preparation for them. I think it definitely impacts what I wanted to study, why I want to focus on underserved groups in particular.*
>
> *I think that that kind of work has definitely sensitized me to the importance of being in the minority. Not only because of the populations that I have studied and lack of opportunities that they have, and therefore the disparities that they are subject to, but also on who provides services to them and through firsthand.*
>
> *Seeing my own people struggle, and suffer, and die, and get sick was a big inspiration for me to want to make a difference. It was almost like a revival. I just want to do something different. I want to make sure that I'm part of the solution*

Participants also referenced previous answers to interview questions to describe how these experiences inspired and fueled their drive (i.e. experiencing or overcoming hardship) and a responsibility to mentor and become a role model to other UIH generations as a faculty in Academic Health.

> *Any person who's a person of color has a laundry list of different things to talk about, whether it's being in the operating room and being called boy, whether it's having a all-black clinical team and residency and being referred to as team black… it certainly has inspired me to be visible and let other students coming behind me know that, "Hey, if you want, it's possible. We may not be numerous, but we exist, and we're here, and we want to support you."*
>
> *Teaching has always been there. Most importantly, it's reaching back and teaching others or trying to bring in my knowledge. If I can expand it and give it to someone else and let them do it.*

C. Decision to Pursue Academic Health at UCD

Participants were asked "What drew you to academic health here at UC Davis, in particular?" as well as examples of things that UCDH did during recruitment that helped them decide to come here. The most commonly reported reasons for choosing to come to UCDH for an academic health faculty position included: a) Direct recruitment, a specific mentor or opportunity at UCDH; b) Established support network and welcoming/collaborative environment at UCDH and; c) A good fit in terms of geographic location and proximity to family support.

1. Direct recruitment, specific mentor or opportunity at UCDH

For many, direct recruitment or receiving an invitation to come or stay at UCDH was a primary reason for considering a faculty position as UCDH, in combination with other positive attributes (discussed below).

> *…. What drew me here was the opportunity to come back to California, and specifically my—the Chairman of the department of* [redacted]. *Really, he was the reason why I came here. It was all about his role as a leader and a mentor.*
>
> *Eventually, what drew me to Davis was the fact that the Chair of the department at the time just got contacted me…. once I got down here, and I saw the environment that we had within the department, my own department, it was so spectacular that I said, "Well, this is a good opportunity."*
>
> [My Chair] *advocated for me and talked to me about what the track would entail, and as best as he knew because he was part of that track, too. Being part of that track meant that I would have protected time for research and to do some of the other things that I was interested in at that time.*

2. Previously established support network

In addition, many participants had previous experience with UCD and had built a good support relationship with mentors or their academic community, which led them to want to continue to work and stay at UCDH.

> *I went to school here, and I did residency here, when I graduated, I did a special program throughout residency. I offered a certain sort of niche because of my training for my department, at the time, when I graduated. I just think people knew me, and so they valued me and thought I should stick around.*
>
> *I've been here for a long time. [Laughter] I did my undergrad here, did my grad here. I just really love it here, love the environment.*

3. Geographic location, good fit or proximity to family

In some cases, participants mentioned the geographic location in California, proximity to family and related support (provided or needed), as well as lower cost of living (i.e., as compared to "the Bay area") to be important considerations for choosing UCD.

> *I was particularly excited to be close by to where I grew up; it's two hours away, so I can continually see my parents. I still have family in the* [area] *and that was important.*

I transferred here because my [spouse] was actually training here. I was training at another institution, and just to keep the family together, I … finished my training here …after I finished all that training, then I got a faculty appointment. It's been going really well.

D. Examples of things that UCDH did during recruitment that helped participants decide to come or stay at UCDH.

In discussing specific examples of effective recruitment methods carried out by UCDH, participants mentioned: a) Collaborative environment and high value perceived for UIH faculty during recruitment; b) A desire to continue to work with previously established networks, mentors and/or project; c) Competitive hiring package that aligned with recognizing value of UIH faculty at UCD. In addition, many participants mentioned that they were unable to recall their recruitment experience and/or described their recruitment as "nothing special" or had minimal influence on their decision to come or stay at UCDH.

1. Collaborative environment and high value perceived for UIH faculty

Participants discussed the initial feeling, either during recruitment or during the initial time frame as faculty, of being valued and "genuine interest" perceived by UCDH in supporting faculty success and professional growth.

When I came here and interviewed, I just felt a genuine interest in what I wanted to do and a genuine sort of openness to me joining the faculty team.

It was not during the recruitment but during the first month that I started working here, they have this mentor-mentee program. I really thought that I was being supported by other people that were far advanced in their career.

When I came here and interviewed, I just felt a genuine interest in what I wanted to do and a genuine sort of openness to me joining the faculty team.

2. Previously established mentor(s), projects, or support networks

Participants with previous training or experience at UCDH explained that recruitment for them was generally more tailored based on previous work or connections already established with departments, programs and/or mentors. Most re-iterated wanting to continue to work on specific research project, track, program or with a specific mentor or Chair. These established connections enabled them to move into positions that allowed them to carry out these specific interests as a faculty member.

…I trained under these two mentors, and I knew that I would be able to continue to have that mentorship here. Then the other biggest [component] was the division… I love the group here...It was an easy decision.

I think it's more the community that I have formed and the mentors that I have found that have been very encouraging. I don't know that that's a UC Davis thing. This is more like the people that I work with directly that have been really encouraging and that have really made me feel like they believe in me, even when I don't believe in myself sometimes. They believe that I have something to offer. I think that that's one of the biggest reasons why I've stayed…

[My Chair] always supported me…he always said, "Whatever you need we will do that for you." I am pretty sure that I would not have stayed here at all were it not for him. That was huge.

…part of my postdoc was here, so I just wanted to stay. It's not the typical recruitment trajectory where you're applying for a job. I just wanted to stay, and so the dean helped make it happen.

3. Competitive hiring package and other forms of support

Many participants also mentioned the importance of a strong hiring package and funding support for professional growth as a significant factor considered at the time of recruitment. This was discussed in the context of UCDH recognizing of the value of the participants through tangible or formal funding mechanisms, in addition to feeling a genuine interest in supporting their work as a faculty member. Some participants also mentioned other types of support, such as being directly offered resources and opportunities to lead a lab, center or program that paralleled their career interests and advancement.

There was a remarkable interest to support my salary, a remarkable interest to support the research I was doing, opportunities that really make it very attractive for a junior faculty like me to wanna stay here, and it worked really well for me.

I knew that they [UCDH] *wanted me because they offered me a very good salary package… I felt like they came prepared, it wasn't like they low balled me. They literally presented a strong package that said, "I'm valuable," and, "This is how valuable you are to us. This is what we're willing to offer you," in addition to everything else I had already experienced.*

I came out and was presented with the opportunity to not only be here [UCDH], *but to build a program and recruit another person that would partner with me to build a program. That was a significant factor as well.*

4.Limited recall or "nothing special" remembered from recruitment process

Interestingly, some participants, particularly those who were in more advanced stages in their careers, reported being unable to recall anything specific or "special" about their recruitment experience. In some cases, a few early career participants who had more recent recruitment experiences mentioned very limited discussion regarding incentives or career opportunities in their recruitment and hiring process.

> *The recruitment itself was, I will say, dry [laughter]. Yeah, so there was nothing special that I will say…they brought me down here. They had me a day and a half running around, and then when I was able to come back for my second interview, they took me around for the typical things, seeing houses, and things like that, nothing special actually.*
>
> *Not really. I feel that…there is some areas for improvement. Again, the reason why I came here was more important because of the learning environment, but not because UC Davis did anything specific to recruit me as being underrepresented in medicine.*
>
> *I was so burnt out the last year of my residency…they were saying, "Oh, you can have this job," but there wasn't any kind of recruiting like, "We're gonna offer you this or that."*

E. Primary Support or opportunity to become an academic health faculty member.

Participants were asked to describe the most important support or opportunity that helped them become an academic health faculty member. The most commonly reported among participants included having strong support mechanisms through a) Mentorship, sponsorship and collaboration and; b) Resources and opportunities.

1. Mentorship, sponsorship and collaboration

The majority of participants referenced mentorship or sponsorship support and collaboration as pivotal to becoming a faculty member in academic health. Many reflected that feeling supported in their academic environment or community, along with receiving "active" mentorship and sponsorship, enabled them to grow, succeed as well and believe in themselves. In addition, participants also mentorship the effect of this support on retention of faculty, and the importance of having ongoing support.

> *I love my mentor…the ambiance that she created reflect her values…The question is are we here because we're too afraid to go outside and start from scratch? Or are we here because we love where we are and we wanna be a part of that, and we wanna train the next generation of physicians? It does matter. If you talk to the people who are graduated from our residency, we love being here because we love the people we work with.*
>
> *It was really kind of support from other female faculty—women faculties rather than the department itself or the health system.*

I think mentors…and the collaboration. I have been extremely lucky to be mandated and supported by most of the people that have come in my life, and I've also been able to foster a network of support, whether it's here, or whether it's where I've been before, so that has been huge in trying to take it to the next level

2. Resources and opportunities

In addition to support received through mentorship and collaboration, participants also discussed the importance of resources and opportunities at UCDH to succeed as faculty members and make progress towards career goals attainable.

Here are all of the resources that are available on this campus, on the main campus. Here are the contacts." I mean, it just feels doable, and it feels like I am truly supported in order to be successful and do what I need to do as a faculty member. Still daunting at times, but it definitely feels—there's just a lot of support here, a lot of resources and support, so yeah.

I feel like I have so many resources, and so much support, and so many people that literally believe in me, and I still struggle with believing in myself sometimes. It's so nice to know that whatever I need to be successful is here. Whatever I need to be successful is here, and so now I'm starting to feel like maybe I can do this.

I think a big piece of it is time. When you don't get time to do the things that people are asking you to do, whether it's lectures, or teaching, or administrative work, it's really hard to balance 'cause I'm one of the younger faculty

F. High point(s) as a UCDH faculty member

High point of UIH participants as a UCDH faculty member included a) Mentoring and teaching or serving patients and; b) Achieving notable outcomes (awards, publications, positions of leadership). Examples of these situations are described as follows:

1. Mentoring, teaching, or serving student and patient populations

Participants discussed their experience working with students and patients on a daily basis and the satisfaction they felt in being able to make a positive impact. Among those who worked with students, trainees and/or early career faculty, many discussed the importance of being able to provide guidance, particularly for UIH individuals, and fulfillment of witnessing them succeed in attaining their own career and professional goals.

Working with the trainees on a daily basis. Every day working with the trainees, the residents, and the fellows.

I think I really liked to see my patients. My patients are amazing. I see so many interesting cases and nice families, so I think that's the highlight of my work.

It's been really great because I've gotten to work with students, and been able to mentor students, and just have connections with them. That has been another highlight at a different level. I like to make a difference, or I'd like to think that I'm making a difference in their lives

I've spoken to students who either during recruitment, or interviews, or things like that, and I think they're cognizant that there's very few visible role models for them, so it makes a difference when they can meet somebody with a similar background.

2. Notable Outcomes (development of programs, publications, awards and others)

Notable outcomes were also referenced as high points in faculty's' career trajectories and tended to include descriptions of the impact and their role in developing specific programs at UCDH, publishing manuscripts, receiving awards and recognition for their work. In addition, many participants also mentioned high points to be seeing trainees, students and others they mentored succeed.

The high point, I think, is the development of a cogent academic [redacted] program…we've had successes within that. Really excellent clinical outcomes, good patient satisfaction. We've been able to be, I think, to be a modestly productive research program…and we've saved lives, literally saved lives

We won the regional resident paper competition for [redacted] the last three years, so we got a target on our back, which is cool. Then one of my residents this year had the most outstanding paper presentation…

I think for me personally, the thing that matters to me most is the people, the residents here, think that my little piece of whatever wisdom I'm trying to give to them has actually been meaningful to them.

G. Support for successfully pursuing leadership roles

Participants were asked "thinking about any times when you have successfully pursued leadership roles while you were here, what supported your success?". Primary themes provided attributed success to having a strong foundation through a) Mentorship, sponsorship and support networks and; b) Resilience and actively pursuing opportunities. These types of supports were also key for participants to overcome personal challenges, perceived biases and feelings of marginalization as UIH faculty.

1. Mentorship, Sponsorship, and Support Networks

Participants referenced previous descriptions of mentorship, as well as sponsorship as key for them to both pursue and attain leadership roles. Many discussed how their mentors identified, encouraged and at times,

nominated them to leadership positions that aligned with their career goals and interests. Feeling supported by mentors, in addition to having a strong support network (i.e. through department, colleagues, team members) further fostered motivation and confidence to pursue and attain leadership roles.

> *I think the chair, our old chair and the current chair, and the chief of our division have been very supportive with respect to pursuing leadership roles, both by discussing them with me if they've seen anything, if I have any that I'm interested in, and supporting me.*
>
> *I would also say that just the people I interact with every day, my team members and so forth, because they too are in a way a mentor, as a conglomerate where just dealing with people.*

2. Resilience and Actively Pursuing Opportunities

Participants also discussed the importance of self-initiative and actively taking steps towards attaining leadership roles. In addition, initiative and high resilience were considered key in both the initial decision to pursue leadership roles, as well as the ability to persevere and search out other opportunities if these positions were not attained or when exploring new or unfamiliar areas of leadership.

> *It's in most cases deliberate, tryin' to push the envelope a little bit, pushing, and not giving up, but pushing, and pushing, pushing, you know? When I fall, I stand up.*
>
> *I think it's important for us to believe in ourselves…I think that so many of us suffer from that imposter syndrome. Every now and then it can pop up when you think you may have completely resolved that issue…*
>
> *As I look at things, I can look at if I consider my path to have led me to a point of success, I would say that I've succeeded not because I was set up to succeed, but in spite of all the obstacles I've had to overcome…*

H. Challenges to Attain Leadership Roles

Many participants also discussed the inability and/or challenges they encountered in attaining leadership roles. These descriptions involved participants accounts of their past experiences and ongoing struggles, which were framed in the context of: a) System level challenges and; b) Nebulous knowledge of the process on how to attain leadership positions

1. System Level Challenges

Participants described feeling overlooked or excluded from leadership roles at UCDH. Most were also unsure of how to best approach these challenges, as the exact reason for their exclusion was unclear and often times considered to be a result of systemic bias or "benign neglect" within the academic culture.

I don't know how successful I've been in leadership. Again, it's interesting. Even with a title, I still feel that a lot of the institution doesn't necessarily consider me a leader, that there's still somewhat of a ceiling, be it glass or denser, right, in terms of okay, this is where we can keep you. I've often felt like I have a voice, but it's not always heard, right. Like my opinion isn't always sought or valued.

I just love UC Davis, but there is a sense like am I fully, fully embraced and welcomed, right? I don't feel like I could just have a seat around the table unless I'm invited, right. I suppose I lack that assertiveness that's so prized in our profession.

I feel that there have been opportunities maybe for leadership where others were considered candidates where I was never identified or encouraged to seek those opportunities. People who were junior to me who I even helped mentor…were given those opportunities, but to not even be considered I felt like all right, perhaps my leadership is not really seen or accepted…

2. Nebulous knowledge of the processes required to attain leadership positions

Participants also highlighted the difficulties in navigating the pathway towards attaining successful leadership, and many, particularly those who reported lower mentorship support, considered the process unclear or nebulous. Many described feelings like they were missing out on opportunities or that they were excluded or unfamiliar on how to best position oneself to both identify opportunities, and successfully leverage these types of positions.

I don't know if I feel like I've had leadership roles obviously here….there're a lot of things in academic medicine where you follow a certain track…you go to college…then you go to medical school…then you do residency, and you apply for fellowship, but then you apply for your first job, and that's where the big clear steps start to disappear, like, there's not as many signs, and you try to figure out other people's careers, and how they did what they did.

I have to go back and think what are the opportunities that I missed out on because I didn't enjoy the privileges of others, right and that because of that maybe I'm less capable, right? If I'm not tapped to be a leader, maybe it's because I've just not had the chance to fully develop as a leader, right?

I think it's like what I mentioned before about the leadership about the nebulousness about how things happen, that you do feel like some of it its networking, and who you know, and who you socialize with. There might be—something I just don't—I can't see. I know that there's something out there, I can feel that there's some other sway that things are getting decided, and I just—I can't touch it. I know it's there. I just don't know exactly what it is that I'm missing it on.

I. Impact of UIH status on current experience in academic health

Participants provided diverse responses in answering the interview question, "In what ways, if any, do you think being from an underrepresented group impacts your current experience in academic health?". Primary themes included challenges and complexities in negotiating: a) Diversity tax; b) Implicit and explicit racial/ethnic biases; c) Passive exclusion and feeling invisible and; d) The compounded effect of being a "double minority" as UIH female faculty.

1. Diversity tax

Paying the "diversity tax or minority tax" was commonly reported among participants, and was described as the disproportionate burden, responsibility or expectation to serve other minority populations and to contribute to diversity initiatives, as compared to non UIH faculty.

> *What does it mean for me to be here, and underrepresented? What does that translate to? To me, it's like, "Oh, there's gonna be a lot of the service, people are gonna be looking for you. Students are gonna be looking for you" ….*
>
> *Now as a person who belongs to that group, you feel like you have this huge responsibility to continue on every single day, push for that, and watch for that, and push them forward. It becomes a task, a tax. It's an extra added responsibility in addition to what you were hired to do to teach, and to do anything, then you feel like you have this of a new job that is not on your job description, of advocating for your profession, day after day.*

Participants discussed the duality of having conflicting feelings of wanting to serve as a role model and contribute to increasing diversity efforts at UCDH, while also acknowledging that this additional service would not be recognized or compensated. Further, this type of tax among UIH was often viewed as coming at the cost of jeopardizing personal and system level goals aligned with achieving institutional merits and promotions.

> *That's part of the minority tax, I think. I'm more than happy to help in any way, but you have two jobs, one of which you're not compensated for. When you're a minority in academic medicine, one job is to do everything you have to do to jump through a hoop to get promoted, which you're compensated for, and the other job is you have to do everything you can to help minorities because there's a lack of help to minorities, which you're not compensated for.*
>
> *I'm very visible, and so I have no doubt that I will be tapped for a lot of things. I mean, that's common with underrepresented faculty anyway, because we are the minority at institutions. I know that that will be the case, that I will be asked to do a lot.*

In addition, participants also reflected on the positive impact of being UIH faculty in academic health, which primarily included the impact and ability to relate to other diverse faculty, students, and the patient population.

I would say it's a big plus in terms of my work with students because they feel like I understand where they're coming from. They can relate…so it just makes my life a whole lot easier, and fun and rewarding, and all those things.

I feel that it's easy for me, coming from a minority cultural background, to understand some other minorities. As I said before, I think it may be positive. It may be negative as well.

2. Implicit and explicit bias

Another significant theme discussed by participants in describing the impact of their UIH status included implicit and explicit biases experienced, particularly in advancing their careers to more senior level or tenured positions.

Those biases, you see them here. Nobody thinks about that as some people can be on tenure track, even if you have the qualification. That pushes your ego down, pushes your motivation back. When it comes to persons of leadership, you consider the same thing.

I have to be on tenure track, but every time I bring that idea up to my boss, that, "Oh, I want to be a tenured professor," it's as if I'm asking for something that doesn't belong to me. You don't get any sense that anybody feels like you…deserve to be on the tenure track like anybody else.

Though participants identified racial/ethnic biases as key challenge as UIH faculty, some also qualified or normalized these implicit and explicit biases experienced, citing occurrences as a common societal response, or "being used to it", and as non-unique as it was likely the experience for many UIH racial/ethnic minorities in academic health institutions.

It's not like there is any direct aggression. It's this kind of afterwards almost feeling that probably it would have been easier in this other way in not being—having a Spanish name or whatever it is.

I've actually, I mean I can't complain too much, I mean, I think it's pretty common throughout my career, you hear—I have heard people say things that have been stereotypical or offensive, and I think I'm used to it.

Participants who served patient populations also discussed racial/ethnic biases from patients. Though these experiences with patients described tended to include more explicit biases in terms of race/ethnicity, participants often explained that they were able to navigate these occurrences by empathizing with patients and did "not take it personally", as one participant described:

I don't take it personally. I just accept and respect that the political climate, of course, comes into the health care arena because people are there when they're sick. They need something. They're most vulnerable. They bring all of themselves to the hospital system and the clinic or wherever. I've had patients say, "Oh, I don't want you." Or they've said they don't want the housekeeper that's Spanish and Mexican in their room.

3. Passive exclusion/feeling invisible

Some participants discussed the impact of feeling discord, exclusion, or neglect as UIH faculty at UCDH, though they reflected that is was difficult to name or attribute a specific reason. Specifically, participants described that it was unclear whether this treatment of passive exclusion, also described as "benign neglect", was due to biases related to differences in race/ethnicity, gender, status, age or other. The outcome or impact however, regardless of the attributed cause, had a significant negative effect of marginalizing participants in their role of UIH faculty.

…There are certain things where one might feel overlooked, certain things that happen, and you don't know why one is overlooked. Is it because there are people who are better able to do a task? Is there also something about being a person of color, a woman?

I think that people see me more as a worker. They don't see me as a leader. Limited opportunities, I would say. A lot of the things that I actually do work hard on is kind of not recognized. I end up doing a lot of things on the "DL" [down low].

I've been doing this, again, a long, long time, and it is really hard… to tease it all apart and say that there were certain things that happened because of my gender, or my name, or my background.

4. Double Minority & bias as female UIH faculty

Female UIH faculty members tended to also describe challenges in negotiating normative beliefs about gender in their professionally careers at UCDH. These normative beliefs and expectations related to gender also created complexities in balancing gendered expectations within their own cultural groups, which was described to compound the effect of these perceived biases received in multiple arenas.

I think there is a little bit of "could she do it attitude". Nobody asks a man if they could do it or not. Everybody feels like well, could she do it with all of her childcare stuff or all of her whatever family stuff? I don't think that's fair because I think that a lot of women would just figure out.

Representing both, I don't know, and being, generally, the only woman and the only person of color in these things, I don't know. Is it because they were men, or is it because they were white men? I don't know.

It's like my culture, it's like the balance is mostly to the female. Then, with my in-laws who live with me, it's like well, why would you ask my son to do that, you're the woman. Then, it becomes there's certain things I certainly can't ask my husband to do or take care of.

J. Challenges as an underrepresented faculty member in academic health at UCD

Participants were asked "what are the challenges you have experienced as an underrepresented faculty member in academic health at UCD? Responses provided generally referenced previously discussed challenges as UIH faculty in academic health and most participants highlighted those associated with imposter syndrome and feelings of marginalization and isolation. Phrases such as "there are so few of us" and questioning their belonging at UCDH or being genuinely valued were frequently discussed in describing their UIH status at UCD. Primary themes, as described, for the major challenges experience as UIH in academic health include: a) Marginalization and isolation and; b) Feeling undervalued as UIH faculty.

1. Marginalization and Isolation

Feelings of isolation, marginalization, and not fully integrated in the academic culture or community were often mentioned as significant challenges among participants. These outcomes in turn impacted their sense of belonging at UCDH, particularly when other UIH faculty left the institution, further reducing UIH numbers and representation.

Whether people realize it or not…I just think being the sole representative can be difficult, especially if one feels the burden of…conforming to someone's stereotype or having it their job to be to [represent].

I think when you have people leave, people who you believe in and people who have been mentors to you for a long time, it's a great loss, and it makes you question how valued you are and whether you are in the right place.

I think sometimes it's hard being the only voice in the room, and I think to make things better in regard to diversity is you have to have diverse people not just around, but you have to have diverse people in what I call positions that define the workforce.

Interestingly, differences in seniority or rank among participants did not impact these feelings among participants, who described these feelings as chronic or ongoing.

They can still be in these positions, and accomplish things, and still feel not right inside, right. I don't know if or when, or how that feeling ever goes away.

No one wants to be like the only one in any group, right, it's lonely. You have to build like a critical mass I suppose. I just don't know how to do that.

You feel it every day, you live with it, and then you start to suffer from things like imposter syndrome. You feel like, "Do I belong here? Am I here?"

2. Feeling undervalued at UCDH

Another primary challenge discussed by participants was "feeling undervalued" at UCDH and/or having to conform to specific rules in academic culture in order to participate or be recognized. These feelings coupled with those of exclusion and marginalization add to the complexity of challenges experienced by UIH faculty.

You feel like you have… this diversity tax that you are holding, and you feel like you wanna fight every day… when you fight too hard, then people start to see you as a rebel, as somebody who is not collaborative.

For those who don't have that experience [as UIH first generation students or faculty] *may not appreciate what that means, but for those who are representing those groups, it is a very steep hill that they have to climb in order to be able to acquire the skills that are needed to compete and to be a part of the in-groups as well without losing their identity and losing their strengths.*

When you are a person from an underrepresented minority, the people don't wish or very few people wish big things for you.

I can tell you that now I'm much more sensitized because of multiple experiences. It is like you have to do much, much better than others in order to prove… I care about those things as a means to really serve the students, serve the patients that we provide services to, to serve the catchment area that we have been focusing on…That has been shameful. I mean, shameful, making people feel like they are less, that they are second-class citizens, that there are handouts.

K. Additional responsibilities as UIH Faculty in UCDH

Additional responsibilities described by participants based on their personal background as related to being from an underrepresented group included being called on disproportionately to represent or provide diversity on committees, and other service areas. As described previously, these additional responsibilities, referred by many as "diversity tax" generally did not contribute towards institutionally recognized advancements such as merits and promotions. In addition, time and effort dedicated for these service areas came at the cost of being "dinged" or delaying the process towards promotion and tenure.

It's completely excessive. I've been dinged on it with my merit and promotions, like doing too much service.

Yes. I think that's just based on numbers. When they don't have other faculty of color, they're always gonna call the people that are there. If there's two of us, we're always gonna be called to do some diversity-related thing…

Some participants also reflected on their own sense of responsibility and obligation to engage in additional responsibilities as UIH faculty. As described below, though considered "taxing", this role was viewed as common in academic institutions with predominantly non-UIH faculty.

I, for the most part, recognize that I have a role to play by my own existence, and I'm happy to play it. I see that fitting into the mission of the university, especially since there's so few of us as minority faculty, and we do need presence of us in different committees.…They're incredibly taxing timewise, and when everybody needs a minority in the room, it gets really taxing. That's my only big complaint, I guess.

If you're underrepresented at a majority institution, or a predominantly—well, predominantly white institution…there just aren't a lot of us…Some people are really masterful at knowing what to say no to, but yeah, I don't think that that's unique here. I know that it happens everywhere, and I think that that's a part of why I can be aware of that it's something to come, because there just aren't enough of us…

Absolutely. I have this sense of commitment that you need to give back. I need to give back to United States, because it gave me the opportunity to get my education. I am loyal to this country.

Participants also discussed the potential backlash or negative consequences experienced, particularly for junior faculty, for declining invitations to serve on additional groups or types of service activities. Junior faculty also discussed their inexperience to determine if they were called upon excessively. Further, female faculty discussed the added responsibilities as both UIH status related to their gender as well as race/ethnicity.

Yes…There are so few of us that we can extend ourselves very thin very quickly. I have seen it over and over again. I have seen it with myself. I mean, if I'm not careful, all of a sudden, I am in too many things—important things. On the other hand, I have seen more junior people than myself that are being asked to serve in numerous groups. When they have tried to, in a responsible manner, to avoid doing that, they have been not only widely criticized but even threatened. I am not exaggerating.

Yeah. Maybe. I don't know, right, 'cause I haven't been around long enough to know what the standard is for serving on committees. I don't always know, is it because I'm a woman and a minority that I'm being asked to serve on this committee, or is it just a random type of thing?

L. Feeling excluded, unwelcome, or uncomfortable at UCD because of racial or ethnic status.

Participants were asked a closed ended question of "Have you ever felt excluded, unwelcome, or uncomfortable at UCD because of your racial or ethnic background?". Almost half of participants replied in the affirmative or were unsure if the reason for negative treatment was based on race/ethnicity. Some participants normalized this type of treatment as "the cost" of being a person of color or due unconscious bias and therefore not intentional or less significant. It is important to note that in some cases where participants stated that they did not feel excluded or unwelcomed, they then described examples of this situations where they did, in fact, experience this type of negative treatment.

> *Yeah. I'm not as incapacitated by it as before. Because I kept myself low, I think that—I think that contributed to people thinking that—not seeing me as a leader, not seeing my value and what I bring to the table. It was only until later…that I started to come out more. I definitely feel like that experience made me feel very unwelcome. For all those years I was like, "Screw this place. I'm just gonna finish, and I'm gonna light the match and burn the bridge and go."*
>
> *When you're an African-American, you feel excluded and uncomfortable in society. I mean, that's just the way it is. There's no racial utopia for people of color. Being a person of color is a cost in the sense of being uncomfortable, whether it's here at UC Davis, or I'm in a [National level] committee meeting …*
>
> *I don't think it was ever done on purpose. I think it was just something that it's a wrong response. Is that how I put it? Yeah. It's, sort of, ugly learned response to think that. You try to fight it, right, it's like, "Okay, this is not that sort of—but I think it sometimes it becomes a subconscious and unconscious in some ways, and so.*

Other participants described more subtle or passive forms of aggression as UIH faculty; they also reflected on the inability to determine the specific source or reason for the exclusionary treatment, which they acknowledged could be due to other factors in addition to race/ethnicity differences.

> *You don't know what it is, so you can—it could be attributed to many different things, so I don't know what exactly it is that could attribute. Just two weeks ago, I went to a particular meeting. I was the only woman physician that was there…It was like there was pretty much zero acknowledgment of me walking into the group of people…*
>
> *it's kind of like—I don't know—being like an a-list celebrity and a d-list celebrity… I know that it happens on different levels, and so I said, "I don't know if it's because I'm new junior faculty member. I don't know if it's because I'm a woman. I don't know if it's because I'm black. I don't know what the reason is," but I know that when I walk in and I see this person say hello to other people, and I am the one person that doesn't get said hello to, I don't know what the reason is, but it's a reason.*

It's very difficult because it seems to be something that is very subtle—almost like under water or so. It's extremely subtle…

M. Suggestions to be more effective in recruiting, retaining and supporting UIH faculty at UCDH

Participants were asked for their suggestions on ways for UCDH to be more effective in recruiting, retaining and supporting UIH faculty. Primary themes as described by participants included a) fostering diversity early by developing a robust pipeline; b) diverse representation and inclusion at UCDH; c) active and ongoing m3eentorship; d) financial and research support; e) demonstrating genuine value for diversity.

1. Fostering diversity: Pipeline and Outreach Development

Participants described that recruitment of UIH faculty would require developing a more diverse pipeline that established a relationship with potential candidates early on and throughout their career trajectory. Strategies for recruitment included broadening outreach methods to catchments areas where underrepresented communities resided, supporting and developing relationships early on, and creating viable opportunities for early career faculty or students to stay or choose UCDH.

Having a good pipeline, and research opportunities whereby you can include college students or high school students, other things help, because that relationship, that longitudinal relationship matters. One, you help them see, find themselves. Two, you allow them to see what you can do for them, and is it a good fit.

…it all starts very early on… If you recruit students of color and you support them through medical school, then they're more likely to stay and more likely to consider careers in academic medicine.

One is from starting early like when you identify someone in med school or residency who's really great, don't let them leave, right. Do everything you can to get them to stay and do it early. Don't wait till the last minute. Make it viable, make it real. Don't just give `em the pat contract or offer.

2. Diverse representation and inclusion at UCDH

Participants also discussed the importance to foster diverse representation and inclusion at UCDH by reflecting diversity at multiple levels of the campus body; reflecting diversity was considered crucial to both recruit and retain UIH faculty.

You have to represent the people that you're serving, and I think that's the reason why, in medicine, we're talking about how can we get more minorities because that is actually the reality of the country. I think having the same idea of how can we have these minorities represented in the bigger system?

I think, in my own experience, underrepresented minorities will go where they see other underrepresented minorities and where they see those underrepresented minorities being supported and respected for their opinion.

There has to be a demographic change. If we wanna create a pipeline that really attracts from the bottom up, then we need to change demographics on the top…

For ethnic or racial minorities, it's that feeling of belonging and seeing their place here and where they're going to fit, and who they're going to speak with and interact.

In addition, participants also reported that recruitment and selection of UIH candidates needed to be redefined and examined to ensure fair and diverse representation. That is, selection processes for hiring UIH faculty should consider broader criteria that promoted diversity and inclusion o the faculty body.

I think that success breeds success. We haven't been able to be successful. That should give us pause as to why we haven't been successful. I think that people talk with each other. We have had candidates—I mean wonderful candidates—that haven't been selected. They are going to go and talk with others and say, "This is what happened to me in UC Davis." Or people who was recruited and they decided to leave, for whatever reason.

I think if you're really gonna recruit, you really have to recruit. In my experience, I would say it seems like despite all the little seminars that we have to go to about recruitment and all that, what I think happens is that we tend to have an idea of who we want to hire first and then we check the boxes to make sure that we're doing it legally.

3. Active and ongoing mentorship

Mentorship overall was also considered to also play a significant role for recruiting, retaining and supporting UIH faculty. Most participants described mentorship as critical to supporting UIH faculty throughout their career and an impactful determinant of their success in achieving goals. In addition, mentorship and opportunities provided through support networks often helped create a supportive environment for UIH faculty to thrive.

You need to make the environment very supportive of them. Maybe it requires special mentorship and people checking in with them more often than one would ordinarily. We have a mentorship academy here, but I think it would require more than what they offer.

Mentoring is everything. Being able to have someone that you can come to when you're the new kid on the block, so you learn the way. How do you navigate through this. It's a political place. It's an institution. Institution has a lot of legacy issues, and so how do you fit in? Not just fit in, because if you fit in you don't change. You want to evolve, and you cannot evolve unless you have new people with new eyes and new way of looking at things.

…sponsorship, I think. I think basically you have to give people early successes, junior faculty, when there is a lot of stress to get off their feet. I think…you have to allow people to be excellent in a few small areas rather than too spread out. It becomes really easy to spread people out, I think, too thin.

4. Financial and research support

Financial stress related to student loan debt and preoccupation over temporary and/or "soft" funding streams was another common theme identified by participants that could be considered by UCDH. Participants discussed the importance of tangible support provided by UCHD in both supporting and retaining faculty and allow them to carry out their work successfully.

I think, academic medicine, in general, your salaries are not as high…if you went to school, and you have a certain amount of student-loan debt, and you have a family, there just is the reality of that…a lot of the underrepresented minority faculty may be coming from first-gen situations or other situations where they have more of a financial responsibility…financial incentives, I think, could be helpful.

I know for me, I think funding makes a huge difference. My position is completely soft money, and so if I don't get my grants, then it's unlikely that I'll stay. For me, it's trying to find a hard money position that will still allow me to do the work that I want to do 'cause I could get a hard money position elsewhere, but I want to do the work that I want to do.

If you came—if you went to school, and you have a certain amount of student-loan debt, and you have a family, there just is the reality of that

5. Demonstrating Genuine Value for Diversity at UCDH

Lastly, demonstrating genuine support and value for diversity at UCDH was also suggested as key to recruiting, retaining and supporting UIH faculty. Genuine efforts were considered those which made an impact or actionable strategies and were distinguished from "initiatives" or "just talk" as described by participants.

I think that there is recognition by underrepresented minority faculty about the importance of supporting each other, of lifting each other, because once again we are so few that we recognize

that it is important to be supportive. We are so few that it's extremely difficult to have an impact. I'm convinced that we pay a price for not being able to do that.

It's not enough to have an initiative here, an initiative there, without coordination and evaluation and in ways that it really creates a sustainable infrastructure that would allow us to more solid, not only in the recruitment, in the retention. Part of that retention is to have the necessary elements to really value people from—I mean, underrepresented minority students and underrepresented fellows, underrepresented post-docs, underrepresented whatever level you want to think of, and to mentor them as well.

In addition, participants also described that these types of value-based strategies should also consider fair and consistent promotion of UIH faculty towards tenure track and leadership positions.

Making sure that people from minorities are being promoted as well. The numbers in the nation are kind of scary when you look at it. Not many people, especially people in medicine, they don't get promoted, so just making sure that the process is fair for everyone, that you're being promoted based on your effort and not based on some other characteristics.

Minority people should be in the decision-making process. They should be given opportunities to thrive, and I think there must be some intentional initiatives.

N. Suggestions or advice for early career UIH faculty in academic health

Participants were asked "what suggestions for advice would you give to early career or new UIH faculty in academic health?". Primary themes described included: a) Taking initiative and establishing support mechanisms; b) Recognizing personal value as UIH and; c) Setting boundaries to prioritize Self-Advancement.

1. Taking Initiative and Establishing Support Mechanisms

Participants frequently mentioned the importance of establishing active networks, connections, and collaborative relationships to foster professional success. In addition, these relationships were considered key to building social support to mitigate stressors commonly reported by UIH faculty. Being proactive, taking initiative and prioritizing participation in diverse opportunities to establish these types of connections was underscored by participants as crucial for early career faculty.

Don't remain behind your closed door. You've gotta go out and meet people. You gotta meet people in positive ways. You shouldn't get swamped, but you have to get known, both locally in your institution and outside of your institution.

Just figuring out who does what, and how things get done, how things work. That takes a lot of just meeting people and talking to a lot of different people, I would say, if you try to do that in the beginning.

You gotta be proactive and be aggressive but collaborative at the same time. I won't use aggressive meaning that you're trying to compete with everyone.

You have to be very proactive to be in academic medicine. People are not gonna come to you and say, "Hey, do this." If you really want something, you just have to push for it…people should be supported, but that's a different story.

Participants also discussed support mechanisms in terms of establishing strong and diverse mentors throughout their careers. Mentors, as discussed previously, were pivotal to guide and support early career faculty, and provided opportunities and helped negotiate stressors encountered along career trajectories.

I think mentorship is important, right, so again, identifying those mentors who would be in a position to really help you cultivate the skills and knowledge, and experiences you need to be successful in the area you wanna be successful in. I think community is very important, too and so, the challenge of how do we build authentic community…

Get a good mentoring committee from the get-go, and get people that supports you and that is behind you all the time and don't corner yourself into being only with your community.

I think it really helps to find good supports, a good support system of other people who are like you, [laughter] women or minority or both if you can get both in one. Again, I think it's an implicit support. It doesn't even have to be tangible, but it's just that implicit awareness that there are people who are going through similar life experiences that helps you to be able to go get tangible support or at least recognize the value of diversity, the importance of diversity here.

I think it's assigning mentors. One thing that has really helped me is for someone to ask me, "What is your one-year plan? What is your five-year and your 10-year plan," and then for someone to sit with me and say, "How are you going to achieve these goals?" I think that's part of mentorship.

2. Recognizing Personal Value as UIH

Participants noted that it was important for early career faculty to both recognize their own personal contributions and merit as diverse UIH faculty as well as to feel "genuinely" valued and supported by UCHD. This recognition and support were considered significant in advancing UIH faculty as well as mediating feelings related to imposter syndrome and marginalization reported as ongoing for many UIH faculty in their career trajectory.

I think it's important for faculty from underrepresented areas to acknowledge that they do have a unique role, that students are going to look at them as a leader or as even somebody that's made it.

I think people need to be supported, and their talents need to be recognized. When I say supporting, I mean, also, support in their ability to advance and to receive the proper promotions and merits.

I would say to really know your value, and to ask for what you want. Don't be afraid to ask for what you want, or go somewhere where you'll get it.

3. Setting Boundaries to Prioritize Self-Advancement

Lastly, participants discussed the importance for early career faculty to establish and prioritize goals that were aligned with advancement and to ensure protected time to devote to these activities. Mentors were considered crucial in this process to serve as a buffer or to help guide junior faculty in setting boundaries foe factors that could hinder or jeopardize career advancement.

Basically use your chair as a shield to say, oh my chair said I can't do that, or I shouldn't do that. Don't say, can't. It's hard, because you do want to be involved in any initiative and things like this, that can—but it's not gonna' benefit the career, necessarily. Really being very strategic and intentional, defining your goals, and defining them quite clear. If you don't have a goal…you can get lost.

Yes, they would have to have an advocate, someone to tell them, "Don't serve on so many things." Really, someone to explain how important it is that they find—that's one thing I didn't know. I just kind of had one or two people that I knew. How important it is for junior faculty to really meet a lot of individuals and think about numerous proposals, numerous papers.

Really being very strategic and intentional, defining your goals, and defining them quite clear. If you don't have a goal, and if you don't have a goal, you can get lost. It's very easy to get lost, but you have to look at what is it—understanding—the other thing, also, people have to understand the academic culture. You're taking a lot of time to understand the academic culture and being on the table. There's a saying which says, "If you're not on the table, you're on the menu.

Conclusions

Findings from the UC Davis Schools of Health UIH Faculty Interviews may provide insights into opportunities to both address barriers and increase factors that foster recruitment, retention, and support among diverse UIH faculty at UCDH. These factors are categorized conceptually at the individual, social/community, and infrastructure/system levels to best identify areas of potential impact and increase the use and application of these findings in academic settings such as UC Davis (see Figure 1 of full report). Areas of potential application of these findings in academic settings such as UCDH may promote further success among diverse faculty in their professional careers. Fostering these opportunities identified as support factors may also attenuate potential stressors and challenges frequently experienced by UIH faculty in academic health.

Acknowledgments

Hendry Ton MD MS, Project Leader

Kupiri Ackerman-Barger, PhD, RN, Project Co- Data Coder and Analyst

Khoban Kochai, Project Manager

Mark Robinson MSW, Project Interviewer

Roberta Campbell, Project Support

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Appendix A. IRB Protocol

INSTRUCTIONS FOR RESEARCH INVOLVING SURVEYS/INTERVIEWS AND/OR FOCUS GROUPS: use in conjunction with the online Initial Review Application form when no sponsor authored protocol is available.

Objectives

Purpose: To examine the perceptions and experiences of ethnic minority faculty at the University of California Davis Schools of Health regarding racial and ethnic diversity in academic medicine.

Objectives: Understand URM/UIM faculty perceptions and experience of the culture of academic medicine

1. Better understand obstacles URM/UIM faculty face in academic medicine, particularly in achieving positions of leadership.
2. Understand the factors that lead to meaningful/fulfilling careers and success for URM/UIM faculty
3. Identify opportunities in recruitment, promotion, and retention of URM/UIM faculty

Research Questions:

What are the factors that affect recruitment, retention and promotion of minority faculty in academic medicine?

What types of faculty development opportunities are needed to support minority faculty overcome barriers to promotion and succeed at UCDH?

Hypotheses:

Identifying the issues facing ethnic minority faculty will guide better decision making to support the recruitment, retention, and success of URM/UIM faculty in academic medicine at the UC Davis Schools of Health and can further inform work at the local, state and national level.

Background

As the racial and ethnic diversity in the general population of the United States and particularly in the population of the State of California increases, research continues to show that representative diversity in the physician workforce as well as academic faculty falls grossly behind these changing demographics.

Nationally, schools of health strive to improve patient outcomes through teaching, research, and clinical care. Yet substantial segments of the US populations still face significant barriers to health care access and quality. Evidence suggests that lack of faculty diversity in schools of health and education is a factor perpetuating these disparities. Conversely, minorities report higher rates of patient satisfaction and patient-centered care from racially concordant providers, both of which have been linked to improved health outcomes. Faculty of color is also more likely to work in underserved communities. In addition, URM/UIM physicians in academic medicine serve as important role models and mentors to minority students and promote academic excellence that improves student outcomes in cultural competence, humanism and professionalism.

Faculty diversity has been identified as a core component to the mission of the University of California. Diversity is fundamental to the defined mission of the UC to serve the interest of the State of California, which requires equal access and opportunity for all groups. Given the research linking diversity in academic medicine to reducing health disparities and improving teaching and

research missions, the UC recognizes that diversity in academic medicine is of critical importance and has dedicated resources towards increasing recruitment, retention, and promotion of URM/UIM faculty.

However, tremendous challenges still exist in recruiting, retaining, and promoting diverse faculty. URM/UIM faculty continue to be severely underrepresented in academic health in the UC system as well as nationally. Some commonly identified challenges include poor mentorship, feeling of isolation, unclear criteria/expectation for tenure and promotion, and lack of understanding of institutional culture. An institution's culture plays a significant role in minority faculty members' perception of the institution, and there is evidence that gathering faculty input regarding how to improve climate is beneficial. In a comprehensive review of the literature on faculty of color experiences in academia, Turner, Gonzalez, and Wood found that the experiences of faculty of color in general and URM/UIM in particular are socially complex and have personal meaning. Thus, qualitative approaches are appropriate for studying factors that affect these groups. Despite this finding, however, few qualitative studies have been identified that investigate the experiences of faculty of color or URM/UIM in academic medicine.

Understanding and documenting issues facing minority faculty in academic medicine offers an opportunity for solutions at the institutional and state levels. This study aims to identify strategies to support the recruitment, retention and success of faculty of color in academic medicine.

Indicate the procedures that you will use to collect data.

☐Surveys – Attach all surveys you will use in this study.

☒Interviews – Attach an interview script with the questions that will be asked during the interview.

☒Focus groups – Attach a summary of the questions and issues that will be discussed during the focus sessions.

☐Observation of public behavior – Describe the behavior you will be observing below.

Click here to enter text.

☐Other – Describe any other data collection or research procedures you will be conducting

Click here to enter text.

Will you record any information that directly or indirectly identifies the individual on the data collection form (survey, interview responses or documentation of observations)?

☐Yes

☒No

☐I am collecting data through more than one survey, interview or observation. Responses obtained from only the following will include direct or indirect identifiers:

Participants' will be:

☒ Audiotaped
☒ Videotaped
Recordings will be labeled with direct or indirect identifiers: ☐ Yes ☒ No

Data Management and Confidentiality

Indicate how you will protect the data that you obtain and/or the information you record while conducting this study from disclosure to any individual who does not have a right or a need to access the information *(check all that apply)*

☐ Individual's responses/statements will not be linked to their identity. (No identifying information will be included on the documents/recordings and the documents/recordings will not be coded and linked to the individual's identity.)

☒ Individual's responses/statements will not include any information that identifies the individual, but the responses/statements will be coded and linked to their identity on a separate document or in a separate database.

☒ All identifiable electronic data will be maintained on an encrypted device requiring a password for access. Passwords will not be shared and will be protected from access.

☐ If the research includes review of medical or education records: Identifiable information from medical or education records will be stored on an encrypted device, investigators will follow applicable university policies (UC Davis Hospital Policy 1313, UCDHS P&P 2300-2499, and UC Business and Finance Bulletin on Information Security (IS-3).

☒ All paper records will be stored in a locked room/file-cabinet with access limited to only individuals who have a right and need for access.

☒ Other – (e.g. how will you manage the confidentiality for visual images and/or audio/video tapes?) Describe Audio recordings will be transferred to electronic format and deleted off of the recording devices. Responses will be coded and linked to their identity on a separate document in a secure database. All identifiable electronic data will be maintained on an encrypted device requiring a password to access. Passwords will not be shared and will be protected from access. All paper records will be stored in a locked room/file-cabinet with access limited only to individuals who have a right and need for access. The PI will be blinded to all identifiable information (i.e. spreadsheet with codes) for this study.

Inclusion and Exclusion Criteria

Inclusion Criteria: UC Davis Schools of Health faculty classified as underrepresented minority (URM) in medicine according to Academic Personnel records. According to the AAMC definition: Under-represented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population. This includes people of African American, Native American, Native Hawaiian/other Pacific Islander, and Latino descent. In this study, we will also include Southeast Asians, which are considered by the School of Medicine to be "under-represented in medicine (UIM)," along with the historically under-represented minority groups designated under URM.

It is possible that pregnant women may be included in this study, if a URM/UIM faculty is pregnant and chooses to participate in this study. No other special populations will be included in the study.

Age Range: 18+

Study Timelines

The duration anticipated to enroll all study subjects for prospective data collection only:

☒ I will be enrolling subjects until: January 30, 2019

The estimated date for the investigators to complete this study (complete primary analyses):

December 31, 2019

Data Banking

Will data be banked for future use? ☒ Yes ☐ No

Note *- If data will be banked for future use, the aims of the study must justify the retention of the data and you will need to address the additional questions below and the consent form must indicate that data will be banked for future use.*

If yes, will the data that are banked be identifiable?

☐ Yes, the data will be identifiable

☐ No, the data will be completely anonymous.

☒ No, the data will be stripped of identifiers and will be coded. The link to the individual's identity will not be made available to those requesting data from the data bank and will be maintained separately from the data bank. The PI will also be blinded to the coded information sheet.

Where will the data be stored?

The data will be stored electronically on the encrypted work computer of the research coordinator. Electronic data will be password protected and password will not be shared. Paper data will be stored in a locked file cabinet with access limited to the research team.

How long will the data be stored?

5 years

Who will have access to the data?

PI and research coordinator will have access to coded information only. PI will not have access to any identifiable information including the coded spreadsheet.

Describe the procedures to release data, including: the process to request a release, approvals required for release and who can obtain data.

We do not foresee releasing this data to anyone outside of the current research team.

Risks to Subjects

☒ This data collection study poses the risk of loss of confidentiality. The risk will be minimized through the processes described above. Additional processes will be put into place to blind the PI to any identifiable information, including the code sheet. This study will abide by all

applicable law, regulations, and standard operating governing the protection of human subjects, student information and protected health information.

☐ Other – Describe: *Click here to enter text.*

Potential Benefits to Subjects

☒ The participants who complete surveys or participate in interviews, focus groups or observation of public behavior are not likely to receive any benefit from the proposed research but others may benefit from the knowledge obtained.

☐ Other – Describe: *Click here to enter text.*

Sharing of Results with Subjects

☐ Results will not be shared with subjects.

☒ Results will be shared with subjects – Describe: In this study, participating URM/UIM faculty will have the opportunity to review preliminary results and provide feedback, on a voluntary basis. Preliminary analysis will be presented in the form of a report and interested participants will have the opportunity to provide feedback through smaller focus groups sessions. Key questions will include: Did we miss anything in this analysis? Do these results accurately reflect your experiences as URM faculty?

Criteria for 10 Year Approval

If yes to all items below this research may qualify for a 10-year approval period.

Yes	
☒	This research involves no more than minimal risk.
☒	This research does not receive any federal or state government funding or funding from a private funder who requires annual review per contract.
☒	This research is not subject to FDA jurisdiction.
☒	This research does not include prisoners as participants.
☒	This research is not subject to SCRO oversight.
☒	This research is not subject to oversight by the Research Advisory Panel of California (RAP of C).
☒	This research does not involve identifiable information held by the State of California Department or Agency.
☒	No personnel involved in the design, conduct, or reporting of this research have a new unreported related financial interest (RFI) in this study.

Interview Questions:

This study will use an appreciative inquiry approach in individual face-to-face interviews with URM faculty. The appreciative inquiry approach assumes that there are examples of success in the past that we can learn from to create greater success in the future. Specifically, AI seeks to determine the state a system aspires to. Guiding questions for discussion:

1) CAN YOU SHARE A TIME OR EXPERIENCE WHEN YOU FELT PARTICULARLY EXCITED/INVIGORATED/VALUED WHILE WORKING IN ACADEMIC HEALTH?
2) OPTIONAL:
   a) **What keeps you going in academic health?**
   b) **What do you find meaningful or fulfilling as a faculty member?**
3) WHO OR WHAT INSPIRED YOU TO PURSUE ACADEMIC HEALTH?
4) PLEASE TELL US ABOUT THE MOST IMPORTANT SUPPORT OR OPPORTUNITY THAT HELPED YOU TO BECOME AN ACADEMIC HEALTH FACULTY MEMBER?
5) WHAT DREW YOU TO ACADEMIA AT UCD?
6) CAN YOU GIVE ME AN EXAMPLE OF THINGS THAT UCD DID DURING RECRUITMENT THAT MADE YOU FEEL LIKE YOU BELONGED HERE?
7) UCDH WANTS TO RECRUIT MORE UNDERREPRESENTED FACULTY. ARE THERE SPECIFIC THINGS THAT WE COULD DO TO BE MORE EFFECTIVE?
8) WHAT HAS BEEN YOUR EXPERIENCE SINCE JOINING THE FACULTY?
9) CAN YOU GIVE ME AN EXAMPLE OF INSTITUTION OR DEPARTMENT SUPPORT THAT IMPROVES THE ENVIRONMENT AND DEMONSTRATES SUPPORT FOR URM/UIM FACULTY?
10) IF YOU COULD INSTITUTE A CHANGE OR IMPROVEMENT TO SUPPORT URM/UIM FACULTY AT UCDH, WHAT WOULD YOU CHANGE OR IMPROVE?

Appendix B. Consent Form

Title of research study: The experiences of Under-Represented in Health (UIH) Faculty in Academic Health

Investigator: Hendry Ton, MD MS

Why am I being invited to take part in a research study?

We invite you to take part in this research study because you have been identified as an under-represented minority in health (UIH) or under-represented in medicine (UIM) faculty member in UC Davis Schools of Health.

What should I know about a research study?

(Experimental Subject's Bill of Rights)

Someone will explain this research study to you, including:

- The nature and purpose of the research study.
- The procedures to be followed.
- Any common or important discomforts and risks.
- Any benefits you might expect.

Whether or not you take part is up to you.
You can choose without force, fraud, deceit, duress, coercion, or undue influence.
You can choose not to take part.
You can agree to take part now and later change your mind.
Whatever you decide it will not be held against you.
You can ask all the questions you want before you decide.
If you agree to take part, you will be given a copy of this document.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at: Faculty Development and Diversity; 916-734-1243; kbkochai@ucdavis.edu.

This research has been reviewed and approved by an Institutional Review Board ("IRB"). Information to help you understand research is on-line at http://www.research.ucdavis.edu/policiescompliance/irb-admin/.You may talk to a IRB staff member at (916) 703-9151, hs-irbadmin@ucdavis.edu, or 2921 Stockton Blvd, Suite 1400, Room 1429, Sacramento, CA 95817 for any of the following:

Your questions, concerns, or complaints are not being answered by the research team.
You cannot reach the research team.
You want to talk to someone besides the research team.
You have questions about your rights as a research subject.
You want to get information or provide input about this research.

Why is this research being done?

The purpose of this research is to examine the perceptions and experiences of ethnic minority faculty at the University of California Davis Schools of Health regarding racial and ethnic diversity in academic medicine. Specifically we'd like to:

4. Understand the factors that lead to meaningful/fulfilling careers and success for UIH faculty
5. Better understand obstacles UIH faculty face in academic medicine, particularly in achieving positions of leadership.
6. Identify opportunities in recruitment, promotion, and retention of UIH faculty

Faculty diversity has been identified as a core component to the mission of the University of California. Diversity is fundamental to the defined mission of the UC to serve the interest of the State of California, which requires equal access and opportunity for all groups. Given the research linking diversity in academic medicine to reducing health disparities and improving teaching and research missions, the UC recognizes that diversity in academic medicine is of critical importance and has dedicated resources towards increasing recruitment, retention, development and promotion of UIH faculty.

However, tremendous challenges still exist in these areas. UIH faculty continue to be severely underrepresented in academic health in the UC system as well as nationally. We hypothesize that gathering the experiences and unique perspectives of ethnic minority faculty will guide better decision making to support the recruitment, retention, development and overall success of UIH faculty in academic medicine at UC Davis and can further inform work at the local, state and national level. While you are unlikely to receive any benefit from this research others may benefit from the knowledge obtained.

How long will the research last?

We expect that you will be in this research study for a total time commitment of 2 ½ hours over the course of 6 months. One hour will be to participate in a face to face interview and the other 90 minutes are to participate in a follow-up focus group, if you are interested.

How many people will be studied?

We expect about 50 people here will be in this research study.

What happens if I say yes, I want to be in this research?

You will be contacted by a member of our research team to schedule a one hour face-to-face interview with a member of the Schools of Health Evalution Unit. The interview will take place at a private location convenient to you. You will be asked a series of questions during this interview and the interview will be recorded, with your permission. The interviews will take place from November 2018-January 2019.

You will also be asked if you are interested in participating in a follow-up session in Spring, 2019 which will include a focus group discussion. At this session, you will receive preliminary results of the study analysis. Careful attention will be paid to deidentifying all results. As part of this session, your input (deidentified) will be incorporated into the final draft of the research report. The Principal Investigator for this study, Dr. Hendry Ton, will be blinded to all identifiable information from this study.

What happens if I do not want to be in this research?

You may decide not to take part in the research and it will not be held against you.

What happens if I say yes, but I change my mind later?

You can leave the research at any time and it will not be held against you.

Is there any way being in this study could be bad for me?

This research study poses a minimal risk of loss of confidentiality. The risk will be minimized to the degree possible through processes to protect the data that we obtain. These processes include removing all identifiable information in individual responses/statements. Individuals identities will be coded on separate electronic document. This document will be maintained on an encrypted device requiring password access. Passwords will not be shared and research team will have limited access to this document. The PI, Dr. Hendry Ton, will not have access to any identifiable information, including to the code sheet.

Some of the questions asked might make you feel uncomfortable or upset. You do not have to answer any questions that you do not want to answer. Participation in this research is entirely voluntary and you can withdraw at any time.

Will being in this study help me in any way?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include development opportunities specific to URM/UIM faculty. Others may benefit from the knowledge obtained in this study.

What happens to the information collected for the research?

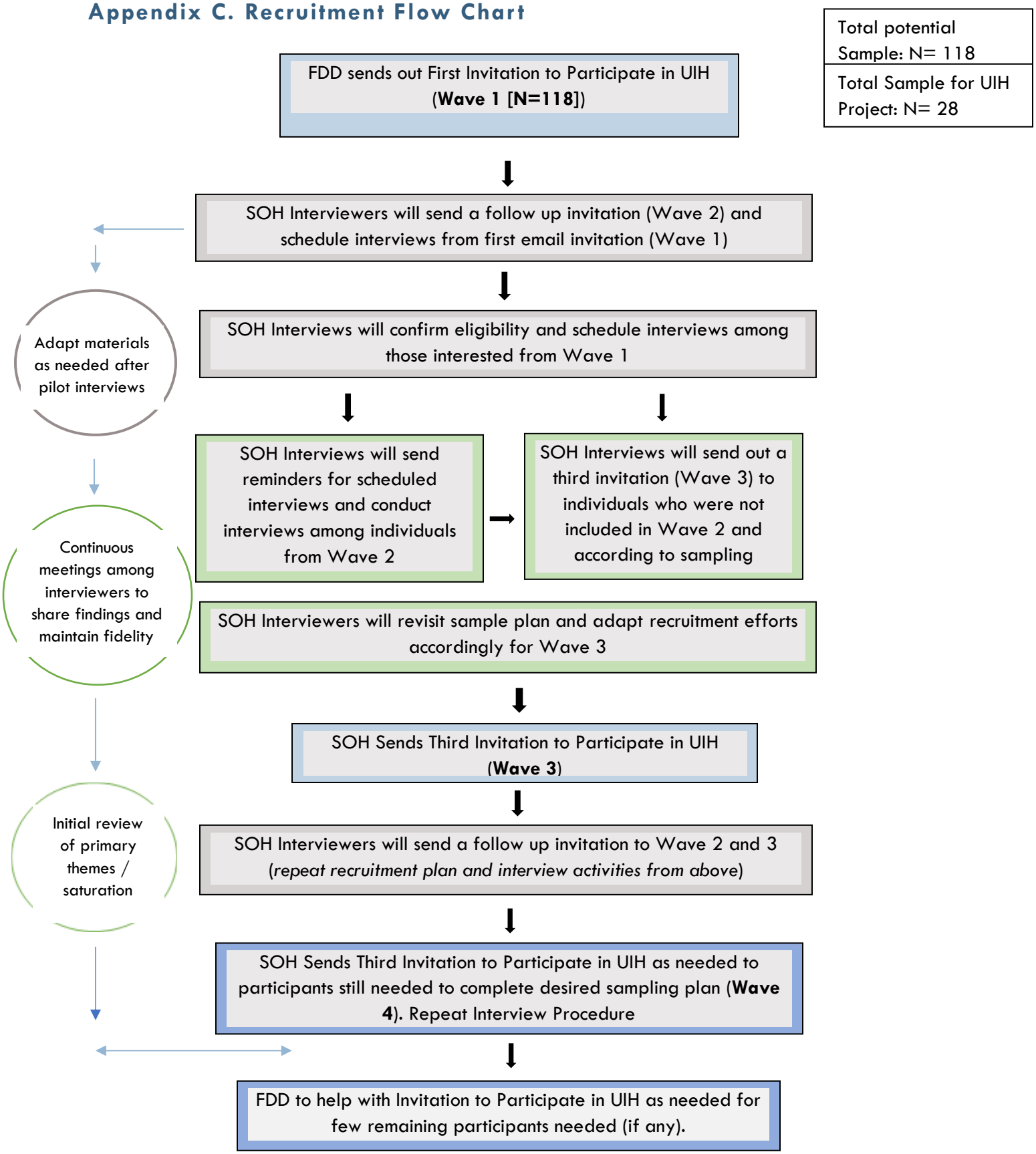
Efforts will be made to limit use or disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete confidentiality. Organizations that may inspect and copy your information include the IRB and other University of California representatives responsible for the management or oversight of this study.

What else do I need to know?

You will not be compensated for taking part in this study.

If interested, you will be invited to participate in a session that will inform the final report for this study (described earlier). We will also share the final report with you in Summer, 2019.

Appendix C. Recruitment Flow Chart



Appendix D. Email Invitation from FDD to all UC Davis Faculty in Academic Health

Dear Colleagues:

Faculty Development and Diversity (FDD) is very interested in hearing about your academic career experience at UC Davis Health. **We are inviting faculty from the UC Davis Schools of Health to participate in the Under-represented Faculty in Health (UIH) research project. Specifically, we are interested in interviewing individuals who self-identify as:**

- Black or African American
- Native American, Native Hawaiian/other Pacific Islander
- Hispanic, Latinx or of Spanish Origin
- Southeast Asian descent: Origins from Cambodia, Malaysia, Thailand, Laos, Vietnam
- Multiple Race/Ethnicity, when one or more race/ethnicities are from the preceding categories

This research is IRB approved and adheres to strict Federal, State, and university guidelines to protect rights and privacy. Participation is voluntary, and you can withdraw at any time. Participation entails a 60-minute face to face interview with a member of the research team at a location convenient to the participant. Please note that as the Principal Investigator, I will be blinded to the identities of interviewees and all identifiable information related to faculty who participate in the interviews. The interviews will take place from October 1st to December 15th, 2018.

To Participate:

If you are interested in participating, please contact Rebeca Giacinto, Evaluation Specialist with the SOH Evaluation team at regiacinto@ucdavis.edu. If you have any general questions about the UIH research project, please contact Khoban B. Kochai, FDD Business and Operations Manager, at kbkochai@ucdavis.edu.

More Background:

Faculty Development and Diversity's mission is to nourish a diverse and inclusive community of faculty who will meet the present and future challenges of academic health. To accomplish this mission, we aim to better understand the needs of our diverse faculty. As part of our Diversity DRIVE (Discovering Resilience, Inclusion, academic Vitality, and Excellence) initiative we are starting a new research project to identify factors that impact recruitment, retention and success of our underrepresented academic faculty. The Under-represented faculty in Health (UIH) research project aims to better understand the experiences of ethnic minority faculty in the UC Davis Schools of Health.

Appendix E. Challenges and Recommendations by UIH Faculty

A. Experience of the Academic Health Pathway:	
Challenges	**Recommendations to Address Challenges**
1. Individual level challenges included combating chronic imposter syndrome, low social capital, being a first-generation college graduate, few role models to follow during childhood, and lack of familiarity in navigating the "steps" towards success.	1. Mediators to these challenges included building resilience, exposure to supportive networks (multiple levels, including **mentorship**). Exposure early on to role models was mentioned as crucial in the formative stages of the pathway towards academic health. Suggestions included: a. Development of a robust and diverse pipeline that integrated outreach to communities of interest. b. Increasing the number of UIH faculty in leadership positions and fostering a diverse campus body overall was recommended to develop UIH representation at UCDH. c. This visible diversity on campus was noted as particularly important because, as participants noted "diversity attracts diversity".
2. Interpersonal and system level challenges included facing multiple biases, rejection, discouragement and marginalization (real or perceived) as UIH along their career trajectory towards becoming an academic health faculty member.	2. Building confidence and taking initiative to seek and access support networks, particularly for **mentorship** relationships was important to continue to bolster confidence, provide opportunities for growth, and to help confront challenges in the academic health pathway as they arose.
B. Challenges to Achieving Career Goals and Leadership Roles as UIH Faculty	
Challenges	**Recommendations to Address Challenges**
1. Unclear understanding of the "steps" for success and leadership as faculty at UCD.	• Provide a clear and tangible description of steps and ways/support to achieve each step for faculty to follow. A clear description was also considered to be important in ensure an equitable and fair process for UIH to achieve success towards tenure faculty.
2. Diversity Tax	• UIH faculty discussed that service time provide as UIH faculty were not formally recognized or valued. Time and effort dedicated for these service areas often came at the cost of being "dinged" or delaying the process towards promotion and tenure and were not recognized as contributions aligned for this advancement. • Recommendations to address this challenge included, formally recognizing and actively supporting the additional time UIH contributed as diverse faculty members at UCDH.
3. Intersectionality (compounded burden of diversity tax as UIH female faculty)	• Female participants discussed the compounded effect and responsibility (imposed by others and self) of being a "double minority" as UIH female faculty. Cultural norms within their own cultural groups, as well as gendered norms and expectations related to work/life balance and childrearing, also complicated UIH female experience as an academic health faculty member. • Suggestions included providing increased or formal recognition of service time provided as female UIH (see diversity tax above) and providing flexibility for competing priorities to attain a health

	work life balance (flex time, closer childcare, more support networks).
4. Feeling undervalued and marginalized/isolated at UIH faculty	• Establishing support mechanisms early on, including identifying mentors (multiple) was viewed as important for early career faculty to help them succeed in their academic career trajectory. • Increasing actions/formal recognition of value of having UIH in the faculty body at UCD by creating initiatives, funding mechanisms for protected time, and greater support to address gaps in recruiting/retaining UIH faculty. • Other suggestions included promoting more social events to meet other UIH faculty, establishing or developing a more inclusive culture by providing protected time to network and promoting more visibility for resources at UCDH to grow and succeed as faculty members at UCD.