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Equity, Diversity, and Inclusion:

What Does It Mean? How Do We Evaluate It? Then What?

A dissertation submitted in partial satisfaction

of the requirements for the degree

Doctor of Philosophy in Education

by

Lindy Marie Messer

2023

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## ABSTRACT OF THE DISSERTATION

Equity, Diversity, and Inclusion:  
What Does It Mean? How Do We Evaluate It? Then What?

by

Lindy Marie Messer

Doctor of Philosophy in Education

University of California, Los Angeles, 2023

Professor Christina Christie, Chair

Many departments seek to improve their equity, diversity, and inclusion using data-informed methods; however, not much is known about how closely department leadership aligns their review practices with appropriate theory. This dissertation seeks to explore four areas: 1) how are equity, diversity, and inclusion are being conceptualized (implied theory of change), 2) how are equity, diversity, and inclusion being operationalized (implied theory of action), 3) what process is each department going through to evaluate equity, diversity, and inclusion (implied theory of evaluation), and 4) how are data interpreted and used, or not used (implied philosophy of change). This study investigates how theory undergirds department action by using two exploratory case studies—two departmental EDI teams within the School of Medicine—with a cross case analysis.

Findings show a loose theory of change was provided at the school level for both departments, but departments lacked concrete definitions of equity, diversity, and inclusion that connected to this theory of change. Departments generated many theories of change and action that varied greatly and did not cohesively align with their interventions and review process. They tried to include various voices in the evaluation process, but could benefit from having a more robust understanding and implementation of culturally responsive, equity-focused evaluation. The departments had an accountability framework levied on them by the School of Medicine, which had showed promise at a previous school, but there was debate about the role of incentives in catalyzing change.

Overall, departments would do well to reflect on their philosophy of change when designing and evaluating their programs. Although they included many voices in the evaluation process, the departments could do more to consider the least well-off groups, especially because anti-affirmative action legislation like Proposition 209 prohibits favoring based on attributes like race and gender. Once departments have results back, they should consider how to target their change efforts by choosing a philosophy of change approach. With a theory of change, theory of action, evaluation theory, and theory of change all articulated and aligned, a department will have a much better probability of enacting real change in equity, diversity, and inclusion.

The dissertation of Lindy Marie Messer is approved.

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2023

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## CHAPTER 1: INTRODUCTION

Evaluation is a diverse professional field with many methods, values, and epistemologies being enacted through the work of evaluation. Traditionally, evaluation has been thought of as the rigorous and systematic collection of data for the purpose of valuing and rendering judgement on a program. This judgement could be formative or summative in nature and the definitions of rigor and value may differ greatly depending on the evaluator. As early as 1985, Ellett and Alkin (Alkin, in press) proposed that evaluators must consider three aspects of the evaluation to different degrees:

- (a) issues related to the methodology being used,
- (b) the manner in which data are to be judged or valued, and
- (c) the user focus of the evaluation effort.

Particular evaluators may emphasize the methods to use while another may focus on the values by which the program should be judged while still others may focus on the decision-making that needs to be done by the users of the data. Over the years, experienced evaluators have written on what they see as the important aspects of evaluation practice and have developed prescriptions for how to best conduct evaluation. These have become “theories of evaluation” and guides for practice. Long-time evaluator and theorist Marvin Alkin (in press) believes that in order to be helpful, an evaluation theory must be comprised of robust guidelines of how to translate it into practice and under what conditions it is most useful.

Implied here is that not every theory is appropriate for every evaluation. The context, goals, and situation should play a role in which theory is drawn on and in turn how an evaluation is approached. For example, according to Alkin (in press), many of the well-known and

published evaluators in the United States are white, male, and have an academic background in comparison to the participants being served. This has been shown to be problematic when conducting cross-cultural evaluation. The norms, values, and methods chosen by white males in academia may very well be at conflict with communities of color and indigenous peoples. This conflict has become particularly prevalent given the increase in the number of programs trying to address the discrimination that BIPOC communities have faced. In the best-case scenario, evaluators should be able to determine the appropriateness of the various theories to their evaluation context and to their personal values. However, not all people who evaluate programs are evaluators.

My interest is looking at what is happening in the field of higher education and in particular programs designed to serve minoritized communities afflicted by past and current racism, classism, heterosexism, etc. These programs are increasingly prominent given that in a literature review of nine mainstream education journals between 1968 and 2018, Patton, Sanchez, Mac, and Stuart (2019) found that predominantly white institutions have increasingly implemented formalized diversity initiatives over the past 50 years. Despite the additional attention, little progress has been made over the last 50 years, with most indicators of (in)equity in U.S. higher education institutions narrowing only slightly or even growing (Cahalan et al., 2020). Moreover, we know that many of the people in charge of reviewing the success of higher education programs are administrators who do not have a background in evaluation and/or organizational change. They may not know there are various theories that could guide them in evaluating their programs for the access, retention, and success of their target student groups. Evaluation theories are intended to support use, organizational change, and improvement, but they may not be part of the picture of higher education change. Evaluation can be a valuable tool

in diagnosing issues in program value and effectiveness by clarifying program goals and key concepts, facilitating use through learning (i.e., process use), and informing organizational change. However, we don't know *how* higher education leadership is reviewing their programs, if they consider their review processes "evaluation," and whether their efforts are contextualized to the topics of justice, equity, diversity, and inclusion.

I propose studying the "program review" efforts at a prominent R1 campus that was identified as having significant issues regarding justice, equity, diversity, and inclusion, particularly with regard to race. Because strategic planning is implemented at the school level and is influenced by the disciplinary culture prevalent at the school level (M. Chang, personal communication, July 12, 2022; D. McIntosh, personal communication, July 14, 2022), my study is situated within two different departments within the same school, structuring this as a two-case study with an additional cross-case analysis to investigate the context.

## **CHAPTER 2: LITERATURE REVIEW**

In the following section, I overview four areas. First, I provide historical background on why equity, diversity, and inclusion (EDI) continue to be issues in higher education in the 21<sup>st</sup> century. The second area I overview proposes that evaluative review processes, including formal evaluation practices and organizational learning, might be helpful in the EDI program review process. The third section covers how evaluation practice can be guided by evaluation theory and the specific evaluation theory that may fit best with reviewing EDI progress in higher education. Lastly, I discuss the importance of understanding how we evaluate EDI programs in higher education, demonstrating the need for my study and contribution to the literature.

### **Inequity in the United States**

#### **Inequity Origins**

Despite racial integration, financial support from the government, and an overall increase in postsecondary access, higher education institutional outcomes today still reflect the trenchant inequities established from the very beginnings of our nation. Little progress is evident in higher education in the last 50 years, as indicated by a report by the Pell Institute for the Study of Opportunity in Higher Education, which stated that most indicators of (in)equity in U.S. higher education institutions were narrowing only slightly or even growing (M. Cahalan & Perna, 2015). To understand why these issues are so ensconced within higher education, it is helpful to examine our nation's history.

From our very beginning, the United States has been a race-based country. Before independence from the crown of England, the term "white" was used colloquially, but in 1691 the law set several racist precedents. The first legal use of "white" was used to ban interracial

marriage. Later, the U.S. Constitution established the new nation as a republic, but only for white men, with indigenous people, African people, and women specifically excluded from participation. The first law of this white republic barred non-white immigrants from becoming citizens, which also prevented them from owning land, the main source of familial wealth.

During this time, racism was an open part of society. Racism is often thought of at the individual level with a person spouting racist views and epithets, but this is less than half of the equation. Racism can be within people, between people, and inscribed into and between the institutions of our society through norms, policies, and laws. First, consider racism that resides within and between people.

- *Internalized racism*: The set of private beliefs, prejudices, and ideas that individuals have about the superiority of whites and the inferiority of people of color. Among people of color, it manifests as internalized oppression. Among whites, it manifests as internalized racial superiority.
- *Interpersonal racism*: The expression of racism between individuals. It occurs when individuals interact, and their private beliefs affect their interactions.

It is important to also recognize the systemic side within and between institutions as well:

- *Institutional racism*: Discriminatory treatment, unfair policies and practices, inequitable opportunities, and impacts within organizations and institutions, based on race, that routinely produce racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities.
- *Structural racism*: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate

racial group inequality. It involves the cumulative and compounding effects of an array of societal factors including the history, culture, ideology, and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. In the historical example, people holding internal racist beliefs then acted together to institutionalize their beliefs by restricting who can legally get married and who has access to the legal benefits of citizenship, including who may own land. Despite these initial laws being reversed later on, the wealth that accumulated into the hands of white families early on has been passed down and continues the disparity among races today. It should be no surprise that the structural racism seen in early U.S. history also extends to higher education.

### **Inequity in Higher Education**

The four levels of racism also exist in higher education and help to explain why, despite numerous programs, academic gaps between postsecondary white students and students of color are narrowing only slightly and, in some cases, widening (Cahalan et al., 2020). *Internalized racism* shows up in higher education in the form of academic imposter syndrome, the belief that they (BIPOC folx) are academically and intrinsically inferior to their white peers, and they do not belong and have not earned their place at their academic institution. This is a form of subconscious racism wherein Eurocentric values and hierarchies are accepted by persons of color as true and natural. Imposter syndrome also has a gendered component: females in an Australian university in two allied health programs were more likely to screen positive for imposter syndrome (45.5%) than their male counterparts (11.8%) (Schmulian et al., 2020). Many universities have attempted to combat imposter syndrome by establishing mentor programs (Gresham-Dolby, 2022), setting up workshops (Hutchins & Flores, 2021), adjusting course structure and content (Olszewski et al., 2022), and/or educating support staff (Ramsey & Brown,

2018). However, I was unable to find content on how these types of programs in higher education are evaluated for effectiveness.

Racism in higher education also happens at the interpersonal level. *Interpersonal racism* occurs between two or more individuals when once private beliefs interact with others. This is still often at the subconscious level with implicit bias as a common manifestation. In a study using two complementary national data sets, one with a very large, nonrepresentative sample (Study 1) and one with a relatively small, nationally representative sample (Study 2), each study showed that on average, both PreK-12 teachers and nonteachers are subject to both implicit and explicit racial biases (Starck et al., 2020). Furthermore, PreK-12 teachers differ only a small or indistinguishable amount (e.g. 0.1%) from non-teachers with respect to these outcomes (Starck et al., 2020). We should expect that higher education leadership, administrators, faculty, and staff hold some level of implicit and explicit racial bias above zero. A study of over 100 undergraduate dyads found that greater implicit bias among white instructors of Black students was associated with more anxiety (Jacoby-Senghor et al., 2016). This then hindered student learning according to a test given of the material. In a second round, lessons delivered in cross-race contexts by implicitly biased instructors (+1 SD) hindered Black learners' performance by 13%, which equates to approximately a full letter grade based on most grading rubrics. Given that we should expect to see implicit bias in teachers and that high levels of implicit bias impede Black learners' performance, this should be of concern to those who care about equity, diversity, and inclusion. Even without public expression of racial prejudice, hate, and bigotry, interpersonal racism insidiously entwines itself within interactions in higher education below the conscious surface.

*Institutional racism* occurs within and between institutions and is discriminatory treatment, unfair policies, and inequitable opportunities and impacts, based on race, produced and perpetuated by institutions (schools, mass media, etc.). An example in higher education is an admissions test (e.g., SAT, GRE) that has test questions with language that is culturally and regionally based when it is not essential to the question or answer. Using the word “yacht” in a math question is not necessary. This may be more of a socioeconomically biased question, but wealth and class are correlated with race.

In contrast to institutional racism, *structural racism* in higher education incorporates multiple interlocking systems: historical, cultural, institutional, and interpersonal racism in a way that advantages white people at the expense of people of color by the unearned, preferential treatment, privilege, and power given to white people. It is harder to identify because it is diffused and infused into diverse aspects of society and is woven into our social fabric through the interlocking institutions that work together to oppress people of color. According to Lawrence and Keleher (2004), structural racism encompasses: (1) history, which lies underneath the surface, providing the foundation for white supremacy in the United States. (2) culture, which exists throughout our everyday lives, providing the normalization and replication of racism and, (3) interconnected institutions and policies, the key relationships and rules across society providing the legitimacy and reinforcements to maintain and perpetuate racism. Key factors in identifying structural racism are inequalities in power, access, opportunities, treatment, and policy impacts and outcomes, irrespective of their intentionality.

Within higher education, the interlocking systems of structural racism are apparent in the recruitment efforts of universities. High schools are largely segregated by race due to the redlining and historical discrimination of the 1950s that only gave housing loans to white

borrowers and disincentivized investment in majority BIPOC neighborhoods, which led to under-resourced, crumbling BIPOC communities with lower income tax brackets to fund their schools (Rothstein, 2018). They also faced longer commutes to get to higher paying jobs and higher environmental toxins since chemical dumping grounds are more likely to be located in communities of color (Rothstein, 2018). Children and teens of color are no less brilliant; however, in a study of recruiting visits by 15 public research universities, results reveal socioeconomic, racial, and geographic disparities in recruiting patterns, with universities systematically targeting affluent, predominantly white localities (Salazar et al., 2021). This may represent the interlocking systems of implicit bias, historical housing segregation, and university admissions policies that set up a series of white pipelines to public research universities. In this day and age, there may be no ill will or overt racism on the part of anyone involved. However, if the recruitment and other procedures are not examined for racism, the housing patterns, job connections, and recruitment networks of previous generations may be solidified and institutionalized into systems that carry on race-based, interlocking discrimination and segregation in higher education and beyond.

In each of these examples, there is not necessarily a villain that can be identified. There does not have to be a bigoted racist foaming at the mouth for there to be intrapersonal, interpersonal, institutional, and structural racism. Unfortunately, there are all these forms of racism, but we should acknowledge that racism is a complex, multifaceted power that is entwined in individual and systemic levels at both the subconscious and conscious levels. Thus, our responses to eradicate racism in higher education must be equally as nuanced, leveled, and targeted to the complexity of existing racism.

## **Evaluation as a Tool for Change**

Clearly there needs to be a support for tackling complex racism, and evaluation can aid in this effort. Evaluation can serve a critical function in diagnosing issues in program value and effectiveness: it can help clarify program goals and key concepts (e.g., logic models); it can facilitate evaluative capacity building; and, it can provide needed information for strategic decision-making.

### **Clarify Program Understanding**

Organizations who use Peter Senge's (2006) model to create learning organizations will engage in systems thinking, which is based on the idea that there is a set of circuitous, complex causal relationships that can be described. The goal is to be able to "see the forest and the trees" in order to avoid an oversimplified model of direct, local, causal relationships that result in organizations misdiagnosing the problem (Senge, 2006). The next step, according to Senge (2006), is to identify the "mental models" that people hold, which are the taken-for-granted beliefs and assumptions that people hold subconsciously. He believes that by "surfacing, testing, and improving our internal pictures of how the world works--promises to be a major breakthrough for building learning organizations" (p. 163). Senge promotes using reflective data practices to increase awareness (p. 171). Surfacing mental models complements systems thinking because "one focuses on exposing hidden assumptions and the other focuses on how to restructure assumptions to reveal causes of significant problems." Together, participants of an evaluative program review can more fully understand their efforts and diagnose problems.

Bauman (2005) provides many concrete examples of how organizational learning contributes to a more nuanced understanding of the campus or program. In examining the Equity Scorecard efforts at one institution, she found that when inquiry members dug into the data, they

came to a new and more fruitful, detailed picture of the situation. For example, in reviewing transfer and retention data, the team learned about the existing inequities for African American and Latino students on their campuses (p. 26). They disaggregated the transfer rates along two variables: whether or not they were in good standing and whether or not they persisted. Because they broke these categories down by race and ethnicity, they discovered that white and Asian American students tended to leave in good academic standing while African American and Latino students primarily left while on academic probation.

*Table 1: Persistence Based on Standing*

	<b>Good Standing</b>	<b>Academic Probation</b>
<b>Persisted</b>		
<b>Did Not Persist</b>	White & Asian American	African American & Latino

Many people had a misguided and simplistic notion of who left the institution and who was retained before looking further into their data. Moreover, they were unaware of marked differences according to race and ethnicity. Bauman’s (2005) study demonstrates how going through an evaluative data review process challenged traditional thoughts about equity, diversity, and inclusion and prompted them to consider ways in which there was inequity within the institution. This process holds promise for other institutions of higher education as well.

**Facilitate Learning and Evaluation Capacity**

By engaging in evaluative activities, participants can increase the organization’s capacity to design, implement, and manage effective evaluative projects by building and using evaluative knowledge and cultivating a spirit of continuous organizational learning, improvement, and accountability. Often, there is some trigger for an organization to pursue reviewing and/or

evaluating their program, such as new accountability requirements or seeking new funding (Preskill & Boyle, 2008). For programs seeking equity, diversity, and inclusion, this may include events like the murder of George Floyd, which was referenced as evidence for the need for improvement of efforts when I talked in conversation with multiple EDI leadership (M. Chang, personal communication, July 12, 2022; D. McIntosh, personal communication, July 14, 2022, C. Braddock, personal communication, June 24, 2022). Those engaging in an evaluation can grow in three areas, as identified by Preskill and Boyle (2008):

*Knowledge*

- Evaluative terms, concepts, and approaches
- How politics can affect evaluative processes and findings

*Skills*

- Develop a program logic model
- Design data-collection instruments
- Analyze quantitative and qualitative data
- Communicate and report evaluation processes and findings

*Beliefs*

- Evaluative processes yield useful information
- Evaluative processes add value to the organization
- Evaluative processes are worth the time and money

These activities can lead to organizational learning and improvement as well when evaluation practices are encoded into policies and procedures, there's an agreed upon evaluation framework, shared evaluation beliefs and commitments, integrated data management systems, and resources dedicated to evaluation.

### **Provide Information for Strategic Decision-Making**

The evaluative review process in an organization is inherently practical in its orientation. The goal is typically to gather information for decision-making around improvement efforts. In the book *Learning to Improve: How America's Schools Can Get Better at Getting Better* (Bryk, Gomez, Grunow, & Lemahieu, 2015), the authors point out that we cannot improve at scale what

we cannot measure. They highlight that we have to make the work of improvement problem-specific and user-centered. One strength of the evaluation process that Bryk et al. (2015) identify is how developing problem-specific measures and using problem-relevant data can help shed light on the issue and assess whether the review efforts are moving in the right direction. This incrementalistic approach is common in improvement science and is often based on “disciplined inquiry” and includes a “Plan-Do-Study-Act” (PDSA) cycle of experimentation (Bryk, et al., 2015). Each iteration of experimentation provides information to inform the next iteration.

For example, Bryk et al. (2015) describe an improvement team in Austin that wanted to better the retention and teaching of new teachers. With the help of professional development experts on new teacher development, the team identified principal feedback as a potential source of improvement for and retention of newly hired teachers. However, they did not know if the same feedback process would work for all principals and all teachers in every school. After identifying the main elements of what they considered a good principal-teacher feedback conversation, they decided to engage in very small tests of change. One principal, Mr. Kauffman, tested the idea of whether he could fit the six identified elements into a 20-minute conversation that created meaningful change. After testing it out and reporting back to the improvement team, it was decided to add two prompts that Kauffman had improvised to open and close the conversation. He continued testing and refining the conversation with incremental PDSA cycles. The early successes that Kauffman had were then expanded by the improvement team to principals in five other schools to test the feedback protocol. One of the other principals had more new teachers than he could manage himself, so they decided to have an assistant principal provide feedback, which prompted several more PDSA cycles. With small, evaluative steps, the principals—with the support of the improvement team—could test their principal-teacher

feedback ideas, which provided valuable insights for how to move forward and potentially expand these practices district-wide.

Many evaluative review efforts in higher education are couched in organizational learning terms, which overlap with the evaluation literature. Bensimon (2005) identifies three key concepts of organizational learning: learning is done by individuals internal to the program or organization being examined, they inquire collectively on behalf of the organization, and organizational culture and structures can promote or inhibit individual learning. One key distinction from evaluation is that supporters of organizational learning purport that those “doing organizational learning” don’t have to be experts to engage in the process, and instead it encourages existing structures and groups to convene to reflect on relevant data related to primary goals (Smith & Parker, 2005). While participants may not be evaluation methods experts, they are experts on the program.

Organizational learning has been used successfully to provide valuable information to campus leadership regarding EDI issues. For example, the Claremont Diversity Initiative is a collaborative effort among 28 colleges and universities in California to increase the successes of historically underrepresented students in higher education, and the Claremont Diversity Initiative Evaluation Project was created to assist campuses in their evaluation work and to facilitate cross-campus information sharing (Smith & Parker, 2005). Campuses were required to identify their diversity goals, develop a diversity plan, and meet regularly (every six months) to report on their findings. Smith and Parker (2005) found that campuses that engaged in productive learning had to thoughtfully act on their intention to learn, meaning making the review process more than a compliance activity. In order for organizational learning to “stick,” Smith and Parker (2005)

discovered that campuses had to codify learning into policy to ensure the continuation of progress, particularly after employee attrition.

A concrete example of organizational learning providing helpful information comes from a qualitative study on the Diversity Scorecard project on a campus (Bauman, 2005). When a learning group reviewed “gateway” (i.e., prerequisite) courses for various disciplines, a group participant asked whether economics had any math prerequisites, which led the group to consult the data, find that there wasn’t, and propose that maybe there should be a pre-requisite given the high failure rate of upper division economics courses, which reside within a math-heavy discipline (Bauman, 2005). This learning had the possibility of not only improving program understanding but of informing policy to make sure this learning wasn’t lost. Bauman’s (2005) qualitative study on the Diversity Scorecard confirms Smith and Parker’s (2005) finding that learning requires engaging deeply with the data with inquisitive minds. Organizational learning as part of the evaluative process holds much promise for organizational and program improvement regarding justice, equity, diversity, and inclusion.

### **Evaluation Theory as a Support for Evaluation Practice**

Evaluation theory also holds promise for those looking to improve EDI program services. By “evaluation theory” I mean the combination of value-judgements and frameworks we draw on to guide our evaluation practice. Alkin and Christie would call a theory a “prescriptive model” (Alkin & Ellet, 1985) or a “set of rules, prescriptions, prohibitions, and guiding frameworks that specify what a good or proper evaluation is and how evaluation should be done” (Alkin, 2004, p. 4). Every evaluation faces time-money-quality trade-offs, and how we make these decisions and priorities can—and should—be based on thoughtful consideration. Many people with ample experience have gone through this process of thoughtful engagement and

come up with prescriptive content: utilization-focused evaluation (Patton, 2008), theory-driven evaluation (Chen, 1990), empowerment evaluation (Fetterman 2001), and more. Theory is often developed by people based on their own research, their field-based experiences, personal values, conversations with others on the topic of evaluation, and their academic training, (Alkin, 1991; Alkin, 2004; Christie & Alkin, 2013; Alkin & Patton, 2020). In his early works with Ellet, Alkin proposed that theorists must consider three issues in their prescriptive theories (Alkin & Ellet, 1985):

- (a) issues related to the methodology being used;
- (b) the user focus of the evaluation effort; and,
- (c) the manner in which data are to be judged or valued.

Based on these three areas, Alkin later published his categorization the most prolific of evaluation writers—mostly Western, white, male academics—and formulated three main branches: people—primarily methodologists—who prioritized methods and knowledge generation; pragmatic, use-focused folks looking to inform decisions; and, values-based evaluators who tended to be more program-participant-centered. Now depicted as a tree, each branch represented one dimension of evaluation: use, methods, and/or valuing with the theories on the branch that most closely represents the theory’s evaluation emphasis (Alkin, in press).

Ideally, theory helps to shape practice and guide practitioners in their evaluative decision-making. However, as Miller and Campbell (2006) point out, after studying those claiming to conduct “Empowerment Evaluation,” not everyone who claims a particular method follows the prescription of the theorist who authored the theory. Miller (2010) points out that theory can provide ideologically grounded guidance, increase sensitivity to particular topics/processes like how to frame the evaluation questions and pair the questions with methods or who participates in

the evaluation, to what extent, and for what purpose. Millner (2010) also notes that an evaluator helps decide to whom interim and final reports go, in what form, and for what purpose. There are many aspects of an evaluation that an evaluator, particularly a new one, could use guidance on. However, not all theories may be explicit enough to be helpful.

Robin Miller (2010) proposes several criteria for theory to be useful in evaluation practice. She recommends that the theory have “operational specificity” (pp. 391-392), meaning that it must be clear in its practical guidance enough to inform evaluator’s decision-making. Miller (2010) also says that the evaluation theory should detail what range of applications is most appropriate since not every theory is well-suited to every evaluation. Thirdly, Miller (2010) points out that a theory should specify the situations in which the prescriptions are feasible; for example, a small school district may not have the resources or statistical power to run a full randomized-control trial, or it might not be politically feasible. Lastly, Miller (2010) says that the use of a particular theory should actually lead to the impacts that are expected and desired, such as the facilitation of organizational learning (Preskill, 1999a, 1999b), promoting democratic dialog (House & Howe, 1999), or the improvement of evaluation influence and use (Patton, 2008). Lastly, Miller (2010) contends that evaluation theories should have impacts that “can be reproduced over time, occasions, and evaluators” (p. 395), so it’s important to know what an evaluator is actually doing.

For those administrators and researchers in higher education who are engaging in program review activities regarding justice, equity, diversity, and inclusion, there are a few evaluation theories that may be particularly helpful.

### **Evaluation Theory: Use**

I propose that there are two particular evaluation theory areas that are optimal when

engaging in evaluative work around justice, equity, diversity, and inclusion. They include evaluation theories that are intended to support use (e.g., Patton, 2008; Cousins et al., 2004, 2014; Donnelly & Searle, 2017; King, 2007; Labin et al., 2012; Preskill & Boyle, 2008; Preskill & Torres, 1999; Stockdill et al., 2002; Suarez-Balcazar & Taylor-Ritzler, 2014; Torres & Preskill, 2001) and evaluation theories that center culturally responsive practices (e.g., Bledsoe & Donaldson, 2014; Chouinard, 2014; Greene, 2016; Hood et al., 2015; House, 1999; Kirkhart, 2010, 2013, 2016; SenGupta et al., 2004; Stake, 2011; Thomas, 2004)

Use-focused evaluation theory should appeal to decision-makers in higher education who are looking to gather information to inform strategic planning. Evaluation use has played a significant role in evaluation practice, profession, and theory, distinguishing the field of evaluation from social science research (King & Alkin, 2019). Originally, the use of evaluation results for policy-making and administrative decision-making was thought to happen without much prompting, but in 1972 federal evaluator Carol Weiss called for more study and research on evaluation use, signifying a lack of understanding on use and the prevalence of non-use (Alkin & King, 2016). Evaluation results can be used in various ways, and Alkin and King (2016) identify three: *instrumental use*, which informs decisions; *conceptual use*, which informs understanding; and, *legitimative use*, which rationalizes an earlier decision. *Process use*, as described by Alkin and King (2016), “emerged as a term to address the ways that activities through which an evaluation was conducted—rather than its findings—affected individuals and the organization” (p. 575) and was concretized into a definition by Michael-Quinn Patton (1998), who is well-known for his prolific writing on the topic and development of *utilization-focused evaluation* approach (Patton, 1978, 1986, 1988, 1997, 2008, 2012). Use theories can help describe the different kinds of use possible, when use might happen (during evaluation or after,

how long after), how context may affect use, and how different users may engage in use.

Additionally, a helpful use-based theory would help evaluators or change agents make decisions regarding how, when, where, and why to facilitate use. Shadish, Cook, and Leviton (1991) outline what they consider to be good theory for social program evaluation, including the “use component” of evaluation theory, which is included in the table below (p. 53):

*Figure 1: Good Theory for Social Programming*

- 
- (1) Addresses all three use bases, including the following:
    - a. A description of possible kinds of use
    - b. A depiction of the time frames in which use occurs
    - c. An explanation of what the evaluator can do to facilitate use under different circumstances
  - (2) Recognizes that
    - a. Context: Use of evaluative results can threaten entrenched interests
    - b. Content: Certain types of information are harder to use than others
    - c. Context: The change implies slow incremental nature of policy that instrumental use is also slow and incremental
    - d. User: Policy-makers often give ideology, interest, and feasibility a higher priority than evaluation results
    - e. User: Using evaluation results is not a high priority for many practitioners who assume the efficacy of what they do
    - f. Evaluator actions: Different activities facilitate different kinds of use, but limited time and resources make it hard to do them all
  - (3) Identifies key choices that evaluators must make in deciding to try to produce useful results
    - a. How
    - b. When
    - c. Where
    - d. Why
- 

Given that those reviewing progress in their higher education institution on justice, equity, diversity, and inclusion desire their findings to be used and the process to be informative, it would behoove them to attend to evaluation theory on evaluation use.

### **Evaluation Theory: Culturally Responsive Evaluation**

Another area of evaluation theory I believe would be particularly useful to EDI change agents would be evaluation theories centered on culturally responsive practices. The American

Evaluation Association (AEA) has several professional standards related to being culturally responsive, communicating that this is now an expectation of evaluation professionals. To be culturally responsive, you have to know what culture is. The AEA defines culture as “the shared experiences of people, including their languages, values, customs, beliefs, and mores. It also includes worldviews, ways of knowing, and ways of communicating” and “includes worldviews, ways of knowing, and ways of communicating” (AEA, 2011). We are reminded that evaluations reflect culture and shape every part of the evaluation process, from how questions are formulated to what data are collected to how data is collected, analyzed, and interpreted (AEA, 2011). This process reflects the values, worldview, and culture of the evaluator(s) (AEA, 2011). To engage in ethical, culturally competent, responsive evaluation, The American Evaluation Association, calls evaluators to:

- Acknowledge the complexity of cultural identity
- Recognize the dynamics of power
- Recognize and eliminate bias in language
- Employ culturally appropriate methods

What does this look like in action? This means understanding the intersectionality of identities and the fluid nature of culture in context and that identity can change over time. An example of understanding power is recognizing the connotations of local dialects and how “accent can be used to determine the status, privilege, access to resources of groups” (AEA, 2011). Language can be used to marginalize groups as “other” rather than affirming them and using the terminology they would use to describe themselves. Methods are central to evaluator practice and the process should reflect cultural responsiveness at each stage. For example, Kirkhart (2013) calls us to reposition validity with culture at the center. She believes in “multicultural

validity” which refers to the “accuracy and trustworthiness of understandings and actions across multiple, intersecting dimensions of culture” (p. 2) and takes an argument-based approach to which there is supporting evidence and threats to confidence (Kirkhart, 2013). Kirkhart provides a checklist with nine considerations to improve the multicultural validity of evaluation.

*Table 2: A Culture Checklist*

<b>Nine Considerations to Improve the Multicultural Validity of Evaluation</b>	
<b>History</b>	History of place, people, program (or other evaluand), and evaluation’s role. Knowledge of cultural heritages and traditions, including their evolution over time.
<b>Location</b>	Recognizes multiple cultural intersections at individual, organizations, and systems levels. Cultural contexts and affiliations of evaluators and evaluand. Geographic anchors of culture in place.
<b>Power</b>	Understanding how privilege is attached to some cultural signifiers; prejudice to others. Attention to equity and social justice; avoid perpetuating discrimination, disparity, and/or condescension.
<b>Voice</b>	Addresses whose perspectives are amplified and whose are silenced. Maps inclusion and exclusion or marginalization. Includes use of language, jargon, and communicative strategies.
<b>Relationship</b>	Connections among the evaluation, evaluand, and community. Relating evaluation to place, time, and universe. Maintaining accountability to community with respect and responsibility.
<b>Time</b>	Calling attention to rhythm, place, and scheduling to time both preceding and following evaluation. Directs attention to longer impacts and implications — positive or negative.
<b>Return</b>	Attention to how the evaluation or the persons who conduct it return benefit to the evaluand and the surrounding community, both during and after the evaluation process.
<b>Plasticity</b>	The ability to <u>be</u> molded, receive new information, reorganize, change in response to new experiences, and evolve new ideas. Applies both to evaluators and their designs, process, and products.
<b>Reflexivity</b>	Apply the principles of evaluation to one’s own person and work. Self-scrutiny and reflective practice. Underscores the importance of metaevaluation.

One way this has emerged is in “equity-focused evaluation” wherein the process spotlights the discrepancies between groups and focuses efforts on worst-off groups. UNICEF

provides a robust definition of an equity-focused evaluation (Bamberger & Segone, 2011):

An equity-focused evaluation is a judgment made of the relevance, effectiveness, efficiency, impact, and sustainability – and, in humanitarian settings, coverage, connectedness and coherence – of policies, programmes, and projects concerned with achieving equitable development results. It involves a rigorous, systematic, and objective process in the design, analysis, and interpretation of information in order to answer specific questions, including those of concern to worst-off groups. It provides assessments of what works and what does not work to reduce inequity, and it highlights intended and unintended results for worst-off groups as well as the gaps between best-off, average and worst-off groups. It provides strategic lessons to guide decision-makers and to inform stakeholders. Equity-focused evaluations provide evidence-based information that is credible, reliable, and useful, enabling the timely incorporation of findings, recommendations and lessons into the decision-making process.

We can see the combination of practical, information-based decision-making combined with a justice orientation that affects methodology. The emphasis is on de-aggregating averages into subgroupings. In critical quantitative methodology (i.e., “QuantCrit”), researchers (and evaluators) are exhorted to re-conceptualize racial data so that definitions are culturally accurate and relevant and results aggregated by racial categories are reviewed in the context of historical, social, political, and economic structures instead of de-contextualized and discussed as stand-alone data (Garcia et al., 2018).

### **Evaluation Theory: Radical Inquiry**

Is it enough to be culturally responsive and equity-focused? Is reformation the goal? What if we were radical in our inquiry? What would that look like? In an effort to move away from “measure of compliance,” members of a non-profit in Richmond, California serving low-income youth of color considered what it meant for evaluators at their non-profit to engage in a “liberatory praxis” and move toward radical inquiry (Dhaliwal et al., 2020). They agreed that “Radical inquiry requires and facilitates connection, proximity, and empathy that is unfamiliar, and often resisted, in traditional social science research” (p. 55). The young people they served

had communicated that they needed and wanted more connection to each other and to their own and each other's histories, struggles, aspirations, and hopes. A traditional research agenda usually pushes "objectivity" and "distance," but Dhaliwal et al. (2020) believe that staying in proximity to program participants pushes administrators to stay responsive to the immediate needs and priorities and allows them to stay adaptive when those needs flex or change. Dhaliwal et al. (2020) say these practices are grounded in empathy and meeting youth where they are as they explore their identities, their histories, and grapple with their self-development. All of these ideas could also apply to faculty, staff, and administrators in higher education. These authors base their practices on the following principles (Dhaliwal et al., 2020):

1. Radical inquiry is grounded in relationship and healing.
2. Radical inquiry employs multi-modal platforms of expression and sharing of our personal and collective realities.
3. Radical inquiry focuses on transforming systems.
4. Radical inquiry actively challenges and disrupts the dominant, dehumanizing frameworks of social science research.

These may sound like idealistic, abstract goals, and you may wonder how this is operationalized. Luckily, Dhaliwal et al (2020) describe how this can be done, and an adapted form of their recommendations is provided below:

**We acknowledge and address the social ecologies of violence and dehumanization**

- Name and validate people's experiences.
- Tell people we love them.
- Foster social emotional learning and socio-political development.
- Make race/ism and positional power central to the work.

**We work across roles and systems**

- Prioritize people not programs.
- Implement radical inquiry.
- Commit to healthy struggle and vulnerability.

**We avoid simplistic moral frames**

- Good vs. bad coping.
- Perpetrator vs. victim.
- Zero tolerance policies.
- “At-risk” frames.
- Overemphasis on individual behavioral change.

**We heal ourselves, together**

- Practice self-care and collective healing.
- Discuss our wounds, make repairs.
- Bear witness and be adaptive.
- Celebrate, laugh, and have fun.

These principles are not necessarily easily incorporated. In fact, the evaluation team is grappling with how to bring more systematic inclusion of the multi-modal expressions of young people through art and media in their overall analytic frame (Dhaliwal et al, 2020). Systems and individual expression are sometimes hard to integrate, as this is a much more ‘touchy-feely’ approach than most evaluators, nay, most adults are accustomed to, particularly in higher education. I suppose it may depend on whether people are looking for incremental change or radical transformation and what they think is possible given the political context. Caldwell and Bledsoe (2019) remind us that evaluation is a political activity and a worldview choice rather than an objective activity. They emphasize that evaluation can be used to challenge the normalization and legitimization of a variety of factors that favor white and other privileged groups, and to not do so is to let structural racism remain intact. Evaluation’s unique power resides in its ability to frame policy and inform funding decisions as well as to shape public discourse on topics like race and racism (Caldwell & Bledsoe, 2019). Policy and funding are tools that extend an individual’s or group’s viewpoint to the lives of others. Thus, evaluators need to be engaging in self-reflection and developing culturally responsive competence in order for these tools to be used well.

## Conclusion

Clearly the evaluative review process is helpful in that it helps programs clarify their understanding of the program, facilitate organizational learning and evaluation capacity building, and provides information for strategic decision-making. These evaluative review processes can be used to help create policy as well as inform program and funding decisions. Evaluation theory on use could be implemented to increase process use and results integration, and evaluation theory on culturally responsive practices could align evaluative review efforts with the values of program participants. However, we don't know much about how higher education programs are evaluating their efforts.

We do know that even for professional evaluators, the theory-practice connection is tenuous at best. In Christie's study of Healthy Start evaluators in California (Christie, 2003), practicing evaluators largely did not report having theory as an explicit underpinning to their evaluation practice. Hence, my study explores what implicit evaluation theories might be in use in evaluative work in equity, diversity, and inclusion reviews in two departments within a medical school at a public higher education institution in California. Robin Miller (2010), who has written on theory to practice, recommends that exploratory cases on theory to practice be described in detail, including the following:

... clear statements of the evaluation setting, evaluation purpose, rationale for applying the theoretical approach, articulation of how the theory was enacted in the particular case, descriptions of all actors and their roles, a chronological event history of the evaluation, and information on what outcomes were expected to accrue from applying the approach and when and how these were substantiated. (p. 396).

She also recommends multiple cases (Miller, 2010). By conducting this dissertation study, I am able to inform the evaluation and organizational theory literature with practice by examining what sort of practice is taking place and connect it with existing theory.

## CHAPTER 3: RESEARCH QUESTIONS

The research questions guiding this study are organized into four lines of inquiry. The first addresses how the EDI allies within the departments conceptualize the key constructs of equity, diversity, and inclusion. The second then addresses how EDI leadership use data to concretize these concepts and give them meaning. The third then enquires the political and organizational process of target evaluation. Finally, this study looks at data interpretation and use, both intended and actual use, to inform decision-making.

**Research Question 1: *How is EDI conceptualized? (implied theory of change)*.** It is not enough to know what a department thinks equity, diversity, and inclusion are, but we must also know how they are thought to function in the system of higher education. This becomes the “theory of change” for equity, diversity, and inclusion, which includes exploring the levers thought to impact or change equity, diversity, and inclusion.

**Research Question 2: *How are EDI concepts operationalized? (implied theory of action)*.** It’s one thing to have a written definition of EDI and quite another to go through the process of how to measure it and choose what to measure and set targets for oneself. This question investigates the process of operationalization, often the process of going from words to numbers.

**Research Question 3: *What process is each Department going through to evaluate EDI? (implied theory of evaluation)*.** According to Alkin (in press), each evaluative review effort has to attend to three issues and make tradeoffs when facing constraints: methodology, the valuing process, and the user. This is a negotiated process about what evidence is considered “credible” and worthy of informing EDI initiatives. The process also includes who is involved

and to what degree of each of the steps of the process as well as the overall goal for the process. Is it purely performative? Another aspect is whether an evaluative review of EDI is qualitatively different from other types of review processes. Does the subject-matter alter the process in any way? Only an exploration of the review process will tell us.

**Research Question 4: *How are data interpreted and used, or not used?*** (implied philosophy of change). Once the schools have the data, they must make sense of and use the data. Sense-making around the data is one component that I explore in parallel with the type of evaluation use. Interpretation is a human process imbued with inter-relational aspects such as power dynamics, language, and cognitive framing. I hope to observe the negotiation and variety of interpretation. Additionally, it should be acknowledged that there are many different types of evaluation use (Alkin & King, 2016, 2017; King & Alkin, 2019; M. Q. Patton, 1998). Information may be used in a direct fashion to inform policy or strategic planning. On the other hand, it may be more indirect, conceptually shifting the understanding of the program or shedding light on the nature of a problem or potential solutions. Non-use is also considered a type of use, one that I also looked for.

## CHAPTER 4: METHODS

### Positionality

As in all research, it is helpful to understand the researcher's positionality to fully comprehend the lens(es) through which the research process is conducted. I am a white U.S.-born scholar with expertise in social research methods, particularly evaluation, and hold a master's in higher education leadership and policy. I have also worked in higher education student services, research, and evaluation for the last decade. These past experiences grounded me in the practical as I connected my observations to the past. My training in evaluation sensitized me to an array of philosophical, practical, and theoretical issues. My training related to culturally responsive evaluation and evaluation use proved particularly useful in this study. Philosophically, I brought a relativist perspective to my study, meaning that I believe and acknowledge multiple social realities and that events having multiple meanings, with findings that are observer dependent (Yin, 2018). I also took a social constructivist approach to my research, acknowledging that many experiences and viewpoints can be held as true at the same time of the same event. In order to accurately capture the viewpoints of participants, I used inductive in-vivo coding based on participant words to find common themes. Additionally, I bracketed my thoughts and feelings during data collection regarding aspects of identity that played into my study to tease out where bias might creep in. Originally, I had chosen the Institution's School of Education and Information Studies (SEIS) as one of my sites, but upon speaking with some potential participants in the study, it became clear that not everyone was open to speaking with me on the topic given my proximity to the Institution as an enrolled Ph.D. student. Thus, I removed SEIS as a site from my study.

## Multiple Case Study

I originally proposed to study two schools, but with the elimination of SEIS, I decided—with committee approval—to dive deeply into one site and explore two departments within that school. Doing so allowed me to consider context-specific processes within the “conceptualization to use” progression with a comparative analysis piece to bring meaning to the similarities and differences I found within departments. I approached these two Departments/Cases through my four research questions (RQ1, RQ2, RQ3, and RQ4). To explore the *conceptualization* and definition of EDI (RQ1), I triangulated various sources: mission statements, school websites, meeting documents, interviews and observations of meetings related to EDI, and data. To examine the *operationalization* of EDI (RQ2), I reviewed the benchmarking systems and chosen outcomes and data elements accessed and used to calculate outcomes. Interviewing program leadership at each department allowed me to report on the rationale and challenges of data decisions like the trade-off between using already collected data that may not be specified to the department context on one hand or the time and money intensive process of collecting new, relevant data on the other. To understand the *process of EDI evaluation* (RQ3), I analyzed the trail of documents from the inception of the tracking system, who was included in the conceptualization of the benchmarking, and what values and people are and were involved in the evaluation process and how this compares to other processes. To understand how these *data were being used* post-collection (RQ4), I observed EDI-related meetings to see where these data were shared and posted as well as interviewed to investigate past and present usage. For each research question, I conducted semi-structured interviews with some EDI allies within the departments in order to ground my interpretation in the experiences of the people who were there, exploring the various perspectives and actors in this process.

To answer these research questions, I used two separate, single-case exploratory studies—one for each Department—utilizing qualitative methods followed by cross-case analysis. My single-case studies include EDI allies within two departments within the School of Medicine at an unnamed institution. I also interviewed school-wide EDI leadership and administration within the Medical School, which allowed me to consider school-level processes as well as department-level context. This approach permitted me to analyze the “conceptualization to use” progression of EDI data and evaluation with a comparative analysis piece to bring to light the similarities and differences across departments. I chose to use case studies because they allow the researcher (me) to engage in a more holistic, descriptive approach that responds to real-world conditions (Yin & Davis, 2007). Case studies are best at addressing research questions centered on “how” or “why” something is happening wherein there is little control over others’ behavior and the events are contemporary (Yin, 2018), which fit my desire to explore the “how” of the Departments EDI evaluation processes in the wake of the publicized killings of Black citizens by police and the Black Lives Matter movement during COVID. Schramm (1971) specifically recommends using a case study to “illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result” cited in (Yin, 2018, p. 44), which fits with my study’s rationale.

Additionally, according to Yin (2002), one strength of the case study method is its ability to embrace the real-life blurring between phenomenon and context. Case studies allow for more fluidity in understanding an intervention, or—in this case—departments engaging in evaluation, as a part of the environment rather than a separate entity (Yin, 2002). I propose that to understand the evaluations of EDI occurring within complex social systems, I must employ methods that are able to capture the power dynamics, social histories, political hierarchies, and

differences in interpretation. Specifically, I engaged in a two-department descriptive study that focused on process rather than simply outcome variables, which allowed me to develop insights about the design process and implementation (Yin, 1992). To further address the variability across departments, my case studies relied on multiple sources of evidence (e.g., interviews with multiple stakeholders, document reviews, and observations) through which I sought a convergence of findings, as recommended by Yin (2018).

### **Setting**

I selected two departments within the School of Medicine at a prominent university that has struggled with its racial climate over the years. In fact, in 2012, several faculty members convened and rallied, notifying the Chancellor, Executive Vice Chancellor, and Provost of the “persistent racial bias, discrimination and intolerance at the university” (p. 6) with specific racist incidents targeting one of the professors of medicine in the School of Medicine (Allen et al., 2021). The following investigation found “a negative campus climate, bias, and discrimination against Faculty of Color [sic]” (Allen et al., 2021). Ten years later in 2022, the authors of the follow-up report said that while there had been progress, ***“there remains much work to do to improve the campus climate for diversity and to eliminate bias, harassment, and discrimination against [University] Faculty of Color”*** [sic; bold and italics in original] (Allen et al., 2021, p. 6). The School of Medicine has since created a robust “Anti-Racism Roadmap” and has hired multiple positions to help lead the School to better race relations. Because the School of Medicine, with its 24 departments, was the catalyst for the initial discrimination investigation and response, it served as the school in which I sought two departments to see how they have progressed since the 2022 Report. The composition of each department can be found in Table 3.

*Table 3: Departmental Composition*

Department 1	<ul style="list-style-type: none"> <li>• Medium size</li> <li>• 200 clinical research faculty</li> <li>• 130 residents and fellows</li> <li>• 52 staff members</li> <li>• 13 subspecialties</li> </ul>
Department 2	<ul style="list-style-type: none"> <li>• Large size</li> <li>• 1500 faculty</li> <li>• 200 residents and fellows</li> <li>• 3100 staff members</li> <li>• 18 subspecialties</li> </ul>

### **Data Sources**

I included multiple and various data sources in order to triangulate and converge on an interpretation, bolstering the strength of the proposed interpretation and accounting for divergences in perspective. To explore the conceptualization and definition of equity, diversity, and inclusion (RQ1), I consider the following sources from the School of Medicine: mission statements on various documents, websites, meeting artifacts, and observations of meetings related to EDI and data. To examine the operationalization of EDI (RQ2), I reviewed the benchmarking systems and chosen outcomes and data elements accessed and used to calculate outcomes. To understand the process of how these data were chosen and are being evaluated (RQ3), I observed EDI-related meetings and conducted interviews with the leadership of the committees in charge of tracking and using EDI data. To understand the ways in which data is interpreted and used (RQ4), I observed EDI-related meetings, as well as examined where data were shared and posted. For every research question, I conduct semi-structured interviews to ground my interpretation and explore the various perspectives and actors in this process at each site. Participant background can be found in Table 4.

*Table 4. Participant composition*

School of Medicine	<ul style="list-style-type: none"> <li>• Vice Dean for EDI &amp; Chief Officer for Diversity</li> <li>• Assistant to the Dean in the EDI Office</li> </ul>
Department 1	<ul style="list-style-type: none"> <li>• Associate Dean of Admissions &amp; Vice Chair for EDI</li> <li>• Clinical Professor &amp; Vice Chair for Education</li> <li>• EDI Administrative Manager</li> </ul>
Department 2	<ul style="list-style-type: none"> <li>• Faculty &amp; Executive Vice Chair for EDI</li> <li>• Professor and Associate Chief for EDI</li> <li>• Principal Public Administrative Analyst</li> </ul>

I began by analyzing available documents and artifacts within the School of Medicine to explore the explicit, proclaimed perspectives and processes available to the public. For example, the School of Medicine has an Anti-Racism Roadmap which outlines the commitments and priorities in their planning, development, and implementation of EDI and the dismantling of structural racism (School of Medicine, 2022). Other artifacts included EDI mission statements, data dashboards, EDI reports, strategic planning documents, data definitions, and other materials. Throughout each interview, I requested that participants tell me about documentation that might be relevant to my lines of inquiry. These documents demonstrate how the School concretized important definitions, ideas, and processes, and communicated these to the others. The strength of document review is that the researcher positionality does not impact the contents of the documents since they were created prior to the researcher’s review.

Next, I conducted interviews with primary participants involved in the EDI evaluation process at the School of Medicine. This included current EDI leadership as well as faculty members involved in the working EDI committees. At the School of Medicine, I interviewed people in various EDI leadership positions. I interviewed the Vice Dean for Justice, Equity, and Diversity Inclusion (Vice Dean for EDI) who has 100% full-time equivalency (FTE) devoted to the cause and oversees the whole process, meaning 100% of his work duties (i.e., FTE) were

dedicated to EDI. Additionally, I interviewed the Chair of the School of Medicine admissions committee who was identified as someone with deep institutional knowledge. Interviews with these members shed light on the school's implied theory of change and operationalization of their plan, which was imperative to explore as much of the structure was set for the Departments.

Lastly, for the approximately 3500 faculty members within the 24 departments, there was one faculty member from each department with .25 FTE dedicated to EDI efforts. I interviewed at least one of these faculty members in each of my designated two Departments to see how efforts from EDI leadership were enacted at the department level. Departments had different cultures and priorities that shifted how EDI efforts are carried out. Understanding implementation was key to understanding outcomes. Participating Departments were recommended by School-level leadership and contacted for participation. The two Departments responded positively to outreach and voluntarily participated. Several other departments were not responsive.

Each participant was asked to recommend other prominent people involved in the process who could add depth and breadth to my understanding the EDI. This allowed me to solicit a diverse set of perspectives that created a more holistic perspective by including a variety of key stakeholders that I would otherwise be unable to identify. This variation in viewpoint allowed me to identify the convergence and divergence of perspectives until saturation, at least within EDI leadership. The semi-structured format allowed individualized responses and some exploration of topics while staying focused on the main ideas sought in this proposal. With permission, each interview was audio-recorded and transcribed for analysis.

After interviews with five separate people, it became apparent that the interviews were too intensive, lasting approximately three hours per person. In response, I condensed the

interview protocol. For example, I took out questions which soon revealed that procedures were set from above so no variation occurred among the respondents or between Departments.

Additionally, some areas such as data collection could be left more open-ended with various prompts given only when needed. This cut my interviews down to two hours each. Similarly, after several interviews with faculty and leadership, I found that my questions would not be answerable by students since they are not a part of the evaluative process and do not hold knowledge of the review taking place. Thus—with my chair's permission—I excluded the student perspective from my dissertation.

Throughout the data collection process, I observed EDI-related meetings in these two Departments of the School of Medicine that involved data identification, interpretation, and use processes. Observation allowed me to consider real-time collective processing and the diversity of behind-the-scenes conflicts and negotiations that do not end up in public statements. Examples include meetings held in preparation for community data dissemination and and/or that discuss the meaning and interpretation of newly aggregated data. Permission to observe these more intimate discussions was taken by vote of the committee members and required all participants to agree. My presence at meetings may have altered the expression of personal opinions but were nonetheless important. Together, document analysis, interviews, and observations at each of the two Departments allowed me to triangulate perspectives and consider polished as well as in-process content, giving a fuller perspective of the steps involved and the diversity of opinions with and without my presence.

### **Analysis**

This two-case study research project used Erickson's (1985) approach to interpretive analysis, meaning that I employed an iterative inductive and deductive approach that was in

constant dialog. I constructed findings as data were gathered. Results were formed and adapted as specific lines of inquiry were sought but also adjusted to contextual events and ongoing data collection. The purpose of ongoing data collection and analysis was to produce findings in the form of organized descriptive accounts, themes, and categories that cut across various types of data to create a detailed, holistic picture of each departmental case contextualized to that setting within the same university. Stake (2006) recommends that when working with only a few cases—like mine—the simple approach is to apply each case’s findings to a theme-based description of the phenomenon (e.g., EDI review process). For this research project, these themes are reflected in each step of EDI review as captured in my progressive research questions. Thus, in a later comparative chapter, I draw parallels and assess similarities and differences between the Departments for each of the research areas.

After data collection, I had all interview recordings transcribed by a transcription agency. I started with a process of open, in-vivo coding (Saldaña, 2016), which was helpful in identifying participant-driven meanings and terminology, particularly in the research questions related to EDI definitions and processes. I then went through a second round with a process of “pattern coding” (Saldaña, 2016) to search for similarities and assertions that “hang together” across participant data and data sources. I iteratively used themed coding to see how content fit into my research questions and lines of inquiry.

### **Instruments**

My interview protocol can be found in Appendix A. Specific semi-structured interview questions were constructed under the advice of my committee chair and fellow Ph.D. students within my subject area. The prompts were condensed when I found certain questions unhelpful or when participants found them confusing or redundant. This helped me cut my interview time

from three hours per interview to two hours. Making the prompts more open-ended allowed me to treat the questions as starting places for fluid, dynamic dialog rather than tightly scripted interactions, which is where I began. Additionally, observations did not follow a prescriptive format but rather I considered general topics, procedures, and concepts to key in on, such as how faculty conceptualized and interpreted data related to racial categories and performance, including the cognitive framing and language they used. Length of observations varied depending on the length of the meeting and/or activity. All iterations of the protocols were aligned with the research areas identified in my proposal.

Together, the interviews and observations constructed a robust description of School and Department review processes from conceptualization to use. Perspectives from various EDI stakeholders overlapped to produce varying textures in a detailed tapestry. This overlap is considered confirmation of reliability of information from complementing sources. Repeating information indicated that saturation had been sufficiently met and no more interviews and/or observations were needed from EDI leadership.

## CHAPTER 5: FINDINGS

Based on the recommendation of Stake (2006) for several robust case-study sites, I divided the results by case (i.e., Department). Each Case has theme-based descriptions which are organized by the four steps of the EDI review process as laid out in my progressive research questions. I draw parallels and assess similarities and differences between the Departments for each of the research areas in Chapter 6. Lastly, I discuss implications and recommendations for practitioners, limitations, and future directions.

### Background Information

#### National Context

Nearly every person interviewed brought up the 2020 murder of George Floyd, a Black man who was killed by a police officer who kneeled on his neck for nine minutes while other police officers looked on. This event captivated the nation, and emotions rippled throughout the two Departments interviewed, especially since this murder was not an isolated national event.

The Chair of Education in one Department commented on the impact within her Department:

I do think that when George Floyd was murdered, that was actually you know sort of opened the eyes to leadership within our department about how important, how important these issues are within our not only within our faculty, but especially within our trainees, and especially our underrepresented in medicine trainees who became much more, I would say, vocal, about their concerns, and struggles on some level. And so, I think that was a very eye-opening event.

The interviewee went on to describe how some of the senior residents asked to organize some activities to provide peer-level education to other residents about issues around structural racism, including starting a book club and taking dedicated instruction time to watch the Ava DuVernay documentary *13<sup>th</sup>* which explores the history of racial inequality in the United States, particularly in the prison-industrial complex. Conversation groups sprouted up, and more energy surged for

EDI work. This is the setting in which the Vice Dean of EDI entered. He commented on what a difference this event made in the climate of EDI work:

I think that the political climate enhances the ability for something like this [EDI initiative] to move forward and move forward quickly. It's not lost on me that all of my previous positions in EDI happened before the murder of George Floyd. And a great deal of my time was spent trying to convince people that this is where we needed to go. When I got here, there was no convincing that needed to be done on where we needed to go. They just were so hungry for a solution. They were hungry for somebody that knew where to take the organization and how to get us there. So it wasn't the why; it was the what and how. And so it made this transition just very, very different from any other one I've ever seen.

The Vice Dean went on to detail how much more difficult it had been to garner support and enthusiasm for his work. Previously, he had wanted to email the chairs and ask them to identify a person who could work as a conduit, and they had said no. It wasn't even an ask for money.

However, after George Floyd it was a different story. He describes this difference:

And so, after the murder of George Floyd, I went back to the dean, and I said, "We really need this." And it was, "Yes. Absolutely, of course. Of course you should. Go ahead. Please do." And so, I didn't point out like, hey, you know, ten months ago, you told me to go fly a kite and now you're telling me, "Yeah, go forward." But, like, the moment had changed in that person's mind, like the context completely changed. I mean, at that point, you know, I'm not allowed to email people to ask for somebody to lead the work in the department. After the murder of George Floyd, I was able to convene a six-part series of professional development where I was taking the time of executive leaders to the tune of two or three hours a month to work in small groups with facilitators where they're interrogating kind of their own racial identity, how they came to understand and believe that. And so, we had like a full professional development series that we were able to implement. There's no way in hell that's happening before the context changes. So that moment changed everything about our work.

The George Floyd incident was not necessarily an "eye-opening event" for every person. For some, it was painfully familiar, as the Executive Vice Chair of EDI highlighted by sharing his own experience of the event:

When the George Floyd incident happened, my first response was, "Why is everybody so excited about this? Like, this happens every day. Like, what was so unique about this?" Because it happens all the time. And I guess it was the fact that for so many people outside of minority communities to see it. Because those of us who live in [these] communities see it all the time. I gave my first eulogy when I was 16 years old, for a

friend of mine who was 17 years old, who lived across the street from me, who died in police custody. And that same year, about seven blocks from my house, a 12-year-old boy was shot in the back by the police, undercover police... they said, “Oh, this, you know, 5-foot-6 100-pound little boy who was running away was a big threat. We had to shoot him.” And they were exonerated.

For people in communities of color, George Floyd’s murder was an all too familiar scene.

However, as the Executive Vice Chair of EDI pointed out, more [white] people saw it this time.

Social media spread the video everywhere, so thus “opened people’s eyes,” and made longstanding violence more widely visible.

COVID’s influence was waning during the end of 2022 and into 2023 when this dissertation was being conducted, though anti-Asian rhetoric was still alive and well. Healthcare workers and frontline staff felt the burnout, and health disparities had become even more apparent in the wake of COVID. Schools, including this University, had resumed in-person teaching and learning, though the prevalence of Zoom for meetings was still heavily relied on.

### **School Context**

In the years leading up to 2012, several high-profile incidents of racial and ethnic discrimination plagued the Institution’s campus, and the School of Medicine in particular. One particular incident – which resulted in a lawsuit – stood out as a significant impetus for the investigation (Moreno et al., 2013). As reiterated by Moreno and colleagues (2013), a Black doctor was shown in a slide in a presentation during the residents’ graduation ceremony; in his words, he described the incident:

The final slide was a photo... of a gorilla on all fours, with my head photoshopped onto the gorilla, with a smile on my face, and a Caucasian man completely naked sodomizing me from behind, and my boss’s head photoshopped on the person, smiling.

The doctor’s complaints about the incident led to threats against his tenure and upcoming promotion. When his case was found unsubstantiated by the Chancellor, a group of concerned faculty brought to the campus Chancellor, Executive Vice Chancellor, and Provost their concerns of racial bias, discrimination, and intolerance. This launched a task force to review the case and present recommendations on the situation. The review team

concluded that the campus's policies and procedures for responding to incidents of perceived bias, discrimination, and intolerance involving faculty were inadequate

... We found widespread concern among faculty members that the racial climate at [the Institution] had deteriorated over time, and that the university's policies and procedures are inadequate to respond to reports of incidents of bias and discrimination. Our investigation found that the relevant university policies were vague, the remedial procedures difficult to access, and from a practical standpoint, essentially nonexistent.

The task force developed three recommendations centered on providing standardized processes for (1) investigating and referring, (2) implementing education programs to prevent incidents, and (3) creating a position for someone to carry out the recommendations. A committee was created to monitor the campus's progress, and a second report was written ten years later detailing the progress that had been made (Allen et al, 2021):

We conclude that while some progress has been made and the foundations for a number of the recommendations described in the Report have been laid, there remains much work to do to improve the campus climate for diversity and to eliminate bias, harassment, and discrimination against [campus] Faculty of Color [sic].

I began my study in the wake of these incidents and subsequent improvement efforts. The Executive Vice Chair of EDI for one of the Departments, who had been at the School throughout the first and second reports, described his take on the changes in environment and attitude towards EDI since the first report:

A lot of people learned [from the report and investigation that] "I can't be as public about my biases and prejudices as I used to be." I don't know. I mean, that's somewhat helpful, maybe. I don't know. But I wouldn't call that a big win, but it's a step in the right direction. But I think systematically, we still have a long way to go... So, I think the lack of the change in the report [from the first to the second report] is more a reflection of the lack—or more a reflection of the persistence in the mindset of the faculty and staff of the campus only slightly changing, but maybe doing a better job of being less visible about their worldviews.

While this comment on the changes in EDI efforts does not suggest optimism on this participant's part, some more positive, current efforts of the School of Medicine (and several of its departments) were described by others respondents.

Soon after the second report, at the request of the Dean of Medicine, all 24 School departments were asked to set up EDI evaluation committees. Each committee had a faculty EDI lead with .25 FTE dedicated to EDI development, but how s/he structured that time and evaluation activities was up to him/her. Only one department had a staff lead. The EDI leads met together weekly with the Vice Dean of EDI with the aim of synergizing the goals within and across departments so to be less siloed and work more collaboratively.

Each department was tasked with improving EDI by seeking improvement in six areas, as described in the “Anti-Racism Roadmap”: people, climate, structure elements (i.e., policy, program practices, and procedures), professional development/education, community engagement, and patient care. The idea was to “put accountability in the hands of decision makers [and] hold them publicly accountable for our goals relative to EDI.” Each department was required to submit plans at the beginning of the year, to be held accountable at the end of the year. To help achieve these goals, the School funded one faculty, i.e., the EDI lead, per department at .25 FTE to work on EDI initiatives. These leads were charged with creating a committee within their department for this work. In order to develop these plans and move the needle forward, these EDI faculty members were included on the executive leadership team within the department so that they were in the room when decisions were made, thus being full partners in that decision-making process. Each department individually identified its goals, tactics, and ideas for assessing its progress. The departments also choose which methods to use for data collection, be they interviews, focus groups, surveys, existing demographic data, etc.

One area in which the School of Medicine aided all departments was in its creation and deployment of a climate survey in 2023 to better understand the lived experience of the School’s residents and faculty who represented several identities. The data collected would be given to all

of the departments, enabling them to identify trends in their own departments and put together tactics and strategies for how they seek to remediate any arising issues.

Another area in which the school took the lead was pay equity. The Vice Dean of EDI called this a very litigious area “fraught with legal problems,” so the School of Medicine chose to centralize the process rather than having departments handle the subject of pay themselves. In all other areas, however, it was incumbent upon each department to pursue its own course of action. Nonetheless, the Vice Dean of EDI put together a blueprint for what was expected in each of the six Roadmap areas, including examples of topics they could pursue. He wanted them to be supported in the process and took action to do so:

This wasn't that I just turned folks out into the wilderness. There was a long-structured process, multiple meetings. I met with department chairs. I met with the [EDI] lead. I met with our [EDI] committee. I had to meet with the Dean to get approval.

He commented on how expensive the process has been, saying “This is millions of dollars that goes into this program, so it was not considered lightly.”

One challenge to the process was getting medical staff—even highly trained ones—to understand evaluation concepts. The Vice Dean described how he struggled to explain the difference between process measures and outcome measures, and why they're important:

You would not believe how hard this was for people to understand. And to be honest, I don't actually blame anybody. I think in terms of assessment, I think what happens is in academic medicine, people are trained to take action. And so right, wrong, or indifferent, they're trained to immediately assess and then take action. The idea that we would put this kind of energy into assessing and understanding of what we tried to do worked was very foreign to a lot of our clinicians because that's not the way they think.

This likely was a struggle not only at the school level but at the departmental level as well. The Vice Dean claimed that the clinicians who went through an MBA program had a much greater understanding as compared to those who didn't go through an MBA program. The variety of levels of understanding posed a challenge to School leadership and required time and guidance to

get off the ground. The Vice Dean filled that leadership role, describing himself in a guidance role: “I feel like maybe the business school professor they never had.”

The School’s EDI evaluation model started with internal accountability wherein chairs would share their progress and struggles with each other and leadership. During year one – which was the point I began my study – no external individuals were permitted to attend these accountability meetings so to encourage humility and transparency, and allow the chairs to get comfortable before they began inviting people from outside; thus, I was unable to attend this meeting. The model outlined that at the end of the year, each department would generate a report describing the kind of work they had been doing, what they had been successful at, and where they had struggled. Afterwards, the Department Chair would stand before his/her peers and all leadership of the School of Medicine, including the Dean, the Dean for the College of Life Sciences, the Provost, the Vice Chancellor for EDI of the main campus, and all of the staff leadership at the hospital. During this presentation, the Department Chairs would discuss successes and challenges, and take questions from those in the room, including their peers, the leadership, and the EDI committee. As part of this process, the 12-person, trained EDI committee would evaluate each one of these departments using a rubric and open-ended comments. Then the chairs would have a half-day retreat with the evaluators at which the primary reviewer would share her/his thoughts and insights based on the evidence seen. The secondary reviewer would either amplify or refute the analysis of the primary reviewer. The evaluation would be submitted to the Dean to be used as part of the Chair’s evaluation and budget decisions for the next year for each department.

Poor EDI evaluation results could thus lead to non-renewals of the Chair, a much bigger “stick” than used previously. The Vice Dean of EDI commented that EDI had never been

something departments or chairs could get in trouble for, as long as people were generally getting along; he added, “In the past, the only way that a chair could be non-renewed was for not managing their finances in an effective way.” A non-renewal of chairmanship represents much higher stakes. The Vice Dean compared elevating EDI to that of the budget or grantsmanship and putting chairs in front of their peers and leadership was a much higher standard. This accountability seemed to be something new for the School of Medicine, as the Vice Dean of EDI explained:

One of our very senior chairs... shared with me... he said, “Jim, we’ve never been held accountable before,” and I said, “Oh, you know, [EDI] work is often not held accountable.” And he said, “No, no, no, you misheard me. We’ve never been held accountable for anything, let alone [EDI]. That’s the least of our concerns. And so, you’re bringing in a process that none of us are comfortable with.”

Since this was such a dramatically new process and so intimidating for the chairs, it was not planned to share results publicly because, as the Vice Dean shared, “Everybody’s on their journey and we want to make sure that department chairs don’t push back on this on the basis that they were failures and that gets publicized to the world.” According to the Vice Dean, this was a cutting-edge approach, one that other programs had been unwilling to try. The Vice Dean further explained that at three other medical schools he had worked with, totaling over 100 departments, not a single department had a chair involved in equity, diversity, and inclusion committees and processes. Not a single dean had been willing to deploy such an EDI-evaluative approach until this institution.

The data itself had so far been shared primarily internally. It was put into a dashboard, along with overarching recommendations for the Institution. Each of the EDI leads could filter and disaggregate the data for their department based on identity factors and climate. They could also view each other’s data to compare how they were doing relative to other departments. This

became a powerful tool to analyze data and identify areas of improvement, at least for basic diversity counts.

The EDI evaluation plan outlined that each year, the departments would submit a three-page summary of their progress in regard to their strategies and goals. The evaluation of the chair's presentation would be given to the dean and EDI leads so that they could implement feedback and suggestions for their next year strategy. The idea was to take an improvement science approach—"Plan, Do, Study, Act"—that would follow a yearly cycle. The dean, chair, and EDI leads would be the predominant audiences for data sharing, but the EDI leaders would be ultimately responsible for mining the data and proposing remediation interventions, then deploying and assessing those interventions. The department chair would be the "executive sponsor," making sure the resources were in place and securing buy-in from the rest of the department. This person's job was to "tangle with any resistance" and publicly support the initiatives so that it'd never be a one-person show. The expectation, according to the Vice Dean of EDI, was that the chair had a very hands-on approach and ultimately would be responsible for the success of the plan and its implementation.

This process was developed by the Vice Dean of EDI at his previous institution which had utilized four of the School's six Roadmap areas. He raved about its success at the previous institution:

This process was so successful that over time the face of the institution started changing. We started recruiting dramatically more faculty and dramatically more underrepresented students. It's a process that has been validated by the American Council on Education. They invited us to be the keynote address... This was deemed by the American Council on Education to be one of the only impactful diversity projects that they'd ever seen.

Interestingly enough, the Vice Dean shared that the only other institution implementing such an EDI evaluation was one in which he started this process with his mentor. His disappointment about the lack of institutional buy-in was evident: "So after presenting this process to all of the

presidents and provosts in the United States, exactly zero of them picked it up.” He did not speak to why these schools did not implement his recommendation other than his previous generic comments on the challenges and pushback of the risk of such transparency and putting that much funding behind the effort. The accountability aspect of the School of Medicine’s EDI-evaluation plan seemed to be intimidating for leadership, particularly given that the School’s CFO had agreed to integrate the EDI symposium and EDI plans into budget decisions for the coming year and aligned the reporting timing for next year to do so.

### **Case One**

Case One represented a medium-sized department with approximately 200 clinical and research faculty members and an education program that included over 120 residents and fellows. Their work was led by a vice chair of EDI who convened quarterly work group meetings with the EDI work group composed of volunteer members from the Department. The Department previously did not have EDI leadership, but the new lead had prior EDI experience. The Chair of the Department was also new. As part of my dissertation, I interviewed the Vice Chair of Education, the Vice Chair of EDI, and a program staff member.

### **Conceptualization of EDI**

This Department’s EDI leadership did not have official definitions of equity, diversity, and inclusion. The EDI Committee had a mission statement that was collaboratively created; one interviewee said it embodied the principles of equity, diversity, and inclusion: “Our vision is to provide the best care to all who need it in an environment which is equitable, diverse, and inclusive to those who work and learn within [the campus and School of Medicine].”

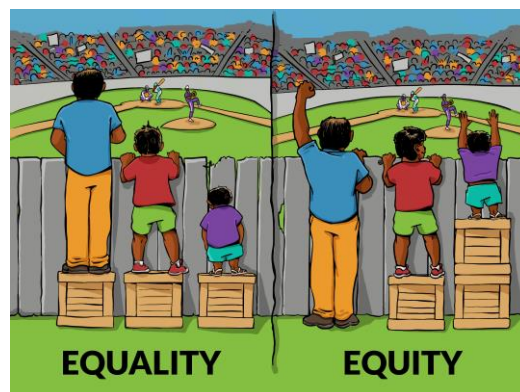
Each working group created action items based on this mission statement. In this way, action could be embraced by the members and items aligned to the spirit of EDI. However, a

discussion of what these concepts mean did not happen, so action items could have been limited by the degree of shared understanding, which at that time was unspoken. In my interviews, I explored how the people I interviewed defined equity, diversity, and inclusion, and whether they felt other concepts were relevant. In this way, I was able to see what themes emerged in these areas that could be carried forward in the working groups.

### ***Equity***

In defining *equity*, multiple participants referred to cartoon below (Figure 2), that contrasts *equality* with equity. The left-hand section of the cartoon illustrates that being able to attend the game (or graduating from medical school) and given a box (resources) is equal among the three people. However, the shortest person cannot see the game without more boxes to elevate her sightline the fence; giving her another box represents equality. To further this concept, one of my study’s participants added that “justice” is actually removing the fence. Another sports metaphor came up was going beyond “leveling the playing field” and providing opportunities for everyone, particularly people who may have lacked opportunities in the past, as the Chair of Education put it.

*Figure 2: Equality vs. Equity*<sup>1</sup>



<sup>1</sup> Cartoon used with permission from Interaction Institute for Social Change; Angus Maguire, artist.

## ***Diversity***

*Diversity* was couched as an attribute of the group rather than an attribute that a singular person could have. One person may be diverse in relation to one group and not another because of sharing or having different demographic background characteristics compared to the group. For example, a Latina may be considered diverse at an historically white university, but not at the university's LatinX club whose membership is primarily homogeneous. Having people of different backgrounds and lived experiences is considered as having diversity. The term "underrepresented in medicine" (UIM) came up throughout my interviews, and is generally tracked by race, ethnicity, gender, first-generation-to-college status, and to some extent socioeconomic status (e.g., Pell Grant recipients). The Vice Chair of Education explained that the School was really trying to be aware of other local issues like the large lesbian, gay, transgender, and queer community due to such strong representation in the local area. She emphasized that it was important that "the makeup of our department and the makeup of the training programs reflect our community." In her view, the diversity of the Department should not just be varied but varied in a specific way.

## ***Inclusion***

*Inclusion* was described as not only having a seat at the table but being welcome to share views and voices and otherwise actively participate in the process. The idea of safe or "brave space" came up, indicating that a person should feel comfortable to speak. Rather than a head count of various background identities, inclusion should be a culture that welcomes a variety of backgrounds to participate. The word "belonging" was repeated and the idea of "acceptance" often arose. The Vice Chair of Education couched inclusion as opportunities to participate, emphasizing that it's an "action statement as opposed to a description."

*Justice* also emerged as an important concept because it's reflected in EDI. The Vice Chair of Education's definition of justice sounded like the Vice Chair of EDI's definition of equity:

[Justice is] I would say probably you know a recognition of or an intentional fairness in treatment. And by fairness, not necessarily everyone gets the same deal, but a recognition that if our goal is to get people to the same place, for example, in their training, that different people are going to need different tools and different degrees of potentially input or effort on the part of our training programs.

Her description evokes the imagery of the boxes in Figure 2. The Vice Chair of Education expanded on her thought to include historical perspective: "I think justice has something to do with a recognition that there may have been times when things were not just or fair, and so just being really mindful of, you know, that history within this particular problem... of equity, diversity, and inclusion."

Most definitions of these terms were discussed in the abstract, without specific connection to health, however I did not ask participants to specifically connect the ideas to the realm of health. For one participant, the importance of race was discussed as a unique contributor that went above and beyond socioeconomic status in predicting health outcomes, situating health underneath the EDI umbrella.

### ***Problem Statement***

So how do the concepts of equality, diversity, and inclusion play out as a problem in the School of Medicine? Two types of problems emerged from this question within this Department's EDI leadership: the root of the problem, and how the root problem is held in place by existing factors.

The Vice Chair of EDI explained that there is a hierarchy in medicine of a "paramilitary" feel, with lots of levels of roles of professorship, each having rules about promotion, all of which are mysterious to those outside of medicine, particularly for those who are first-generation

medical student hopefuls. Navigation of the system comes across as “really quite foreign.” Much of the process is said to be meeting the right person at the right time; I inferred that he was referring to the idea of networking. A lack of knowledge of the admissions and medical system was identified as a particular issue for first-generation students and faculty. This lack of knowledge was noted to be expansive. Topics like education, parental factors, and the ability to afford access to quality education came up. The privilege of access to resources – and in particular, intergenerational wealth, such as whether somebody’s grandparent had “access to various things” – was identified as hard to measure and account for, let alone be difficult for some participants to articulate. Many respondents emphasized the systemic nature of the admissions process, but some were not able to go beyond that to identify which systems were responsible.

The Chair of Education noted that when the Department had a female chair in their male-dominated medical field, “there was a little bit more of an awareness that not every situation was completely equitable, that not everybody had the same exact opportunities”; she went on to say that “it’s more of a historic lack of understanding and awareness and, you know, the fact that the institutions that we work in are... generally slow to change and slow to respond.” Consequently, the lack of student knowledge, combined with a lack of faculty and leadership understanding, creates a systemic problem.

The segregation of privilege among students was identified as a structural issue that continues because those in power (e.g., existing faculty members) do not value and are not rewarded for reaching out to non-traditional pathways, such as giving talks at community colleges or the Cal States, where non-traditional applicants might be. This type of work is basically considered “charity,” as one participant said, because it’s not part of the faculty promotion

structure, and not rewarded in the same manner as research and publications. The dual situation of not prioritizing non-standard recruitment by professors and first-generation applicants (or would be applicants) not being aware of the traditional recruitment structure fails to remediate past inequities: “We are absolutely not even remotely close to having a system where our EDI values are valued.”

One structural issue identified as problematic was the lack of accountability for those perpetuating overt racism and sexism. The Executive Vice Chair described this phenomenon:

So, the typical thing at [this institution] has been... this harassment. There's overt discriminatory action, there's investigation, potential lawsuit, there's a settlement, the person who is being discriminated against goes away, and the person who is doing... they get promoted. They get moved, but the movement's never lateral. [The perpetrators] don't go away. They don't get sent away. And so, they get promoted. And then what does that say to the institution?

Clearly this would imply that discrimination is acceptable—or at least excusable—and certainly not punishable. How departments handle cases may be a structural issue if accused faculty and students are consistently excused. Despite this problematic culture and structure, the Executive Vice Chair of EDI remained optimistic about the future, following up his original comment with a more positive outlook: “I feel like there's a change in energy in our department... there's much more listening going on. There's action happening.”

A problematic culture within the Department was another implied problem shared by EDI leadership. According to the Vice Chair of EDI, the operating room had been described as “an intense environment” in which microaggressions commonly occurred. Because of the intense environment, “there's not time to sort of stop them in the moment,” she explained, and so the culture remains, going unchecked and unchallenged. Another noted problem was the lack of interest from undergraduates in this particular subspecialty, particularly at this institution; this question remained open during the course of my study.

The pay structure of the profession was identified by the Vice Chair of EDI as a structural barrier to socioeconomic diversity within the field:

So, to be a physician scientist means that you're spending a large sum of your time... 80% of your time doing research and 20% doing clinical work. Clinical work is what pays the bills, right? So that's the more lucrative part of being a physician... Being a physician scientist means that you're never going to make as much money as a clinician... So, you see a large disparity of who is who is able, honestly, to take that road of a physician scientist.

These comments were made about first-generation college students being able to enter the faculty ranks and choose a career path of their interest. The path to physician scientist is not as feasible for low socioeconomic status students because they may have student loan debt or extended family to support or want to grow their own family and give them access to quality education. The low pay of physician scientists is a problem when wanting to achieve more diversity, especially when no programmatic solution is being pursued, as the Vice Chair of EDI notes.

### **Operationalization of EDI**

The Department's EDI leadership did not attempt to operationalize equity, diversity, and inclusion directly. Instead, it focused its efforts on four EDI areas: 1) residency program recruitment, 2) microaggression education and mitigation training, 3) health equity curriculum, and 4) health disparities research.

### ***Equity***

While *equity* was not defined in and of itself, participants did look to see if there was parity in various outcomes like whether faculty of different backgrounds moved through the promotional ranks at the same pace. Namely, Department leaders tracked progress by race/ethnicity and gender. Respondents indicated that they would also like to track by socioeconomic status, but data was not being collected. Ideally, they wanted to measure “the

road travelled,” as the Vice Chair of EDI said, by acknowledging that first-generation faculty likely had not start the same track at the same place as their white male counterparts.

### *Diversity*

Diversity of incoming students, residents, and faculty was a topic of scrutiny. Because the Department leadership could not legally set quotas due to Proposition 209, it took a more holistic approach. For faculty, the Vice Chair of EDI was included on most hiring decisions and she looked to actively recruit faculty who were interested in treating underserved communities, and had the skillset to do so. Wanting to treat the underserved often meant that the applicants themselves were from underserved communities, so would bring racial, ethnic, and socioeconomic diversity to the Department. Hiring committees received training on topics like implicit bias in recruitment in an attempt to minimize bias in hiring. The same intentionality and eye for diversity was applied to resident recruitment since “trainees are the future of our specialty,” as the Vice Chair of Education put it.

The metrics for diversity among graduate medical students and residents were more robust; race, ethnicity, first-generation to college, parental education and employment, and Pell grant award all stood as a proxy for socioeconomic status; the Department leadership had also started collecting data on pronouns. These factors were collected primarily through the application process, though the Vice Chair to EDI noted it would be helpful to have these same metrics for faculty recruitment, but “that [data] all drops off... and that’s the part where I think we’ve missed out on understanding the impact of intergenerational wealth.” Thus, by diversifying medical student admissions, the Department leadership could diversify its output to the physician workforce.

An interesting way the EDI leadership tracked diversity among physician scientists was by examining how many had applied for the NIH Minority Supplement Grant, a two-page application that the Vice Chair of EDI said is “very straightforward” though largely goes unclaimed because “nobody applies for them.” The Grant incentivizes physician scientists to mentor underrepresented individuals without sacrificing any other of their own funding, yet the Vice Chair found that very few people in the Department submitted applications: “In our department, I don’t think we’ve had any,” she said, speculating that the underlying reason might be that UIM Department residents either were not made aware of the Grant or were not interested in research. Instead of talking about rates of the Grant as a metric, she finished by considering it an incentive program that struggled to gain traction despite having NIH funding.

***Inclusion.***

*Inclusion* could be tracked by looking at the culture within the Department, though this connection was not explicitly stated. EDI leadership had conducted a climate survey with all the staff, faculty, and learners, and was awaiting results at the time of my study. The climate study was talked about in connection with inclusion and how well Department members felt like they belonged. Related to inclusion and people’s sense of belonging was whether people experienced impostor syndrome, and while it was not a metric being measured in the Department at the time, the Vice Chair of EDI mentioned that there was a Clance Imposter Phenomenon Scale (Clance, 2013) that could be used to track impostor scores over residency, or even with faculty.

To address the problem of a problematic culture—and the resulting lack of inclusion—EDI leadership was looking at documenting microaggressions in the operating room. They first began to educate those in the operating room on what microaggressions are so that people would be able to recognize them occurring. EDI leadership was very much in the early stages of

measuring a baseline to see how problematic the use and frequency of microaggression was. The plan was to have simulations of an actual microaggression, take it outside of its urgent, real-time event, and unpack it as a group. Instead of a punitive construct, the idea was to present a learning event because, as the Vice Chair of EDI pointed out, “Sometimes people are just not aware of what they’re doing, and we all can learn; we all can have... this brave space.”

Both quantitative and qualitative data were being collected, and the EDI Committee seemed to be excited about the qualitative data for its ability to be explanatory:

Ultimately the qualitative data is really—you know—what are people saying about the environment and the culture, you know? And are people staying? That’s the other thing. Do people want to stay?... I think it’s always hard with looking at those numbers... we’re trying to look at sort of bare bones of various metrics that people have looked at with diversity and physician workforce...

Although the Committee was still in its nascent stages of determining how to collect and use data, it was determined to search for ways to improve the culture in the Department.

### **Evaluation of EDI**

The EDI Committee within Case One decided to create five working groups that reflected critical areas of the Department: education around EDI principles, recruitment, retention, career development, and research within EDI principles. Working groups were comprised of faculty, staff, nurses, and learners. A call for participation in grand rounds, a meeting attended by all these Department representatives, was put out. Subsequent to the first grand rounds meeting, the Vice Chair of EDI personally solicited interest from participants in joining these working groups, some being eager to connect and having historical EDI context to share. The Vice Chair noted that after grand rounds, “We had a lot of people excited to join,” and no one was turned away. However, this recruitment was done virtually which the Vice Chair indicated wasn’t ideal because she had wanted to meet and connect with people more personally.

Once the working groups were set, the Vice Chair specifically set out to establish the groups as collaborative and self-led, the intent being to avoid replicating a hierarchy of leaders seen at the University-level (e.g., faculty leading and staff taking notes). In order to achieve some balance of power, the Vice Chair of EDI made sure that the working groups had a diverse background of roles such that no single group was faculty or staff heavy.

The working groups discussed their experiences and identified which aspects of equity needed to be worked on, sometimes confirming the Vice Chair's prompts from the literature. One staff member said that staff members don't hear about EDI issues from students due to a lack of interface with this demographic, so EDI issues typically bubble up solely from faculty and staff. However, because medical residents were on the EDI Committee, their thoughts and perspectives were included. It was noted that workgroup members could reach out to people outside the EDI Committee as collaborators, and while that typically happens "organically," it could become a prescribed structure. Working members also played a key role in some of the improvement efforts. For example, a few key people of the Committee were also positioned within the simulation center to discuss and analyze microaggressions.

There was one particular task force that considered the diversity of future medical residents. This is important because its members typically received over 1300 applications per year that they had to whittle down to about 30 interviews. The task force was intentionally made to be diverse: men, women, underrepresented minority groups in medicine, different levels of faculty status in terms of full professors with many years of experience and tenure, and some very junior people. The task force was aware of how potential bias could be seen in letters of recommendation and traditional metrics like MCAT scores. They standardized some of the language, definitions (e.g., what "excellence in research" means), and metrics for how candidates

were assessed, including how recruits had made efforts to serve in underserved communities. According to the Chair of Education, this structure had recently resulted in the most competitive match that the Department had ever had. The Chair of Education explained how the Hiring Committee had to be careful about how they talked about recruits due to Proposition 209, a 1996 anti-affirmative action amendment to the California Constitution that says that the state “cannot discriminate against or grant preferential treatment on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, and public contracting” (ballotpedia, n.d.). The Chair explained how the Committee was explicitly not able to consider certain demographics:

We had to be really mindful of resident recruitment, but it would be really mindful if, you know, we’re not... we’re not going to talk about the person’s ethnicity, but what we’re going to talk about is you know their interest in working in underserved communities, their interest in, and potentially their challenges to getting—to getting where they are today.

She went on to explicate how UIM recruits’ resilience and grit potentially made them better doctors down the road, and, ultimately, that that was a goal in diversifying the group of residents – and ultimately faculty – who work with underserved populations. The Chair of Education emphasized that Committee members had to be “careful not to cross any lines of what’s allowed and what’s not.”

Most of the data used by the EDI leadership from the School’s education office, the research office, and human resources. It was existing data that could be analyzed once received rather than data task force collected themselves. This particular Department was not engaging in qualitative data collection or a listening tour, though the staff person said it would have been beneficial and potentially something staff would do in the future. However, of note was that the School of Medicine was conducting a climate survey at the school level during the time.

The EDI plan was that once data had been collected and presented to the EDI committee each quarter, it was discussed to evaluate whether it validated what was hypothesized as the problem or whether the area did not need further investigation and the Committee could move on to another topic. Present performance was compared to past performance rather than to specific, identified goals. Any problem areas might prompt the creation of a specific working group and the generation of an initiative to address the problem. Working groups would meet as often as needed on their own, but also give updates at the quarterly meetings. Not all groups were able to find time to meet, and one group did not have an update at the last quarterly meeting. One role of the Department's EDI program staff was to keep working groups active, logistically on track, and engaged since time outside Committee members' regular roles could be hard to find.

The Chair of Education noted that the review process was fairly new, still evolving, and "a little bit in flux." There were ongoing discussions on hiring diverse faculty but it was "not something that's formalized into a specific codified action plan." No specific follow-up was done to discern why a faculty member declined a position. However, on the student side, a survey was sent out to ascertain why s/he didn't choose the University as a match and why the Department's program was not chosen.

For the EDI evaluation to be successful, the Vice Chair of JEDI believed that leadership involvement and support had to be present at every step, seeing it as imperative and critical rather than "just over in the corner." One staff member shared that the Vice Chair of EDI and the Chair of the Department took lead on decision-making and direction of initiative, and had a lot of autonomy to make decisions. Of particular note was the backing of the Department Chairs.

Getting everyone on board was noted as an important and lengthy process by the Vice Chair:

Everything is, like, five-year epics. So, when you come to a place, you can immediately see what the problem is, and you know how to fix it right away, but you can't do that

because it takes you three years to get all of the stakeholders to either acknowledge that there's a problem or say "Oh, yeah, we know there's a problem." So, it takes you three years to get everybody on board, and then it takes two years to implement the plan that you know that needed to be done back at the beginning. So it's always five years. So, I like to—I'm impatient, and... I get frustrated with, like—I know it needs to be changed, but you can't—everybody comes to it differently. So, I have to keep reminding myself and I remind others: five year epics. So, we're on year three.

In terms of the working groups achieving equity, diversity, inclusion, and justice, the Vice Chair chuckled, saying "I don't think anybody could ever say that they have. It's really going to take a long time." The staff member echoed this sentiment, and the Vice Chair of Education emphasized the slow-moving pace:

There's a lot of inertia in a place this big, and it just takes a lot of, you know, it's like trying to move a glacier you know. You have to keep pushing at it and pushing at it and pushing at it, and eventually it moves in whatever direction the pressure is on, but it does take a long time.

Despite how they described the long-term slow effort required for movement in EDI areas, the Chair of Education said that there exists a positive culture around EDI efforts. While no specific incentives or rewards were currently offered, she said that EDI work "get[s] attention within the Department, and there is definitely a sense of, I would say, accolades that come with successful efforts in this area." She dubbed incentives as an "economic tool" and explained that it was hard to incentivize EDI work. She preferred an approach with a "sort of culture of safety" rather than "individualize... success or blame." She called it "more of a group effort."

Like all departments within the School of Medicine, this Department's Chair was subject to a yearly committee review that analyzed EDI progress based on a rubric. The Vice Chair of EDI noted that having the Department Chair accountable prevented him/her from appointing a EDI role that was siloed and whose work ended up being more performative than integrated into the Department. At the time of my study, the top performing departments in the School were awarded extra money as an incentive to do well. Additionally, this Department's leadership

incentivized smaller actions with a quarterly bonus for things like filling out a certain number of evaluations or attending a certain number of grand rounds or faculty meetings. The Vice Chair of EDI expressed concern over incentives supplanting genuine motivation and buy-in, but she thought it was ultimately more effective than a stern letter from the Chair. She also felt strongly about considering the reason for a lack of participation, noting that some meetings fell during times when parents were likely to be taking children to school. She noted that women still tend to be ones taking on the primary responsibility for parenting, so they would be disproportionately impacted both in terms of lacking of access to incentives and having fewer seats at the table. Instead, she recommended thinking of “what is an equitable way to approach what we’re asking someone” as part of an incentive system.

### **Data Use of EDI**

When asked about the review process and what takes place after a completion cycle, the Vice Chair of EDI responded by explaining its process of continual monitoring:

We’re never going to be done. It’s continual performance assessment... There may be spikes in a particular area and maybe that’s... maybe that’s something where we start to look at it and go, “Oh, why was there a spike in this? [...] Let’s investigate that.” So—you know—there’s never a point where you’re kind of done evaluating a process and say, “Okay, culture’s great here.”

The data and progress were being shared as part of quarterly EDI Committee meetings, with key objectives shared at faculty meetings and executive committee meetings typically via PowerPoint slides on Zoom. When data came back from surveys, the EDI work groups reviewed it together and talked about strategies they might implement to improve outcomes such as recruitment of diverse candidates. Typically, the Dean’s Office in Graduate Medical Education wanted to see basic results once that information became available, with the expectation that chairs and department chairs would submit a plan for promotion of EDI goals.

The most formal sharing of data happened at the annual committee review and presentation by department chairs, among each other and with School of Medicine leadership, including the Dean of Justice, Equity, Diversity, and Inclusion. The inaugural meeting occurred in April, 2023.

The Department had a new communications coordinator who put together monthly newsletters that occasionally has highlights from the EDI work, but according to the Department staff member I interviewed, the main audience for communications updates was the EDI members, the team's office, and EDI leads. Other outlets included internal, as well as external, websites and social media such as Instagram and podcasts. One example of publicity on EDI included website posts highlighting medical student participation in the Student National Medical Association, a primarily Black student group, and the Latin Medical Student Association, both of which held national meetings attended by residents from this Department. Additionally, the EDI leadership had tables at these national meetings to represent both the Department and the University.

According to the staff member interviewed, there was no feedback mechanism for data being shared other than that garnered from workgroup and other meetings. The hope was for this to grow into a snowballing of support: "It would be great that if the information we share sparks interest and sparks someone to be compelled to partake and be an extra person who can support initiatives, but I don't think that that is necessarily the expectation." Feedback seemed to be a mechanism for garnering support and sustaining momentum.

### **Barriers to Evaluating EDI**

California Proposition 209 was highlighted as a barrier to pursuing and achieving diversity in that the law made it illegal to take factors of race, sex, color, ethnicity, and national

origin into account, even as a part of holistic review. As a response, the Vice Chair of EDI explained that the Department chose to hire based on a variety of non-demographic factors including applicants who had experience in working or expressed the desire to work in a diverse area. The EDI leadership then measured how well it diversified its faculty and other positions based on who was considered UIM.

Another barrier mentioned was lack of data or restricted access to it. Some data was highly protected, like human resources data. The working groups took into account what access they had to data when considering topics to investigate. Sometimes the data they wanted was not collected. For example, there was no socioeconomic data collected for faculty, so there was no way to track first-generation or low-socioeconomic status at the faculty level. The Vice Chair of EDI said she would have love to have data on neurodivergence (e.g., autism, ADHD), but that many invisible disabilities weren't acknowledged, much less tracked, in medical education. Those who are neurodivergent and thus look at and see the world differently, thus possibly bringing a new viewpoint, were not being considered as part of the Department's EDI work.

An additional elusive concept that was indicated as desirable to measure was termed by the EDI team as "cultural humility." The Vice Chair of EDI described how south Los Angeles has communities of primarily marginalized patients who are Black and LatinX, and that a clinician who may have scored well on board exams, can do management care, and grew up in an affluent community raised by generations who went to college may not well understand the experiences of someone within this marginalized community. She defined *cultural humility* as being able to connect with someone of a different background, similar to having compassion, but noted that she didn't know how to exactly measure it. Creating a measure for cultural humility could advance EDI efforts.

The Vice Chair of EDI revealed that some people within the Department failed to see a problem in the way things were currently done. For example, in terms of medical school admissions, some questioned why change had to take place. She reported that they preferred traditional metrics like board score and claimed that the old ways of admitting learners produced great residents, so there was resistance to changing what they saw as a solid process. They didn't see the system as broken, so they questioned all the efforts to fix it. The Vice Dean of EDI at the School of Medicine echoed this challenge:

It's a challenging environment to foster change because the external variables by which people measure success in efficacy are telling everybody that they're doing great. And so, it's hard to convince people that maybe we need to think of different ways of doing things. Even with the data about the marginalized experiences, things like that. People will say, "Well you know, we're the best in the country. How could we possibly have room to grow?" And so, it's a really challenging obstacle.

The Vice Chair continued, saying that building a culture of change is about trust and relationship-building and "has absolutely nothing to do with data." She believed that despite plenty of evidence, change doesn't go anywhere unless people trust and respect you. She then backpedaled a little, saying:

I would say it's both presenting the data and building trust and relationship with sort of what we're doing, and then—you know—hearing their concerns and then sort of balancing kind of what their concerns are and alleviating them if you can. Or —you know—get them sort of getting to the point of saying—you know—"I trust what you're doing because you're showing me the evidence. I don't, maybe, I don't necessarily agree with it, but I'm going to—I'm going to see where this goes."

The Vice Chair of EDI emphasized the combination of evidence and relationship, and how they work together over time. She noted that others were reluctant to be involved because they didn't feel like they know enough and might say the wrong thing if they spoke up in EDI meetings. The Vice Chair reported to quibble over semantics and the spelling of particular terms, which slowed down the progress of more substantial issues. In such cases, leadership must help navigate all different stances, perspectives, and readiness for change.

Another potential barrier reported was lack of support of the Chair of the Department.

The Vice Chair of EDI described the pivotal role of the Chair:

If the Chair doesn't support this initiative, regardless of what way we do it, what metrics we're doing, if the Chair is not supportive of this and does not—you know—stand up and say, "This is a critical thing that we need to do," you go nowhere.

Turnover is an additional barrier to progress. When the previous Dean was present, there was a big push for her to call for all departments to have EDI leadership, following a national trend. Yet when she stepped down, there was concern about this established momentum and whether the interim dean and new dean would sustain forward movement. Turnover of key people, particularly in leadership, could have deleterious effects on progress.

The twin issues of bandwidth and funding were another potential barrier. The EDI leads in each department, including the Vice Chair of EDI in this Department, had .25 FTE dedicated to EDI work, and this Department had a staff member also with FTE dedicated to EDI. Together this bolstered efforts to achieve EDI outcomes. However, the faculty, staff, residents, nurses, and others on the EDI Committee did not have dedicated FTE to give to the work, so their time was volunteered. Participation was limited by their restricted bandwidth and funding.

## **Case Two**

Case Two is a large department with over 1500 faculty, 200 residents and fellows, 3100 staff and 18 subspecialties. The Office of Equity, Diversity, and Inclusion within the Department is rather new, starting in 2021 with a "fairly decent-sized budget," which funded the Chief and Associate Chief for Equity, Diversity, and Inclusion positions plus several other members of the team, and included both clinical and non-clinical faculty and staff.

### **Conceptualization of EDI**

The EDI leadership did not have official definitions of equity, diversity, and inclusion. In interviews, sometimes respondents' definitions of these terms came up organically; at other times, I specifically inquired about what they thought these terms meant to them.

### ***Equity***

When asked to define and describe *equity*, respondents contrasted the term with *equality*, saying that equity takes into account historical experiences and seeks to remediate past differences in opportunity and access to resources. Equity was noted to be particularly important when deciding on promotions or when looking for candidates who may have attended high-resourced schools or less resourced, less research-oriented schools. The Associate Chief of EDI described it clearly: "I see equity as giving people equal opportunity, but taking account of what they bring to the table, given their background. And what they've had available to them to date."

The Program Manager of EDI described also contrasted equality and equity, explaining:

It's not just about being equal, equal on the playing field, and because we are all equal. So, there's different sectors of our society and our community that has resources that helps them reach higher goals. And there are sectors of our group... of our community that don't have those resources. So, in order... to have equity, I think, and level the playing field, I think the resources can be shared in a way that folks can all reach their goals.

The common theme is the sharing of resources to equalize past inequalities.

### ***Diversity***

*Diversity* was described as "trying to make sure that you have as wide a representation of groups, people, voices, experiences, to address the problem, the question, whatever it might be."

No particular groups were named by the Associate Chief of EDI, and she defined diversity as "representation from all the possible kinds of people." The Program Manager spoke of diversity as being able to "fully be yourself and all your different identities" as well as "being able to express yourself and having that expression be allowed... celebrating all the different identities

that are out there.” She specifically talked about diversity and inclusion together and did not noticeably differentiate the concepts. The Executive Vice Chair for EDI spoke of diversity as “numbers of different groups that exist in a given population.” He went on to describe that racial and ethnic minority groups have been historically underrepresented and that some groups, like women, were doing better in their overall representation but still were not highly represented in positions of authority and leadership.

### ***Inclusion***

*Inclusion* was described by the Associate Chair in more affective words: “welcoming,” “feel[ing] included,” and “putting your arms around people and bringing everybody in and making them feel a part of whatever it is.” The Program Manager expressed similar sentiments, depicting inclusion as “where people feel like they belong and you feel like this is a place that you can be yourself and you will be accepted, celebrated, just like everybody else.” It was also described as “having a voice at the table” by both the Associate Chair and the Program Manager, more action-oriented portrayal:

Being able to include everybody at a seat at the table. Including not just being around, and oh yeah you’re okay to be right here, but a seat at the table, a seat at making decisions, including people in positions of power to be able to impact their own communities and reach their goals.

A small group of the leadership also informally developed official definitions of EDI.

The Executive Vice Chair of EDI provided the following working definitions:

**Equity** is about being fair and impartial (**#Aspiration**)

**Diversity** of a group: is simply representation of members with the major characteristics/ identities not shared by all members (**#Facts**)

**Inclusion** is about how well the contributions, presence, and perspectives of different *groups* of people are valued, respected, and integrated into an environment (**#Actions**) [emphasis original]

The Executive Vice Chair of EDI also described inclusion as an action in his personal definition and emphasized its importance, calling it “the most important of all of these.” He defined it as

“an environment where people are respected, valued, and supported.” According to his logic, “If we can create an environment that’s inclusive, then people will feel like they want to come. And if people want to come, you can get diversity.” So, inclusion is the foundation for diversity.

On the Department’s website, the following analogy is given:

EDI is like attending a potluck...  
Diversity is where everyone is invited to the gathering  
Equity means everyone has the option of bringing their own dish  
Inclusion means that everyone has the opportunity to eat and try different cuisines.

The Program Manager noted that the School didn’t have official definitions on its website and how that’s a missed opportunity to make the concepts clear. She hopes to add them but has many other tasks to attend to.

The Program Manager also brought up the idea of *justice* as a complementary concept, which she described as “the ability to execute equity, diversity, and inclusion.” The Executive Vice Chair of EDI called justice “aspirational” and defined it as “the authority to come and put teeth behind initiatives and activities.”

### ***Problem Statement***

When asked about the problems that have culminated in the current lack of EDI in the Department, the Associate Chief of EDI responded with saying that historically diversity wasn’t a priority and that when hiring or recruiting faculty and students, the measures and methods used produced predominately white, male candidates. Why these methods produced such stilted results was not identified by the Associate Chief of EDI. She said that until about five years ago (approximately 2018), this type of exclusive recruitment went unquestioned. She did deduce that the historical pipeline is disproportionately white and male, particularly if these candidates are pulled from other top tier institutions in high numbers. Additionally, she noted that NIH grants typically go to white males and are indicators of successful research experience, so when looking

to hire those with “successful research experience” the Department’s hiring system is set to privilege those who are white and male. Now, she explained, there is a much bigger emphasis on looking at candidates more holistically.

The Executive Vice Chair of EDI specified that there are low numbers of Black, Native American, and LatinX health professionals because of longstanding structural inequities and limited resources given to specific communities. Originally, he claimed, the structural discrimination was written into law, but it continues as policies and practices. For example, he described how the level of educational funding, job opportunities, and civic infrastructure have historically been quite low, and these populations have also suffered the disproportionate dumping of environmental toxins into their communities while also struggling with predatory mortgage lending practices. These are major barriers for those competing to attend an intensive research institution. The Executive Chair of EDI noted that the majority of UIM candidates have usually dropped out of contention long before medical school or even undergraduate education.

A result of having a predominantly white male pipeline was that there were fewer minoritized candidates that fit the script of traditional measures of success. The Associate Chief of EDI reported, “In a lot of cases, we’ve lost [minoritized candidates] over time because [our institution] just didn’t counter with a good enough offer to compete with whatever else they got... You know, because they’re good and they’re an attractive candidate and other places are willing to fork out a lot of money to recruit them away.” Maintaining this system of artificial scarcity forces institutions to consider how much money they’re willing to put toward their goal of diversity in the process of hiring. The Executive Vice Chair of EDI stated that his goal is to help promote and support the few minorities that have made it to the Institution as residents or faculty and eventually:

Hopefully have enough critical mass of people who will, as part of their civic duty, be mindful enough to vote and support policies and practices in any laws that are needed, legislation, to address the unfilled hole and the myriad of minefields that people from these major marginalized communities have to navigate.

This is his hope for the future.

One reason identified for the Institution not having a diverse faculty was that it would not be attractive to diverse candidates because the doctors serve primarily the west side of the city, which is known to be more white and affluent. Additionally, the institution has not historically accepted Medicaid which is predominantly used by people of lower socioeconomic status and so reflects minoritized populations. The Vice Chair stated that “a lot of the underrepresented clinicians want to be treating populations that are disadvantaged. And that’s not on offer very easily at [this Institution].”

In terms of having an overall welcoming climate—what I would call a “culture of inclusion”—the Program Manager said that according to their climate survey, the respondents felt like the Department did celebrate diversity, equity, and inclusion; however, the survey also revealed that people were still experiencing microaggressions in the workplace. A microaggression is “a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)” (Merriam-Webster, n.d.). The Executive Vice Chair of EDI believed that the Department had to eliminate discrimination, microaggressions, and the promotion of negative narratives about particular subgroups in order to create a more inclusive environment, all of which would ultimately lead to more diversity. He explained the importance of inclusivity and equity:

If everybody’s fairly inclusive and is valuing and respecting everybody, it’s a lot easier to navigate systems that are equitable and try to overcome that fight of the difference between equality and equity... if you just use equality going forward, you can never catch up.

However, he did not think the U.S. has an inclusive culture in general. He believed that not much has improved since the 1800s:

We haven't changed much since slavery and Reconstruction from a mindset, so it's not going to happen, and now, and in our society – what we put in place. Until we put in place laws and structures and systems that are based upon equity, where people who are operating these and making judgments do it through a lens of equity, this will not change.

Based on his comments, the problem lies within the mindset and beliefs of the people within the Department and beyond and, until there is a paradigm shift, progress cannot be made. The Executive Vice Chair of EDI iterated that a shift must happen from equality to equity, but he explained that there has been pushback on equity, which stunts society's progress:

Right now, the pushback to equity has been, "We want laws that say, focus on equality, because you said we're treating people different. We want you [to treat] everybody exactly the same." And so it's equality. You can't. And equality will continue the ongoing inequities. And so as long as we have laws based on equality—and we have—and we're looking through the lens of a constitution as it was written, and not the aspirational vision of the founding fathers, we will not change, right?

This mindset of equality over equity was a root cause of continuing inequity according to the Executive Vice Chair of EDI.

Similarly, the EDI leadership within the Department evidently noticed that they had a problem with implicit bias, at least in recruitment, because the recruitment officers were going through implicit bias training and the leadership tracked which divisions complete that training.

When asked why there wasn't EDI, the interviewees responded that the Department had low numbers of UIM faculty and/or trainees, but none expanded on why that was. When asked to theorize further about the low numbers, the Program Manager reflected and commented on the unconscious and structural elements:

I don't think that it's one of those things that's, like, deliberate. Someone's, like, planning and scheming out there... I don't think that's the case at all. I think it's just we live in America, and so the structural racism that we hear about, it's what happens in our department and is a reflection of the place we live in.

Again, the why was still uncertain. She did not speculate about what specific aspects of American history might have led to the structural racism in medicine and education at this Institution and at this Department. She concluded with an equally vague statement about the longevity of racism in the U.S.:

It's been normalized for us to look to be so racialized because that's like being in the United States; everything is racialized, and so I think what's happening in our department is just like everywhere else. That's how the system was set up from a hundred years ago.

It is unclear whether “racialized” is the same thing as “racist” in her commentary.

The EDI leadership was seemingly under the impression that there are not many qualified UIM candidates to recruit for faculty and trainee positions. Interviewees continuously talked about the scarcity of and difficulty in finding and retaining UIM faculty:

So, there's a limited number. There's a small number of minority faculty already trained in this level and this level or faculty or on track to be faculty. And so, you know we're working on the pipeline. But also, how do we retain people we already have because it's such a zero-sum game? If they're here, that means they're not over there. And if we have them, and then people poach them, how do we keep them, keep them and retain people?

The road to becoming faculty at the Institution includes succeeding through high school, undergraduate education, and residency, and along the way many UIM candidates are pushed out or don't continue. This phenomenon led the Department recruitment team to believe that there weren't many qualified UIM applicants per the metrics they were using at the time.

### **Operationalization of EDI**

One way in which the EDI leadership was tracking “structural equity” was looking at how faculty progressed in promotions through the lenses of gender, race, and ethnicity so to examine whether certain subgroups were not progressing as others or were disadvantaged in some way. Generally speaking, there are expected amounts of time that one spends at different promotional levels, from assistant professorship, to associate professorship, to full professorship;

according to the EDI leadership's data, the majority of their faculty, regardless of gender and race/ethnicity, were either on time or somewhat accelerated going through the promotion system.

Similarly, the leadership considered how junior faculty found mentors across the different divisions – it appeared as though there was no standardized, formal process for incoming junior faculty to get matched. The concern was that this system was not equitable, with white males entering as junior faculty being more likely to get a white male mentor because that's the "kind of common currency there." The fear was that UIM faculty might be more likely to have a mentor they don't feel comfortable with, or one who does not understand their particular background and experience, or even no mentor at all. The Associate Chief of EDI was concerned that this could affect who is able to progress through the promotion process, though the data on progression rates did not support this concern at the time.

Another way in which the EDI leadership was working to increase diversity was to create links with more diverse communities so that the Department could attract diverse clinicians who want to work with more diverse communities. Historically, the Institution's medical care delivery has centered on "a very white, upper-middle class patient population." This Department's leadership created a clinic in a different part of town at which a presumably more socioeconomically and racially diverse patient population can receive clinical services. The idea was that if they could increase diversity of the patient population, then an increase in trainee and faculty diversity would follow. As the Associate Chief of EDI said:

It's a reason we've had trouble recruiting some minority faculty, because they want to treat their communities and [our institution] doesn't do that, and so we were working with the new Chair to try to do outreach to these community groups.

While it was hypothesized that these two concepts are linked, there didn't seem to be any formal measurement or evaluation of this proposition. However, the Executive Vice Chair of EDI also echoed this connection:

If you're a Hispanic and you come and you see there's an emphasis on addressing Hispanic health, which as an institution in [this city] should be a big priority, then you're like, "Oh, that's something I can get excited about because now I can feel like I can give back to my community."

The anecdotal connection between mission and personal background seemed to be important in that it came up in multiple interviews. The Executive Vice Chair went on to say that having a similar background to patients would supposedly:

... excite and energize this emerging group of new health professionals and health professional leaders so that they are excited about being here and see this as a place they can come to—to help support what they feel is sort of their community and likeminded communities that have, for a long time, been marginalized and oppressed.

The EDI leadership was critically considering the diversity of its pool of faculty applicants. The Institution had in place a system wherein whenever a Department posted a job opening, it would have to share the candidate pool with a particular office at the Institution to ensure that the candidate list showed adequate diversity. If this list was deemed inadequately diverse, the hiring committee would have to reach out via other avenues and to other venues so to encourage a wider applicant pool. This strategy had not been used in the past. The Associate Chair of EDI later clarified that diversity was based on both race/ethnicity and gender in the recruitment efforts. The EDI leadership had discussed considering candidates who were first-generation in academia, but nothing was currently in the works.

Considering the culture of the Department could be an effective way of defining and measuring inclusion. One of the goals of the EDI Office was to provide education and knowledge on how to respond to microaggressions at the moment they happen. The Office did not discuss tracking when these microaggressions were occurring, but did talk about doing preventative trainings to provide more education and strategies for how to deal with these instances in the moment. Participants also talked about highlighting Black History Month, Asian American and Pacific Islander Month, and Hispanic Heritage Month at grand rounds considering

all faculty, staff, trainees, and students would be in attendance. The Office currently had modules in the resident education program and a health equity pathway in its residency training program for trainees to learn about and be exposed to health equity topics. Additionally, the mentor program had a cultural sensitivity component.

An additional way the EDI leadership was considering inclusion was by looking at which holidays were honored by the Institution, then acknowledging the less predominately recognized holidays, like Rosh Hashanah. Department leaders even connected with the Spiritual Office on campus, talking with the Director and Reverend to help them think about how to support residents and trainees. There was also consideration for changing the name of particular events, such as calling vacation times “Winter Break” instead of “Christmas Break” so to make it more seasonally-oriented, like “Spring Break.” The goal was to have more people feel included.

### **Evaluation of EDI**

The Department’s EDI Team consisted of the Executive Chair, three Associate Chairs, and an Assistant Professor. Staff members included the Program Manager, who executed all EDI activities in the Department, and a Program Coordinator, who handled social media and outreach. The faculty had their educational responsibilities, their clinical work or research, and an array of other activities of which EDI was one. Part of their time was paid for by the EDI Office so that they could have dedicated time for EDI work. The Team was intentionally comprised of senior and junior members and staff in order to bring a variety of perspectives when brainstorming and strategic planning. This included a statistician who made tables, graphs, and descriptive summaries from incoming data. The core EDI Team met weekly to review all the EDI projects and move them forward. When needed, they would pull in outside expertise. They

additionally had an advisory committee made up of faculty and community members. Trainees also got “tapped” to help provide the EDI leadership with added voices and opinions.

As was required by the School of Medicine, this Department’s EDI leadership, along with all others in the School, developed a strategic plan for the six required areas of EDI: people, structural equity, professional development and education, community engagement, equitable patient care, and climate. If progress was made in these six areas, then progress was made in EDI.

The EDI leadership completed a listening tour throughout the divisions to speak with faculty and trainees separately about the issues they’ve been confronted with in the areas of equity, diversity, and inclusion. The EDI office brought in the Division Chief, Clinical Chief, program directors, and people who teach residents and fellows and simply had a conversation about their thoughts, what issues they had noticed, and what they might have been interested in doing. Many of the subsequent EDI activities planned were based on this informative listening tour.

There was also a survey “a while back” and another upcoming survey to identify any further issues of which the Team was not aware. The EDI leadership had reached out to both UIM fellows and residents on the clinical side about key problems they were running into and had continuing conversations with these groups. One forum they held was called an “open house,” essentially a Zoom meeting at which the Team would focus on different issues. One open house highlighted the racial injustice after the George Floyd murder, while another addressed anti-Asian acts which were most prevalent after the origin of COVID had been identified as being from China. These were open forums at which people talked about their experiences, how they handled them, and what types of problems they had encountered.

The EDI leadership plans to assess its junior faculty mentoring program, tracking who wants a mentor, who was able to get one, and whether the mentor was helpful. In the beginning, the leadership asked for and received recommendations of senior faculty who be outstanding mentors; the five people suggested composed a “very diverse group from different divisions,” particularly from clinical and non-clinical work, some of whom were focused on research. The leadership sent these five people to a “train the trainer” program located at the University of Wisconsin at Madison, though at the time of my research this had not yet begun. The goal was to track how well the mentor relationship would progress, being able to intervene with mentor training, a rematch, or other remedy if the relationship wasn’t going well.

In making decisions regarding evaluation, the Associate Chief of EDI explained:

All of us really pitch in on pretty much everything...Everything is done in a group—you know—Nobody ever makes decisions on their own. I think we all just enjoy soliciting everyone’s input and feeling like the decisions that get made are then just that much better because they benefited from everybody’s opinion. Everybody brings a different perspective, so I think it makes our decisions better that we do it as a team.

She commented that the Team had both clinical and non-clinical members who could understand the nuances of their particular area. She noted that community partners were also involved in strategic planning in an ongoing manner:

The mentoring, the community outreach, those are areas where we did reach out to others to run our ideas by them and solicit their input. And in most of those cases, it's not a one time you know solicit your opinion. It's more reaching out and trying to see if they would be interested in working with us. And then we have these working groups where these people become sort of involved in the discussions longer term.

The idea was to build community ties and develop formal relationships in which, for example, the clinicians could work part-time in the clinics. Community partners could also be part of working groups in that area so that it was not just the EDI Office engaged in these efforts “but the community as a whole [was] engaged in these things.” Another example was a draft survey

that the working group developed to ensure that everyone participated, made suggestions, reviewed questions, etc.

The Executive Vice Chair of EDI shared that when considering EDI initiatives he also examines the dynamics of health and which communities are suffering most dramatically from the highest rates of morbidity and mortality. For him, it was not about focusing on the group that is numerically bigger, but instead considering who is suffering disproportionately adverse rates of morbidity and mortality without neglecting the other groups.

Some initiatives had been developed to satisfy accreditation requirements. For example, the Executive Vice Chair of EDI described how accreditation requires gender health training, so in response the Department had a faculty member go the Los Angeles LGBTQ Center to establish a formal relationship so that medical students could spend a few training hours there. This met both the accreditation need and served the underserved LGBTQ+ community.

Both quantitative and qualitative data had been proposed for ongoing evaluation, with a survey having recently been sent out. Focus groups were also proposed, but not enacted because of their time-consuming nature for collection and analysis. When the EDI leadership was interested in mentoring, it realized it couldn't find any evidence that anyone had ever done anything around mentoring at the Institution, thus it became clear that if it wanted to understand mentoring "more than just at the anecdotal level," they would have to collect data itself. Thus, EDI leadership created a plan for focus groups and a survey to better understand mentoring—"how much of it was going on, how many people there were out there who wanted it, but didn't have it" etc. The Associate Chair of EDI preferred the survey over the focus groups, saying, "I still feel strongly that we need to do that survey because I don't think these focus groups are

going to tell us what we need to know.” They groups would, however, collect qualitative open-ended data for implicit bias trainings and present group session reflections at grand rounds.

In terms of data collection, the Associate Chief said that it was performed by a small group, usually only the Executive Chief of EDI, the Program Manager, and herself. She explained that much of the data gathering was soliciting from other offices, and for certain information they were trying to gain, it depended on who in the Department knew the right contact. For example, the Associate and Executive Chiefs of EDI knew people at the Medical Academic Motions Committee, so they reached out to them for data and collaboration. At their weekly meeting, they’d discuss a topic, identify what data they hoped to receive, and figure out who the best first contact might be. They also considered what data was already out there and what systems were already collecting data so that they could potentially “insert some of our questions into what’s already being collected” rather than develop a separate survey; their work could be tagged onto existing efforts. The Program Manager also talked about not duplicating efforts nor repeating questions that already existed. The team seemed to take stock of existing data and systems before embarking on a new effort.

In terms of data analysis, the Department had a statistics analytic group, and the EDI Team had someone they hired part time as an analyst. The group was housed nearby the Department and was used for other research projects as well. The analyst worked with the EDI group when it needed analytic support, and the group matched the EDI Office with someone with compatible skills. This particular person was chosen because the relationship had already been built with the EDI Team. The analyst evaluated the promotion timelines of various faculty members and whether there was equity across diverse subgroups; demographics examined were race, ethnicity, gender, and faculty rank. Numbers were compared to those calculated by the

Association of American Medical Colleges for groups that were UIM. The Associate Chief of EDI communicated the importance of tracking these factors: “I would imagine [race, ethnicity, and gender] will continue to be big targets of much of our work.” These were not explicitly decided as subgroups to analyze, “but just sort of what we thought were the important subpopulations at [our institution] that you would hope were doing equally well, and so—you know—it was by different ranks, and different races, gender, and subgroupings. So that was, I mean, there really wasn’t a more formal discussion.” The subgroups chosen seemed to make sense to those doing the analysis, but could potentially use some thought as to why these groups.

### **Data Use of EDI**

Data findings from workgroups were shared with the Department Chair and with program directors in each of the divisions. The EDI Team also decided to keep collecting the same data on faculty progression so that they could monitor the status over time. As the Associate Chief of EDI pointed out, “Just because it looks good now, doesn’t mean five years from now things couldn’t be different.” It was unclear if the Chair’s office or someone else would do this tracking. Because the EDI office was a young office, there wasn’t a set schedule of what and when to share information with the Chair. Additionally, there hadn’t been much data that had been through the analysis process that could be shared. The Associate Chief of EDI said, “Come back in three months. We might have more information... I think our office is still so new and we haven’t done a lot of data analysis, and we haven’t had a lot of things to report.” However, the Executive Chair of EDI reported updates to the Executive Committee once a month; these were not necessarily data outcomes but rather progress reports. Additionally, the EDI team had weekly verbal debriefs to discuss next steps, which the Associate Chief called an informal process. This

included discussing whether goals were met, why goals were not met, and what they could do to achieve better outcomes going forward.

Like all other departments, the Chair of this Department was required to give an update on what the EDI leadership had accomplished over the last six months. The most successful EDI team's department would be awarded a financial incentive. No penalties were involved if a department did not advance as quickly as the others. Copies of EDI reports and presentations were available to any interested parties via the Department's website, and there were occasional posts to social media outlets as well. The EDI leadership had a monthly newsletter which sometimes included EDI topics. The main audiences of EDI sharing, according to the Associate Chief of EDI, were the Department faculty members and trainees. Auxiliary audiences included the wider Institution's Health Sciences enterprise (faculty and trainees). When asked if they shared data and reports on their website, the Program Manager responded, "I don't think we're at a point that we have to share with a public audience."

### **Barriers to Evaluating EDI**

The Associate Chief of EDI wished the Department could or would do a better job of collecting data on the pools of candidates they garner when posting job openings so to have a diverse pool of candidates. The Associate Chief explained one barrier to diverse recruitment in the clinical sphere was the current style of recruitment:

They don't tend to have, you know, job postings that go out, and you get a pool of candidates. They're sort of recruiting people all year long. They're always filling clinical slots, and so it's more like when they have somebody come in who looks like a good candidate, they're frequently hiring them.

It seemed like the hiring was more network-based, problematic when existing networks are primarily white and male. The Associate Chief then reiterated the lack of minority candidates

and the problem of retention of candidates when other schools can poach them with “good packages.”

Being a newer EDI office, all the data was coming from external sources. Consequently, when the EDI leadership wanted to find out the answers to a particular question, like faculty progression, they didn’t have that data internally and had to get it elsewhere in order to understand what was or wasn’t happening in their own Department. Accessibility to data was a major barrier. In one instance, they didn’t know that the data existed within the Department and wasted valuable time searching for it elsewhere.

Operating as part of such a large office complicated the EDI endeavors in this Department. With 1500 faculty and 3000 staff, it was difficult to coordinate efforts and not overlap with division initiatives. The Program Manager described that the process “include[d] collecting information and seeking out input from program directors of what’s already out there, what are they doing so that our program is added value, something, bring something to the table that’s not already out there.” The Program Manager pointed out how this slows down efforts:

We’re extra sensitive to not duplicating efforts, so before we put out a survey or anything, we make sure that we’ve connected the dots with all these other entities. So, I think that’s what makes it kind of move more slowly than anybody than we would like.

There were also multiple clinics around the community to coordinate with, and the Executive Chair attended monthly meetings to keep his hand on the pulse of different areas. The sheer size of the endeavor decelerated progress.

As in most survey research, EDI work was hindered by low response rates on surveys. The Program Manager described how debilitating this was: “And so you get... even if your survey is really great, if you get 10% response, it’s pretty limited in the information that you have.” Even though low response rates and the corresponding potential bias in data were

pervasive issues when collecting data using surveys, unfortunately more time-consuming methods like focus groups were still be unfeasible for the EDI Team.

A further barrier to the Department's EDI work, per the Program Manager, was the level of specificity the data came in. For example, the norms around collecting race data used the category "Asian" but did not break it down into more meaningful categories like "Filipino" or "Chinese." Similarly, the category "multiracial" told little about the person's racial makeup and thus was fairly useless in an analysis. The Program Manager questioned the utility of the underrepresented minorities (URM) category, saying, "Are they URM? Are they not URM? So, they become a category that's kind of just, like, unknown." This challenge was compounded by other offices or entities deciding which categories to use. These decisions were out of the locus of control for individual departmental EDI teams.

California Proposition 209 came up in conversation as a barrier to seeking diversity in faculty and trainings. By law, the Institution is not allowed to make decisions, including hiring decisions, based on demographic factors such as race, ethnicity, gender, and other factors. Instead, the EDI leadership had the goal to "increase diversity" and spoke about it in more general terms rather than using specific quotas. They had an overall goal of diversity based on race, ethnicity, and gender, but could not make hiring decisions based on these factors.

The greatest challenge to data collection was engaging very busy faculty around focus groups or a survey. The Associate Chief of EDI explained that clinical faculty are particularly busy, so all meetings needed to be after 5 p.m. or later because many of these people had families. She said she tries to be conscious of keeping requests to a minimum because she's asking people who don't have a lot of time, and I surmised that they were likewise not being compensated for their EDI work. The Associate Chief said that fortunately most people were on

board, and “I think when we get pushback, it’s much more, ‘I’m really sorry. I’m so busy. I just can’t make it.’” The heart seemed to be there, but the logistics proved challenging.

However, the Executive Vice Chair of EDI believed that some faculty were resistant to change and flat out might not be on board with EDI initiatives:

I don’t know what percentage that could be 30, 40% of faculty, they may smile, but they’re like, “I think this group of people is way less than me. And I have no respect for them, and I don’t know why they’re here.” And I can’t change people’s hearts and minds. Usually, maybe occasionally, but I can’t count on that. That’s for sure. That’s on them. The change. What I can do is give them data and narratives and stories and hopefully give them a different lens to look through, but whether or not they change is up to them.

Not everyone was excited or invested in EDI. They might be busy or uninterested. These are two aspects EDI leadership must navigate when working on EDI initiatives.

Compounding this issue was the complexity and longevity of the problem. The Executive Chair of EDI commented:

So, the root problem, in my mind, is a big societal problem... It’s just this big glob that everybody says, “Oh, it can’t happen. It can’t change.” But it can change. It’s very hard. It may take a couple hundred years.

Consequently, the EDI team must play the long game.

## CHAPTER 6: CROSS-CASE LEARNING & DISCUSSION

### Introduction

This section describes and analyzes the two cases according to the lines of inquiry provided by the guiding research questions outlined in Chapter 3: 1) *How are equity, diversity, and inclusion being conceptualized?* (implied theory of change); 2) *How are EDI concepts operationalized?* (implied theory of action); 3) *What process is each department's EDI leadership going through to evaluate EDI?* (implied theory of evaluation); and, 4) *How are data interpreted and used, or not used?* (implied philosophy of change) The main finding was that the two groups of EDI leadership undertheorized their approach at many levels, missing the opportunity to have a more cohesive, well thought-out evaluation. Specifically, a cogent theory of change was not achieved in the conceptualization of EDI. There was an absence of theory of action in the operationalization of EDI beyond the structures provided by the School of Medicine. A theory of evaluation would strengthen the EDI team's review process, promulgating a philosophy of change to help their leaders carry out their review efforts and findings more cohesively.

In this Chapter, after the I present cross-case learnings and discussion, I include implications for practitioners and limitations of the study. I then conclude with next steps for future inquiry to carry this research forward and some final thoughts.

### Conceptualizing EDI

The two Cases conceptualized equity, diversity, and inclusion fairly similarly, but without an overall framework for how they relate to each other. For *equity*, both EDI teams compared it to *equality*. Equity was described as taking past discrimination into account, whereas equality was giving everyone the same resources. Representatives of both EDI groups used

sports analogies and equated life to a “playing field” with rules and regulations. Equity was depicted as making up for past wrongs. Case Two respondents described equity as aspirational. *Diversity* was centered on head counts and representation within a group. Most participants talked about diversity and groups in general and did not name specific groups. Several referred to the concept “underrepresented in medicine.” *Inclusion* was characterized as both an action and a feeling by representatives of both departmental EDI teams. As an action, inclusion was described as “opportunities to participate” (Case One) and as a “voice at the table” (Case Two). As a feeling, it was described as “belonging” (Case One) and “[feeling] accepted” (Case Two). *Justice* came up as an additional concept in both sets of interviews with Case One describing it more robustly as fairness and – like equity – taking into account historical wrongs. Additionally, people in Case One raised the complementary ideas of social dominance theory, implicit bias, aversive racism, and structural racism.

Definitions delineated at the departmental level could help codify language and understanding, enabling both departments’ leadership to “get on the same page.” As Preskill and Boyle (2008) point out, the evaluation process can help establish a common language (emphasis added). Alkin and King (2016) call this type of learning through evaluation as “process use.” In other words, the EDI teams could use the opportunity of reviewing their EDI plans to help refine their language, thus establishing a common paradigm to work from going forward.

In addition to more cogent, agreed-upon definitions, the EDI teams would benefit from a theory of change that identifies how equity, diversity, and inclusion relate to each other and are parts of an agreed-up problem, including expected causal relationships toward a lofty outcome. For example, departmental climate may be identified as part of the theorized problem and representative of the construct of inclusion. Improving departmental climate would improve

inclusion. Not only can a theory of change sharpen the planning and implementation of an initiative, it can also establish a common understanding of the causal mechanisms potentially at play.

The problem of why the University did not have a concise diversity, equity, and inclusion plan is longstanding and complex, so coming to agreement may be difficult for leaders of these two Departments. Collectively, each Department’s leadership identified eight critical problems that contribute to a lack of EDI, found in Table 4.

*Table 5: Sources of Problems with EDI in Higher Education*

<b>Case 1</b>	<b>Case 2</b>
<ol style="list-style-type: none"> <li>1. Navigating an unfamiliar academic system (first generation)</li> <li>2. Lack of student knowledge about admissions</li> <li>3. Lack of understanding of people in leadership</li> <li>4. EDI work is not rewarded with tenure</li> <li>5. Racism/sexual assault/harassment not punished/people not held accountable</li> <li>6. Problematic culture of microaggressions in operating room</li> <li>7. Lack of interest of undergrads in this specialty</li> <li>8. Pay structure doesn’t reward going into academia, cuts out those with loans (first generation and minority students)</li> </ol>	<ol style="list-style-type: none"> <li>1. Historically, diversity not a hiring priority Longstanding structural inequities in society (e.g., disparate educational funding, lack of job opportunities, predatory lending to particular populations)</li> <li>2. White male pipeline creates scarcity in minority applicants who are stolen away by better offers</li> <li>3. Institution not attractive because it historically has not served minority populations and thus doesn’t appeal to minority faculty and residents</li> <li>4. Microaggressions in department as shown by climate survey</li> <li>5. Mindset hasn’t shifted since slavery: focus on equality impedes ability to reach equity and doesn’t address longstanding discrimination</li> <li>6. Implicit bias training in hiring implies implicit bias exists in hiring practices</li> <li>7. Racism is everywhere and has been around for a long time</li> <li>8. Scarcity of qualified applicants (didn’t identify why)</li> </ol>

Some of these examples reflect a more historical context (e.g., a smaller pool of qualified UIM applicants) and some are current day (e.g., UIM candidates being “stolen away” by other universities with EDI programs in place). Some are vague and some are specific. Case Two participants highlighted the historical structural issues much more heavily, while respondents from both Cases identified institutional structural and cultural issues. The main overlap in content was in the identification of microaggressions within the Department as leading to issues, particularly with inclusivity and ultimately with diversity and equity.

Not all problems had been verified with data. The EDI leadership were in the process of exploring some potential problems. For example, the climate survey exposed whether there were issues with microaggressions within the Department. One Department’s EDI leadership thought it had a problem with minoritized faculty lagging behind their counterparts when it came to faculty promotion timelines; however, the data revealed each racial and gender subgroup had similar promotion timelines. To this end, I suggest that participants go beyond identifying potential problems by also verifying their existence with data; jumping into problem solving and launching expensive initiatives will be time ill spent. Exploring data in the process may also challenge traditional thoughts about EDI and prompt people to consider ways in which iniquity is embedded in the institution (Bauman, 2005).

The conceptualizations of what problems existed in each Department were somewhat scattered, thus many facets of the problem emerged, and definitions spanned many levels. For example, in some cases participants could not delineate beyond the general concept of “racism” to, as Lawrence and Keleher (2004) explain, the type(s) and level(s) of racism, i.e., *internalized* racism (e.g., imposter syndrome), *interpersonal* racism (e.g., microaggressions), *institutional* racism (e.g., use of a biased GRE in admissions), and/or *structural* racism across institutional

sectors (e.g., the combination of housing redlining, funding of education based on neighborhood, and recruiting from certain neighborhoods). Identifying specificities of the problem could help EDI leaders better formulate targeted interventions. Collaborating on a problem identification activity or process could not only help these staff develop a theory of change across their Departments but would also help them define the Department's locus of control and set boundaries for what to tackle.

I would also caution EDI leadership against using deficit narratives as a part of the problem definition process. One EDI team identified undergraduate students as “not being interested in [the subspecialty],” which puts the onus on the student to not only be educated and aware of the subspecialty but develop the interest on her/his own. The EDI team should consider its role and responsibility in educating undergraduate interest in this subspecialty at the University as this would likely be the most effective solution to this particular problem.

The School of Medicine did provide six “JEDI Strategic Priorities” as a loose form of a theory of change. Four of these six areas were developed at a previous institution by one of the leadership members of the School of Medicine and validated by the American Council of Education. Each of these target areas could be considered a leverage point for EDI work at the School of Medicine. The leadership in the School of Medicine focused the Departments on these six areas:

Table 6: EDI Strategic Priorities

<b>People</b>	Presence – who is in our organization, disaggregated by important identity categories: race, gender identity, and others as available.
<b>Climate</b>	Data on the lived experience – how does it feel to be in the School of Medicine, and how are people made to feel here.
<b>Policies/Programs/Practices/Procedures</b>	Structural ways that JEDI is created and practiced. Annually choose two policies, programs, practices, or procedures and audit the outcomes by important identity categories.
<b>Professional Development/Education</b>	Ensure that trainings, CMEs, and grand rounds are not only supportive of social justice, health equity, health disparities, and social determinants of health tenets, but are presented by a diverse set of leaders/ scholars.
<b>Community Engagement</b>	Review how we seek to engage the community in our work and meet the needs of our community members, in particular those who are most vulnerable.
<b>Patient Care</b>	Focus on equitable access for our patient population and a climate/environment that ensures equitable outcomes for patients.

The leadership in the School of Medicine reported great success in using these areas as focus points; however, the ways in which each of these areas is connected to equity, diversity, and inclusion was not spelled out, nor did I press the point in interviews.

Overall, I would recommend that these EDI teams start with agreed-upon definitions of equity, diversity, and inclusion, then define how those concepts are a part of a larger theory of change that articulates the problems creating their opposites, i.e., inequity, homogeneity, and exclusion. Within this problem articulation, leverage points should be identified, as with the six areas identified by the School of Medicine. A well thought out theory of change would help

streamline the evaluation as well since it identifies what interim and final outcomes are of interest, as well as the activities intended to achieve these outcomes (Connell & Kubisch, 1998).

### **Operationalizing EDI**

A Department's EDI leadership would benefit from an overall *theory of action* to assist their program and evaluation. A theory of action contextualizes change to the local realities of the particular site, outlining specific actions that must be taken to reach articulated goals and outcomes with consideration for the populations at hand, the histories of the place, and the politics involved.

The two EDI teams depended on the six areas identified by the School of Medicine as their theory of change, and during the first year chose a few to adopt as their theory of action. EDI leaders did not have a defined plan for what their Department contextually needed to work on, so were still in the exploratory phase of defining the "local" problem, i.e., departmental issues, with data at the time of my interviews with them.

Neither EDI team tried to operationalize equity, diversity, or inclusivity directly. A form of equity that both EDI leadership teams tracked is how different faculty groups move through the promotion levels and whether there's parity in faculty promotions. Case Two also tracked which junior faculty were mentored, and started a mentoring program to make sure that anyone who wanted a mentor was paired with one and had a positive experience. Operationalizing diversity included tracking various groups of faculty and residents. Neither EDI team was allowed to hire based on race, ethnicity, or gender due to the implementation of California's Proposition 209. Instead, leaders sought out candidates that "served underrepresented communities," which functioned as a proxy for hiring underrepresented faculty and/or admitting underrepresented residents. My understanding from the data is that the School of Medicine's admissions process for medical residents collects race, ethnicity, gender information, as well as

indications of first generation to college, parental education, jobs that parents hold, and Pell grant awards, as a proxy for socioeconomic status. Recently begun is collecting data on pronouns. The data on faculty is much more limited, and primarily consists of race, ethnicity, and gender; this is found in the University's human resources data.

To track inclusion, every department's EDI team in the School of Medicine had access to the school-developed climate survey as a way to measure inclusion – and was expected to use it. Another proxy for measuring inclusion was measuring microaggression. Case One was documenting microaggressions in the operating room and providing subsequent training on how to deal with occurrences. Case Two provided training on how to respond to microaggressions but did not track their occurrences. Case One had the insightful suggestion to possibly use the Clance Imposter Phenomenon Scale (Clance, 2013) to track imposter scores, which could be considered a measure of inclusion, however, it had not yet been implemented at the time of my study. Case Two uniquely tracked holidays and which ones were honored as a campus holidays, which was considering another measure of inclusion. The EDI leadership was trying to find ways to accommodate or recognize these and others celebrated by underrepresented faiths, even if students would not be given time off for them.

Both EDI teams had initiatives to address EDI without having direct measures of EDI or connecting the initiatives to the concepts of equity, diversity, and inclusion. If equity, diversity, and inclusion truly are the guiding principles of their initiatives, it would make sense to align EDI initiatives to the concepts of EDI and develop a theory of action based on the initial theory of change. This would help leaders track which initiatives are equity-focused and which may be more diversity- and/or inclusion-focused. Of course, some initiatives could overlap, but mapping them out in relation to EDI definitions specifically for the context of their own Department

would provide more clarity, giving the EDI leadership insight on the success of their initiatives relative to their operational definitions of EDI.

### **Evaluation of EDI**

For the two EDI teams, the evaluation of EDI would benefit from a more cohesive theory of evaluation grounded in the evaluation literature. I should acknowledge that the process of evaluation is partially structured by external forces to the Department; for example, accreditation bodies require that medical students spend a specific amount of time on certain topics, so these topics would be tracked and incorporated into the evaluation efforts of each EDI team.

Additionally, the School of Medicine provided structure and guidance for all 24 of its departments, particularly by buying .25 FTE of one person in each department to serve as a “JEDI lead,” dedicating that time toward JEDI efforts. Data for each EDI team tends to come from the same areas, i.e., the education office, research office, and human resources office.

Neither EDI leadership team had specific targets since implementation of Proposition 209, so goals were generally to do better compared to past performance. Here an equity-focused evaluation approach would be effective as it requires focus on the most marginalized group and highlights intended and unintended results for the worst-off groups as well as the gaps between best-off, average, and worst-off groups (Bamberger & Segone, 2011).

The two EDI teams took a culturally responsive approach by being concerned with the makeup of their working groups. Case One had an open call during grand rounds (i.e., full departmental meeting) to recruit people from all different roles, making sure no one group was faculty heavy or imbalanced according to role. Case Two intentionally had different roles: senior and junior members and a statistician, as well as other outside expertise as needed. These leaders valued diversity in the makeup of their groups. Additionally, Case One saw the creation of five working groups to reach across topical areas of the Department:, i.e., education around JEDI

principles, recruitment, retention, career development, and research. Both EDI teams were intentional and thoughtful about the composition of their groups and who their members would be.

The American Evaluation Association (AEA, 2011) recommends acknowledging the complexity of cultural identity and the dynamics of power during evaluative activities. This was taken into consideration by EDI leaders with mixing the roles within the groups, and should continue to be in any future climate survey also be taken into consideration on future initiatives, like listening tours, because history, location, power, and voice play into how an evaluation rolls out (Kirkhart, 2013). One way to accomplish this is to consider the racial make-up of the working groups and who is given leadership authority. Bensimone (2005) encourages that organizational learning can be done together as informal groups and doesn't need to be specifically completed by evaluation specialists.

In terms of identifying issues to tackle, the EDI teams took different approaches. Case One did not conduct a listening tour, but instead relied on the experiences of the people in the working groups who purposefully chosen as coming from various backgrounds. Case One leaders hope to do a listening tour in the future. Case Two not only completed a listening tour, but also surveyed its Department members on which topics were most pertinent to address in terms of EDI.

The tone of the two EDI teams toward data collection seemed to differ. Both teams used surveys, and Case Two tried to add to existing surveys in order to minimize duplication of efforts and survey fatigue. Case One was reluctant to do qualitative data collection because of the intensive labor effort required. One person in Case Two doubted the utility of focus groups and believed surveys would be better. Neither EDI team had rewards or penalties connected to EDI

evaluation and performance. One of the Case One interviewees disliked incentives, calling them an “economic tool,” and preferred to approach EDI work with a “sort of culture of safety.” She was concerned that incentives would supplant genuine buy-in. She also feared that incentives could exacerbate existing inequities by rewarding those who had the privilege of time and resources to address EDI. Case Two did not offer any incentives either but did not comment on why.

The EDI leadership should think about the best way to approach not only change, but their overall evaluation styles. Dhaliwal (2020) recommends using *radical inquiry* which is grounded in relationship and healing. This includes naming and validating people’s experiences, prioritizing people and vulnerability, and avoiding simplistic moral frames of “good versus bad” or “perpetrator and victim” (Dhaliwal, 2020). How we go about change matters, and Dhaliwal (2020) maintains that we can heal ourselves together, collectively discussing wounds and making repairs, bearing witness and above all, celebrating, laughing, and having fun. This approach is quite different from the traditional detached approach at the historical roots of social science. Overall, it would behoove these two teams to think about the process of evaluation, what to prioritize, which methods to use, and in what style the evaluation should be conducted.

### **Data Use of EDI**

Once data is collected and analyzed, the EDI leadership must decide how to go about bringing about change based on the findings. In evaluation theory, this is called “data use” but doesn’t capture the full complexity of organizational change. To more fully address this topic, I incorporate theories of change into my discussion. This subsection considers how the EDI leadership could use the data to plan for and bring about change.

During the data collection for this dissertation, the EDI teams were midway through their first year of evaluating EDI. They had submitted an evaluation plan to the School of Medicine

and were carrying out their first rounds of data collection. Some of the data had come in and some was still in the process of being collected and analyzed, so my findings for this section may be more limited by the fact that the EDI teams had not fully completed their first year of review.

Both EDI teams were required to attend and have their department chair present at the annual EDI symposium. There they would be evaluated for their EDI progress and compete for monetary rewards among all departments for the most progress. Both used data to monitor progress; for example, they each tracked faculty progression in the promotion ladder from year to year to see how they were trending. Data was shared as it came in at work group meetings and quarterly at JEDI committee meetings. Each of the chairs was involved in reviewing data and giving feedback. Case Two communicated that division heads were also involved in reviewing data related to their programs. Some EDI information was published on their departmental websites, but the EDI teams did not have full dashboards as did the School of Medicine. However, Case Two made some EDI reports and presentations available on its website, though seemed to be nascent in their development of communication; it was reported that there was no schedule for sharing findings with their chair and that their EDI team had informal verbal debriefs weekly. On the other hand, Case One seemed to have more robust outlets for their EDI work: publishing a monthly newsletter that sometimes highlighted EDI work, posting on Instagram, and airing a podcast. Lastly, this EDI team shared its EDI findings at various conferences, the overall idea seeming to be if people knew better, they would do better. Hence, sharing the findings at many outlets could very well induce change.

In order for findings to be integrated into the organizational culture and ongoing practices of the Departments, Smith and Parker (2005) recommend codifying learning into written policies that are easily accessible to all. Policy formation encourages continuity and application of

learning and can guard against learning loss due to staff or faculty turnover. The School of Medicine created an accountability structure that included both financial incentives and potential sanctions. Department chairs were to compete on how well they could improve their EDI outcomes, then present their progress to the other chairs and School of Medicine leadership. The top departments would earn a financial reward. The evaluation of the progress would be used as part of the chairs' performance reviews, thus potentially impacting their assessment and pay. Other decisions were left up to the individual departments and the EDI leadership within.

The two EDI teams were wary of using incentives as part of their own change initiatives. Each EDI team should consider its own paradigm, its structured set of assumptions about how change works in organizations, because the paradigm influences the tools and techniques generally employed during change interventions. Within Graetz and Smith's (2010) ten change philosophies, they confront the conventional assumption that change is a "finite, one-off phenomenon" (p. 135). Considering the wealth of change philosophies, implementation of one or more could help map the terrain of change options, thus providing direction and coherence to change efforts.

For decision-making, the EDI teams decided on slightly different methods. Case One relied more on departmental leadership: a staff member in Case One said that the Vice Chair of JEDI and the Chair of the Department took lead on decision-making and the direction of initiatives and had a lot of autonomy to make decisions. The role of the Chair of the Department was emphasized as pivotal and necessary for change. In contrast, Case Two took a more collaborative approach, claiming that "no one makes decisions on their own." Additionally, for Case Two, community partners were involved in strategic planning and community needs were taken into account.

To decide the extent of leadership involvement, EDI leadership could consider their philosophy of change. For example, if an EDI team adopts a *rational philosophy of change*, the underlying assumption is that organizations are purposeful and adaptive places, maintained by leaders and managers who have ultimate control over their organizations (Graetz & Smith, 2010). This would lead to the assumption that change will be successful if department chairs are involved and make executive decisions. On the other hand, if an EDI team adopts a *postmodern philosophy of change*, it would view reality as a multiplicitous, fragmented, and contradictory space in which change is the product of discourse within the organization (Graetz & Smith, 2010). Since reality is considered socially constructed in this philosophy, then the change effort would be similarly socially constructed through extensive dialog and discourse, and the role of manager or leader would not as salient as in rational philosophy of change. Instead, democratic group dialog would be centered.

Whichever initiatives and findings EDI leadership come to, they should consider their *philosophy of change*, i.e., that particularly structured set of assumptions, premises, and beliefs about the way change works in organizations (Graetz & Smith, 2010). By considering such facets of change, they could plan based on their suppositions about how change operates within and around them. Such a philosophy of change can be descriptive of the change process, and it can likewise be prescriptive by identifying the mechanisms through which a change intervention can be brought about, helping those in the organization generate hypotheses for how to bring about change in their own organizational contexts (Graetz & Smith, 2010). I recommend that these EDI teams create a well-articulated philosophy of organizational change in addition to a theory of change for EDI, a theory of action for EDI, and a theory of evaluation that has elements of culturally responsive evaluation and equity-focused evaluation.

## **Barriers to Evaluating EDI**

Even with perfect theories and plans, barriers and challenges will arise in the evaluation process. Here, I share some of the salient challenges that arose during my study that may be relevant to other institutions, schools, and/or departments.

Proposition 209 was mentioned by participants in both EDI teams and at the School-level. The 1996 amendment to the California Constitution prohibits preferential treatment on the basis of race, sex, color, ethnicity, or national origin in public employment, education, and contracting. Both EDI teams chose to hire and/or accept residents based on a holistic review of their credentials, and recruit those who wanted to work with minoritized communities. This served as a proxy for hiring minoritized people and tended to diversify the residents group without giving preferential treatment based on applicants' personal demographic attributes. This provided a clever work-around for not being able to create targets based on demographics.

Representatives of the two EDI teams both brought up data issues that hinder EDI work. Case One pointed out that some data is inaccessible (e.g., protected/private HR data), not collected (e.g., cognitive differences like ADHD), housed in a different office, or not currently able to be measured (e.g., cultural humility). Case Two also commented that data may be too general to be useful. For example, a data collection category may have one choice be "Asian" when it would be more helpful to have multiple options like "Filipino," "Japanese," and "Chinese" to meaningfully disaggregate among each of these distinct communities.

EDI leadership in both departments believed that faculty's perceptions of the situation were problematic to EDI progress. A Case One respondent characterized the mindset of some faculty as blind to EDI problems and seeing the current system as effective since the School of Medical is top ranked nationally; this was more of a "if it isn't broken, don't fix it" approach. Case Two respondents identified a more actively antagonistic mindset, one in which people held

a superiority complex. Others were too busy to get involved since other priorities crowded out EDI. I found this in my own experience as well. I had trouble recruiting participants. Some potential participants ignored me, giving no response whatsoever. Others turned me down. And still others tried to meet with me but pushed our initial meeting weeks on end until there was no more time left to interview participants. EDI was simply not a pressing issue in the way other meetings and activities were.

Patton, Sánchez, Mac, and Stewart (2019) warn that institutions often face *collusion*, *retrenchment*, and *organizational inertia* in the process of their EDI initiatives. They describe collusion as the “mindset, attitude, and actions of majoritarian and minoritized peoples in organizations to support, legitimize, and validate oppressive systems and structures” (p. 181). Thus, the “isn’t broken, don’t fix it” mindset keeps oppressive systems in place. Retrenchment is described by Patton et al. (2019) as the conservation of power and privilege into the hands of a few to control access to resources. Having a leadership-oriented model of change could mean that power is condensed to a few who may – or may not – have EDI efforts at heart. Lastly, Patton et al. (2019) warn that organizational inertia may mean that the organization passively resists deep change and becomes a bureaucratic tool of lethargy, slowing EDI efforts. The faculty members who said they don’t have time for EDI are inadvertently part of this slowing influence.

Resources were another issue that both EDI teams identified. Money to compensate faculty for their time on EDI work was mentioned, as well as the resource of time; many faculty members are very busy and cannot volunteer on top of their full-time jobs and outside lives. They simply don’t have the bandwidth, especially when their time is not reimbursed or rewarded in any way.

People in positions of authority play a role in whether EDI efforts are streamlined or stalled. Respondents from both EDI teams talked about the importance of the support of the Department Chair in EDI programming. This is also most likely why the School of Medicine chose to have the Chair of the Department report out and be held accountable, its administration knows what a key role this position plays. Similarly, turnover in key roles could sacrifice momentum. A Case One interviewee mentioned being concerned when the dean stepped down, making it unclear whether the interim dean and/or new dean could sustain forward movement.

Other barriers common to social science evaluation and research in general are low survey response rates and the slog of coordinating with multiple people within a large department. Case Two was part of a large office—15000 faculty members and 3000 staff—meaning it was difficult to coordinate efforts and be efficient. Compared to Case One leaders, Case Two leaders had to take the extra time to check with each division and program to make sure efforts were not duplicated.

Arguably the most significant barrier to addressing EDI within the School of Medicine is that many EDI issues reside outside of the School and yet affect faculty, residents, and students of Color inside the School. Act of interpersonal racism within general society affects the health and wellbeing of these people of Color. They also deal with discriminatory treatment and unfair policies and practices by the police force and in housing, banking, and K-12 education, as well as inequitable opportunities and other harmful effects of systemic racism. These systems of public policies and institutional practices work to reinforce and perpetuate racial group inequality. Both EDI teams lamented that many minoritized people had dropped off their path, never enrolling as a student, resident, or faculty member. There was a sense of overwhelming frustration at the structural racism outside of the EDI leadership's control. Respondents highlighted the longevity

and complexity of the problem, the magnitude and scope of which forced the EDI leadership to only consider and focus on what was under their control.

### **Recommendations**

Given the detailed responses on the evaluative review process of EDI, important lessons can be extracted, starting with the conceptualization of both EDI and the problem. Based on my analysis of the data, I have developed several recommendations.

My first set of recommendations center on the theorizing that should take place before evaluations, and ideally initiatives, begin. Given that EDI is the foundation of the work, I recommend that EDI teams codify definitions of equity, diversity, and inclusion so that there is a shared understanding of the concepts. The people I interviewed mostly had similar definitions, but writing them out as a team would create a collective understanding from which to work. The next step is to situate EDI within a shared theory of change, including identifying leverage points for change. Within this process, I recommend conducting a root cause analysis with a systems lens to map the problem, identify boundaries, and target interventions as part of a theory of action (Senge, 2006). Without knowing what the problem is, change is hard to come by. The interviewees had a host of suggested problem statements, but not all were within the department's bailiwick or sphere of influence. Mapping out the problem could help identify present and future initiatives that may be effective.

When it's time to conduct the evaluative review process, my data and research further suggest it is helpful to have diversity within working groups by race, gender, role, and any other salient demographic factors relevant to the institution. Interviewees commented on the helpfulness of various perspectives within the working group. Similarly, I recommend engaging in a listening tour or other method that brings in many voices and perspectives at each stage. The one EDI team that did find it helpful.

My last recommendation is to follow an equity-focused evaluation philosophy: track and target the most marginalized groups and compare results with the best-off and average groups. The EDI advocates I spoke with had historical data and hoped to do “better” in the future, but I would say that “better” is not specific enough as a goal, particularly when there are vulnerable populations that are continually ignored or marginalized.

Overall, a stronger theoretical foundation should provide structure and guidance to both EDI initiatives and EDI evaluation. Varied voices will give power to a broader swath of the community. More specific goals regarding most marginalized groups will bring them into the spotlight. These are a few steps that can be taken to improve the EDI evaluation process. In Appendix B, you can find more recommendations supported by the literature.

### **Limitations**

This study has limitations worth addressing. First, methodologically, a case study is often critiqued for its inability to generalize to other contexts and situations. Although this academic institution has always had a particular history and context, lessons can be extrapolated and used in other contexts at the discretion of the person reading and applying the lessons learned. Some of the particulars may not be able to transfer, but the more significant conclusions regarding defining, operationalizing, evaluating, and using EDI review efforts should hold across contexts.

Sampling in this study was small and not random. The EDI leadership that participated did so on a voluntary basis, and thus represent a subset of willing pro-EDI participants within the department. Several departments turned me down when I asked for participation, and still others never responded to my request. Additionally, of the 24 departments within the School of Medicine, only people from two participated in this study. Not including perspectives from a wider subset of participants could lead to a biased view of the EDI review process. For example, departments who did not participate could have had very robust evaluation practices or perhaps

struggled mightily with the process; that remains unknown. As a result, my study has most likely produced biased results of the evaluative review process regarding equity, diversity, and inclusion.

Similarly, this study included a limited number of participants from the department and school levels. Approximately two to three people from each department participated. These were people who were highly involved in EDI processes and were very “pro-EDI”. This does not fully capture the wide variety of perspectives of the ongoing evaluation activities and perspectives within a department. The institution level was not included because the EDI campus lead declined the interview multiple times. Thus, the campus-level initiatives and influence was not captured in this study.

### **Directions for Future Research**

To date, there is limited empirical work investigating the theory behind how EDI leadership within departments engage in the evaluative review process. Findings from this study suggest that departmental EDI teams do not have a cohesive theory of change or philosophy of change underpinning their evaluative review efforts. The scope of this study explored conceptualization to use. Future research, specifically on the philosophy of change and the theory of change, could help elucidate which approaches are being taken at more philosophical levels and how appropriately they are matched to the context.

Furthermore, this study touches on the potential of incentives and accountability, but does not have solid conclusions on their effectiveness. Future research could provide insight into types of incentives that might be effective in bringing about change and whether change regarding EDI initiatives is best approached from an external or internal motivation style or some combination therein.

## **Final Thoughts**

Evaluative review efforts are multistep processes with many theoretical and philosophical underpinnings. This dissertation sought to understand how two departmental EDI teams within the School of Medicine at one public university in California conceptualized, organized, and used their program review of equity, diversity, and inclusion. While much is known about evaluation steps and evaluation theory, this study provides two empirical accounts of the process a department's EDI team goes through to specifically improve their equity, diversity, and inclusion within the school context. Findings revealed a semi-disorganized set of activities, theories, and philosophies in these EDI teams; initiatives would benefit from having cohesive philosophies of change, theories of change, and evaluation theories to guide the work. Additionally, efforts and philosophical and theoretical orientations should take into account the multitude of cultures and perspectives living within the organizational unit by using equity-focused evaluation or similar approaches.

## Appendix A

### Interview Protocol: Administrators, Faculty, and Staff (Semi-Structured)

*This semi-structured interview protocol contains a list of possible questions to be drawn from in interviews with campus, school, and department leadership. As a flexible framework, questions may be added or omitted from the interview in response to participant feedback. Topics of discussion, however, are expected to stay within the content areas detailed below for purposes of research.*

#### **Background**

- What do you do at UCLA? What is your job title and role?
- What does your role have to do with equity, diversity, and inclusion?

#### **Planning**

##### *Key concepts*

- How do you describe what equity is in your own words?
  - ...diversity?
  - ...inclusion?
- Are there other concepts that are important for me to understand in relation to these three? What are they?
- Does your office have official definitions for EDI and the other concepts you shared? What are they?
- Was there a formal process that took place to define these concepts in your campus/department?
  - Were there particular people or communities that were engaged in the process?

##### *Problem definitions and theories*

- Do you think [campus]/[dept] have EDI on our campus/department?
- Why do you think that [campus]/[dept] doesn't have equity on its **campus/dept**? diversity? inclusion? [problem definition]
- What strategic efforts are being made to increase equity in [campus]/[dept]? diversity? inclusion? [Theory of action]
- How did your office/department identify the root causes of inequity, lack of diversity and exclusion?
- Who was involved in identifying the root causes?
- Were there particular people or communities that you engaged in the process?

### *Data Operationalization*

- How is equity being measured at UCLA/within your department? diversity? inclusion?
- What data is being collected for equity indicators? Diversity? Inclusion?
- Who is involved in deciding which data to use?
- Were there particular people or communities that you engaged in the process?
- Is there other data you wish you had? Other indicators you think would be more helpful?

### *Targets*

- Are there targets for each of these measures?
- Who is involved in deciding what targets to have?
  - Were there particular people or communities that you engaged in the process?

### *Methodology*

- How did your office/department decide which methods to use?
- Were there methods proposed that were rejected? Why were they rejected? (not “credible evidence”?)
- What role do relationships play in planning and management? Were there particular people or communities you wanted to engage during the strategic planning phase?

### **Data Collection**

- Where does the data come from? [Is it primarily from your office or another office/offices?]
- How did you decide whether to collect new data?
- Who is involved in the process of data collection around EDI? Why?
  - Were there particular people or communities that you engaged in the process?
- What challenges to data collection did you face?

### **Analysis & Interpretation**

- What is the overall goal of reviewing EDI data? Are there any secondary goals?
- In what ways are data disaggregated during analysis? How were these decisions made?
- Who is involved in the process of analyzing data around EDI? Why?

- Were there particular people or communities that you engaged in the process?

## **Evaluation Use & Reporting**

### *Structure of Use*

- Once data have been interpreted, how are data and conclusions used?
- Are there incentives to encourage change? Penalties?

### *Targets*

- What sort of resources and support are being provided for reaching targets?
- What happens if targets **aren't** met?
- What happens if targets **are** met?
- What happens to targets after a review cycle?

### *Sharing Results*

- Who are the results being shared with?
  - Who are the main audiences?
  - Any other audiences?
- In what forms are data being shared in? (e.g., executive reports? websites, social media, stories, tables?)
  - Are stories from the participants being shared?

### *Sharing to Use*

- Is there feedback being sought out when sharing results? What does this look like?
- Are the audiences that you share findings with expected to act on them? How do or might they act on it?
- Are there structures in place to regularly feed data into decision-making?

## **Whole process**

- Are there historical events that have impacted how the evaluation process plays out?
- Can you share any political context that has impacted how the evaluation process plays out?

Is there anything else that you think I should know about the evaluation process for equity, diversity, and inclusion in your department/office?

## Appendix B

### Recommendations for EDI Evaluation

Preparing for the evaluation:

**Recommendation 1.** Codify definitions of equity, diversity, and inclusion so that there is a shared understanding of the concepts, and situate them within a shared theory of change.

**Recommendation 2.** Conduct a root cause analysis with a systems lens to map the problem, identify boundaries, and target interventions as part of a theory of action (Senge, 2006).

**Recommendation 3.** Be wary of deficit framing when defining the problem. Once equity, diversity, and inclusion have been defined, and the problem mapped out and theorized, initiatives can be developed and operationalized.

**Recommendation 4.** Align EDI initiatives to the theorized concepts and relationships of equity, diversity, and inclusion, or operationalize EDI directly.

**Recommendation 5.** Consider the Department's specific theory of change and how it influences the initiatives chosen.

**Recommendation 6.** Consider what level of specificity is needed per the Department's variables for meaningful analysis, such as naming specific demographic subsets of certain categories (e.g., "Japanese," "Korean," "Chinese," and "Other Asian" instead of "Asian").

Evaluative review process:

**Recommendation 7.** Set aside FTE for EDI work, if possible.

**Recommendation 8.** Consider what role leadership plays. Research suggests strong leadership advocacy helps move initiatives forward.

**Recommendation 9.** Consider whether incentives adhere to your philosophy of change.

**Recommendation 10.** Have diversity within working groups by race, gender, role, and any other salient demographic factors relevant to the institution.

**Recommendation 11.** Engage in a listening tour or other method that brings in many voices and perspectives at each stage.

**Recommendation 12.** Map out where data “live” on campus, ensuring stakeholders’ access to it.

**Recommendation 13.** Create targets for goals, if allowable. “Better” is not specific enough.

**Recommendation 14.** Follow an equity-focused evaluation philosophy: track and target the most marginalized groups and compare results with the best-off and average groups.

Post-evaluative review:

**Recommendation 15.** Codify learning into written policies to protect against learning loss that comes with position turn-over (Smith & Parker, 2005).

**Recommendation 16.** Consider your organizational philosophy of change, the set of assumptions, premises, and beliefs about the way change works in organizations (Graetz & Smith, 2010).

**Recommendation 17.** Set up monitoring procedures to track EDI progress and continue momentum.

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<sup>2</sup> Full citation removed to protect anonymity of data.

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