

## HHS Office of Research (OOR) Equity Audit Executive Summary<sup>1</sup>

**CONTEXT:** The current stated mission of the HHS OOR is: *to provide exceptional unit-based support services that equitably facilitate faculty success with research development, grant submission and management, and scholarly productivity.* The office is directed by the associate dean for research and includes 4 full time staff members: assistant dean for research finance and operations, pre-award research administrator, post-award research administrator, and statistical methodologist. The office provides research programs and funding opportunities to full-time HHS faculty; faculty (TT and APT) for whom research is part of their workload are eligible for these supports. These programs are primarily financed by salary savings from external grants.

→ *mission statement may be revised based on feedback questioning alignment with services*

**GOALS OF EQUITY AUDIT PHASE I:** The overarching goal of data collection was to inform priority and goal setting and strategy development to address noted concerns related to equity in research support. A mixed-methods approach was used including quantitative examination of racial/ethnic and gender differences in research applications and awards, qualitative interviews with Black, Indigenous, and (other) People of Color (BIPOC) faculty, mentors, department chairs and OOR staff, and qualitative review of language in HHS OOR documents/communications; results were triangulated across methods.

### RESULTS: HOW DO RESEARCH-RELATED INEQUITIES PLAY OUT IN HHS?

1. Multifaceted Intersecting Challenges. BIPOC faculty encounter many barriers related to research; however, one important theme that emerged from the qualitative interviews is that BIPOC faculty conducting community engaged/qualitative research face unique added pressures in relation to achieving research success: (1) the extra time it takes to build relationships with external partners; (2) fewer supports for this type of research; and (3) the extra burden of self-care/supporting other BIPOC faculty and students confronted with racism.

2. Inequities Accumulate. Inequities are more apparent if the totality of research awards/supports and experiences over one's research career and across the domains of teaching, service and research are considered.

3. Communication Dynamics. Neutral language is ineffective at promoting equity, greater transparency is needed about decision making, and greater cultural competence is needed when communicating with BIPOC faculty.

4. Covert Messages about Funding Eligibility. BIPOC faculty have received consistent, subtle messages suggesting that certain HHS funding initiatives and programs were not intended for the type of work they engage in or that efforts to seek support would be futile.

5. Research Intersects with the Broader Context/Climate. BIPOC faculty expressed the need for examination of systemic racism within departments and the university as a whole and urged White faculty to be more active in these efforts and reflective on their privileges/role in maintaining oppression. Frequent encounters on campus leave BIPOC faculty feeling that their competence and legitimacy are questioned and that they are devalued; some are discouraged and burnt out given limited action to rectify inequities in the past. Many issues raised reflect concerns with systems, policies, supports and interactions in departments/the university and extend beyond the HHS OOR.

<sup>1</sup> A detailed integrative summary as well as research reports from each data collection method are available from Esther Leerkes, HHS Associate Dean for Research upon request.