

HHS Office of Research (OOR) Equity Audit Integrative Summary¹

CONTEXT: It is important to acknowledge that this work was initiated: (a) during, and partially in response to, race-related violence in the US that spurred greater attention to systemic racism; and (b) during the COVID 19 pandemic. Both factors have taken a disproportionate toll on faculty of color compared to other faculty. Additionally, ongoing discussions of racism, inequities, and microaggressions are potentially (re-) traumatizing for people of color and are occurring at unprecedented levels across personal and professional spaces. As such, we are grateful to HHS faculty of color who have supported this effort in leadership and participant roles. Further, we affirm our commitment to acting based on the collected data so this time investment and the toll it takes will not be in vain.

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.* {This mission statement may be revised based on the results of the equity audit questioning alignment with services.} 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 HHS faculty; any full-time faculty for whom research is part of their workload are eligible for these supports. These programs are primarily financed by salary savings from external grants.

GOALS OF EQUITY AUDIT PHASE I

1. To determine if there are racial, ethnic, and/or gender inequities in the financial and other support provided by the HHS OOR to HHS faculty to successfully engage in research.
2. To begin to identify factors that may contribute to any such inequities.

Four methods, two of which were led by external consultants, were employed to achieve these goals (further details about each begin on page 4 and hyperlinks to each specific report are included).

- Quantitative examination of racial/ethnic and gender differences in the extent to which peer reviewed research applications in HHS were sought and awarded from 2014 to 2020.
- Quantitative examination of racial/ethnic and gender differences in the extent to which any source of financial research support was sought and awarded to faculty from 2011 to 2020.
- Qualitative interviews with Black, Indigenous, and (other) People of Color (BIPOC) faculty, mentors, department chairs and OOR staff.
- Qualitative review of language in documents/communications from HHS OOR.

The overarching goal of Phase I data collection is to inform priority setting, goal setting, and strategy development to address noted concerns. Thus, although many informants noted positive features of the HHS OOR, we focus on summarizing the concerns. Based on the data, we acknowledge inequities exist and attempt to triangulate information across all the employed methods to provide insights to guide the next stages of this work by asking the following question:

HOW DO RESEARCH-RELATED INEQUITIES PLAY OUT IN HHS?

1. Multifaceted Intersecting Challenges

Faculty of color are likely to engage in qualitative and/or community engaged research. Such work may take longer to get off the ground, fails to coincide with traditional funding opportunities, and is commonly mis-understood or devalued by other faculty and administrators. There is less support available for this kind of research in HHS (and perhaps beyond). For instance, HHS OOR provides a quantitative methodologist only; moreover, most grant-writing programs in HHS and on campus focus on federal funders rather than foundation funding. The (1) increased demands of this type of research (e.g., time to build relationships with community stakeholders and come to a shared set of goals), (2) lower available support for qualitative and community engaged research (e.g., limited methodological and networking support specific to these approaches), and (3) added expectations of being a BIPOC faculty member (e.g., supporting colleagues and students when confronted with microaggressions) present a triple set of challenges vis-a-vis being an effective researcher. Although a number of challenges were raised in the qualitative interviews, this unique combination of challenges was viewed as a prominent theme by the external methodologist who conducted this work.

2. Inequities Accumulate

Results of the two quantitative approaches suggest that inequities and the consequence of inequities accumulate over the course of one's career and may not be as apparent when looking at each request for support independent of other requests. That is, there were no racial/ethnic differences when individual peer-reviewed Faculty Grant and Top Off Grant applications were the unit of analysis, yet there were differences in the overall success rate (awards/submissions) and total dollars awarded that favored White female faculty over Black male faculty and Black female faculty when funding over time was examined. There was, however, an inequity in Graduate Research Assistantship (GRA) awards such that White faculty applicants were awarded a higher proportion of GRAs than Black faculty applicants (please see #4 for additional context on this program). Notably, faculty who have been at UNC Greensboro longer were more likely to report being denied or not informed about research resources. This could reflect an accumulation of negative experiences over time or indicate circumstances have improved over time. Further, inequities in other domains, for example "uncounted" service or higher teaching demands, likely accumulate and negatively impact the time and energy one can devote to research.

3. Communication Dynamics

The document review report suggests there is not a problem in how written information (e.g., update emails, policies, calls for proposals, review criteria) has been presented in the last few years. There is no clear bias in the use of written language. Yet, the external consultants who authored the report noted that how communication is perceived likely varies based on individual characteristics and prior experiences. Consistent with this view, the qualitative interviews with faculty suggest that current information about eligibility for programs, scope/goal of programs, and review criteria remain elusive or concerning to BIPOC faculty (e.g., makes individuals doing community engaged research feel they will not be funded if they apply). Neutral language may not be effective to advance equity; rather, more explicit language encouraging BIPOC faculty and those conducting community engaged/qualitative research to apply is warranted. The qualitative interviews also uncovered concerns from some BIPOC faculty who believed that oral communication from the Associate Dean for Research was off-putting. Additionally, interviewees noted that there was a lack of transparency in how HHS Research Advisory Committee (RAC) members were selected and in how funding decisions were made. The current Associate Dean for Research noted that the HHS

GRA funding mechanism was an initiative created by the Dean's Office in 2015. One of the goals that led to this creation and drove the wording for the call for proposals and the scoring criteria was to make sure some of the salary savings generated by externally funded researchers was reinvested back into their programs of research. The lack of transparency about this and the review process has likely contributed to negative perceptions/experiences with this program. Importantly, conversations to address this (confirming the goals of the program and communicating them clearly) are currently underway in the HHS Executive Council. Attention to communication dynamics is clearly warranted, including greater efforts to explain how decisions are made and taking greater care to consider that prior history and experiences beyond HHS OOR may impact how information from HHS OOR is received. Authors of each qualitative report made suggestions to enhance communication.

4. Covert Messages about Funding Eligibility

The quantitative results indicate that application rates do not vary as a function of race, ethnicity, or gender. However, the qualitative interviews provide examples in which faculty felt discouraged from applying for support or presumed the nature of their work made them ineligible for some types of funding. Likewise, some examples suggest eligibility for OOR funding is perceived as dependent on rank and/or appointment type (TT vs. APT); although this is not the case. This suggests inequities crept in prior to peer-review, thus dissuading some interested and eligible faculty from requesting needed support. Importantly, the majority of HHS funding initiatives note that research activities that are likely to lead to subsequent external funding are a priority. This disadvantages faculty who: (a) conduct research about topics or with populations that are not viewed as current priorities for large funding agencies; or (b) use less traditional methodological approaches. This may be a particularly strong barrier for faculty conducting qualitative and/or community engaged research. Examination of patterns of past funding (e.g., titles of previous awarded grants) and who serves on the review committees (primarily White quantitative researchers funded by federal agencies who serve on the RAC) may lead to the perception that such work will not be valued, thus preventing some faculty from submitting proposals.

5. Research Intersects with the Broader Context/Climate

In our attempts to understand how research inequities play out in HHS, it is important to consider the broader context. The HHS OOR is nested within the School of HHS which is composed of multiple departments, each of which have unique cultures, norms, values and policies that are influenced by university and UNC system-level policies and practices. Many policies and procedures beyond the purview of the HHS OOR have implications for faculty research experiences (e.g., P&T, workload, annual peer review, availability of buyout for APT faculty). Likewise, the HHS OOR is one of multiple potential sources of research support for HHS faculty. Resources exist also within departments, in formal and informal research networks, and in central offices such as the Office of Research and Engagement. The composition and balance of total faculty research support within and across these structures is an important feature of the research landscape that likely needs to be better understood and enhanced. For instance, interviewees noted valuable support for community engaged research offered by the Institute for Community and Economic Engagement and suggested more collaboration between this structure and the HHS OOR. Likewise, interview evidence emphasized that exchanges that occur with colleagues, department chairs, and others outside of the HHS OOR affect BIPOC faculty research opportunities and research-related experiences. Respondents noted that frequent encounters on campus leave them feeling that their

competence and legitimacy are being questioned and that they are devalued. Some noted that their research areas, approaches and research collaborators (e.g., undergraduate vs. graduate research teams) were devalued and/or under-resourced. Concerns were raised about the lack of BIPOC faculty in leadership positions and the limited proportion of faculty of color in general that contribute to these conditions. Some respondents reported being discouraged and burnt out given limited prior action when inequities have been noted in the past, expressed the need for examination of systemic racism within departments and the university as whole, and urged White faculty to be more active in these efforts and reflective on their privileges/role in maintaining oppression.

DATA COLLECTION METHODS & RESEARCH HIGHLIGHTS FROM EACH

Quantitative Examination of Peer-Reviewed Applications in HHS

Examined racial/ethnic and/or gender disparities in rates of applying for and being awarded HHS Faculty Grants/Top Off Grants and GRA Awards from 2014 to 2020. Applications (N=57 for Faculty Grant and Top Off Grants, and N=107 for HHS GRA Awards) were the unit of analysis.

Highlights:

- There were no differences in application rates or awards based on race/ethnicity or gender of applicants for Faculty Grants/Top Off Grants.
- There were no differences in application rates based on race/ethnicity or gender for GRA Awards.
- Black applicants were awarded significantly fewer GRA awards than White applicants; there were no gender differences.

Quantitative Examination of all Funding Requests to and Awards/Supports from HHS OOR

Examined racial, ethnic, and/or gender disparities in the total financial investment in faculty research across all HHS OOR initiatives/supports from 2011 to 2020, controlling for time in faculty positions at UNCG. This was examined among 137 HHS faculty (19 Black, 5 LatinX, 4 Asian, 1 multiracial, 108 white; 80 female and 57 male) across 4 types of funding/support: peer-reviewed (HHS Faculty Grants and Top Off Grants), eligibility based (e.g., travel funds, funds for external reviews of grant proposals), discretionary with a formal application (e.g., building collaborations, research-related training) and discretionary without a formal application (no longer an option, but one previous Associate Dean for Research allocated funds in this way).

Highlights:

- There are no racial/ethnic differences in applying for financial research support.
- Female faculty apply more frequently and for a higher dollar value and have received more financial research support than male faculty.
- Effect sizes for specific group comparisons indicate that:
 - Black male faculty receive less financial research support than all other groups.
 - Both Black male and Black female faculty have received less financial support from peer-reviewed mechanisms than White female faculty.

Qualitative Document Review

Ninety documents from the HHS OOR (e.g., Update emails, policies and guidelines, calls for applications, review criteria, HHS OOR website) were reviewed via machine learning and subsequent manual review; this work was completed by external consultants.

Highlights:

- There was no evidence of overtly biased language in the documents.
- Recommendation: draw attention to EDI-related activities/opportunities in communications.

Qualitative Interviews with BIPOC Faculty in HHS

Interviews were conducted with 33 individuals including BIPOC faculty, mentors of junior BIPOC faculty, department chairs, and staff from the HHS OOR. Sixteen themes were identified, richly described, contextualized, and integrated with relevant published research on related topics. Recommendations were made related to each theme (please see Appendix for details). This work was completed by external consultants.

Highlights:

- Interviewees noted many strengths in the HHS OOR including programs, resources, policies, and support from the staff.
- Perceived inequities include:
 - Greater support for larger (> \$100,000) relative to smaller grants.
 - Greater methodological support for quantitative research relative to qualitative research.
 - Limited understanding of community engaged research.
 - Uneven networking opportunities.
 - Greater valuing and support for graduate than undergraduate research mentoring.
- Themes relating to communication include:
 - Mismatch between the stated mission of HHS OOR and activities.
 - Lack of transparency related to committee selection and funding decisions.
 - Need for greater reflection related to content and delivery when communicating with BIPOC faculty.
- Context beyond the HHS OOR, both within and outside of HHS, affects the research-related experiences of BIPOC faculty.
 - BIPOC faculty spend a great deal of time supporting BIPOC students and one another when faced with racism; this takes care and comes at a personal and professional cost.
 - BIPOC faculty experience microaggressions at multiple levels within and beyond the university that affect all aspects of work including research.
 - AP faculty positions vary a great deal; some AP faculty are allowed, encouraged, or pressured into engaging in research roles, each of which has implications. These interactions often occur within departments.
- Recommendations are listed in the Appendix.

¹ This summary was prepared in consultation with members of the HHS OOR Equity Audit Working Group: Drs. Bridget Cheeks (HDFS), Jigna Dharod (NTR), Omari Dyson (KIN, member HHS Racial Equity Task Force), Esther Leerkes (HHS Associate Dean for Research, ex officio member HHS Racial Equity Task Force), Tracy Nichols (PHE, co-chair HHS Racial Equity Task Force), Danielle Swick (SWK, Office of Research and Engagement Faculty Fellow), Amanda Tanner (PHE, HHS RAC member) and Ms. Lisa Walker (HHS Assistant Dean for Research, member HHS DEI committee). Special thanks to Dr. Tanya Coakely (formerly SWK) and Dr. Andrea Hunter (HDFS, UNCG Chancellor's Fellow for Campus Climate) for their assistance/feedback in planning the equity audit.

Appendix: Abbreviated summary of themes and recommendations from faculty interviews

CER = community engaged research

Theme	Recommendations (abbreviated)
1. Most participants felt the OOR staff overall were supportive and helpful.	Acknowledge the great work being done. Notice these words that show what matters to faculty including: open-minded, patient, and available.
2. Some excellent support exists for research. Accolades are shared for existing programs and resources. Appreciation for current policies.	Maintain funding that is already in existence. Maintain support that is already provided.
3. Some participants noted external pressures on the office (i.e., to focus on large grants) and limited capacity.	Be clear about the true mission/priorities of the office; make sure that all staff are clear on the mission. Recognize the level of work that staff members have to do and consider increasing support for staff if the submissions/awards increases. Be aware of possible burn out among the staff. Recognize when staff go above and beyond.
4. The stated mission is broader than the actual work the office seems to indicate. (Please see addendum to the full report for further information about the mission statement of the HHS OOR)	Key issue; needs to be resolved before decisions can be made about several other themes. Three possible options to resolve this issue: -Expand the work of the OOR to be more inclusive of supporting all forms of research. -Change the mission statement to clarify that the primary mission of the HHS OOR is to assist faculty in submitting external grants, especially large federal grants. -Clarify that the priority is to support external funding, but other support <i>may</i> be provided as time/resources allow.
5. The OOR is focused on large grants (i.e., NIH). Currently, the HHS OOR staff give relatively little time to cultivating funding mechanisms that might better support both qualitative and CER projects, such as community foundations.	Given our findings and what the literature says (see Hierarchy of Research and Funding in Higher Education section in the introduction), provide BIPOC faculty explicit guidance and support on submitting and resubmitting large federal grants (NIH, NSF) for those faculty who feel their research fits into the calls for proposals. Recognize that, for some, other funding mechanisms may be better suited to their research aims. Diversify expertise in funding sources. Socialize existing large funders around community engaged research and the value of qualitative work. Incorporate information about community foundations. Work with community foundations to develop relationships. Provide support for faculty to create relationships with community foundations/other funders likely to support qualitative and/or CER projects. Draw upon the skills of current BIPOC faculty who have success in procuring grants, and/or who have served on funding review panels, to provide (paid) professional development for HHS OOR staff/faculty. Recognize that there is a fine line between tweaking research to fit a particular set of proposal guidelines and letting proposal guidelines guide the research. Staff (and mentors) should be cautious about

	<p>asking faculty, particularly new untenured faculty who have less power to alter their research to fit a particular call for proposal.</p> <p>Learn which departments require grants for P&T and which don't.</p> <p>Learn the culture of the department in relation to opinions about the importance of getting grants and how big grants are expected to be.</p> <p>Given that this theme is connected to systemic inequities that reach beyond the OOR, these issues should be brought to the attention of the Racial Equity Task Force.</p>
<p>6. Lack of transparency exists in: committee selection for people that make decisions about funding and other resources and how funding decisions are made</p>	<p>Consider having a group other than the RAC review GRA apps</p> <p>Have and share a clear list of considerations in decision-making about who should serve on the RAC.</p> <p>If the RAC remains the decision maker for funding, consider asking for volunteers for specific funding decisions where representation of certain groups is lacking (i.e., having a qualitative researcher, a community engaged researcher, BIPOC faculty, etc.) Different people could volunteer throughout the year for different grants so that the work can be distributed. (suggested by Dr. Leerkes)</p> <p>Review the best practices related to diversity and research distributed by the University of Michigan. (suggested by Dr. Leerkes)</p> <p>Provide feedback for non-funded internal grants to enhance improvement over time.</p> <p>Ask community-engaged researchers about lab/research space needs; work w depts to provide resources that align w Carnegie CER desig.</p>
<p>7. To best answer the research questions that arise when faculty are conducting research on a specific topic and population, several BIPOC faculty are shifting from traditional quantitative to qualitative, mixed methods, and/or community engaged research.</p>	<p>Provide more training on qualitative methodologies.</p> <p>Facilitate networking between quantitative and qualitative researchers such that qualitative-trained researchers can support research projects that expand from quantitative questions to qualitative questions.</p> <p>Hire a qualitative methodologist who also has experience with community engaged research.</p> <p>Provide software programs for qualitative data analysis and/or have someone on staff who is familiar with existing software</p> <p>Provide more qualitative data analysis training and/or workshops. Offer grant writing workshops, drawing upon the expertise of successfully funded community-engaged researchers, that engage faculty researchers and their community co-researchers.</p> <p>Provide some training/professional development (PD) for all OOR staff to learn more about qualitative and community engaged research.</p> <p>Promote the inclusion of qualitative research faculty as experts on grants that combine quantitative and qualitative methods.</p>
<p>8. In terms of methodological support, support exists for those doing quantitative work, but no methodological support exists for</p>	<p>Hire a qualitative methodologist who also has expertise in CER.</p> <p>Provide some training/PD for all OOR staff to learn more about qualitative and community engaged research so they can have a better understanding of the work that faculty do who use these methods.</p>

<p>those doing qualitative work and/or CER.</p>	
<p>9. Some participants perceived there to be a lack of understanding, by HHS OOR staff (and department colleagues and Chairs) about the amount of time it takes to create community partnerships for CER and how those partnerships impact an individual faculty member’s ability to make decisions for the project; more consultation and collaborative decision-making is required. Relatedly, accolades were given for the work being done to promote and support CER by the Institute for Community and Economic Engagement (ICEE). Yet there was no sense of connection between the HHS OOR and ICEE.</p>	<p>Provide some professional development for all OOR staff to learn more about qualitative and community engaged research.</p> <p>Create more explicit bridge building with ICEE.</p> <ul style="list-style-type: none"> -Know ICEE services well enough to share them with CER faculty looking for support. -Learn more about what ICEE has to offer and see what the HHS OOR could do to complement ICEE services. -Consider possible collaborations between HHS OOR staff and ICEE staff. <p>Try to get a sense of how much faculty feel supported in their research in their home departments and take that into consideration when communicating with and assisting faculty, particularly those doing qualitative and/or CER.</p> <p>Promoting the inclusion of qualitative research faculty as experts on grants that combine quantitative and qualitative methods could aid in enhancing peers’ and administrators’ understanding and valuing of the effort and skill it takes to do this work.</p>
<p>10. Faculty of color have a significant impact in recruiting and working with students of color, both undergraduate and graduate students, many of whom are first generation. These students have often been undervalued by previous teachers and administrators in the educational system and, given these experiences of racism and structural inequities, need increased support to be successful in the university. This dedication to working in caring and practical ways with students impacts research time. This work recruiting and retaining students through mentoring is an additional service workload, with which research activities must also be balanced or accommodated.</p>	<p>Consider this dynamic of inequity that faculty of color face and create mechanisms to offer faculty of color more support in the form of research retreats, editorial, and writing support services.</p> <p>Have a section on the workload forms for mentoring and recruiting, with acknowledgement of that for first gen and BIPOC students given that UNCG is a Minority Serving Institution (MSI). This should include work with undergraduate students, not solely graduate students. Have related policies for compensation or course releases, at a minimum there could be some kind of recognition for this work.</p>
<p>11. AP faculty of color are often engaging in research/on research teams, despite it not being counted as part of their workload and at times even being discouraged in their departments.</p>	<p>Consider how the office can play a role in informing University structures of the important roles that BIPOC faculty may play in grants, as well as seek out grant opportunities that would better support AP.</p> <p>Ask for evidence that grant writing teams have had a conversation about who is doing what prior to them moving forward with turning in an internal grant and make this suggestion for external grants as well. (This was suggested because APs sometimes find out after the fact how much work they have on a grant and then are not compensated accordingly and/or may get told by a department chair they should not be doing that work since it is not part of an AP workload).</p>

	<p>Have transparency about who gets what in terms of grants each year and what kind of grant opportunities there are for folks based on rank/position.</p> <p>Try to find out which APs want to do research and which do not but might feel obligated if asked by certain people.</p> <p>Help others, particularly Chairs, recognize that BIPOC AP faculty are often asked to collaborate on grants because of their positionalities as people of color who work with communities of color.</p> <p>Assist with advocacy for APs to be recognized, compensated, or, at the very least, not reprimanded when their roles are instrumental to valued projects tenured faculty are getting praised for.</p> <p>Examine systemic issues related to disconnects between the school's varying AP faculty promotion guidelines, administrators' responses to AP work on grants, and AP faculty workload documents.</p>
<p>12. Support for creating networks and research teams is perceived by some as uneven or unavailable.</p>	<p>Ask faculty if they need assistance in creating research teams.</p> <p>Create supports for assisting faculty in creating research teams.</p> <p>Be transparent about what opportunities are available to network with NIH, and other funding representatives, and what needs to be done to access those opportunities.</p> <p>Create opportunities for faculty to network with people working at funding agencies beyond NIH, including community foundations.</p> <p>Have funds to support faculty collaborations with people from other universities.</p>
<p>13. Faculty of color, perceiving the unevenness of networking opportunities, have created their own networks to support them in their research without support from OOR. This creates an extra burden and takes away time from doing the research itself.</p>	<p>Ask faculty if they need assistance in creating research teams.</p> <p>Create supports for assisting faculty in creating research teams.</p> <p>Enhance and more widely distribute funding to assist with networking opportunities.</p> <p>Consider providing funding support for networking with potential funders beyond NIH.</p> <p>Recognize the time and energy it takes to do networking and build research collaborations.</p>
<p>14. BIPOC faculty (and perhaps especially Black people) because of insidious, endemic, and institutionalized racism woven into the fabric of U.S. society are constantly being called to task, often through aggressions, to prove their "legitimacy, competency, and value." This occurs on campus at large, in departments, and with OOR staff. All of these impact the time, energy, and trust BIPOC faculty have.</p>	<p>Provide iterative and continuous training on how institutional and symbolic bias are enacted through organizational practices.</p> <p>Be aware that a prime vehicle for microaggression is language, tone, and interpersonal actions that convey disrespect, less value, and imply positions of privilege, superiority, and/or subordination.</p> <p>Recognize that this climate creates an environment in which staff need to take consistent action to build and sustain trust in their relationships with BIPOC faculty.</p> <p>Support faculty of color groups at university level. (Louis et al. 2016)</p>

<p>15. When asked, faculty stated that they felt the current HHS OOR staff valued their work. However, some improvements could be made related to communication and relationship dynamics. This involves paying attention to power dynamics. This is also related to a larger context that includes: lack of transparency, inequities in access to information (both structural and interpersonal), and lack of common standards (for example, with course releases), all of which are often <i>hidden</i> inequities.</p>	<p>Continue to ask faculty to explain the research they do, and listen, to better understand their work. Given the inequities that BIPOC faculty experience in academia, it takes work to build trust.</p> <p>Explain your reasons for asking a question; Consider avoiding “why” questions.</p> <p>Consider the tone of a question and the type of questions asked.</p> <p>Consider how what you ask might come across to someone who has experienced microaggressions. Training can be provided on this.</p> <p>Take into consideration faculty members’ positioning-race, gender, rank, perceived value in their home department - when communicating; consider if communication might be perceived as questioning a faculty member’s legitimacy, competency, or value.</p> <p>Give the benefit of the doubt. Go directly to the person if there are concerns before approaching superiors.</p> <p>Continue to create clear policies about channels to access different opportunities and what is required for each opportunity - such as course releases, funding to meet funders, etc.</p> <p>For those policies that already exist, examine when and where they are distributed, and how access for all faculty might be improved.</p> <p>Learn how racism operates in the School of HHS and UNCG as a whole; learn how you may contribute and how you can disrupt this.</p> <p>Ask faculty if it would be helpful to communicate with Department Chairs about any aspects of the grant (such as course releases).</p> <p>Recognize that some departments require external grant funding for P&T and some don’t; yet, faculty receive messages that procuring large grants is part of what makes you a “real researcher.”</p> <p>In addition to, or in place of emails, consider creating a space online, where all the opportunities can be stored and easily found by faculty.</p> <p>Do short evaluations about the quality of experience with the OOR and what respondents see as unmet needs. Compare experiences of BIPOC and White faculty and experiences by rank (tenure-track, non-tenure-track) to the extent the sample size will allow.</p>
<p>16. Faculty of color support each other. Participants spoke about both supporting others and being supported by other faculty of color. This is both in response to historical and contemporary inequity and exclusion and deep valuing of community through practicing relationality and solidarity within and among communities of color.</p>	<p>Recognize that folks are having to create communities of BIPOC support because they are not equitably supported by the office and other spaces on campus; create mechanisms to support these networks.</p> <p>Provide funding for people to attend the Faculty Women of Color National Conference held at Virginia Tech (participant recommendation) and other workshops or institutes designed to support and promote the success of BIPOC faculty at Predominantly White Institutions and/or MSIs.</p> <p>Provide funding for BIPOC faculty to participate in the National Center for Faculty Development and Diversity programs.</p>