HHS OOR Action Plan in Response to OOR Equity Audit: Draft for Feedback

Background: We reviewed and discussed the 4 detailed reports and the integrative summary created by the Equity Audit Working Group. We focused particular attention on the report created by Dr. Silvia Bettez based on interviews with BIPOC faculty given the power of the content and the inclusion of many suggested strategies to address noted concerns. We worked as a team to identify which noted problems were clearly tied to the Office of Research (OOR) versus beyond the context of the OOR, prioritized which problem areas we should address within our office, discussed the feasibility of provided suggestions considering resources and our charge, and brainstormed additional strategies and methods to secure resources. This resulted in 4 overarching categories noted in bold text on the following pages:

- HHS OOR Priority Area 1: Improve communication including identifying and reducing microaggressions and increasing transparency
- HHS OOR Priority Area 2: Clarify the mission of the OOR and align services
- HHS OOR Priority Area 3: Enhance support available for qualitative and community engaged researchers
- Themes that Extend Beyond the HHS OOR

Under each category, we summarize the related themes from the report written by Dr. Bettez; thus, they reflect the viewpoint of the interviewees. Beneath each, we note current practices that address some of the problems/gaps, if applicable. New proposed strategies and proposed modifications to existing practices that might address problems/gaps are noted in red text. Given the number of possible strategies, it would be impossible to implement them all at once or over a short period of time. Thus, we need help winnowing the list, strategizing the order in which we should proceed, and deciding the overall timeline for implementation. Our goal is to seek faculty feedback to guide this decision making. Specifically, we wish to confirm which categories are highest priority from the faculty's perspective and which of the proposed strategies seem most likely to be effective or should be enacted sooner rather than later. We welcome suggestions to enhance existing and proposed strategies and the generation of additional strategies. We intend to use this feedback to plan the implementation of strategies over time. There are three ways faculty may provide this feedback:

1. Via an anonymous online survey (in email from ADR Leerkes on Dec 8, 2021)
2. During town hall sessions planned for various stake holder groups in January, likely during discussion in break out groups
3. By reaching out to the following representatives from the HHS OOR Equity Audit Working Group via a mutually agreed upon mode; they will share aggregated/anonymous feedback with the larger working group: ADR Esther Leerkes or Dr. Danielle Swick.

HHS OOR Priority Area 1: Improve communication including identifying and reducing microaggressions and increasing transparency.

As service-oriented professionals, we believe it is critically important that we hold ourselves to the highest standard when engaging with others. We cannot be effective in our work unless we have the trust of those we aim to serve. We wish to immediately build skills to prevent us from

engaging in behavior that undermines relationships/trust and to seek ways to repair damage done in the past. It is our goal to be clear and transparent in our communication.

THEME 14 - Faculty of color experience (micro)aggressions at UNCG - some on campus at large, some in departments, some with OOR staff.

Proposed strategies for HHS OOR team:

- Read the articles suggested by Dr. Bettez and discuss in staff meetings (spring)
- Watch video resources from HHS DEI website and discuss in a staff meeting (spring)
- Request a SCOPE workshop from the Office of Intercultural Engagement during staff meeting: Where Are You From? This program is centered around microaggressions, identifying what they are and how to address them. (spring)
- Follow up with an applied communication exercise(s) to build our skill at identifying and addressing microaggressions (seeking recommendations; summer)
- Follow up on 846 series we all participated in last AY; seek ongoing training opportunities and request they be supported by HHS, so all administrators and staff can benefit contributing to a better climate for all (fall)
- After this initial work, identify at least one educational resource annually related to these issues. (ongoing)

THEME 15 - Improvements could be made re communication, relationship, and power dynamics. *Hidden* inequities include: lack of transparency, inequities in access to information (both structural and interpersonal), and lack of common standards (e.g., course releases).

Current practice:

- All existing policies, funding mechanisms, description of services are reviewed with new faculty during a new faculty orientation session in the fall semester, are emailed on listserv when created/modified, and are available on our website so they are accessible to all.
    - Communicate this via listserv emails (done) and at departmental faculty meetings so all faculty are aware (has begun).
- All funding mechanisms are described in writing with stated criteria. The newer initiatives were designed to be flexible to meet diverse research needs including the needs of community engaged scholars.
    - Seek feedback on the wording of calls for applications/proposals to enhance them/make them more inviting to all researchers (suggestion made by Dr. Emily Janke). (spring/ongoing)

Proposed strategies for HHS OOR Team:

- Invite Dr. Bettez to a staff meeting to unpack the report a bit more, help us fully grasp how power dynamics play out in our interactions with faculty (early spring)
- Avoid why questions and explain the rationale for questions when speaking with faculty (immediately)

- Proactively invite faculty to reach out to ADR about their needs; ADR will seek ways to fit the needs into one of the initiatives and/or use that information to plan future funding mechanisms that are useful to faculty. (beginning of each academic year)
- Systematically collecting data from faculty was suggested as a strategy to identify strengths and gaps in services. As a first step, request the unit level data collected this past summer via the Research Service Survey administered by ORE. Conducting a self-evaluation could dilute the time our staff have to deliver needed services. Thus, discuss possible future evaluation with the Dean to see if resources can be made available for routine evaluations by an impartial entity if deemed a high priority.

THEME 6 - Lack of transparency exists in: committee selection for people that make decisions about funding and other resources and how funding decisions are made

Current practice:

- The role of the RAC is described on our website and was also sent to all faculty this fall via emails. These stated: The HHS Research Advisory Committee (RAC) members advise the Associate Dean for Research about a number of matters including the use of resources, research policies, and researcher needs. They also review internal grant applications and serve as the selection committee for HHS Research Excellence Awards.
- RAC membership is at the invitation of the ADR and in consultation with department chairs who are aware of faculty workload issues. The ADR seeks representation from multiple disciplines/approaches (e.g., bench science, human subjects data collection of various types, quantitative and qualitative methods) and has attempted to diversify membership in terms of race/ethnicity, but the existing workload of BIPOC faculty has made this difficult. The ADR deliberately avoids inviting pre-tenure faculty both because of the intensity of this service role and to avoid potential conflicts given they frequently apply for HHS funding to launch research programs at UNCG. Moving forward:
    - Ensure memberships includes community engaged and qualitative researchers
    - In addition to seeking BIPOC faculty members to serve, systematically invite white faculty who have a demonstrated record operating as allies for equity at UNCG
    - Find out who has a long-term interest in an administrative research role and work to make sure those individuals have opportunities to serve in this role over time to build capacity for future leadership
- There is a conflict of interest policy for the ADR and RAC members.
- There are written review criteria and rating systems for Faculty Research Grants, Faculty Top-Off Grants, and GRA awards.
- A robust review process is in place for Faculty Research Grants and Top-Off Grants involving pre-review/initial rating on a 9-point scale by a primary and secondary reviewer prior to the review meeting, who then describe the application and its merits and limitations to the rest of the reviewers at the meeting. Following group discussion, all reviewers provide a final anonymous rating that is averaged. The best scoring applications are awarded funding; if funds remain, applications deemed as having high potential but having some limitations are noted for the resubmission option.
    - Moving forward, make sure the rating forms are shared on the InfoReady platform so applicants can see them prior to submitting.

- Written feedback has been provided on unfunded Faculty Research Grants and Top-Off Grants for the last few years. Further, we have invited resubmissions with consultation offered from the ADR or a RAC member with relevant expertise before the resubmission. The resubmission process has been effective; of the 10 resubmissions invited, 10 chose to resubmit, and all 10 were awarded upon clarifying elements of the proposals.
- The only peer reviewed mechanism for which we have not provided written feedback in the recent past is the HHS GRA awards. This decision was made for practical reasons. The program was created by the Dean's Office, and we were asked to manage the review process over and above the ongoing work of our office and the RAC. Specifically, the review of Faculty Research Grants, Top-Off Grants, and GRA applications all occur within a 6-week period in the spring semester. Further, the volume of GRA applications (as many as 17) is quite high and by design they focus on time sensitive (1 year) projects, and there is no opportunity to revise/resubmit. Thus, it seemed that providing feedback on the grant proposals would be more useful to faculty in their long-term research efforts.

Proposed strategies:

- To ensure we have an adequate number of reviewers and the needed research expertise represented: send survey in December asking who intends to submit an application in Spring and to state if specific reviewer expertise is needed. Will implement this fall and seek input to improve in the future.
- In the same email, ask faculty to note interest in serving as a reviewer and provide drop down list in which they can note specific areas of expertise to align with above. Will implement this fall and seek input to improve in the future.
- Require all RAC members and ad hoc reviewers to engage in a training about implicit bias prior to the review. At the start of the meeting, ask all members to affirm they are in compliance with the COI policy, completed the training, and applied the best practices from the training while completing their reviews.
- Integrate recommendations from the University of Michigan designed to reduce bias in peer review.
- Work with the Dean's office to revise the HHS GRA award mechanism; clarify and publicly state revised goals and criteria; adjust review process accordingly; and reconsider providing written feedback to applicants who are not funded. This may mean a group other than the RAC should be responsible for the review or GRA applications should not be reviewed during the spring period of peak demand.

HHS OOR Priority Area 2: Clarify the mission of the OOR and align services

It is important that our stated mission is accurate/matches our charge and the services we provide. We believe addressing this will promote clarity.

THEME 4 - The stated mission is broader than the actual work the office seems to indicate.

Current practice:

- The current mission statement was put into effect in 2016, prior to the current ADRs tenure in the role.

Proposed strategies:

- Confirm the current charge for the HHS OOR and ADR from the Dean (discussions under way)
- Revise the current mission statement to be consistent with above and to address stated concerns (spring)
- Get feedback on revised mission statement from Dean and HHS Faculty (spring)
- Share revised mission statement via list serv email and post on website (spring)

HHS OOR Priority Area 3: Enhance support available for qualitative and community engaged researchers

Unique and unmet needs of qualitative and community engaged researchers were raised. We value this research and the faculty engaging in it. It will take careful planning to address these concerns with currently available resources while simultaneously advocating for additional resources. We intend to acknowledge and build upon the strength of HHS faculty who have deep expertise in these areas while also seeking to fortify system level support.

THEME 5 - The OOR is focused on large grants (ie. NIH); OOR staff give relatively little time to cultivating funding mechanisms that might better support qualitative and CER projects.

Current practice:

- HHS OOR provides the same pre- and post-award services for all grant/contract applicants/recipients regardless of size/scope. Our goal is to support faculty in getting the resources they need to conduct work that is meaningful to them in moving their field forward and/or addressing needs in our community. We recognize sources and sizes of funding vary based on the nature of the work and the funder. We are committed to help with all submissions regardless of size/scope/nature of project.
- HHS values having a diverse portfolio of external funding sources including foundations, state/local contracts, industry sponsors, etc. and recognizes that small sources of funding add up to make a difference for HHS and the community.
- The above has been stated in interviews with faculty candidates, at new faculty orientation, and shared with faculty who successfully secure smaller sources of funding.
    - Need to publicly share the above with all HHS faculty.

Proposed strategies

- Send out more foundation opportunities in curated lists (active efforts underway)
- Continue to email individual faculty opportunities that appear to align with their research interests; to do this effectively, we need up to date information from faculty on plans/interests. Create google form where faculty can share those interests in one place at the beginning of each AY to facilitate this effort (fall 2022)
- Recommend faculty attend SPIN/other funding opportunity search trainings, offer consultations with Lisa after receiving initial training (already underway)
- Work with OOR to host SPIN/other trainings in HHS (arranged for one HHS department already; another department arranged this on their own this fall)

- Partner with/seek support from OSP about identifying and securing foundation funding and gathering examples of funded CER, qualitative, and mixed methods research
- Share the following suggested strategies with OSP/ORE and let faculty know what efforts are currently underway centrally and how HHS OOR and faculty can assist in those efforts
  - Socialize existing large funders around community engaged research and the value of qualitative work.
  - Work with community foundations to develop relationships.

THEME 7 - Several BIPOC faculty are shifting from quantitative to qualitative and/or community engaged research. (See below; strategies for 7 and 8 overlap)

THEME 8 - No methodological support exists for those doing qualitative work and/or CER.

Current practice:

- Funds are available for faculty to seek research-related training and consultation, but we recognize this is quite different than having an expert with whom one can consult. The HHS OOR does not currently have staff with qualitative expertise.
- The ADR sought additional funding from the Dean's Office to create a Faculty Fellow position in the HHS OOR that was advertised in Spring 2020. As stated in the call for applications: *The overarching goal of this program is to enhance the research infrastructure in HHS around a particular theme, topic, or method to (1) complement or extend existing programs, initiatives, and resources and (2) enhance capacity for HHS faculty to secure external funding and conduct high quality research. Examples of possible themes/topics include but are not limited to: enhancing capacity for HHS faculty to seek external funding for community engaged and/or community-based participatory research, enhancing HHS faculty skills related to mixed-methods research, preparing resources to help HHS faculty effectively and efficiently meet requirements related to the new federal definition of clinical trials, or spearheading efforts to build HHS/Cone Health or other community partner research collaborations.* We did not receive any applications.
  - Revisit this plan with modification. Fund two or more Faculty Fellows, revising the previously advertised program; 1 focused on qualitative research and 1 focused on community engaged research. Alter existing program to be 2 summers; first summer clarifying needs, gathering resources, planning program; deliver the following summer (note: summers selected given elevated scrutiny of course releases/total teaching by faculty). Elevate the Fellows internally: name as Fellow, pay for the work, and provide an agreed upon budget. During AY, continued planning may be needed; in that case advocate that this be considered service and that other service responsibilities be adjusted to create appropriate time for this. Consider having Fellows become HHS RAC members during fellowship. Work with fellows to make sure the role is appropriate in scope.

Proposed strategies:

- Build individual capacity among faculty - while simultaneously working to enhance internal support - by supporting individual faculty to attend trainings in qualitative, mixed-methods, CBPR, via the existing mechanism (funding for research-related training)
- Work with faculty to identify/disseminate information on useful workshops/programs that address the above topics
- Follow up on the multi-day qualitative workshop we hosted in 2019 in which 14 HHS faculty participated (survey past attendees to find out what would be useful; refresher + higher level session, consultations?)
- Assemble and share a list of qualitative experts in HHS and on campus more broadly (likewise for quantitative)
- Clarify we can pay for review of qualitative/mixed methods grant proposals (using existing external grant review mechanism) and needed consultations in developing strong proposals (via existing initiatives - building research collaborations and research-related training or consultation)
- It was suggested that we purchase and have expertise in qualitative analytic software. ITS is responsible for providing needed software and support; invite faculty to share any feedback they have on research/analytic software and support and share back with ITS/ORE.

THEME 9 - Lack of understanding, by HHS OOR staff (and department colleagues and Chairs) about the time CER takes (creating community partnerships, collaborative decision-making)

Current practice:

- In 2017, the ADR advocated for additional research funding from the Dean's Office (funded by salary savings generated via external funding) and created 6 new funding initiatives based on unmet needs with these funds: top-off grants, international travel funding, course release to write a grant, funding for research-related training or consultation, funding to build collaborations, and special projects funding. All are described on our website. These were deliberately designed to meet the needs of researchers across disciplines and methodological approaches. Examples of possible uses for the funds were written into the calls for proposals but were described as illustrative and not exhaustive.
    - Publicly affirm the building collaborations initiative was designed in large part to facilitate the work of community engaged scholars.
    - Amend the wording of all initiatives to ensure example activities relevant to community engaged scholars are included (suggested by Dr. Emily Janke).
- The ADR attends workshops hosted by ICEE to gain a deeper understanding of the definition of and barriers to conducting community engaged scholarship, has served as a P2 reviewer, has met with P2 recipients to learn about and provide feedback on their projects, and has met with the director of ICEE to seek input/feedback.

Recommended strategies:

- See above about revisiting Faculty Fellow in HHS OOR with one focused on CER.
- Forge stronger partnership with ICEE/Dr. Emily Janke by meeting at least twice a year for now and systematizing when/how to recommend ICEE services/programs to HHS faculty. In

doing so, work to identify barriers/examples of their impact and advocate for change/resources together at central level.

- Identify and meet with key informants who can inform ADR about effective strategies to support CER researchers (e.g., Drs. Stephen Sills and Erica Payton Foh have been suggested to date by Dr. Robert Strack)
- Invite CER researchers in HHS to state their needs to ADR, RAC members; attend HHS OOR staff meetings to convey to all staff
- Work with faculty to identify/disseminate information on useful workshops/programs that address the above topics (underway with CHER; second session in development for Spring); identify or advocate for programs for mid/later-career faculty given most resources identified to date are exclusively for early career faculty
- Determine interest/feasibility of offering a summer grant writing program focused specifically on community engaged research that involves community partners in the training (idea stemmed from conversation with Dr. Sharon Morrison). Need to work with future Faculty Fellow to determine if this fits well with their plans.

Themes that Extend Beyond the HHS OOR

The HHS OOR affirms the following themes are critically important issues in HHS, but they are beyond the scope of HHS OOR (e.g., reflect workload issues, professional development requests that extend beyond research training). The ADR and the HHS OOR Equity Audit Working Group have/will share these themes with the HHS Racial Equity Task Force, Executive Council, and Chairs Council. Results will subsequently be shared with UNCG central administrative leaders and the Faculty Senate. We will also be mindful of these issues in our own work.

THEME 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 and given 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. Work recruiting and retaining students through mentoring is additional service.

Current practice:

- Continue to share information about research-related opportunities for undergraduates with faculty
- Continue to assist in identifying HHS faculty for recognition for this work (e.g., encouraging chairs to nominate faculty for Thomas Undergraduate Research Mentoring Award)

Proposed strategy:

- Raise the suggested strategy of creating mechanisms to offer faculty of color more support in the form of research retreats, editorial, and writing support services with other administrators to get a better sense of what is being offered/could be offered in the future if resources were pooled at school or University level.

THEME 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.

Current practice:

- There is no written policy prohibiting APT faculty from receiving grant-funded course releases. The granting of course releases is based on sufficient funding to secure adjuncts and to cover an appropriate portion of the faculty members time to engage in the externally sponsored effort (determined by Dean and ADR) and then at the discretion of the department chair who must ensure the teaching needs of the department are met.
  - Clarify this publicly and note that if tensions arise, faculty are encouraged to reach out to the ADR to assist/mediate.
- All funding opportunities from HHS OOR were deliberately written in a way that they did not exclude APT faculty from eligibility. Rather, they note any full-time faculty member for whom research is part of the workload may apply.
- The ADR is available to meet with research teams to discuss scope of work, time commitment, budgetary issues and allocation of credit. Currently, these conversations occur primarily with the PI, and the PI is expected to share with team members. However, any faculty member may seek consultation from the ADR to discuss how to estimate research time demands.
- The HHS OOR provides a 2-hour orientation for new faculty each fall. All TT faculty are expected to attend given research is a key element of workload and P & T. APT faculty are invited to attend and encouraged to do so if research is part of their workload or if they foresee submitting contracts/grants in the future.
  - Alert all faculty members to the date/time of the orientation session each fall and invite anyone to attend (to catch anyone with current interest who may have missed these opportunities in the past).

THEME 16 - Faculty of color support each other. 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.

Current practice:

- Special projects funding and funding to build research collaborations are mechanisms all faculty with research as part of their workload may seek.
- Share information about the National Center for Faculty Development and Diversity programs via the list serve. We did offset the expense for two faculty to participate in their Faculty Success Program.
  - Provide funding for other faculty to attend this program in the future.

Proposed strategies:

- Share information about 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 with the Dean and Department Chairs.

- More actively promote faculty participation in the Center for Health Equity Research (CHER), Health Equity Leadership Institute (HELI), Michigan Integrative Well-Being and Inequality (MIWI) Training Program, and National Institute on Minority Health and Health Disparities (NIMHD) Health Disparities Research Institute Scholars Program and ask participants to share lessons learned in HHS so others may benefit. (Programs brought to my attention by Drs. Yarneccia Dyson and Erica Payton Foh)

THEME 12 - Support for creating networks and research teams is perceived by some as uneven or unavailable

THEME 13 - Faculty of color, have created their own networks to support them in their research without support from OOR. This creates an extra burden, takes away time from doing research.

Current practice:

- The UNCG Office of Research and Engagement supports many efforts to promote research-related networking. These include: research networks and coalitions, research centers, and the Collaboratory and UNCG Referral Help Desk, the latter two of which are supported by the Institute for Community and Economic Engagement. The HHS OOR shares information on these networks with new faculty at their orientation and distributes information about events and networking opportunities sponsored by these networks via emails on our listserv. The ADR and Assistant Dean attend multiple research network events throughout the AY to keep abreast of activities and membership to share back with faculty when useful and to facilitate networking at those events; they also assist in planning campus-wide networking events.
- Faculty seeking research partners may share their needs with the ADR who shares names of known potential research partners, suggests other contacts (e.g., ADRs in other units, Network directors, etc.), and reaches out to the grant development specialists in the Office of Sponsored Programs for other suggestions (because they have the campus-wide view of research expertise).
- The following funding is available in HHS and can be used for research networking purposes:
  - Funding to build collaborations
  - Funding for research-related training or consultation
  - Funding for international travel

Proposed strategies:

- Provide additional opportunities for BIPOC faculty to share how existing networks do and do not meet their needs. Identify the gaps that exist in the topic areas/focus of research networks and the activities they sponsor. Share with network directors and leadership in ORE.
- Encourage network directors to seek input from BIPOC faculty and include BIPOC faculty on their advisory boards.

Note: Themes 1, 2, and 3 were praise and recognition of contextual pressures on the HHS OOR. Thus, no action needed.