



UNIVERSITY OF IOWA
CARVER COLLEGE
OF MEDICINE

University of Iowa Health Care

BLACK COMMUNITY LISTENING SESSIONS

Overall Conversation Themes

Personal Experiences of Discrimination

Individuals shared experiences in which classmates, co-workers, faculty, supervisors, and others have made both insensitive and overtly racist comments directed towards individuals in our Black community. These comments or actions either overtly or unconsciously express a prejudiced attitude toward a member of a marginalized group. These experiences of discrimination, harassment and insensitive comments and actions towards Black individuals are also occurring from patients. In addition, the detrimental effects of unconscious biases were also noted by individuals during these forums. Unconscious biases are attitudes, stereotypes, and mental shortcuts that affect one's understanding, actions, and decisions in an unconscious manner. Individuals shared the impact of unconscious bias not only in the context of patient care, but also in the context of education (e.g., a medical student's ability to receive honors for a clerkship) and employment (e.g., a staff or faculty member's ability to obtain a job promotion). Frequent direct and indirect exposure to racism creates an emotional and psychological burden and can impact one's ability to perform at their best.

Isolation & Lack of Inclusion

During the forum, Black employees shared feelings of a lack of inclusion at UI Health Care. Black individuals often feel that they are not always welcomed or valued in the same way as their white peers or colleagues. Conversations will stop when they enter a room, for example. There is also a lack of support from supervisors in managing patient/visitor discrimination. In addition, Black employees experience a sense of isolation in siloed departments/units without opportunities to create a sense of community or safe spaces to share experiences with other Black individuals.

Career Development & Trajectory

During these listening sessions, individuals shared concerns about unfair/biased hiring practices and salary discrepancies; lack of mentorship at all levels; and limited opportunities for career advancement within the organization.

Lack of Reporting & Fear of Retaliation

Students, staff, faculty, and trainees all expressed concern about a lack of clear processes for reporting issues of discrimination and racism throughout the organization. Those who have reported concerns often felt the situation was either not addressed or at times minimized. Participants also discussed fear of tracing complaints back to individuals and the retaliation that can occur when addressing peers, supervisors, patients, and others.

Representation, Not Tokenism

Individuals shared the need for more racial diversity within the institution, especially as it relates to the student, faculty, and trainee populations as well as staff in leadership/supervisor positions. One consequence of this lack of diversity is that individuals of color are frequently over-asked and often not compensated for additional work or representation (e.g., to serve on a search committee, advisory board, or the like). The impression is that there is no drive to recruit more diverse applicants. There is also a lack of diversity within medical/health sciences education. Individuals shared that when issues of diversity or race are addressed in the health sciences/medical education arenas, some racial stereotypes are reinforced. Therefore, individuals expressed a need for more education not only about health disparities, but also why they exist and how they can perpetuate. Individuals also expressed that there is a shortage of invited lectures/speakers who are from underrepresented backgrounds.

Over the past month, UI Health Care senior leaders held listening sessions with Black students, trainees, staff, and faculty. The information below represents specific themes per represented group.

Faculty

- Lack of diversity and inclusion in departments and leadership positions
- Lack of mentorship, professional opportunities, and promotion
- Concerns about compensation
- "Minority tax," the burden of extra responsibilities placed on minority faculty in the name of diversity
- The emotional and psychological burden of persistent encounters of discrimination from patients, colleagues, and supervisors. The lack of a clear process for reporting problematic situations, which leads to a lack of support/follow-up when reporting occurs or reluctance to report situations for fear of retaliation
- Lack of community resources (e.g., finding Black primary care physicians)

Clinical & Non-Clinical Staff

- Lack of inclusion on teams and feelings of isolation
- Lack of professional opportunities, including promotion
- Concerns about compensation
- Unfair/biased hiring practices
- The emotional and psychological burden of persistent encounters of discrimination from patients, colleagues, supervisors. The lack of a clear process for reporting problematic situations, which leads to a lack of support/follow-up when reporting occurs or reluctance to report situations for fear of retaliation
- Concerns of health inequity

Residents & Fellows Trainees

- Sense of isolation in siloed departments without opportunities to create community with Black residents and fellows.
- Lack of inclusion
- Lack of professional opportunities & promotion
- The emotional and psychological burden of persistent encounters of discrimination from patients, colleagues, supervisors.
- The lack of a clear process for reporting problematic situations, which leads to a lack of support/follow-up when reporting occurs or reluctance to report situations for fear of retaliation
- Faculty not knowing how to adequately address patient-initiated harassment and/or engaging in bystander responses/behavior

MD & PA Students

- Lack of inclusion, feelings of isolation, and tokenism since there are only 2-3 Black students per class
- Lack of faculty, resident and fellow mentorship
- Concerns over rotations in rural areas
- Curriculum that doesn't adequately discuss health disparities and the reasons behind disparities
- Lack of diversity in standardized patients
- The emotional & psychological burden of persistent encounters of discrimination from patients, colleagues, supervisors. The lack of a clear process for reporting problematic situations, which leads to a lack of support/follow up when reporting occurs or reluctance to report situations for fear of retaliation
- Faculty not knowing how to adequately address biased patients and/or engaging in bystander intervention

PhD Students & Post-Doctoral Researchers

- Social and community isolation in labs
- Lack of mentorship
- Lack of career advising or support regarding professional journey
- The emotional and psychological burden of persistent encounters of discrimination from colleagues and supervisors. The lack of a clear process for reporting problematic situations, which leads to a lack of support/follow up when reporting occurs or reluctance to report situations for fear of retaliation

Suggestions & Recommendations

Specific Suggestions Noted During Forums

- Develop a strategic racial, cultural, and linguistic plan of action with measurable goals and objectives and review for progress made annually. Metrics should include (but are not limited to) measuring interventions to see if workplace harassment and discrimination has decreased and that there is a greater sense of belonging and satisfaction, and if diversity recruitment, hiring, retention, and promotions have improved.
- Initiate UI Health Care-wide training focused on creating an inclusive and respectful work environment.
- Provide greater Office of Human Resources oversight of all hiring practices.
- Establish a more robust and effective system for reporting, addressing, and preventing explicit and implicit biases. This could include visible signs alerting patients about expectations related to providers/staff showing patients respect and patients showing providers/staff respect. In addition, developing an identity-based discrimination/harassment policy and reporting/complaint/investigation procedure similar to sexual harassment policies/procedures.
- Establish a leadership position within UI Hospitals and Clinics (similar to the one within the Carver College of Medicine) dedicated to advancing diversity, equity & inclusion.
- Commit to more prompt denunciation of instances of racism and social injustice.

For additional information or questions

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