

Duke AHEAD Grants 2022-2023

Title: Duke Evolving Allyship to Advance Racial Equity (DEAARE)

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Focused Question: Does focused engagement, reflection, and self-learning increase allyship capacity for faculty and staff to advance racial equity? What is the impact of engaged allyship on racial equity in organizational culture? How does increased allyship engagement advance racial equity in health professions teaching, learning environments and student support?

Background: The healthcare community is facing an era in which social justice issues have been placed front and center due to the culmination of ongoing systemic discrimination against marginalized identity groups and the health disparities highlighted by the COVID-19 pandemic. A new urgency emerged for health professions programs and educators to re-envision what and how they teach, and how they support their students and colleagues. While there is a renewed focus on addressing systemic racism and bias in the medical curriculum, it is important to recognize that these problems are as old as the medical profession itself. Efforts to combat them more often fall on the shoulders of faculty, staff and students who are themselves members of historically marginalized groups (1) and are underrepresented in medicine (URiM) and health professions education. This contributes to long-term weathering in URiM educators engaging in this work and coping with personally experienced societal racism (2). This begs the question: how do we engage more faculty and staff – of other non-URiM identity groups (namely white individuals) – in taking on the load of this work? And further, how do we create engagement that generates positive change rather than more damage? One leverage point is to engage self-identified “allies” to increase their capacity to effect change and advance racial equity. In 2020, amidst the pandemic and in the wake of George Floyd’s murder, self-identified white allies within the Duke PA program (DPAP) came together to hold space and process these events. A discussion began between two white DPAP faculty members, Dr. Holmes and Dr. Porter, which focused on how to effect positive change for our colleagues and students of color that was both intentional and authentic. Taking inspiration from the Racial Equity Institute (REI) (3) and similar trainings, we began to explore strategies to develop an ally group based on white accountability. Further training from other white accountability groups held by Dr. Kathy O’Bear and The Center for Transformation and Change (CTC) (4) helped forge the initial structure of DPAP Evolving Allies Against Racism (DEAAR). Faculty and staff began meeting semi-monthly as the DEAAR ally group. We also created an online space using Microsoft Teams to foster ongoing resource-sharing surrounding racial equity and white accountability. With leadership support from our Program Director, Dr. Barnett, by the end of 2020 DEAAR had formalized its vision, mission, aims, and goals. An excerpt is below: “The mission of DEAAR is to actively fight racism in our community, and build our capacity to be better allies by engaging in: •open and honest conversation, •leaning into

discomfort to build resilience, •listening for understanding, •sharing of stories, resources, and strategies, and •processing of critical events. DEEAR aims to fight racism and white supremacy without further burdening those who experience discrimination and marginalization. We apply an intersectional lens that decenters whiteness, and also takes into account other systems of oppression that emanate from the dominant culture. All allies are invited to join DEEAR. DEEAR defines allies as people who support, empower, and stand up for persons or groups of people who have been oppressed or marginalized by white supremacy culture.” Now in its third year, DEEAR continues to meet monthly in a hybrid format. We have sustained an active Microsoft Teams space that regularly engages 30 members of the DPAP faculty and staff. Two group book studies have been sponsored by DEEAR; members read and discussed *Braiding Sweetgrass* by Robin Wall Kimmerer and *The Sum of Us* by Heather McGee. Various members have attended additional Diversity, Equity and Inclusion (DEI) trainings promoted through DEEAR, including the Duke Teaching for Equity Fellowships. There is mounting anecdotal evidence that the work within the DEEAR group has amassed positive and significant impacts in our program. Perhaps the most important outcome has been the desensitization of talking about systemic racism and white supremacy. Removing this boundary has opened up a large arena to discuss and address bias and racial equity in our curriculum, teaching, learning environments, and professional relationships. Participants in the DEEAR group have shared that they have increased confidence in managing difficult conversations and resilience in recognizing their own behaviors and actions. Several have also reported greater capacity in supporting URiM peers and students. The next step for DEEAR is to move beyond this anecdotal evidence to formalize, measure, and share the efficacy of our tools and processes. Formal evaluation will help to identify “promising” (rather than best) practices that will bolster DEEAR as it expands to include health professions educators outside of the PA Program, transforming into an interprofessional Duke Evolving Allyship to Advance Racial Equity (DEAARE)

Specific Aims: The proposed project aims to: 1. Measure the efficacy of tools and activities used in the DEAARE ally space to increase allyship capacity. 2. Differentiate the impact of selected interventions (regular meetings, online discussion, book clubs, training opportunities) on individuals as they engage in allyship in health professions education. 3. Identify methods to disseminate promising practices and tools across Duke health professions education programs and beyond. We hope to enable the creation of a “durable product” knowing that: a) the needs of each program, department and institution are unique; b) sustained engagement requires community-level commitment, and; c) sustained community engagement is a requirement for the long, complex work of advancing racial equity.

Methods: - The proposed project would continue and formalize interventions that have been piloted through DPAP’s DEEAR ally-space. Over the next twelve months, data will be collected related to tools and processes including: • Monthly hour-long ally meetings: The newly expanded DEAARE will continue to meet on a regular basis, with co-facilitators (Drs. Holmes and Porter) creating a semi-structured space where participants can process current events related to racial inequity, work through personal or professional challenges in ally actions, and share resources and ideas to meet those challenges. • Online collaboration space in Microsoft Teams: Using Microsoft Teams allows for 24/7 community engagement such as resource sharing (i.e. podcasts, books, educational practices), event sharing (trainings and seminars), and dialogue (sharing wins and struggles), that maintains momentum in-between meetings. • Book study (book club): Group book study provides a unique space for allies to collaboratively process learning and unlearning as we explore the perspectives within BIPOC and equity-focused narratives. Two new book study sessions will be planned for separate academic semesters and will meet outside of

regularly scheduled DEAARE meetings. The selected books for each session will be determined with group participants based on current needs and racial equity themes. • Racial Equity Institute training: Organizing Against Racism (OAR) groups in Durham and Raleigh sponsors Racial Equity Institute (REI) training, provided by nationally trained consultants, in the local area throughout the year. The 3-day Phase 1 training has been previously sponsored by the Duke SOM DEI Council, and has served as a meaningful touchpoint for DEI work. Anecdotal evidence of its impact on participants from the PA program suggests it is a powerful tool for developing ally capacity. Evaluation of it as a tool within this project will help to validate further use and funding. Two modifications will be made to the DEAARE space as part of the project plan. First, we plan to employ external consultation to help establish ongoing evaluations, leading to scholarship and enabling identification of promising practices. Second, DEAARE activities will be advertised and made available to faculty and staff in other Duke health professions programs in order to engage a more interprofessional group and establish channels and methods for disseminating our process beyond the PA Program. Dissemination will include presentation of strategies and results through Duke AHEAD and the IPEC center. Quantitative and qualitative data will be collected to help measure the success of this project. We propose to address each of our specific aims with the following three-pronged approach: 1. Anonymous point-in-time surveys will be administered quarterly to all participants, using Likert scale ratings and structured open-ended comments based on CTC's Allyship Competency framework (4) and Tema Okun's ladder of empowerment (5). Survey items will gather information regarding where participants see themselves in their allyship journey, and their perceptions of usefulness of the tools and experiences provided through DEAARE. This method will assess aims 1 and 2. 2. Quantitative engagement data will be collected via Microsoft Teams analytics and activity attendance records. This method will assess aims 1, 2, and inform aim 3. 3. Focus groups will be convened twice by an external consultant, using structured interviews based on the same frameworks noted for the surveys. This method will assess aims 1, 2 and 3. All three of these methods will assess aims 1 and 2. In addition to measuring perceptions according to the CTC and Okun frameworks (4,5), we will also differentiate impact (aim 2) by factors such as participant's professional role (faculty/staff) and responsibilities (teaching, administration, etc.). An external consultant will be engaged to assist with evaluation methods including convening of focus groups and transcription of interviews. This will mediate possible bias introduced by the PI and collaborators. In alignment with standards for qualitative and mixed methods analysis (6) data from the three-pronged approach will be coded and triangulated to identify and corroborate themes. Qualitative analysis software, such as NVivo will be employed for text analysis and coding of focus group transcripts and open-ended survey item responses. All survey data will be anonymized. Descriptive and non-parametric statistics will be employed to analyze quantitative engagement data. All project data will be stored securely and handled in accordance to IRB standards.

IRB Status:

Plan to submit

Challenges: • Developing allyship capacity is inherently challenging. Personal biases and competing professional and personal priorities can act as barriers to meaningful engagement and action. • The intent of DEAARE to not further burden URiM peers means centering their experiences without their presence, which requires clear process and skilled facilitation. • Participants come to the work of allyship from varied perspectives and competency levels, making evaluation metrics difficult to capture. • Allyship competency development is non-linear (5), it is common for individuals to experience a

Dunning-Kruger effect (7) that may temporarily appear as regression rather than growth. • The current evaluation plan will not gauge perceived benefit from outside the DEAAARE participant group. Importantly, that means URiM perspectives will not be measured. Project outcomes will inform future research intended to capture perceptions outside of DEAAARE, especially individuals of color.

Works Cited: 1. Office of Planning, Evaluation and Policy Development. Advancing diversity and inclusion in higher education. Office of the Under Secretary U.S. Department of Education. 2016. Accessed February 5, 2023. <https://www2.ed.gov/rschstat/research/pubs/advancing-diversity-inclusion.pdf> 2. Geronimus A. Understanding and eliminating racial inequalities in women's health in the United States: the role of the weathering conceptual framework. *J Am Med Womens Assoc* (1972). 2001;56(4):133-150. 3. Racial Equity Institute. <https://racialequityinstitute.org/>. Published December 27, 2022. Accessed February 5, 2023. 4. Obear K. Facilitation and Design Knowledge Base. <https://drkathyobear.com/knowledge-base-video-1/>. Published 2022. Accessed February 5, 2023. 5. Okun T. Dismantling Racism Works web workbook. <https://www.dismantlingracism.org/>. Published 2021. Accessed February 5, 2023. 6. Creswell, J. *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.) 2009. Los Angeles: Sage. 7. Kruger J, Dunning D. Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments. *J Pers Soc Psychol*. 1999;77(6):1121-1134. doi:10.1037//0022-3514.77.6.1121

Budget:

		Estimated Cost:
PI Support		\$0
Consultant costs	Funding is needed to pay for Racial Equity Institute trainings for three DEAAARE members (\$325*3=\$975). External evaluators will be employed to run focus groups, transcribe qualitative data and identify significant themes. We request \$1600 to cover external evaluator costs of up to 2 full days/16 hours of work at an estimated rate of \$100/hour.	\$2575
Equipment		\$
Computer		\$0
Supplies	es Funding is requested for books (~\$20) to run two separate book	\$425

	clubs across the fall and spring/summer semesters. We anticipate about 10 participants in each book club (\$20*20 participants = \$400). We request \$25 to cover the cost of ancillary instruments such as handouts for meetings and focus groups.	
Travel	PI Holmes and a collaborator request money toward conference travel in order to present the results of this project	\$2000
Other Expenses		
Total Costs for proposed project:		\$5000