Inclusion, Diversity, Anti-Racism, and Equity Action Plan

Spring 2021

Inclusion
Diversity
Anti-Racism
Equity
The foundations of public health are found in the people and communities that we strive to serve. Public health professionals are entrusted to partner in solidarity with and follow the lead of communities to ensure the health, safety, justice, equity, human rights, civil liberties, inclusivity, and engagement of all peoples. Grounded in these ethical underpinnings and the vision of “Protecting Health, Saving Lives—Millions at a Time,” we have a collective responsibility to meet the holistic health needs of all peoples and all communities.

This responsibility includes a commitment to inclusion, diversity, anti-racism, and equity (IDARE) within the Johns Hopkins Bloomberg School of Public Health as well as in the work that we do as public health professionals. We present this action plan to create the conditions by which an IDARE culture can thrive in the Bloomberg School.

This IDARE Action Plan first presents an analysis of the School’s climate and then outlines our strategic priorities for inclusive excellence and anti-racism, guided by a set of framing principles and reinforced by a commitment to accountability. Our goal is to support, complement, and enhance the work already set forth in The Power of Public Health and the JHU Roadmap on Diversity and Inclusion. We remain committed to “the improvement of health for all people through the discovery, dissemination, and translation of knowledge, and the education of a diverse global community of research scientists, public health professionals, and others in positions to advance the public’s health,” through the lens of inclusion, diversity, anti-racism, and equity.

The IDARE Action Plan provides a set of strategies that can be implemented at our School. The Action Plan will guide purposeful action on the part of the institution and the individual to ensure that the Bloomberg School is an organization that embodies its values and realizes the power of its people, creating an environment where we fuel our creativity and ensure excellence by cultivating a diverse, inclusive, and nurturing environment for students, faculty, and staff.

To maintain accountability, the progress toward the IDARE Action Plan goals will be monitored and reported by the Committee for Equity, Diversity, and Civility (CEDC) and assistant dean for IDARE, with support from the IDARE Office. The CEDC and assistant dean for IDARE will set priorities and establish timelines to complete goals outlined in the Action Plan. Further, CEDC and the IDARE Office will determine benchmarks to measure success in which will be reported annually to maintain transparency and accountability in our work. Though the assistant dean for IDARE, CEDC, and IDARE Office will champion the Action Plan, each member the School community must contribute in order to achieve the IDARE goals.

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Our framework posits that each person and unit at the School is responsible for this work and holds up our common belief in the importance of:

- Integrating IDARE as a fundamental thread throughout the work of our School
- Committing ALL of us to actively work toward IDARE and not to solely rely on members of our Black community, Indigenous Peoples, and people of color
- Ensuring adequate resources for advancing IDARE
- Striving to be a role model for IDARE among schools of public health

The observations and findings presented in this Action Plan combine existing institutional data from 2019 with the stories and experiences heard by members of the IDARE Action Plan Task Force sought from subgroups within our community in 2020.

**Faculty Composition**

In 2019, the School was at near-parity for women in professorial ranks at 49%, with more women than men at the assistant professor level (75%). Women predominated in non-tenure track faculty positions (69%). Of note, as of March 2021, eight of 12 department chairs and seven of 13 deans were women, including the dean of the School.

Faculty who self-identified as being members of any minority racial or ethnic groups comprised 33% of all faculty (at all ranks); underrepresented minority (URM) faculty comprised 13% of all faculty. Faculty identifying as Black or African American comprised 8% of the School’s faculty, and those self-identifying as Hispanic comprised 4%. There were only 10 faculty (1% of all faculty) who self-identified as American Indian or Native Hawaiian. While progress has been made in recent years, more people from minority and URM backgrounds are needed in leadership positions. In March 2021, while three of 12 chairs self-reported as minority, two (17%) were URM. Among 13 deans, four self-reported as URM.

In 2019, nearly 20% of our faculty were composed of non-U.S. citizens, which includes representation from around the world.
Student Composition

Female students comprised 70% of the total student population at the School in 2019. The international student population was 27% across all degree programs.

Students who self-identified as being from URM backgrounds comprised 15% of all master’s students, 15% of PhD students, and 13% of DrPH students. These figures represent an increase from 12%, 13%, and 11%, in 2011, respectively. Students who self-identified as primarily African American/Black comprised 7% of all students; Latinx/Hispanic, 6%; and American Indian/Indigenous, 0.29%.

Staff Composition

Female representation for staff in 2019 was 72%, but varied widely among staff categories with staff from the Administrative Support category at 92% and the Skilled Crafts at 8%. Forty-six percent of staff self-identified as being from racial minority groups, with the highest percentage found in Service (98%) and the lowest percentage of staff members who self-identified as being from racial minority backgrounds in Executive/Administrative (20%).

Experiences of Our JHSPH Community

**Tokenism and othering.** Stemming from marginalization, underrepresentation, and both structural and interpersonal discrimination, some non-majority School members feel both isolation and the undue heavy burden of representation for their entire community. These feelings are best described as “othering” on the one hand and “tokenism” on the other. One student powerfully summed up their sense of this burden, noting that at times it feels like “minority students are not at Hopkins to learn, but to teach others of their experience.”

**Lack of representation.** Respondents across many subgroups of our School’s community commented on a lack of representation at multiple levels. While improvement is evident, there is, for example, inadequate diversity in leadership positions across the School. There is also, as shown in the data above, a relatively low percentage of faculty and students from underrepresented groups, leading to both feelings of invisibility and overburdening of responsibility.

Finally, bargaining unit respondents signaled particular concerns about visibility and voice at the School.

For some, these feelings are exacerbated by courses in the curriculum that inadequately acknowledge underrepresented populations. It is clear that while our curriculum is replete with lessons and examples regarding the impact of race and ethnicity on health and health outcomes, we are less attentive to the impact of structural racism on health and health inequities.
Academic and professional pathway barriers. While attending the Bloomberg School is financially challenging for many students, those who come from non-majority groups often express the financial burden of attendance as a more serious barrier to their success and progress.

Faculty of color remarked that the time to promotion was longer for many of them, and that their community-based work and equity-based research was perceived as less valuable by other faculty than more traditional research applications.

Many staff pointed out that promotions are largely unrecognized, and paths to promotion are opaque. Additionally, inequities between faculty and staff came up as a common theme. Finally, the sense that success comes to those who “know someone” is magnified for many staff members who come from non-majority groups.

Microaggressions and bias. Some respondents noted systemic experiences of complacent ignorance, exclusion, and discrimination. These were evidenced in stories of persistent microaggressions, such as Black staff being called “intimidating,” transgender people being consistently misgendered, blatant questions about sexual or racial stereotypes, or the simplifying of entire continents of people to a monolithic experience. Further, when these events have been reported, respondents shared their mistrust in a human resources administrative system that does not seem to follow up or follow through on resolving or changing these harmful actions or the broader oppressive culture—leading some to leave the institution.

Need for heightened focus on Baltimore. A common theme echoed by respondents was a desire to grow our existing roots in Baltimore and strengthen our relationship with the Baltimore community. All respondents acknowledged that there is work happening within Baltimore, but there is a lack of awareness of all the different efforts happening across departments, divisions, and the University. One community resident stated, “[The University does] only enough to check boxes in their process.” The present community-University relationship is marred by a history of “under-delivering,” with decision-making that is responsive to University needs and goals, sometimes to the serious detriment of community success.
Section 4: RECOMMENDATIONS

The following goals represent the perspectives of our School community as well as best practices for creating an environment that embodies the principles of IDARE. Goals are intentionally aligned within the five pillars of the School’s Strategic Plan. This approach reflects our belief that to succeed in unleashing the full power of public health, IDARE principles must be integrated into everything we do.

4.1 People

Specific actions identified by the Task Force include:

1. Invest in the Office of IDARE to ensure adequate resources to support strategic and operational oversight of the IDARE Action Plan.

2. Start new and expand existing IDARE-focused development and fundraising campaigns.

3. Ensure that each academic and administrative department in the School has a named individual who will provide leadership and oversight of the IDARE initiatives across the department.

4. Improve the data collected and utilized at the School in support of IDARE goals.

5. Utilize the Committee for Equity, Diversity, and Civility (CEDC) to develop and monitor benchmarks related to the IDARE Action Plan.

6. Review and revise, as appropriate, all policies, practices, and procedures to ensure IDARE in all we do.

7. Ensure a commitment to IDARE in new hires.

8. Improve the process for students, faculty, and staff to report bias issues related to identity.

9. Develop and implement impactful IDARE trainings for all faculty, students, and staff.

10. Create more diverse space names and artwork at the School.

11. Proactively highlight IDARE-related work and ensure representation of diverse experts in our internal- and external-facing events.

12. Ensure the principles of IDARE are incorporated in all communications and marketing.

13. Offer a land acknowledgment at the beginning of all major School programs and events.

14. Work with the University, human resources, and information technology teams to develop inclusive gender and sex options.

15. Expand support for and inclusion of people with disabilities.

16. Improve the experience for people from diverse religious backgrounds.
Specific actions identified by the Task Force include:

1. Develop and disseminate an annual report that provides updates to the Faculty Diversity and Inclusion Plan with specific attention paid to the attainment of goals in the previous year and priorities for the coming year.

2. Set benchmarks for racial, gender, and other underrepresented minority faculty representation specific to academic departments and disciplines.

3. Prioritize recruitment of faculty scholars who focus their research on diversity, inclusion, anti-racism, and equity and their impact on population health.

4. Ensure highly qualified, diverse representation of faculty on Schoolwide committees.

5. Explore networking and mentoring needs of international faculty to support their community building and engagement within the School.

Goal for faculty recruitment and retention:

Increase recruitment and retention of faculty and academic leaders of diverse backgrounds, with special attention paid to underrepresented minorities and marginalized populations.

Specific actions identified by the Task Force include:

1. Guarantee salary equity and opportunity for School staff.

2. Develop and implement a recruitment strategy for URM and marginalized staff in executive/administrative, managerial, and professional staff roles.

3. Enhance existing and develop new professional development programs responsive to the needs of a diverse staff, with a focus on building skills, expertise, and knowledge that supports career advancement opportunities.

4. Develop and pilot programs, such as the Data Science program pioneered by the Department of Biostatistics, to create combined training and employment opportunities for Baltimore community members and develop a pipeline to long-term employment opportunities at the School.

5. Expand professional growth opportunities in Facilities and Maintenance, with special attention to women and gender minorities in the skilled crafts.

6. Continue to support and expand a human resource plan that prioritizes the hiring of and investment in staff who are from the local Baltimore community and those who are formerly incarcerated, returning citizens.

7. Provide ongoing leadership development training to managers/supervisors on conflict resolution, effective communication, IDARE, and other leadership topics.

8. Advocate for improved pay equity among our contractual staff.

Goal for staff recruitment and retention:

Partner with administrative and human resources leaders to identify, recruit, and retain a diverse staff across all employee groups, with special attention paid to underrepresented minorities and marginalized populations.
Specific actions identified by the Task Force include:

1. Enhance our recruitment strategies for URM and marginalized applicants.
2. Develop and monitor benchmarks for Schoolwide and program-specific recruitment efforts.
3. Expand scholarship opportunities and financial support that benefit historically underrepresented students.
4. Provide ongoing support and enhancement of the Leadership and Education in Academic Research and Networking for Enhancing Diversity (LEARNED) Program.
5. Expand engagement and networking opportunities for international students.

### 4.2 Education

Goal for inclusive curriculum:

Ensure the curriculum across all departments and programs is representative and inclusive of diverse populations, especially those who have been traditionally excluded or marginalized.

Specific actions identified by the Task Force include:

1. Ensure a sense of belonging for all students and reduce the threat of stereotyping by developing and widely disseminating a guide to increase diversity, inclusivity, and anti-racism in the classroom.
2. Ensure that the curriculum of all programs incorporates a core competency addressing the importance of IDARE in public health.
3. Require that each new course and program be reviewed by the Committee on Academic Standards through the lens of IDARE.
4. Incorporate in course evaluations questions regarding attention paid to diversity, inclusivity, anti-racism, and equity in the classroom climate and curriculum.
5. Ensure all new courses created after January 2, 2021, meet the University guidelines for accessibility, with the goal of ensuring all existing courses meet these guidelines by 2025.
4.3 Science

Goal for expanding research:

Promote scholarship on the value of IDARE and expand the School’s work that focuses on the experiences of diverse populations, with a specific emphasis on elucidating and addressing the impact of racism on public health and public safety.

Specific actions identified by the Task Force include:

1. Promote scholarly work on the impact of racism on health and health outcomes.

2. Enhance our research on the root causes of violence, including racism, while rethinking approaches to public safety through the lens of public health.

3. Working with the vice dean for Research, identify funding opportunities in areas that impact diverse populations, and communicate these opportunities to faculty on a timely basis.

4. Consistent with the goals outlined in Section 4.1 (Overall Climate), ensure that review practices involved in the applications for internal funding opportunities are consistent with practices that reduce unconscious bias and promote IDARE principles.

5. Establish methodological standards that appropriately measure sexual orientation and gender identity in research.

6. Work with the Office of Communications to highlight IDARE-focused scholarship of faculty, postdocs, students, and staff within and outside the School through multiple channels.

7. Promote equity in our research engagement with community members and acknowledge the many ways in which our institution benefits from the individuals who partner with us in conducting our research.

8. Support the ongoing development of Institutional Research Board members by requiring a minimum of one annual training session focused on bias in research, racism, health inequity, and/or health disparities.
Specific actions identified by the Task Force include:

1. Continue to curate Baltimore-centered activities led by departments and offices of the School with an increased focus on our collective commitment to IDARE. The mission statements of each of the departments and offices will be revisited through the lens of IDARE.

2. Work with our Office of Communications to highlight our partnerships with the Baltimore community.

3. Expand on our current efforts to engage students, faculty, and staff in collaborative efforts with community partners.

4. Increase opportunities for community members and organizations to benefit from activities at the School and be treated with due respect in our facilities.

5. Collaborate with the University in support of the Innovation Fund for Community Safety.

6. Establish principles and policies that outline how the Bloomberg School will commit to working in and with East Baltimore, predicated on a set of community-generated guiding principles for partnership, led by UHI and SOURCE as primary collaborators and involving community members in their development.

7. Develop a plan for a community engagement center.

8. Expand and develop new approaches to connect scholarship and expertise from the School with local communities to support community-driven public health research and practice.

9. Support local, minority-owned businesses by implementing procurement strategies and tools that increase utilization of these suppliers over time.

10. Support economic, social, and civic investment in Baltimore.
Advocacy is infused throughout the IDARE Action Plan goals and is essential to all of our efforts at the Bloomberg School. Important to this commitment is an open and inclusive discourse about major public health issues that can inform our science and the translation of science into programs and policies that promote health equity. Partnering with and amplifying the voices of historically marginalized and underrepresented communities is key to this discourse.

In addition to ensuring that our advocacy efforts are grounded in the principles of IDARE, we are committed to engaging in advocacy work to inform decision-making, and policy and systems change that impacts the larger political, economic, and social factors needed to improve public health and advance health equity. Together with the School’s Center for Public Health Advocacy, we will continue to utilize our expertise and resources to help students, staff, and faculty promote changes to systems and policies, resources, and procedures that advance IDARE within the School, the University, JHU, peer institutions, Baltimore, Maryland, and beyond. The Center for Public Health Advocacy is also developing a strategy for elevating the role of advocacy in the School’s teaching, research, and practice activities. This strategy will encompass the principles of IDARE in its goals and actions.
Acknowledgments

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