Huntsman Cancer Institute
Commission on Equity, Diversity, and Inclusion

Report and Recommendations

submitted by
Bradley R. Cairns, PhD, and Kolawole S. Okuyemi, MD, MPH,
on behalf of the Commission

January 22, 2021
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July 9, 2020

Dear Members of the HCI Community:

The tragedy of George Floyd's senseless and merciless murder catalyzed a national reckoning regarding racism, which has plagued our country for centuries. The recent dialogue has only begun to reveal a deeper understanding of the pain inflicted, and still experienced, by our Black family members, friends, neighbors, and colleagues. Even at HCI, where we have always prided ourselves on our commitment to inclusion, fairness, and respect for all, we have learned that we have much work to do.

Black Lives Matter.

We are committed to travel the road to become a cancer center that lives our stated values of equity, diversity, and inclusion—however long and bumpy that road may be. At HCI, we are familiar with tackling major and complex challenges, like cancer. We will similarly dedicate ourselves to tackling racism in our community. Why? Because it is the right and just thing to do. Because meaningful action is long overdue. And because we will fall short of our vision to deliver a cancer-free frontier if we do not succeed in our efforts to achieve equity, diversity, and inclusion at HCI.

Sincerely yours on behalf of your HCI Leadership,

Mary C. Beckerle, PhD
CEO, Huntsman Cancer Institute
Jon M. Huntsman Presidential Endowed Chair

Cornelia Ulrich, MS, PhD
Executive Director, Comprehensive Cancer Center at Huntsman Cancer Institute
Jon M. and Karen Huntsman Presidential Professor in Cancer Research

John H. Ward, MD
Interim Senior Director for Clinical Affairs & Physician-in-Chief, Huntsman Cancer Institute
Margaret A. Amundsen Endowed Professor of Medicine

Huntsman Cancer Institute
Vision
Passionate individuals and teams, delivering a cancer-free frontier through scientific discovery and human touch.

HCI’s Initial Commitment (published July 2020)
Our change process at HCI begins today, with new commitments and actions that include the following:

We will make a daily, visible, public statement of HCI’s commitment to actively counter racism and to advance a culture of equity, diversity, and inclusion. This commitment will be displayed on information screens throughout our cancer hospital, administrative areas, public spaces, and research buildings, as well as through our internet presence. Based on direction from our EDI Commission, we will regularly update the community on our progress.

We will commit $1 million to establish a HCI Endowed Chair to expand Black representation on our faculty. This Chair will be dedicated to recruiting and providing ongoing support for a new cancer-focused faculty member at HCI.

We will establish an HCI Equity, Diversity, and Inclusion (EDI) Commission to make recommendations to the HCI CEO and executive leadership on issues related to equality and justice at HCI. Dr. Kola Okuyemi, MD, MPH, HCI Senior Director of Diversity and Inclusion and Chair of the Department of Family and Preventive Medicine, and Dr. Brad Cairns, PhD, HCI Senior Director of Basic Science and Chair of the Department of Oncological Sciences, have accepted the invitation to co-chair this Commission, which will include faculty, staff, trainees, and community members, with senior administrative support.

The EDI Commission will be charged to develop a set of priority recommendations within the next three months. Areas of immediate consideration by the EDI Commission will include mechanisms for addressing workplace racism and discrimination, hiring practices, implementation of implicit bias and microaggression training for all at HCI, anti-discrimination and bystander intervention tools, staffing needs to support EDI recommendations, and mechanisms to ensure transparency and accountability related to EDI initiatives.

We will establish an EDI fund, seeded initially with $250,000, to support recommendations of the Commission.

We will expand HCI’s Office of Diversity and Inclusion with appropriate support to serve ongoing needs across all HCI mission areas. This will include the establishment of effective pathways to address workplace racism concerns raised by faculty, staff, and trainees at HCI in a safe and confidential environment.

We will make our commitment to equity, diversity, and inclusion a key pillar of our HCI 2025 Strategic Plan, which will be finalized this year. This will enable us to maintain focus and continue evaluating progress toward our EDI goals to deliver sustainable results.
Co-Chairs
- Bradley R. Cairns, PhD
  HCI Chief Academic Officer and Chair, Department of Oncological Sciences
- Kolawole S. Okuyemi, MD, MPH
  HCI Senior Director of Equity and Inclusion and Chair, Department of Family and Preventive Medicine

Ex-Officio Members
- David Wetter, PhD, HCI Senior Director, Community Engagement and Cancer Health Equity Research and Director, Center for Health Outcomes and Population Equity (HOPE) Professor, Department of Population Health Sciences
- José E. Rodríguez, MD, FAAFP
  Associate Vice President, Health Equity, Diversity, and Inclusion, University of Utah Health and Professor, Department of Family and Preventive Medicine

Members
- Mary-Jean (Gigi) Austria, MS, RN, OCN, Nurse Manager, HCI Clinical Staff Education
- April Carlson, LCSW, HCI Social Worker, Surgical Oncology
- Samuel Cheshier, MD, PhD, Associate Professor, Department of Neurosurgery
- Scott Clark, HCI Multidisciplinary Team Outpatient Oncology/ Urology Patient Coordinator
- Swapna Gudipaty, PhD, HCI Postdoctoral Researcher, Department of Oncological Sciences
- Garrett Harding, Associate Director, HCI Community Outreach
- Emma E. Houston, MBA, Member, HCI Community Advisory Board and Special Assistant to the University of Utah EDI Vice President
- Krystle Osby, HCI Graduate Student, Department of Oncological Sciences
- Katherine (K-T) Varley, PhD, Associate Professor, Department of Oncological Sciences

Staff
- Ellen T. Wilson, PhD, Director, HCI Research Development
- Andrew K. Langi, Program Manager, HCI Office of Diversity and Inclusion
- Anna Marsden, MBA, Programs Manager, PathMaker Programs, Office of Cancer Training and Career Enhancement and Office of Diversity and Inclusion

| Table 1. HEDI Commission Working Subgroups, with leadership and composition |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Brad Cairns                   | Chair            | X               | Co-Chair                      | X               | X               | X               | X               |
| David Wetter                  | Chair            | X               |                               | X               | X               | X               | X               |
| Jose Rodriguez                | Chair            | X               |                               | X               | X               | X               | X               |
| Gigi Austria                  | Co-Chair         | X               |                               | X               | X               | X               | X               |
| April Carlson                 | X                | Co-Chair        | X               |               |               |               |               |
| Samuel Cheshier               | X                |                 |                 |               |               |               |               |
| Scott Clark                   | X                |                 |                 |               |               |               |               |
| Swapna Gudipaty               | X                |                 |                 |               |               |               |               |
| Garrett Harding               | Co-Chair         | X               |                 |               |               |               |               |
| Emma E. Houston               | X                |                 |                 |               |               |               |               |
| Krystle Osby                  | X                |                 |                 |               |               |               |               |
| K-T Varley                    | X                |                 | Chair            | X               |               |               |               |
| Ellen Wilson                  | X                |                 |                 |               |               |               |               |
| A. Langi/A. Marsden           | X                |                 |                 |               |               |               |               |

Meeting Frequency
- Weekly
- Bi-weekly
- Weekly
- Bi-weekly
- Bi-weekly
- Weekly
Executive Summary

Overview

Huntsman Cancer Institute (HCI) approaches its work with human-centered values at its core, as evidenced by its Vision statement: *Passionate individuals and teams, delivering a cancer-free frontier through scientific discovery and human touch.* HCI strives to be a place where fairness, social justice, and anti-racism are embedded in our culture.

Recent events of blatant racism in our country have sparked new dialogue and heightened awareness of systemic inequities in American culture. HCI responded to these events by charging, codifying, and funding the HCI Equity, Diversity, and Inclusion (EDI) Commission, led by Bradley R. Cairns, PhD, and Kolawole S. Okuyemi, MD, MPH. On behalf of the Commission, we hereby submit the following report and recommendations, including this Executive Summary.

**Purpose.** The purpose of the Commission and this report is to provide the HCI CEO with a set of recommendations and implementation options designed to support the creation of an anti-racist, equitable, diverse, and inclusive culture at HCI. Such a culture is needed to fully achieve the Mission and Vision of our cancer center.

**Problem.** Although HCI strives for a culture that values, respects, and supports its entire workforce—HCI has not adequately addressed racism, or created an environment that is fully equitable, diverse, and inclusive. The charge to the Commission was urgent, but was also a mandate to be thoughtful and deliberate, in order to deliver sustainable change. The Commission has identified deficiencies, concerns, and opportunities in six areas, defined in the ‘Structure’ section, below.

**Scope.**Aligned with its charge (see Appendix 1), the Commission focused mainly on the elimination of racism at HCI. Problem areas were identified, and we provide here recommendations and implementation options to address these issues for consideration by the HCI CEO. Our recommendations may also form a foundation for advancement in other areas of EDI during subsequent phases of the work.

**Opportunity.** The Commission recommendations—if accepted and effectively implemented internally and in coordination with our University partners—may greatly enhance employees’ job satisfaction, sense of belonging, and feeling of safety—thus enhancing their ability to contribute their unique talents, efforts, and perspectives toward the HCI mission. A workforce that embraces the advantages of EDI principles will catalyze the progress of HCI.

**Structure:** The report consists of: the Initial Charge/Commitment, composition of the Commission and its subgroup structure, an Executive Summary, Summary Recommendations, Full Recommendations and context in six areas, and an Appendix containing detailed implementation options and resource materials. The six areas for which we provide EDI Recommendations are: 1) Definitions, Vision and Culture, 2) Clinical Policies, 3) Safety and Refuge, 4) Hiring and Retention, 5) Education, Training, and Awareness, and 6) Trainee Concerns.

**Implementation:** The recommendations of the Commission will require sufficient FTE and an appropriate operations budget to enable implementation of approved steps. Proposed costs align with anticipated areas of investment noted in the original charge to the Commission. The Commission stresses the urgency for action, and provides timelines for the implementation of options in particular EDI areas.
## Section 1. Vision, Definitions, and Culture

1.1: Establish common definitions for key terms, to ensure cohesive understanding and unified action at HCI.

1.2: Adopt these HCI-specific definitions throughout our enterprise, disseminating them widely through internal and external HCI communication channels.

1.3: Embed these definitions and aspirations in policies and materials that emerge from the EDI Commission and HCI’s strategic plan, to reinforce our intentions and unify our message.

1.4: Create a web page to house EDI definitions and to be a hub for all enterprise-wide EDI content.

1.5: Rename the HCI Office of Diversity and Inclusion to be the Office of Equity, Diversity, and Inclusion; retitle the leader of this office in alignment with this change.

1.6: Engage in regular culture and climate surveys to learn whether the HCI community understands, believes, supports, and practices the stated vision, mission, and principles.

1.7: Commemorate holidays that are relevant to the HCI community, beyond the traditional Christian holidays. Ensure that large, institutionally sponsored HCI events are not scheduled on significant cultural/religious holidays.

1.8: In recognition of health disparities in screening and treatment known to be present for historically marginalized groups, provide paid time off for employees to engage in cancer screening exams and cancer treatment, if diagnosed.

1.9: Reconsider current employee engagement events (e.g. New Year’s breakfast); identify new, innovative, and meaningful opportunities to engage employees.

1.10: Establish a team of EDI Ambassadors comprised of volunteer employee advocates from across the HCI enterprise (see also Recommendation 3.3 and Appendix C3).

1.11: Become an organization characterized by Belonging for all HCI employees through our actions to build an EDI-aware and welcoming culture.

## Section 2. Clinical Policies

2.1: Establish policies, support structures, and training to appropriately and legally respond to incidents of bias that arise at HCI from patients and other individuals outside the HCI workforce.

2.2: Commit sufficient FTE to train and educate the clinical staff and hospital employees of all types as to their rights and responsibilities in these matters.

2.3: Establish measures to acknowledge and care for HCI clinical faculty/staff who are the targets of incidents of racism/bias.

## Section 3. Safety and Refuge

3.1: Hire a full-time Director of Equity, Diversity, and Inclusion (EDI) with appropriate support and authority to establish a safe, inclusive, transparent, and responsive workplace culture at HCI.

3.2: Provide a software tool for anonymous community-based reporting of racism, discrimination, and biased language or actions at HCI.

3.3: Create a team of EDI Ambassadors, to act as a resource for members of our community who experience racist, discriminatory, or biased acts (see also Recommendation 1.10 and Appendix C3).
3.4: Train the uniformed officers in HCI Security in conscious and unconscious bias and release a statement about their commitment to protect and serve all members of our diverse HCI community.

Section 4. Hiring and Retention

**Faculty**

4.1: Establish new EDI Policies for faculty hiring through joint efforts by HCI Leadership (HCI CEO, HCI Sr. Director for Diversity and Inclusion, Chief Academic Officer (CAO), Executive Director, and Chief Clinical Officer) and in coordination with the AVP for Health Equity, Diversity, and Inclusion in the School of Medicine (SOM) and Human Resources.

4.2: Have search committees consult with a manager from the AVP Office of Health Equity and Inclusion and/or the SOM Associate Dean for Health Equity and Inclusion. All search committees should have a “diversity advocate.”

4.3: Ensure faculty job advertisements include revised language to emphasize how HCI values diversity.

4.4: Regarding both faculty advertisements and searches, follow Section 1 a-c of the AVP/SOM Diversity Plan (see Appendix D1).

4.5: Include a “Commitment to EDI” statement in the faculty application package.

4.6: Each search should interview an under-represented minority (URM) candidate, as well as strongly consider all other diversity areas (e.g. gender, LGBTQ+, etc.).

4.7: To engage URM talent, conduct a ‘Rising Stars’ Seminar series that features top science by URM scientists.

4.8: Include expectation of alignment to HCI and U of U EDI principles in offer letters.

4.9: For Faculty development and retention, HCI and Departments should work together to create a community of URM mentorship and support with defined mentorship committees, using the Department Retention Plan (see SOM Diversity Plan, Section 3, Appendix D1).

4.10: HCI Senior Director of Diversity and Inclusion should conduct an exit interview with departing URM faculty to learn from their experience.

4.11: Work with the SOM Academic Affairs Office to implement a required EDI statement within the RPT process – “ Describe your past, present, and future commitments to equity, diversity, and inclusion.”

4.12: For faculty onboarding, personalize the onboarding process, to recognize cultural offerings and communities at HCI.

**Staff**

4.13: Include a standardized EDI statement as part of all staff job postings.

4.14: Include a personal pronouns question in all staff job postings.

4.15: Include a “Commitment to EDI” statement in all staff offer letters.

4.16: Require EDI and anti-racism training for all staff.

4.17: Include EDI ambassadors in all staff hiring.

4.18: Expand process for staff stay and exit interviews.

4.19: Improve pathways for staff promotion.

4.20: Advertise staff jobs in collaboration with organizations that serve underrepresented minorities.
4.21: Revamp and improve staff performance reviews.
4.22: Expand HR staff definition of expertise to be more inclusive of education and experience completed in countries outside of the United States.
4.23: Create an EDI response fund for staff who experience acts of discrimination, racism, sexism, homophobia, xenophobia, etc.
4.24: Promote the use of EDI-specific interview questions in staff hiring.

**Section 5. Education, Training, and Awareness**

5.1: Employ a full-time EDI Educator/Program(s) Manager (see Appendix C2).
5.2: Develop and deliver EDI educational programs for HCI employees; frame this training as professional growth.
5.3: Require Anti-Racism Primer training for all faculty, staff, and trainees.
5.4: Require advanced anti-racism training for promotion and leadership at HCI (Leadership Preparatory Training and EDI Leadership Certificate).
5.5: Require EDI certification for EDI Ambassadors.
5.6: Evaluate application of EDI concepts by our community members annually.
5.7: Expand EDI curriculum to address other marginalized groups (beyond those targeted by race and ethnicity).
5.8: Acknowledge racial trauma suffered by Black, Indigenous, and People of Color (BIPOC) individuals at HCI and provide support and community development.
5.9: Communicate HCI’s intent to remodel our culture to the community; communicate that changes are intended to refine, improve, and update HCI, so that ALL are welcomed and feel a sense of belonging.
5.10: Evoke and encourage an empathetic culture through training and communication strategies.
5.11: Explore interacting with the Compassionate Workplace to continue and expand these ideas across the entire HCI community.

**Section 6. Trainee Concerns**

6.1: Conduct trainee townhalls and wellness check-in meetings, attended by both faculty and trainees.
6.2: Conduct anonymous surveys to gather information about equity, diversity, and inclusion among HCI trainees.
6.3: Create safe reporting avenues where trainees can report events of bias and concerning EDI-related behavior.
6.4: Appoint an ombudsperson/arbitrator/mediator for trainees.
6.5: Conduct Land Acknowledgements before HCI symposia, seminars, and public events.
6.6: Provide equity, diversity, inclusion, and microaggression training for graduate students and postdocs; this training may overlap with other training for staff and faculty.
6.7: Provide resources for trainees and faculty to attend conferences focused on networking and career advancement for BIPOC trainees, such as SACNAS, ABRCMS, and AISES.
6.8: Support and advertise events and seminars led by Graduate Student Diversity Organizations.
Section 1. Vision, Definitions, and Culture

Recommendation 1.1: Establish common definitions for key terms, to ensure cohesive understanding and unified action for HCI

Equity, Diversity, and Inclusion are core tenets that guide the work of the Commission in our efforts to combat racism at HCI. The Commission defines these terms as follows:

EQUITY – An anti-racist environment that ensures fair treatment and unbiased access to opportunities for all members of the HCI community, recognizing and redistributing power to encourage each individual to achieve their unique potential.

DIVERSITY – A workplace representative of multiple backgrounds, identities, skills, and abilities in the members of the HCI community.

INCLUSION – A anti-racist culture where all members of the HCI community are actively welcomed, celebrated, empowered, supported, and valued, irrespective of our differences.

Ultimately, the Commission affirms that the intersection of Equity, Diversity, and Inclusion is BELONGING (Figure 11), and defines this term as follows: In a workplace characterized by BELONGING, each member of the community is welcomed as their unique self; feels invested, personally valued, and safe; shows respect for their co-workers; and acknowledges other members’ contributions as important.

Recommendation 1.2: Adopt these HCI-specific definitions throughout our enterprise, disseminating them widely through internal and external HCI communication channels

Recommendation 1.3: Embed these definitions and aspirations in policies and materials that emerge from the EDI Commission and HCI’s strategic plan, to reinforce our intentions and unify our message

Recommendation 1.4: Create a web page to house EDI definitions and to be a hub for all enterprise-wide EDI content (for progress/example, see: huntsmancancer.org/edi)

Recommendation 1.5: Rename the HCI Office of Diversity and Inclusion to be the Office of Equity, Diversity, and Inclusion; retitle the leader of this office in alignment with this change.

Recommendation 1.6: Engage in regular culture and climate surveys to learn whether the HCI community understands, believes, supports, and practices the stated vision, mission, and principles

- Consider contracting out to an outside organization that specializes in this work.
- Consider this in place of, rather than in addition to, the annual HCI enterprise-wide employee engagement survey.
- We recommend that this be completed by the proposed Director of EDI (an employee of the Senior Director for EDI at HCI, see Section 2. for a description of this role)

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1 Adapted, with permission from Krys Burnette, original published in Medium.com, 1-21-2019
Recommendation 1.7: Commemorate holidays that are relevant to the HCI community, beyond the traditional Christian holidays. Ensure that large, institutionally sponsored HCI events are not scheduled on significant cultural/religious holidays.

Recommendation 1.8: In recognition of health disparities in screening and treatment known to be present for historically marginalized groups, provide paid time off for employees to engage in cancer screening exams and cancer treatment, if diagnosed.

Recommendation 1.9: Reconsider current employee engagement events (e.g. New Year’s breakfast); identify new, innovative, and meaningful opportunities to engage employees.

Recommendation 1.10: Establish a team of EDI Ambassadors comprised of volunteer employee advocates from across the HCI enterprise
Establish a team of EDI Ambassadors, comprised of employee advocates from across the HCI enterprise who are committed to furthering EDI efforts at every level. The committee will be overseen by the proposed EDI Director, under the oversight of the HCI Senior Director of EDI; proposed roles are outlined in Appendix C3.

Recommendation 1.11: Become an organization characterized by Belonging for all HCI employees through our actions to build an EDI-aware and welcoming culture
Address and pro-actively work to change the current HCI culture to one that is EDI-aware and actively welcoming to all, in accordance with our definitions of equity, diversity, and inclusion. The Commission considered options for advancement of this goal and found the HCI Compassionate Workplace (CW) program to be an attractive lead model for this effort. CW began as a program to alleviate burnout for clinical employees and has evolved to address and improve multiple aspects of workplace culture at the Cancer Hospital at HCI.

Review CW strengths and consider opportunities to integrate and/or expand the CW effort enterprise-wide. Ensure that such an adaptation is firmly founded on the EDI definitions noted here, as well as HCI principles and PROMISE standards. Ensure that this movement to improve HCI enterprise-wide workplace culture includes balanced membership representation and co-leadership from 1) the cancer hospital, 2) cancer research center, and 3) the HCI EDI office. Provide an appropriately expanded budget.

Section 2. Clinical Policies

Recommendation 2.1: Establish policies, support structures, and training to appropriately and legally respond to incidents of bias that arise at HCI from patients and other individuals outside the HCI workforce
The purpose of these policies is to ensure that HCI workers are supported by our institution and appropriately respected by their clients. Support measures for implementation of these policies will include tools for assessing incidents of bias, scripts to aid HCI employees and supervisors in their responses, and training materials for all involved.

The Commission has utilized policies implemented at comparable large academic medical facilities, the medical literature, and anti-bias policy documents from other U of Utah Equity, Diversity, and Inclusion committees/commissions to develop an HCI-centric policy to counter incidents of bias and discrimination committed by patients and other visitors at our center. This policy language states that HCI will not provide care in non-urgent cases where individuals refuse to refrain from bigoted language/behavior and will not honor requests for discriminatory employee assignment based in bigotry.

Clinical Policies Subgroup Statement of Purpose: To create clinical policies that afford employees equal protection from discrimination as those currently extended to patients.
We recommend elevation of these policies to UHealth and University Hospital Leadership, to allow them to be discussed, vetted, and perhaps ultimately implemented throughout the UHealth system.

**Recommendation 2.2:** Commit sufficient FTE to train and educate the clinical staff and hospital employees of all types as to their rights and responsibilities in these matters.

**Recommendation 2.3:** Establish measures to acknowledge and care for HCI clinical faculty/staff who are the targets of incidents of racism/bias.

**Appendix B**

- B1. Revised Patient Rights and Responsibilities statement
- B2. Response to Requests and Behavior Rooted in Bigotry: Policy and Sample Scripts
- B3. Response to Requests and Behavior Rooted in Bigotry: Decision tree

### Section 3. Safety and Refuge

Many members of the HCI community from Black, American Indian, Latinx and other historically marginalized groups have experienced discriminatory mistreatment at HCI. They have not had a safe structure for reporting these incidents, appropriate support when incidents are reported, nor an advocate in HCI leadership who can implement changes to protect them from further mistreatment or retribution. HCI needs to publicly reckon with the discriminatory mistreatment of community members, and provide the EDI Office with appropriate resources, support, and authority to foster a safe, inclusive, transparent, and responsive workplace culture.

**Recommendation 3.1:** Hire a full-time Director of Equity, Diversity, Inclusion (EDI) with appropriate support and authority to establish a safe, inclusive, transparent, and responsive workplace culture at HCI. *(see Appendix C1: Director of EDI Job Description).*

The Director of EDI would:
- Receive reports of racism, discrimination, and bias
- Act to support and protect individuals who experience mistreatment
- Inform the HCI community of EDI policies and EDI promoting activities
- Report discriminatory incidents to HCI leadership and the community
- Be empowered and accountable for developing and implementing policies and solutions that lead to a safe and welcoming workplace culture

The Commission reviewed current staffing and believes that new resourcing is required for these new functions, as they cannot be encumbered within the workload of current personnel.

**Recommendation 3.2:** Provide a software tool for anonymous community-based reporting of racism, discrimination, and biased language or actions at HCI. This tool would allow individuals to:
- Anonymously report incidents of racism, discrimination, and bias
- Securely and safely request individualized support from the EDI office
- Recommend changes that leadership can make to prevent these incidents

See Appendix C4 for an illustration of this tool or here for an demonstration version of the tool.
The reports generated by this tool will enable the Director of EDI to:

- Learn about incidents of discrimination at HCI
- Provide support to individuals that experience mistreatment
- Provide regular updates to the HCI community about discriminatory behavior happening at HCI and policies that prohibit it
- Identify areas in HCI with repeated incidents and ensure accountability, in conjunction with HR and other university offices

**Recommendation 3.3: Create a team of EDI Ambassadors, to act as a resource for members of our community who experience racist, discriminatory, or biased acts.** EDI Ambassadors will be an extension of the HCI EDI Office, which is charged with guiding targeted individuals to resources, providing validation, and acting as a conduit for bias incident reporting.

The EDI Ambassador Team will be composed of employees across the mission areas of HCI who are committed to advancing EDI. EDI Ambassadors are volunteers. They will appointed by, and report to, the EDI Director and will receive training appropriate to their roles. (see Appendix C3 and Appendix E4).

Application to become an EDI Ambassador will involve supervisor and peer recommendations, selection by the EDI Director, and specialized, ongoing EDI Certification through the EDI Office.

**Recommendation 3.4: Train the uniformed officers in HCI Security in conscious and unconscious bias and release a statement about their commitment to protect and serve all members of our diverse HCI community.***

**Regarding implementation of the above measures, we recommend:**

**Autonomy/Authority of the EDI Office.** To ensure that EDI issues are addressed cohesively, enterprise-wide, and are given top priority at the executive level, we strongly recommend that:

- The HCI Office of Diversity and Inclusion be renamed as the HCI Office of Equity, Diversity, and Inclusion. This is in accord with **Recommendation 6 of the Vision/Definitions/Culture section** of this document.
- To ensure that EDI polices have impact within the HCI Comprehensive Cancer Center and also enterprise-wide, HCI organizational structure be amended, such that the Senior Director of Equity, Diversity, and Inclusion reports to both the HCI Chief Executive Officer and to the Executive Director of the Comprehensive Cancer Center at HCI.
- The proposed HCI EDI Director report directly to the Senior Director of Equity, Diversity, and Inclusion.

This structure addresses mistrust from members of the community who believe that operational priorities (e.g., protecting successful, but racist, faculty) supersede the resolution of EDI issues and protection of targeted, less powerful individuals.

**Accessibility of Incident Reporting**

The Incident Reporting software tool created by the Safety and Refuge Subgoup of the EDI Commission is currently only available in English and accessible to community members with electronic devices (e.g., computers, mobile phones, tablets). To increase accessibility, the committee recommends:

- The software tool be translated to other languages, with priority given to translation into Spanish
- A paper version of the questionnaire and a secure drop box be provided near the EDI Office.
Reckoning. To regain trust within the HCI community, we need a public reckoning of the discriminatory mistreatment community members have experienced in the past.

- After the EDI Director is hired, HCI should advertise in email, TV screens, and brochures that all community members who previously experienced racism, discrimination, or bias can report these past incidents using the newly released Incident Reporting tools.
- This will increase awareness of reporting options and allow the Director of EDI to learn about EDI issues in the HCI community.
- Retrospective reporting should be quickly followed by widely publicized events in each department that allow the new EDI Director to 1) publicly acknowledge the pain past incidents of discrimination have caused and 2) present their roadmap to foster a safe, inclusive, transparent, and responsive workplace culture.
- To build trust, members of the HCI community from Black, American Indian, Latinx, and other historically marginalized groups should be centrally involved in the EDI Director’s presentation in each department.

| Proposed Timeline for Implementation of Safety and Refuge Subgroup Recommendations |
|---|---|---|---|---|
| Action | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 |
| Hire a Director of EDI | | | | |
| Provide anonymous Incident Reporting software tool | | | | |
| Reckoning of past incidents and presentation of Director of EDI’s plan to each department | | | | |
| Create EDI Ambassador Committee | | | | |
| HCI Security EDI training and public statement | | | | |

Appendix C

C1. Job Description: Director of Equity, Diversity, and Inclusion
C2. Job Description: Program(s) Manager
C3. Role Description: Equity, Diversity, and Inclusion Ambassadors
C4. Anonymous Incident Reporting Software Tool

Section 4. Hiring and Retention

The HCI Commission believes that a diverse and inclusive climate is vital to the intellectual rigor, commitment to excellence, and social fabric of HCI and the University. A diverse and inclusive environment will best prepare faculty, staff, and trainees for their roles in high-quality and high-value scientific discovery and clinical care in a world defined by cultural and intellectual diversity. Our goal for faculty diversity is to achieve population parity with our nation.

FACULTY recommendations below apply to faculty with appointments in University Departments who are housed in HCI space and/or are recruited in partnership with HCI and with substantial HCI support. The plan is consistent with and complementary to the University of Utah Equal Opportunity and Nondiscrimination Policy and the discrimination and compliance policies for faculty. HCI works closely with Departments to oversee many aspects of faculty affairs – including the search process, hiring/offer letters, onboarding, mentorship, advancement, and
retention. Although HCI does not provide the primary University faculty appointment or Retention, Promotion and Tenure (RPT) process for faculty, HCI is highly involved in all other aspects of faculty life cycle, including the search process, contributing to startup packages, providing office and laboratory space, needed shared resources, mentorship team support, grant and financial support and oversight, and sustaining research opportunities and infrastructure that enable faculty success. This provides clear incentives for faculty alignment with HCI mission priorities.

Success in attracting, retaining and supporting diverse faculty at HCI will rely on establishing a culture of belonging, which is at the intersection of equity, diversity and inclusion. This can be achieved through changes in policies within HCI, within our partner Departments/Entities, Human Resources, and the School of Medicine.

Recommendation 4.1: Establish new EDI Policies for faculty hiring through joint efforts by HCI Leadership (HCI CEO, HCI Sr. Director for Diversity and Inclusion, Chief Academic Officer (CAO), Executive Director, and Chief Clinical Officer) and in coordination with the AVP for Health Equity, Diversity, and Inclusion in the SOM and Human Resources. The recommendations of the HCI Commission (here and below) should be strongly considered by HCI Leadership in forming these new HCI EDI policies. EDI policy checklists for the faculty hiring process should be established to ensure that recommended policies are implemented throughout the search process.

Recommendation 4.2: Have search committees consult with a manager from AVP Office of Health Equity & Inclusion and/or the SOM Associate Dean for Health Equity and Inclusion. All search committees should have a “diversity advocate.” Diversity advocates should have proper training in EDI issues, which may include Ambassador training (see Sections 2 and 3 and Appendices C3 and E4). Diversity training should be required for faculty to serve on search committees.

Recommendation 4.3: Ensure faculty job advertisements include revised language to emphasize how HCI values diversity. Language will be provided by the HCI CAO and Sr. Director of Diversity and Inclusion and approved by Human Resources. Revised text will be placed in the body of the ad, in addition to the required OEO language.

Recommendation 4.4: Regarding both faculty advertisements and searches, follow Section 1 a-c of the AVP/SOM Diversity Plan (see Appendix D1.).

Recommendation 4.5: Include a “Commitment to EDI” statement in the faculty application package. The following language is provided: “Applicants must provide a statement of past, present, and future commitments to equity, diversity, and inclusion (up to 1 page).” Furthermore, HCI will recommend that the University faculty application template be tailored to enable free text self-descriptions of applicants, rather than ‘check boxes’.

Recommendation 4.6: Each search should interview an under-represented minority (URM) candidate, as well as strongly consider all other diversity areas (e.g. gender, LGBTQ+, etc.).

Recommendation 4.7: To engage URM talent, HCI should conduct a ‘Rising Stars’ Seminar series that features top science by URM scientists. Within this venue, which can identify candidates for opportunity hires, HCI can showcase our community and EDI efforts. Here, we should consult national databases for faculty candidates who self-identify as URM.

Recommendation 4.8: Include expectation of alignment to HCI and U of U EDI principles in offer letters.
Recommendation 4.9: For Faculty development and retention, HCI and Departments should work together to create a community of URM mentorship and support with defined mentorship committees, using the Department Retention Plan (SOM Diversity Plan, Section 3, Appendix D1). In addition, at least two mentors should be identified at time of hire, and mentorship committee meetings should be defined and coordinated by the Senior Director, Chair, and HCI CAO. HCI should commit to partner with Departments for strong retention packages that recognize EDI contributions and value.

Recommendation 4.10: HCI Senior Director of Equity and Inclusion should conduct an exit interview with departing URM faculty to learn from their experience.

Recommendation 4.11: Work with the SOM Academic Affairs Office to implement a required EDI statement within the Retention, Promotion, and Tenure (RPT) process — “Describe your past, present, and future commitments to equity, diversity, and inclusion.”

Recommendation 4.12: For faculty onboarding, personalize the onboarding process, to recognize cultural offerings and communities at HCI.

Recommendations for Hiring and Retention: STAFF

Recommendation 4.13: Include a standardized EDI statement as part of all staff job postings.
Deliver the following standardized EDI statement to all Human Resources (HR) departments (HCI, HCH, U of U Health, U of U) and require that it be included prominently in all staff position postings.

Huntsman Cancer Institute (HCI) is an Equal Opportunity Employer <Link to Legal Statement> committed to hiring individuals whose merit and experience promote a diverse, inclusive, anti-racist workforce and culture.

Each employee has a unique background and life experience. We believe that maximizing diversity fuels the success of our organization. In your cover letter or during your interview, we invite you to share how your background, beliefs, and experience will prepare you to be effective in working in an environment that values diversity and is committed to equity, diversity, and inclusion.

Learn more about HCI’s commitments at huntsmancancer.org/edi and/or contact HCI’s Office of Equity, Diversity, and Inclusion.

Recommendation 4.14: Include a personal pronouns question in all staff job postings.
Deliver the following question to all HR departments (HCI, HCH, U of U Health, U of U) and require that it be included in all staff position postings. For reference: correct and respectful usage of preferred pronouns by members of the HCI community is a basic and important way to show respect for gender identity.

Which pronouns do you prefer that people use for you?
- She, her, hers
- He, him, his
- They, them, theirs
- Ze, hir, hirs
- Just my name, please
Recommendation 4.15: Include a “Commitment to EDI” statement in all staff offer letters.
Deliver the following EDI statement to all HR departments (HCI, HCH, U of U Health, U of U) and require that it be included in all staff offer letters, requiring signature. Review this statement annually during staff performance reviews.

HCI’s vision statement is defined as passionate individuals and teams delivering a cancer-free frontier through scientific discovery and human touch. We will fall short of our vision to deliver a cancer-free frontier if we do not succeed in our efforts to achieve equity, diversity, and inclusion at HCI. My signature confirms my commitment to contribute meaningfully to an HCI culture of belonging, founded in equity, diversity, and inclusion.

Recommendation 4.16: Require EDI and anti-racism training for all staff.
Incorporate and require EDI and anti-racism training for all staff (see Section 5 and Appendix E). Provide such training for new hires as part of the onboarding process and new employee orientation.

Recommendation 4.17: Include EDI Ambassadors in all staff hiring.
Include an EDI Ambassador as part of each search committee and/or hiring interview. Ambassadors will act as a resource for HCI EDI efforts and ensure that EDI questions are incorporated into each step of the interview process.

Recommendation 4.18: Expand process for staff stay and exit interviews.
Review current process for stay and exit interviews for all staff. Identify opportunities to incorporate EDI-specific questions to help identify weaknesses, trends, and opportunities to improve EDI culture for employees that are retained and to learn from those who choose to leave HCI.

Recommendation 4.19: Improve pathways for staff promotion.
Identify opportunities and pathways for staff promotion. Expand mentorship programs for entry-level positions and support services staff. Expand English as a Second Language courses and offer Computer Literacy courses, during paid work hours. Identify opportunities to expand paid internships for underrepresented minority students across the HCI community.

Recommendation 4.20: Advertise staff jobs in collaboration with organizations that serve underrepresented minorities.
Promote staff job openings in a concerted, targeted approach. For example, identify and form hiring partnerships with local community organizations, businesses, chambers of commerce, and other organizations that serve underrepresented minorities. Expand HCI’s Indeed and LinkedIn presence to reflect EDI culture.

Recommendation 4.21: Revamp and improve staff performance reviews.
Review current HCI staff performance reviews and identify opportunities to integrate EDI questions and metrics into annual process. Revamp the staff performance review template so that it is rooted in HCI’s mission, HCI’s vision, HCI’s principles, U of U Health PROMISE standards, and EDI definitions.

Recommendation 4.22: Expand HR staff definition of expertise to be more inclusive of education and experience completed in countries outside of the United States.
Currently, the HR framework often prioritizes education that is completed in the United States. Review the current HR policy and process regarding this issue. Expand definitions of “educational background” to be more inclusive of expertise acquired in other countries.
Recommendation 4.23: Create an EDI response fund for staff who experience acts of discrimination, racism, sexism, homophobia, xenophobia, etc.
Create an EDI Response Fund for staff who experience acts of discrimination, racism, sexism, homophobia, xenophobia, etc. The fund will be overseen by the EDI Office, in collaboration with HR and will provide assistance in the form of additional sick leave or personal preference leave for HCI staff. The fund may be supplemented by staff and faculty who choose to donate vacation time, similar to the existing Vacation Donation for Medical Emergency program.

Recommendation 4.24: Promote the use of EDI-specific interview questions in staff hiring.
Deliver the following EDI-specific interview questions to all HR departments (HCI, HCH, U of U Health, U of U) and require that they be included among HR’s bank of suggested questions. Promote this bank of questions to all hiring managers and search committees to utilize as a reference to determine an applicant’s commitment and experience to EDI. (See Appendix D2 for full list).

Example question: HCI’s vision statement is defined as: passionate individuals and teams delivering a cancer-free frontier through scientific discovery and human touch. We will fall short of our vision to deliver a cancer-free frontier if we do not succeed in our efforts to achieve equity, diversity, and inclusion at HCI. How will you meaningfully contribute to our vision of a cancer-free frontier?

Appendix D
D1. University Level Policies and Recommendations
D2. EDI-Specific Interview Questions (Staff)

Section 5. Education, Training, and Awareness

The Commission affirms that meaningful education is needed for our entire community toward understanding that diversity and inclusion bring value to our center. The following recommendations outline a framework and approach to educate, train, and raise awareness of EDI for the HCI community, to create a community of zero-tolerance of racism. The strategy is to align the recommendations for education, training, and awareness with a shift in culture that actively supports and promotes EDI and evokes empathy and ownership within the HCI community.

The 3-Tier Model (Figure 2) addresses the need to provide training that aligns with increasing responsibility in job roles, including foundational training for all HCI community members, preparatory training for those applying for leadership positions, and advanced training for HCI leaders. Accountability for application of concepts learned is also advised. Expansion of FTE in this area is needed.

The recommendations below are supported by resources describing program development, implementation, evaluation, and management, which can be found in Appendix E.

Recommendation 5.1: Employ a full-time EDI Educator/Program(s) Manager (see Appendix C2). Assign adequate FTE to fulfill and support education and training development, implementation, and evaluation roles. The FTE position(s) will also lead the staff engagement meetings and promote EDI awareness. This position will report directly to the EDI Director. The Commission reviewed current staffing, and believes that new resourcing is required for these new functions, as they cannot be encumbered within the workload of current personnel.
Recommendation 5.2: Develop and deliver EDI educational programs for HCI employees; frame this training as professional growth.
Develop and deliver education and training to build advanced communication skills that enhance cultural literacy and address health disparities with focus on marginalized groups in Utah and our broader catchment area. Frame education and training as a professional growth opportunity that is aligned with our culture, rather than as a remediation requirement.

Recommendation 5.3: Require Anti-Racism Primer training for all faculty, staff, and trainees (see Appendix E).
All faculty and staff will complete training to recognize, report, and prevent civil rights violations or harassment. All groups will complete annual training updates.

Recommendation 5.4: Require advanced anti-racism training for promotion and leadership at HCI (Leadership Preparatory Training and EDI Leadership Certificate) (see Appendix E).
Advanced training is a prerequisite for promotion to leadership roles. Training will continue in the first year of promotion to complete EDI Leadership Certificate. Leaders will participate in ongoing training. Existing leaders must demonstrate competence or complete EDI certification.

Recommendation 5.5: Require EDI certification for EDI Ambassadors (see Appendix E).
EDI Ambassadors will complete advanced training and obtain an EDI Ambassador Certificate. Ambassadors must maintain their qualification by completing annual training.

![HCI Equity, Diversity and Inclusion 3 Tier Education Model](image)

**HCI EQUITY, DIVERSITY AND INCLUSION**

**3 TIER EDUCATION MODEL**

**TIER 3**
Leadership Role-Specific:
Managers, Supervisors, Directors & EDI Ambassadors

Role-specific training for leaders on policies, processes with regard to hiring, accountability, remediation and victim support. Training to become familiar with system-wide departments including Office of Equal Opportunity, Human Resources, Legal Counsel, Customer Service and Risk Management.

**TIER 2**
Leadership Preparatory Program:
HCI Community Members applying for leadership roles, including EDI Ambassador

Designed to prepare staff, faculty and trainees for formal supervisor and leader roles and responsibilities. Prospective leaders training to develop fluency in EDI sensitive communication and through self-reflection and examination of systemic racism issues, actively model behavior aligned with anti-racism and ally-ship.

**TIER 1**
Equity, Diversity and Inclusion Primer:
All current and newly hired HCI Community members

Introduction of remodeled HCI culture, behavioral expectations and definitions of equity, diversity and inclusion. Instruction on fundamental concepts of implicit bias, micro-aggressions, discrimination and intersectionality. Instruction on responding to perpetrators and targets of discrimination in the clinical setting.

Figure 2.
Recommendation 5.6: Evaluate application of EDI concepts by our community members annually. Application of EDI concepts will be addressed and evaluated annually (e.g., through a “Diversity Passport”)

Recommendation 5.7: Expand EDI curriculum to address other marginalized groups (beyond those targeted by race and ethnicity). Include items in curriculum that teach cultural agility skills applicable to other marginalized groups (LGBTQ, gender, religion, international students and staff, etc...).

Recommendation 5.8: Acknowledge racial trauma suffered by persons who are Black, Indigenous, and People of Color (BIPOC) at HCI and provide support and community development. Acknowledge internalized racism and racial trauma and how these impact BIPOC faculty, staff, and trainees. Promote community engagement to reduce these adverse impacts.
Examples:
- Utilize existing campus resources and collaborate with Resiliency Center.
- HCI Meet and Greet events

Recommendation 5.9: Communicate HCI’s intent to remodel our culture to the community; communicate that changes are intended to refine, improve, and update HCI, so that ALL are welcomed and feel a sense of belonging.
- Use language related to “remodeling,” not replacement. Convey that we are implementing new practices to improve, but not to disturb the foundation of where we work.
- Publish posters in HCI community (clinics, patient waiting rooms, hospital hallways, TV displays, and throughout the institute) to promote our new implemented culture changes.

Recommendation 5.10: Evoke and encourage an empathetic culture through training and communication strategies.
Examples:
- Create a documentary series highlighting impactful stories of BIPOC HCI staff and trainees to evoke empathetic understanding (a day in the life, mini biographies, etc.).
- Create animated cartoons illustrating HCI community members’ thinking, as a mechanism to get at what is unsaid and perceived when faced with microaggressions, inequity, or compromised sense of belonging.

Recommendation 5.11: Explore interacting with the Compassionate Workplace to continue and expand these ideas across the entire HCI community

Appendix E. Anti-Racism Education Sample Curriculum
E1. Onboarding (Tier 1)
E2. Leadership Preparatory Training (Tier 2)
E3. Leadership Role-Specific Training: Sr. Ldrs., Dirs., Mgrs., and Supervisors (Tier 3A)
E4. Leadership Role-Specific Training: EDI Ambassadors (Tier 3B)
E5. Educational Offerings for BIPOC and Marginalized/Protected Groups
E6. Example Curriculum: Basic Onboarding Anti-Racism Primer
E7. Example Awareness Poster
Section 6. Trainee Concerns

This subgroup was formed to address concerns raised by current HCI graduate students and trainees regarding transparency, accountability, and safety, in line with HCI’s mission to promote equity, diversity, and inclusion (EDI) within our community. An HCI Trainee Townhall Meeting was held in August 2020 to identify areas of focus for this subgroup, these are summarized below. We provide detailed recommendations to address these issues within our community effectively and responsibly, with priorities and a proposed timeline for implementation. We anticipate the issues of highest priority are the safety of BIPOC students and cultural intelligence training and accountability for current faculty. We believe the most difficult implementation step will be to ensure effective training of all faculty, including tenured faculty, and to enforce accountability throughout faculty members’ careers at HCI.

Trainee Concerns Subgroup
Statement of Purpose: To recommend practices that address trainee concerns regarding transparency, accountability, and safety and advance HCI’s mission to promote equity, diversity, and inclusion within our community.

HCI Trainee Townhall and Survey Summary

Townhall summary: A trainee townhall occurred on August 8, 2020 via WebEx, introducing the formation of the HCI EDI Commission and enabling the submission of current EDI-related issues from the perspective of trainees. The Trainee Concerns Subgroup sought solutions to address each issue. Some proposed solutions align with resources and recommendations of other EDI Commission Subgroups, as noted below.

Issue 1. Inclusion/anti-racist/microaggression training should be required of faculty, staff and trainees. Include trainings that discuss racial sensitivity, recognizing implicit bias, and the effects of racism in research.

- Solution: The HCI EDI Education, Training, and Awareness Subgroup addresses this issue and proposes a multi-step training plan to be implemented for the HCI community (see Recommendation 6 below, as well as Section 5 and Appendix E elsewhere in this document).

Issue 2. Make BIPOC students and staff feel welcome if they decide to come to HCI and ensure that it is safe for them to do so.

- Solution: Focus on a long-term plan and invest in promoting career advancement of BIPOC trainees and faculty. The recommendations below address this support for trainees. The HCI EDI Hiring and Retention Subgroup addresses this issue for faculty in Section 4 of this document.

- Solution: The HCI EDI Vision, Definitions, and Culture Subgroup addresses this issue and proposes a plan for the development of activities that promote inclusion and belonging, to be implemented by the office of the proposed new EDI Director (see Sections 1 and 2 and Appendix C1.)

Issue 3. Make platforms for reporting incidents of bias and discrimination, so that people who report do not become victims themselves.

- Solution: The HCI EDI Safety and Refuge Subgroup takes up this issue and proposes an anonymous web-based bias incident reporting tool, to be used to report past and future events of biased behavior at HCI that need to be brought to light and addressed (see Section 2 and Appendix C4).

Survey summary: Two surveys were sent to HCI trainees including ED-related questions to get a baseline on our past and current EDI reach from their perspective. The survey results indicated trainees are less than satisfied with the current EDI principles and reach of HCI, and provided additional commentary. With the assistance of leadership in the U of U Bioscience Molecular Biology/Biological Chemistry PhD Program Office, best practices for improving both diverse trainee recruitment and retention were identified and included in the list of recommendations below. The two surveys providing data regarding the current trainee landscape are:

**Proposed Recommendations**

In response to the issues raised in the Trainee Townhall and the results from the two surveys, below are our proposed recommendations to address and improve the unsatisfactory climate HCI trainees currently experience. Ideally, these recommendations would be implemented by the end of the year 2021, with several priority recommendations implemented by the end of the spring semester of 2021. Recommendations such as surveys, townhalls, and EDI trainings should be ongoing and recur periodically to foster a positive shift in culture.

**Recommendation 6.1: Conduct trainee townhalls and wellness check-in meetings, attended by both faculty and trainees**

Hold bi-yearly or yearly townhalls, based on the format of the first townhall meeting, but trainee-endorsed and trainee-facilitated. Faculty attendance will be encouraged. Have faculty conduct and moderate trust-building meetings and/or panel discussions, under the guise of wellness checks and happy hours, where trainees can feel free to express their thoughts. As the pandemic eases, and trainees’ research resumes in person, this and certain other recommendations listed here may require financial support.

**Recommendation 6.2: Conduct anonymous surveys to gather information about equity, diversity, and inclusion among HCI trainees**

Conduct anonymous surveys to gather/quantify information about discrimination at HCI and the views of the community regarding initial proposed solutions. Repeat these surveys during and post-implementation of interventions to semi-quantitatively assess progress toward goals. We recommend that this effort be led by the proposed new EDI Director (see also Section 2 and Appendix C1), who would be charged with analyzing survey results annually and communicating the results to the leadership and community. If, instead, this responsibility is outsourced, this effort will require a budget.

**Recommendation 6.3: Create safe reporting avenues where trainees can report events of bias and concerning EDI-related behavior**

Make web-based reporting tools available (see also Section 2 and Appendix C4). Train and provide EDI Ambassadors, individuals embedded across HCI, who act as advocates and resources for trainees (see Section 2 and Appendix C3). Communicate options for safe reporting widely.

**Recommendation 6.4: Appoint an ombudsperson/arbitrator/mediator for trainees**

The HCI EDI Safety and Refugee Subgroup proposes hiring a Director of EDI (see Section 2). We recommend the responsibilities of this individual should include advocacy for trainees who experience bias or discrimination. Volunteer EDI Ambassadors will be trained by the EDI Director; they will serve as a source of EDI-related information for trainees (see Section 2 and Appendix C3).

**Recommendation 6.5: Conduct Land Acknowledgements before HCI symposia, seminars, and public events**

Before HCI seminars and other events conducted within HCI, we will acknowledge that the land that HCI stands on is the ancestral homeland of American Indians. Such acknowledgement will foster awareness, respect, and inclusion of indigenous Indian cultures in our HCI community. The acknowledgement should be based on the recently released U of U land acknowledgement, but will be customized for HCI with approval through the U of U Tribal Consultation Policy.
Recommendation 6.6: Provide equity, diversity, inclusion, and microaggression training for graduate students and postdocs; this training may overlap with other training for staff and faculty

Inclusion/anti-racist/microaggression training should be required of faculty, staff, and trainees. Trainings should include discussion of racial sensitivity, recognizing implicit bias, and the effects of racism in research. The training experience should be customized to each user group, such as trainees.

We recommend that these trainings be formalized and endorsed by HCI as a certification, and that the HCI EDI certification process be broadly advertised. Institutionally endorsed EDI Certification could be noted on trainees’ CVs and would be advantageous for trainee alumni in seeking their next position in the workforce.

Recommendation 6.7: Provide resources for trainees and faculty to attend conferences focused on networking and career advancement for BIPOC trainees, such as SACNAS, ABRCMS, and AISES.

We recommend student representatives be sponsored to attend conferences, for their own professional development, as well as to promote HCI programs and entry to PhD studies through the Bioscience MB/BC PhD programs. Students could also be sponsored to attend their alma maters to give presentations describing opportunities at HCI/U of U. BIPOC and underrepresented prospective students could also be encouraged through peer liaisons to consider becoming part of the HCI/U of U community.

Recommendation 6.8: Support and advertise events and seminars led by Graduate Student Diversity Organizations.

Many groups on campus identify with graduate students and hold invited speaker seminars, social events, scholarships/grants, and other specialized resources (e.g., American Indian Resource Center, Black Cultural Center, Women’s Resource Center, LGBT Resource Center). It would be helpful for HCI to acknowledge the impact of sharing those events with HCI trainees and staff, possibly via email or public event calendar on the EDI website. The U of U SACNAS group has been supported in the past; trainees would benefit from HCI showing equity to additional groups with similar support.
Dear XXXX,

I am writing to invite you to serve on Huntsman Cancer Institute (HCI)’s newly established Commission on Equity, Diversity, and Inclusion (CEDI). HCI is deeply committed to being a place where fairness, social justice, and anti-racism are core elements of our culture. In recent weeks, many Black members of our HCI community have participated in open dialogue about what it means to be Black in America and at HCI. They have shared stories and personal experiences regarding racial profiling, microaggressions, daily accommodations, and experiences with patients who have displayed racist behaviors. HCI leadership is committed to advancing transformational change that will result in an equitable and inclusive environment at our institution. A number of initial steps we are taking toward this critical goal were outlined in my letter to the HCI community earlier this month, one of which is the establishment of CEDI.

HCI-CEDI is charged to make recommendations to the Office of the HCI CEO and HCI executive leadership on issues related to racial equity and justice at HCI. The Commission will be co-chaired by Dr. Kola Okuyemi MD MPH (HCI Senior Director of Diversity and Inclusion; Chair of the Department of Family and Preventive Medicine) and Dr. Brad Cairns (HCI Senior Director of Basic Science and Chair of the Department of Oncological Sciences).

We have already received many suggestions from members of our community in listening sessions, letters to my office, and via messages posted to askHCI@HCI.utah.edu. Having heard much about the pain and suffering inflicted on our faculty and staff by patients who have displayed racist and discriminatory behaviors, we have identified this area as an urgent area for immediate focus by CEDI. Other areas of consideration by the Commission will include hiring practices, diverse faculty/staff/trainee support mechanisms, onboarding and ongoing implicit bias and microaggression training, anti-discrimination and bystander intervention training, and diversity advancement measures. To help support recommendations of the Commission, HCI has established a Diversity, Equity, and Inclusion Fund at HCI, seeded initially with $250,000. The Commission will be charged to present a report to my office within a three-month time frame (specifically, by the end of October 2020) and will meet regularly to ensure this deadline is met.

In addition to the Co-Chairs, we intend to populate the Commission with approximately ten other thoughtful individuals who are committed to HCI’s mission, vision and values and who realize that without achieving meaningful equity, diversity and inclusion at HCI, we will fail to deliver our vision of a cancer-free frontier. Dr. Ellen Wilson (Director of Research Development) and Andrew Langi (Program Manager, HCI Office of Diversity and Inclusion) will lend their administrative and management talents to the Commission. I very much hope that you will be willing to join this very important strategic effort and lend your expertise and perspective to guiding HCI’s EDI efforts into the future.

Please reply to this email to convey your willingness to serve in this important effort.

Sincerely yours and with appreciation,

Mary Beckerle, PhD
CEO, Huntsman Cancer Institute

Jon M. Huntsman Presidential Endowed Chair
Appendix B. Clinical Policies

B1. Amendment of U Health Patients Rights and Responsibilities Statement

YOUR RIGHTS & RESPONSIBILITIES AS A PATIENT

At University of Utah Health, our goal is to provide excellent health care to every patient. Our patients have the following rights and responsibilities regardless of Race, Ethnicity, Color, Culture, Language or Accent, National Origin, Age, Religion, Creed, Mental or Physical Disability, Protected Veteran's Status, Sex, Sexual Orientation, Gender Identity, Gender Expression, Genetic Information, Pregnancy, Pregnancy-Related Condition, or Socioeconomic Status. We will not honor any requests for discriminatory employee assignment based in bigotry.

It is your responsibility to:

• Give correct and complete information about your health status and health history.
• Ask questions if you do not understand information or instructions.
• Inform your caregivers if you do not intend to or cannot follow the treatment plan.
• Accept health consequences that may occur if you decide to refuse treatment or instructions.
• Cooperate with your caregivers.
• Respect the rights of our employees to work in an environment free of discriminatory and racist behaviors.
• Respect the rights and property of other patients.
• Tell your caregivers of any medications you brought from home.
• Report any changes in your health status to your caregivers.

You have the right to:

Respect and Privacy
• Respect in a caring and safe environment.
• Personal privacy and confidentiality of your health information (../policies/privacy.php).

Quality Care
• Proper evaluation and treatment.
• Proper pain assessment and pain management.
• Be free from restraints, except when needed to protect you or others from harm.
• Be free from abuse and harassment.
• Have access to protective services.
• Spiritual services upon request.
• Have your concerns heard and resolved when possible. If you have concerns about your care, contact your caregivers or a supervisor. If you are not happy with how your concern is resolved, contact Customer Service at 801-581-2668. You may also leave a complaint with the Utah Department of Health at 1-800-999-7339, or DNV Healthcare at 1- 866-523-6842, or write to: Utah Bureau of Health Facility Licensing and Certification; PO Box 144103; Salt Lake City, Utah 84114.

Information & Communication
• Know the names and roles of those caring for you.
• Communicate with your caregivers in a language or method you can understand.
• Have your personal physician and a person of your choice notified when you are admitted to the hospital.
• Communicate with people outside the hospital by way of visitors, phone and mail, except when doing so would interfere with your care. Any restrictions will be explained to you.
• Be informed about your health status, recommended treatments, options, risks and benefits.
• Be informed about the costs of your care and payment methods.
• Review and receive a copy of your medical record, subject to state law and hospital policy.

Make Decisions

• Be involved with your care through discussions with your caregivers.
• Be informed of benefits and risks of your treatment options and agree to or refuse a course of action.
• Designate a support person (or persons) of your choosing to be involved in your care when appropriate. You may restrict access of your support person or visitors at any time. University of Utah Health will not restrict your support person(s) or visitor based on any of the categories noted in the first paragraph of this document.
• Direct your care through an Advance Directive. Advance Directives are legal forms which state your choices about the care you want to receive in serious health situations. Advance Directives are also used to name someone to make decisions for you if you cannot speak for yourself. At your request, we will help you create an Advance Directive.
• Request a discharge plan evaluation. A designated support person (or persons) acting on your behalf can also request a discharge plan evaluation.
• Choose whether or not to take part in research studies and have studies explained to you before you decide to participate. Other care will continue regardless of your decision to take part in research studies.
• Seek an alternate doctor for a second opinion due to validated clinical concerns.

B2. Response to Patient Requests and Behavior Rooted in Bigotry: Policy and Sample Scripts

The HEDI Commission Subgroup on Clinical Policies strongly recommends that HCI and University of Utah Health (U Health) establish policy to afford our care providers the same protection from discrimination and racism that is extended to our patients. Past and current policies at our institution have focused on accommodation of patients’ requests, remarks, and behaviors, which has led to negative impacts on our employees.

To understand and remedy this situation, we have consulted the academic literature and our peers, examined best practice models around the country, and listened carefully to our clinicians and staff who have experienced discrimination. Below, we provide a framework for proper management of potential discriminatory requests. The framework respects the rights of both patients and care providers/employees. It first seeks to clarify the situation, provides a clear process for deciding whether the remark/request/behavior is discriminatory, and provides a process for communication with the patient, as well as with the targeted individual.

Scripts are provided to aid individuals in negotiating this process and communicating to patients that patient requests, remarks, or behaviors seated in bias and racism will not be tolerated or accommodated. Scripts provide means to communicate these facts to patients in a manner that reinforces our values, and provides proper respect and care for the impacted employee, as well as the patient.

Consistent with the principles and values of HCI and U Health, we envision a professional workplace free of discrimination. We intend these tools to support that goal.
Determinations, Decisions, and Communication Coordination

Table 1 outlines how we manage the request, decide whether it is discriminatory, and coordinate our response to the patient, and to affected health care staff.

Table 1. The Targeted Individual Assesses the Potential Discriminatory Incident

<table>
<thead>
<tr>
<th>First, Question the Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee: I’d like to clarify your request to ensure I understand. Are you asking for __________ (describe your understanding of the discriminatory request, for example: Are you asking to only have male care team members during your visit to our clinic today?)</td>
</tr>
<tr>
<td>Employee: I’d like to clarify what you said (or did), to make sure that I understand. Did you say (or do) __________ (describe your understanding of the discriminatory incident, for example: Did you just call me a racist slur?)</td>
</tr>
</tbody>
</table>

Patient Answers

Employee: It sounds like that request is based on….. (age, perceived race, color, ethnicity, national origin, religion, creed, perceived accent, economic status, disability status, gender identity or expression, and/or veteran status).

Patient Answers

Note: the next step is ultimately the responsibility of the supervisor of the targeted individual. The targeted employee may take this next step if they choose, or may immediately elevate the issue to their Supervisor.

Employee: Discrimination for any of those reasons is prohibited here. Is there a reason other than discrimination why your request should be accommodated?

Employee: Discrimination for any of those reasons is prohibited here. Is there a reason other than discrimination why you said (or did) that to me?

Patient Answers.

Employee: I will need to elevate this issue to my Supervisor.

Note:
- if the targeted employee is a Staff member – Nursing Supervisor
- if the targeted employee is a medical team member – Attending Physician

Table 2. The Supervisor Decides on Course of Action and Takes Next Steps

The Supervisor listens to the targeted staff employee, who describes the discriminatory incident.

The Supervisor consults the Decision Tree and assesses whether the patient is stable and of decision-making capacity.

The Supervisor engages the patient and seeks a possible clinically relevant basis for the discriminatory remark/request/behavior.

If the remark/request/behavior is deemed clinically appropriate, the patient is accommodated.

If the remark/request/behavior is deemed clinically NOT appropriate, the Supervisor intervenes with the patient, asking them to refrain from the offending remarks/request/behavior.
The Supervisor uses the Scripts below in Table 4 to inform the patient that they will not be accommodated, while listening to the patient and informing them of possible consequences.

If the situation with the patient escalates to the degree that employees feel unsafe, a Behavioral Expert Response Team (Code BERT) should be called in by the Supervisor.

The Supervisor may seek additional input from the HCI EDI Office; the U Health EDI Office and the U of U Office of Equal Opportunity are additional resources.

The Supervisor makes the decision as to the next step, communicates that decision to the patient, and coordinates the process with staff and the medical team. The Supervisor documents the incident and any responses in EPIC.

<table>
<thead>
<tr>
<th>Table 3. The Supervisor Addresses the Needs of the Targeted Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome A – Accommodation of the Patient</strong></td>
</tr>
<tr>
<td>If a patient is deemed clinically stable, but incapable of making decisions, the patient’s discriminatory remark/request/behavior is accommodated. The Staff and Medical Team will discuss the correct next steps to accommodate the patient.</td>
</tr>
<tr>
<td>The Supervisor communicates with the targeted employee:</td>
</tr>
<tr>
<td>• to report on the outcome of their communication with the patient</td>
</tr>
<tr>
<td>• to explain the clinical necessity to accommodate the patient</td>
</tr>
<tr>
<td>• to gain the targeted employee’s consent to be reassigned</td>
</tr>
<tr>
<td>• to express sympathy and support for the targeted employee</td>
</tr>
<tr>
<td>• to provide resources for healing via the Equity, Diversity, and Inclusion Office, the Wellness Center, and Compassionate Workplace policies and personnel</td>
</tr>
<tr>
<td>• to assure the employee that the Supervisor will document this incident (accountable via the RL6 program)</td>
</tr>
<tr>
<td><strong>Outcome B – Refusal to Accommodate the Patient</strong></td>
</tr>
<tr>
<td>If a patient is deemed clinically stable and able to make decisions, any discriminatory remark/request/behavior is NOT accommodated. The Supervisor communicates with the patient, using the Scripts below in Table 4, to advance the situation toward a conclusion.</td>
</tr>
<tr>
<td>The Supervisor communicates with the targeted employee:</td>
</tr>
<tr>
<td>• to report on the outcome of their communication with the patient</td>
</tr>
<tr>
<td>• to gain the targeted employee’s consent to be reassigned</td>
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<td>• to assure the employee that the Supervisor will document this incident (accountable via the RL6 program)</td>
</tr>
</tbody>
</table>

**Scripts for use in communication with offending patients**

The example scripts below are intended to achieve these goals:

• To tell the patient that we cannot accommodate biased or racist remarks/requests/behaviors, and why
• To assure the patient that our clinicians and staff are fully qualified and capable of delivering quality care
• To listen to the patient to learn if there is something additional we can do to improve their care
• To ask whether the patient will accept treatment without accommodation of their improper request.
• To advise the patient that if they insist on displaying discriminatory remarks/requests/behaviors, they may seek care elsewhere.
<table>
<thead>
<tr>
<th>To be delivered by:</th>
<th>1) Inform Them No Accommodation Will Be Made (clinically Inappropriate and/or based in bigotry)</th>
<th>2) Listen and Assure (provides opportunity for patient to rescind request or accept decision)</th>
<th>3) Aid and Escalation</th>
<th>3) Seek Care Elsewhere</th>
<th>5) Initiate process of patient leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Supervisor or Delegate</strong>&lt;br&gt;Clinically-inappropriate request</td>
<td>We cannot accommodate that request as it is not based on a clinical reason or related to your health history or your care here. &lt;br&gt;&lt;br&gt;(Employee name) is highly skilled in providing the care you need. &lt;br&gt;What else would improve your experience? &lt;br&gt;May we continue your care without accommodating your request? &lt;br&gt;Document this step.</td>
<td>Seek input from your supervisor or others. &lt;br&gt;Call Behavioral Expert Response Team (Code BERT), if you feel unsafe. &lt;br&gt;Document this step.</td>
<td>You have the right to seek care elsewhere. &lt;br&gt;Document this step.</td>
<td>Contact Risk Management. &lt;br&gt;Document this step.</td>
<td></td>
</tr>
<tr>
<td><strong>2 Supervisor or Delegate</strong>&lt;br&gt;Racist/bigoted behavior (not a care request)</td>
<td>We would like to remind you of our Patient Right and Responsibilities statement, which was in your Welcome packet --- and your nurse discussed with you. &lt;br&gt;All patients must adhere to this. It clearly states that we do not accommodate requests for employee reassignment that are biased or discriminatory. &lt;br&gt;(Employee name) is highly skilled in providing the care you need. &lt;br&gt;You may continue care here if you are willing to stop your discriminatory behavior. &lt;br&gt;Document this step.</td>
<td>Coordinate with Customer Service to prepare and administer a behavioral contract. &lt;br&gt;Document this step.</td>
<td>If you are unable to follow the guideline in Patient Rights and Responsibilities you will have to seek care elsewhere. We have a zero tolerance policy for abuse and disrespect. &lt;br&gt;Document this step.</td>
<td>Contact Risk Management. &lt;br&gt;Document this step.</td>
<td></td>
</tr>
<tr>
<td>3 Supervisor or Delegate</td>
<td>We care about you, and as our patient you have the right to respect and safety from discrimination. Our employees also have the same right to respect and safety from discrimination. Document this step.</td>
<td>What helps you to feel safe and respected as a patient? Document this step.</td>
<td>Coordinate with Customer Service to prepare and administer a behavioral contract. Document this step.</td>
<td>If you are unwilling to give our employees the same safety and respect you enjoy as a patient you will have to find care elsewhere. Document this step.</td>
<td>Contact Risk Management. Document this step.</td>
</tr>
</tbody>
</table>

Reference:

Response to Patient Requests and Behavior Rooted in Bigotry: Decision Tree²

Figure 3.

Perceived Bigoted/Discriminatory request made

Assess medical condition

Does not meet 'stable' criteria

Stabilize

Stable

Assess decision-making capacity

Has decision-making capacity

Determine reason for request
Utilize TABLE 1 criteria and processes

Bigotry

Utilize/choose TABLE 2 Scripts
Implement TABLE 1 Communication Plan

Clinically and ethically appropriate reasons

Accommodate
Implement TABLE 1 Communication Plan

Persuasion Negotiation

Lacks decision-making capacity

Risk Management makes the decision whether and how to convey "Seek Care Elsewhere"

For Belligerent Patients, the Behavioral Response Team (BERT) is called in

1. Inform the patient that we cannot accommodate their request
2. Listen and Assure, and offer alternative non-bigoted accommodations
3. If patient does not agree to continue care without the improper request, then Risk Management

² Figure 3. was adapted from Paul-Emile et al., Dealing with Racist Patients, NEJM 374 (8): 708-11, 2016.
C1. Job Description: Director of Equity, Diversity, and Inclusion

Huntsman Cancer Institute Equity, Diversity, and Inclusion Office

Director of Equity, Diversity, and Inclusion

Huntsman Cancer Institute (HCI) at the University of Utah (U of U) is a nationally recognized NCI-Designated Comprehensive Cancer Center and Cancer Hospital in Salt Lake City. We are searching for a Director of Equity, Diversity, and Inclusion to develop and implement bold and proactive EDI initiatives in support of HCI values, culture, and strategic priorities. This individual would be empowered to assess strategies, design sustainable solutions, and enforce HCI and U of U EDI policies in our community.

The HCI Director of Equity, Diversity, and Inclusion will be a member of HCI’s dedicated Office of Diversity and Inclusion and report directly to the Senior Director of Diversity and Inclusion, who in turn reports directly to the HCI Chief Executive Officer. This individual will be provided appropriate resources, support, and authority to foster a safe, inclusive, transparent, and responsive workplace culture at HCI. They will actively engage with senior leadership, human resource managers, faculty, staff managers, hospital staff, research staff, and trainees to implement education, practices, and policies that promote equity, diversity, and inclusion.

RESPONSIBILITIES

Be accountable for implementing solutions that lead to a safe and welcoming workplace culture

- Oversee HCI’s efforts to implement a sustainable culture of respect for EDI.
- Oversee the EDI Program(s) Manager, who will be focused on Education, Training, and Awareness, as well as promotion of an EDI-aware culture at HCI. Work through the Program(s) Manager to design, organize, and coordinate events to support and promote EDI culture. Implement incentives and activities that foster a culture of belonging among employees at HCI. Recognize and reward individuals, activities, teams, and managers that promote EDI.
- Assess the progress of HCI’s EDI efforts, and work, under the direction of the Senior Director for Diversity and Inclusion, to make any necessary adjustments to policies, practices, or training.
- Build positive vision, direction, and results related to EDI strategic initiatives.
- Convene committees, as needed, to analyze and update EDI policies to address current issues.
- Monitor the well-being of individuals who have reported discrimination to assess and counteract any retribution, retaliation, or exclusion.
- Coordinate with other U of U system-wide EDI offices on issues regarding leadership, organizational effectiveness, and change management, with the goal to improve overall organizational climate and culture.
- Participate in regional and national EDI-related conferences and training sessions to ensure HCI implements EDI best practices.

Receive reports of discrimination

- Receive workplace discrimination concerns raised by faculty, staff, and trainees.
- Review anonymous reports from a Bias Incident Reporting software tool.
- Receive reports from system-wide U of U offices dedicated to EDI, including the U of U Office of Inclusive Excellence and University Department of Public Safety.
- Receive reports from “EDI Ambassadors,” who are employees across HCI departments who are selected and trained to identify EDI-related issues on a volunteer basis.
- Receive and monitor reports from Human Resources about employee diversity in each department.
Act to protect individuals who experience discrimination

- Listen to individuals who are targets of discrimination, validate their concerns, and maintain confidentiality when appropriate.
- Provide support and resources to individuals who are targets of discrimination, (e.g. assist with filing formal reports, provide mental health referrals).
- Work collaboratively with the U of U Office of Equal Opportunity to evaluate severity and reduce the number of discriminatory incidents; this work may include interviewing perpetrators of discrimination.
- Identify discrimination hot spots in HCI (e.g. high turnover of historically marginalized employees) and determine causative factors.
- Document incidents of discrimination and act as liaison between a targeted individual’s supervisor, the Office of Equal Opportunity, and Human Resources Managers to implement EDI training, a corrective action plan, and/or disciplinary action.
- Provide documentation to Human Resources to justify disciplinary action, including termination for repeat offenders or perpetrators of egregious acts.

Inform the HCI community regarding EDI issues

- Oversee the appointment, training, and continued eligibility of EDI Ambassadors.
- Regularly communicate HCI policies that prohibit discriminatory behaviors to the community.
- Regularly summarize discriminatory behaviors experienced at HCI.
- Report incidents of discrimination to the entire HCI community. Publicly acknowledge biased behaviors and validate the EDI concerns of our community members. Communicate relevant policies or actions being taken to the HCI community.
- Conduct annual surveys of EDI issues in the HCI community, and produce annual EDI report cards.

QUALIFICATIONS

Education

- Master’s degree in social work, social or behavioral sciences, higher education administration, healthcare administration, human resource management, or other related discipline.
- Additional certification in Mediation training, Alternative Dispute Resolution training, Ombudsman training, Equal Employment Opportunity training, or Human Resource training are preferred.

Experience

- 7+ years of EDI-related management and leadership experience, including the areas of cultural communications, diversity training, organizational culture.
- A demonstrated ability to work collaboratively with diverse groups of people.
- Demonstrated knowledge of how factors such as race, ethnicity, gender, sexual orientation, age, marital status, class, disability, religion, immigration status, education, economic, and health disparities affect underrepresented faculty, staff, students, and health care consumers.
- Demonstrated ability in the areas of conflict resolution and mediation efforts.
- Current knowledge of best practices in promoting an inclusive workplace, including effective approaches to recruitment and retention.
- A demonstrated ability to handle confidential and sensitive information with discretion.
- A demonstrated awareness of Human Resources principles, policies, and practices.
- Experience in research institution and/or academic environment preferred.

Skills

- Knowledge of advanced theories, principles, and best practices related to EDI.
- High level of interpersonal communication, facilitation, mediation, and investigation skills.
- Ability to work independently and within a team environment.
• Self-directed and well-organized.
• High level of integrity that inspires trust and confidence.
• Ability to successfully manage multiple and competing priorities and deadlines within a complex organization.
• Skill in problem identification, critical thinking, and sound judgment in decision-making and creative problem solving.
• Efficient and sophisticated data collection and analysis skills.
• Excellent computer literacy.

The EDI Director and their staff will be supported by a shared Administrative Assistant, who will have responsibility for the following tasks:

• Scheduling and organizing meetings and trainings.
• Communication needs.
• Management of administrative/financial business needs.
• Meeting support (i.e., coordinate scheduling, draft and create agendas and minutes, track attendance, and coordinate follow-up of action items.)
• Records of training and certification program completion.
• Records of achievements, outcomes, and evaluation metrics.
Huntsman Cancer Institute Equity, Diversity, and Inclusion Office

Program(s) Manager, Education, Training and Awareness

Huntsman Cancer Institute (HCI) at the University of Utah (U of U) is a nationally recognized Comprehensive Cancer Center and Cancer Hospital in Salt Lake City. We are searching for a Program(s) Manager to implement our vision, plans, and strategies for Equity, Diversity, Inclusion (EDI) at HCI and provide leadership for education, training, and awareness programs. The HCI EDI Program(s) Manager will be a member of HCI’s Office of Diversity and Inclusion and report directly to the Director of Equity, Diversity, and Inclusion, who reports directly to the HCI Senior Director of Diversity and Inclusion, who in turn reports directly to the HCI Chief Executive Officer.

The position will work in coordination with the EDI Director to oversee and lead the design, development, implementation and evaluation of organization-based EDI education and initiatives to aid the development of staff, faculty, and trainees within the HCI community.

In partnership with other system-wide U of U EDI offices, this position will design, deliver, and monitor EDI education, training, and awareness programs throughout HCI to ensure that the EDI curriculum is delivered in cost-effective, on-going, and impactful ways for the HCI community. This position will allocate resources to support education development and delivery and establish metrics to evaluate program success to ensure effective and efficient engagement and outcomes that align with organizational strategy.

RESPONSIBILITIES

Education and Training

Lead in the design, development, delivery, and evaluation of HCI EDI education, training, and awareness programs at the individual, leader, team, and organizational levels.

- Coordinate with the EDI Director on training initiatives, which will include design of change management strategies, stakeholder management, leadership buy-in, and associate engagement related to EDI.
- Collaborate with system-wide EDI offices and stakeholders to identify solutions to better assess, align, and utilize our organizational and human resources with regard to EDI training development and implementation.
- Conduct research to produce/select training materials (in person and/or computer-based delivery), by conducting interviews, attending courses, running focus groups, writing and reviewing surveys, reviewing existing materials, participating in meetings, and searching reliable external sources.
- Design, develop, and implement HCI onboarding and ongoing EDI training and certificate programs, as well as programs to meet the unique needs of our underserved and diverse staff, faculty, and trainees.
- Promote and advocate for integration of EDI concepts throughout the training portfolio.
- Implement and oversee institutional diversity training and conduct ‘train the trainer’ sessions to help trainers prepare for facilitating learning events.
- Develop and maintain awareness and records regarding individuals who plan and/or coordinate diversity-related events at the U of U/U Health to promote collaboration in the EDI space.
- Design/develop/select evaluation tools to assess EDI learning, including systems to monitor engagement, impact of diversity training, and development programs at the individual, department, and program level.
- Prepare reports on training completion and compliance. Report progress/outcomes.
- Perform regular assessments of current programs and implement changes as needed.
• Provide recommendations to staff and faculty leadership regarding alignment/ incorporation of EDI training in annual goals.

Develop and Promote EDI Awareness; Work to Integrate EDI in HCI Culture

Provide expertise in organizational performance assessment, organizational change, climate assessment, leader and team assessment, and development and learning, as it relates to EDI.

• Design, organize, and coordinate events to support and promote EDI culture within the HCI community.
• Coordinate with other system-wide EDI offices to implement a recognition program that acknowledges and rewards staff, faculty, and trainees for work in the EDI space that supports, promotes, and advances HCI EDI initiatives.
• Partner with program managers and trainers from other system-wide EDI offices on issues pertinent to leadership, organizational effectiveness related to EDI issues, and change management, with the goal to improve overall organizational climate and culture.
• Coordinate EDI culture initiatives with the HCI Compassionate Workplace Committee.
• Plan, coordinate, and implement employee engagement meetings, activities, and initiatives.

EXPERIENCE

• Experience in the EDI field and professional development training working with diverse populations and various job roles.
• Experience working independently and collaboratively in a team environment to influence and drive change throughout the organization.
• Experience in organization-wide program design, development, implementation, and evaluation.
• Experience in motivating individuals and teams as a catalyst, coach, presenter, and/or trainer.
• Experience managing multiple/competing priorities and deadlines within a complex organization.
• Demonstrated commitment to valuing EDI and contributing to an inclusive working and learning environment.

SKILLS

• Strong project and program management skills.
• Excellent written and verbal communication, facilitation, presentation, and professional speaking skills, with ability to articulate and execute a clear vision.
• Ability to write/create EDI professional development training that is timely and reflects current and relevant research and practices in culturally-inclusive and diverse environments.
• Strong computer literacy and working knowledge of online tools used to support professional development.
• Knowledge of, and ability to master the use of, social media tools (e.g., Facebook, Twitter, Instagram) to promote EDI initiatives.
• Ability to communicate effectively and respectfully with campus constituencies across disciplines and responsibilities, in face-to-face large group and individual settings.
• Ability to challenge and motivate, be welcoming of a wide variety of perspectives, and facilitate conversations about difficult topics.
• Ability to maintain confidentiality and appropriately handle sensitive communications; ability to provide culturally sensitive feedback on a variety of EDI topics.
MINIMUM QUALIFICATIONS

• Bachelor’s degree in Education or related field.
• Experience creating, managing, and delivering high quality, comprehensive training and education programs (experience in higher education preferred).
• Previous employment in a role supporting EDI efforts in a complex organization or institution of higher education.

DESIRED QUALIFICATIONS

• Experience in event planning, coordinating meetings, designing marketing materials/event announcements, and working on diversity-related programs.
• EDI Certification: Health Care Executive Equity, Diversity, and Inclusion Certificate or equivalent.
• Experience in corporate training and/or EDI consulting.

The EDI Director and the individual chosen for this position will be supported by a shared Administrative Assistant, who will have responsibility for the following tasks:

• Scheduling and organizing meetings and trainings.
• Communication needs.
• Management of administrative/financial business needs.
• Meeting support (i.e., coordinate scheduling, draft and create agendas and minutes, track attendance, and coordinate follow-up of action items.)
• Records of training and certification program completion.
• Records of achievements, outcomes, and evaluation metrics.
C3. Role Description: Equity, Diversity, and Inclusion Ambassadors

Huntsman Cancer Institute Equity, Diversity, and Inclusion Office
Equity, Diversity, Inclusion Ambassadors

Equity, Diversity, Inclusion (EDI) Ambassadors are members of the HCI community who act as a resource for community members who experience racist, discriminatory, or biased acts. EDI Ambassadors act as an extension of the HCI EDI Office, to provide contact points broadly within our workplace. The EDI Office is charged with guiding targeted individuals to resources, providing validation, and acting as a conduit for bias incident reporting. Ambassadors aid in this goal.

EAB Ambassadors are volunteers. They are appointed by, and report to, the Equity, Diversity, and Inclusion Director. They receive training appropriate to their role.

Role and Responsibilities

- Refer staff, faculty, and trainees who are targets of biased incidents to appropriate EDI resources.
- Show concern and provide validation, as appropriate.
- Maintain appropriate discretion and confidentiality.
- Facilitate prompt advancement of concerns to the EDI office.
- Educate/aid targeted individuals in completing an anonymous report.
- Provide information on the role of the EDI Office, the reporting process, and subsequent steps.
- Participate in hiring and search committees at the staff and faculty level.
- Provide regular reports, as requested.
- Attend regularly scheduled meetings.

Ambassador Training and Certification

Ambassadors will complete prerequisite and role-specific training, per the EDI Director, to achieve “EDI Certification.” Certification is subsequently maintained through annual training and satisfactory evaluation reports. Examples of training may include:
- Role training (supporting victims of racial bias, reporting process, providing resources)
- Annual EDI Ambassador Agreement atesting adherence to role description, HCI behavioral expectations, and completion of annual training updates
- Advocacy training in the recruitment and hiring process
- Annual evaluation from EDI Director
- Peer/victim evaluations of EDI Ambassador response

Ambassador Application and Appointment Process

To be eligible to serve in this role, individuals must have:
- At least 12 months of employment and satisfactory performance in current role
- No formal disciplinary action in past 18 months

Applicants should submit:
- Statement of commitment and experience in the EDI space
- Manager/Supervisor recommendation

Applicants who advance in the vetting process will also complete
- EDI Director interview
- Peer interviews

The EDI Director will ultimately appoint Ambassadors.
C4. Anonymous Incident Reporting Software Tool

**Recommendation 2:** Create a forum for anonymous community-based reporting of racism, discrimination, and biased language or actions at HCI.

The demonstration tool illustrated below was developed by the Safety and Refuge Subgroup, and produced, using Qualtrics software, by K-T Varley, PhD.

The tool enables individuals to:
- Anonymously report incidents of racism, discrimination, and bias
- Securely and safely request individualized support from the EDI office
- Recommend changes that leadership can make to prevent these incidents

Reports generated by this tool will enable the Director of EDI to:
- Learn about incidents of discrimination at HCI
- Provide support to individuals that experience mistreatment
- Provide regular updates to the HCI community about discriminatory behavior happening at HCI and policies that prohibit it
- Identify areas in HCI with repeated incidents and implement corrective actions

**Proposed Tool User Experience**

A selection of screenshots below provide a sense of the experience of the user. An online demo of the tool is available at: https://utah.sj1.qualtrics.com/jfe/form/SV_781lwhlnuWhykIZ

![Screenshot 1](https://utah.sj1.qualtrics.com/jfe/form/SV_781lwhlnuWhykIZ)
What did they say or do that was racist, discriminatory or bias? Please explain the incident.
Even if it was a bad “joke”, tell us about it so we can work together to make HCI a more inclusive, kind, and supportive community.

Where did the incident happen?

40 choices, spanning research and clinical environments, including "other"

Who said or did it? (select all that apply)

14 choices, from Doctor/Faculty to visitor, including "other"

If you were going to tell the offending person why their behavior was uncomfortable, inappropriate, or hurtful, what would you say?

What could your HCI leaders or colleagues do to prevent this type of incident from happening?
How can we reinforce the message that this behavior is wrong and not tolerated at HCI?

Here are some examples:
- Signs affirming HCI’s commitment to equity diversity and inclusion should be posted throughout the buildings.
- HCI employees should be required to have yearly training on racism, discrimination, and bias.
- I should be able to contact a professional equity, diversity and inclusion advocate who can protect or defend me.
- I should be able to anonymously send a card to the offending person that tells them they hurt someone, and remind them that HCI leadership condemns racism, discrimination and bias at HCI.

Please tell us what actions you would like HCI leadership to take:
Thank you for reporting the mistreatment you experienced on this anonymous website.

The HCI Equity, Diversity and Inclusion Office sends monthly emails to the HCI community to raise awareness of racism, discrimination, or bias at HCI. This email serves to remind our community of the work we need to do to prevent these incidents and make HCI a more kind, inclusive and supportive community. In this email, we include generic anonymous descriptions of the incidents reported through this website and include a supportive response from HCI leadership addressing the mistreatment you and others have experienced. We also respect your privacy. Please choose an option below:

Yes, include a generic anonymous description of the incident to help raise awareness and educate the community.

We will listen to, support, protect, and defend our HCI community members who have experienced racism, discrimination, or bias.

Here are some options for you to obtain personalized professional support:

Please consider filing a formal bias incident report.
Providing more details about the incident will allow University of Utah and HCI officials to take direct action to protect you and stop the inappropriate behavior.
If you’d like to file the report yourself, click on this link: https://inclusive-excellence.utah.edu/secure/report-form.php
If you would like assistance filing the report, enter your email address below and a member of the HCI Equity, Diversity, and Inclusion Office will contact you (optional):

If you don’t want to file an official report please tell us why:

Don’t want to make a big deal out of it

Fear of retribution from boss or coworkers

Don’t trust HCI officials

Don’t trust University of Utah officials

Other:
Data Evaluation to Improve HCI

The anonymous reporting tool is designed to help the HCI EDI Office analyze patterns of racist/discriminatory behavior, with the goal to improve our workplace culture. We recommend that the HCI Equity, Diversity and Inclusion Office send monthly emails to the HCI community that include:

- generic anonymous descriptions of the incidents reported through this tool
- a supportive response from HCI leadership validating victims’ feelings and admonishing the racist/biased behavior
- a reminder of EDI resources available to the community
- a reminder to our community of the work we all need to do to prevent these incidents and make HCI a more kind, inclusive and supportive community.

App Development: Qualtrics, Navex Global, or DIGIT Lab.
Appendix D: Hiring and Retention

D1. University-Level Policies and Recommendations

We provide here the SOM Diversity Action Plan that is referred to in the Commission’s recommendations above.

Diversity Action Plan of the University of Utah School of Medicine

The University of Utah School of Medicine is committed to diversity, inclusion, equity, and health equity. These commitments are the responsibility of every leader in our institution. Three key leaders appointed and specifically tasked to assist and coordinate our institution-wide diversity efforts in the School of Medicine include the Vice President for Equity, Diversity, and Inclusion (University-wide), Health Sciences Associate Vice President of Health Equity and Inclusion, and the School of Medicine Associate Dean of Health Equity and Inclusion.

As a community, our diversity categories and definitions include Medical Students, Faculty, and Senior Administrative Staff from Black or African American, Latinx, American Indian/Alaska Native, Pacific Islander or Native Hawaiian backgrounds, and all women.

The School of Medicine Associate Dean for Health Equity and Inclusion is charged with creating a culture where inclusion fuels innovation and quality while also addressing health and education inequities within the University of Utah School of Medicine. That individual is also charged with establishing coordinated outreach and inclusion efforts across the medical school that ensure the workplace environment attracts and promotes the success of diverse communities.

With this Diversity Plan, we seek to increase the representation of the above underrepresented groups in our medical students, faculty, and senior administrative staff. Our goals in this area are to achieve population parity for our state, in the case of medical students; or our nation, in the case of senior administrative staff and faculty. We believe that an inclusive climate is vital to the intellectual rigor, commitment to excellence, and the social fabric of the University and in preparing faculty, staff, students, and trainees with evidence-based skills necessary to provide high-quality and high-value care in a world defined by cultural and intellectual diversity.

This Diversity Plan applies to the School of Medicine faculty, students, senior staff, and residents in the M.D., Public Health, Basic Science, and Physician Assistant programs. The plan is consistent with and complementary to the University of Utah Equal Opportunity and Nondiscrimination Policy (https://regulations.utah.edu/academics/6-400.php), the Staff Employment Policy (https://regulations.utah.edu/human-resources/5-102.php), and the discrimination and compliance policies for students (https://regulations.utah.edu/academics/6-400.php) and faculty (https://regulations.utah.edu/academics/6-316.php).

Elements of the Diversity Plan include:

1. Search committees will include a manager from AVP Office of Health Equity & Inclusion and/or the SOM Associate Dean for Health Equity and Inclusion.
   a. All positions will be advertised widely in publications, organizations, and networks with strong membership from the underrepresented groups listed above, such as the American Medical Women’s Association, National Hispanic Medical Association, National Medical Association, Association of American Indian Physicians, and AAMC Group on Diversity and Inclusion.
   b. AVP and/or SOM Health Equity and Inclusion staff will help ensure that applicants from our diversity categories will be finalists in as many faculty searches as possible, (if not all) and will work with the SVP office to ensure that we are making more offers to diverse faculty, to reach our quality and diversity goals.
c. The manager from Health Equity and Inclusion will provide data and other information on potential candidate pools

2. The Dean will request annual updates from Department Chairs about department-level initiatives to advance diversity as part of their annual self-assessment. Department Chairs will encourage similar updates from Division Chiefs, Program Directors, and other department leaders.

3. Department Chairs and Deans will improve retention of faculty from above diverse groups through:
   a. Participation in faculty development programs.
   b. Establishment of affinity groups for diverse faculty
   c. Provision of underrepresented in medicine focused and task specific training and preparation for advancement
      i. These trainings will address specific, evidence based, faculty identified disparities from the literature, with strategies and tools to overcome them including but not limited to:
         1. Diversity efforts disparities
         2. Racism
         3. Isolation
         4. Lack of Mentors
         5. Clinical Efforts disparities
         6. Promotion disparities
         7. Gratitude “taxes”
      ii. These trainings are in development and will be focused on department and division leadership, although individual faculty members are welcome to attend.
   d. Developing retention plans that include elements to prevent diverse faculty from looking for other opportunities, as well as retention programs and strategies in the event that when diverse faculty are recruited to other institutions
   e. Retention is the primary responsibility of the chairs and deans
      i. SOM Associate Dean of Health Equity and Inclusion will provide assistance and expertise.

4. The School of Medicine will use existing programs and strategies to support faculty development, retention, and recruitment efforts for diverse faculty.
   a. Women in Health Medicine and Sciences (WiHMS)
      i. Sponsors multiple faculty and staff development opportunities yearly
      ii. Sponsors attendance at the AAMC faculty development for women (6 faculty members per year)
   b. AVP Office for Education
      i. Provides leadership training in 3 separate seminars
         1. AVP Office of Health Equity & Inclusion funds participation in these programs for diverse faculty and staff
   c. AVP Office of Health Equity & Inclusion and AVP Office of Education funding programs
      i. Funding for partial registration/tuition of programs like AAMC Development Seminars, the David Eccles School of Business Health Sciences Leadership Certificate, and professional conferences.
      ii. Individual departments pay the difference in tuition and travel for their selected faculty for the corresponding program.
   d. Academy of Health Sciences Educators provides training and development for education
professionals in health sciences

e. SOM office of Health Equity and Inclusion will follow participation and attrition and rates in these activities.
f. AVP office of Education and the AVP office of Health Equity and Inclusion will ensure that countinuous quality improvement procedures are in place to monror effectiveness and impact.

5. Coordinate with and recruit from the main campus’ large and diverse undergraduate pool. This will be achieved through collaboration and partnerships with the main campus diversity office (VP office of Equity, Diversity and Inclusion, AVP office of Equity and Diversity) and through our existing pipeline programs. These efforts and measures will be tracked by the SOM Associate Dean for Health Equity and Inclusion.
   a. Efforts to recruit include mentoring and counseling undergraduate students

6. Deans and department chairs will actively engage all faculty within the SOM in ongoing efforts to develop a supportive environment that will aid in retention and professional successes as well as assist in the recruitment of others.
   a. Activities include: affinity groups, anti-racism trainings, and active mitigation of the academic medicine disparities listed above.

7. Departments will establish and document their department-level diversity plans, and will be assisted by the SOM Associate Dean for Health Equity and Inclusion.
   a. Department level plans will be reviewed on an annual basis by individual department chairs and/or diversity committees
   b. Vice Deans and Associate Deans for Admissions, Student Affairs and Curriculum will also establish and document their diversity plans, with assistance and support from the SOM Associate Dean for Health Equity and Inclusion.

8. The School of Medicine will continually work to insure that evidence-based best practices are used to promote equity in hiring.
   a. Department chairs, program directors, division chiefs, search committee chairs, and search committee members will complete live or on-line education that includes:
      i. Reviewing the Faculty Search and Recruitment Toolkit
         https://pulse.utah.edu/site/academicaffairs/Documents/Faculty%20Search%20and%20Recruitment%20Toolkit.pdf#search=school%20of%20medicine%20faculty%20plans
      ii. Reviewing Office of Equal Opportunity and Affirmative Action Policies
         https://oeo.utah.edu/resources/plans.php
      iii. Completing AAMC Unconscious Bias Training
         https://www.aamc.org/initiatives/diversity/322996/labelearningonunconsciousbias.html
   b. Those employees who have documented completion of the above trainings in the VA system will not have to repeat them when participating in University of Utah School of Medicine hiring processes.

Reference Documents and Links
- University of Utah Equal Opportunity and Nondiscrimination Policy
  - https://regulations.utah.edu/general/1-012.php
- Staff Employment Policy
  - https://regulations.utah.edu/human-resources/5-102.php
- Discrimination and Compliance Policies
• Students: https://regulations.utah.edu/academics/6-400.php
• Faculty: https://regulations.utah.edu/academics/6-316.php

- Faculty Search and Recruitment Toolkit
  https://pulse.utah.edu/site/academicaffairs/Documents/Faculty%20Search%20and%20Recruitment%20Toolkit.pdf#search=school%20of%20medicine%20faculty%20plans

- Office of Equal Opportunity and Affirmative Action Policies
  https://oeo.utah.edu/resources/plans.php

- AAMC Unconscious Bias Training
  https://www.aamc.org/initiatives/diversity/322996/lablearningonunconsciousbias.html

***

The HCI EDI Commission endorses these additional Administrative EDI policies within other offices at the University.

**School of Medicine (SOM) Level**

- Definition of an administrative path for ‘opportunity hires’ of URM faculty and provision of a pool of funds to support salary and startup.
- Provision of central funds and administrative support for URM-serving communities such as SACNAS, BlackGrStudUnion, Wellness Resiliency, MEchA, CESA and others, as well as student and postdoc organizations. These communities promote URM opportunities and an anti-racist environment that is culturally positive. This, in turn, promotes faculty hiring and retention.
- Continuation of funding for a diversity recruiter in the MB/BC Graduate School Office.
- Support for FTE to obtain a T32 focused on URM candidates: Initiative for Maximizing Student Development.

**Department Level**

- Department-level/Chair accountability for EDI practices that includes yearly Dept overview by SVPHS (SOM Diversity Plan, Section 2).
- Departments and Department Chairs implementation of the Department Retention Plan (SOM Diversity Plan, Section 3).
- Inclusion of diversity context and value, as well as anti-racism pledge and practices, on Department websites.

**D2. EDI-Specific Staff Interview Questions**

Deliver the following EDI-specific interview questions to all Human Resources (HR) departments (HCI, HCH, U of U Health, U of U) for inclusion among HR’s bank of suggested questions. Promote this bank of questions to all hiring managers and search committees to utilize as a reference to determine an applicant’s commitment and experience to EDI.

1. HCI’s vision statement is defined as: passionate individuals and teams delivering a cancer-free frontier through scientific discovery and human touch. We will fall short of our vision to deliver a cancer-free frontier if we do not succeed in our efforts to achieve equity, diversity, and inclusion at HCI. How will you meaningfully contribute to our vision of a cancer-free frontier? FOR STAFF

2. Please tell us about your experience working with diverse populations (age, race, religion, sexual orientation, people with disabilities, etc.)? FOR STAFF
3. How well do you handle feedback or criticism? How do you think others would describe your relationship with conflict (conflict avoidant, conflict tolerant, conflict as opportunity, etc.)? Please tell us about a time when you disagreed with someone’s beliefs or witnessed discrimination. What did you learn from this opportunity? FOR STAFF

4. How has your background and experience prepared you to be effective in an environment that values diversity and is committed to equity, diversity, and inclusion? FOR STAFF

5. Please tell us about an instance when you have demonstrated leadership or commitment to EDI in your work? If you are hired, what would you do to promote EDI at our institution? FOR STAFF AND MANAGEMENT

6. If you are hired, please tell us about one or two specific things that you would do to promote EDI at HCI? If you have done additional things in the past, please share what you have done. FOR STAFF

7. What diversity, inclusion, and/or cultural competency/humility/antiracism training have you received and how have you applied what you learned in your previous job? FOR STAFF

8. Please describe how your previous employment has been enhanced by exposure to people with backgrounds and beliefs different than your own. Please provide a specific example. FOR STAFF

9. How has your perspective been enhanced by exposure to people with backgrounds and beliefs different than your own? Please provide a specific example. FOR STAFF

10. Have you ever encountered discrimination by someone with beliefs and backgrounds different than yours and wished that your employer provided training to help you deal with/manage these situations (i.e., antiracism, sexism, homophobia)? FOR STAFF
E1. ONBOARDING (Tier 1)

Required for all current and newly hired staff, faculty, and trainees.

Minimum requirement for all staff, faculty, and trainees. Conveys our remodeled HCI culture, behavioral expectations, and definitions of equity, diversity, and inclusion. Instruction on fundamental concepts of implicit bias, microaggressions, discrimination, and intersectionality. Instruction on responding to perpetrators and targets of discrimination in the clinical setting.

Objectives:
1. Describes why equity, diversity, and inclusion are essential to the culture of belonging at HCI.
2. Discuss fundamental concepts of implicit bias, microaggressions, discrimination, and intersectionality and the impact on the HCI community.
3. Recognizes discrimination, explains how to report it, and explains the components of an appropriate response.
4. Identifies at least one area for personal improvement and contribution towards an equal, diverse, and inclusive HCI community where everyone feel that they belong.

Suggested Training Examples:
1. HCI position/stance on Equity, Diversity, and Inclusion (Culture Video)
   a. Definitions
   b. EDI office and recent action toward creating an anti-racist organization
   c. EDI prevalence in all we do
2. Self-Assessment: example: How Diverse is Your Universe?
3. Implicit Bias and Micro-aggression (e-learning video, development in progress)
4. Responding to Racism at the Bedside (in-person training, development in progress)
   a. Addressing discrimination from patients
   b. Bystander tools
   c. Resources and support for victims of discrimination
5. Social identity, Intersectionality, Power and Race (In person, HEDI)
6. The Importance of Medical Interpreters (E-learning, LMS)

(+ Annual training bundle TBD)

E2. LEADERSHIP PREPARATORY TRAINING (Tier 2)

Required prerequisite for application for all formal leadership roles, including EDI Ambassadors.

Designed to prepare staff, faculty, and trainees for formal supervisor and leader roles and responsibilities. Prospective leaders will be trained to be fluent in EDI sensitive communication and, through self-reflection and examination of systemic racism issues, actively model behavior aligned with anti-racism and ally-ship.
Objectives:
1. Understands the historical roots and contemporary examples of racial prejudice and discrimination at HCI and in our larger catchment area.
2. Demonstrates self-awareness in terms of privilege, white fragility, and complicity when discussing EDI-sensitive issues with white and non-white members of the HCI community.
3. Articulates understanding of their own culture, individual biases and behaviors, readily identifying areas of intercultural competence, and areas for growth.
4. Demonstrates fluency in questions, statements, and strategies to disrupt racist behavior when it occurs.
5. Recognizes forms of power held in our organization, how power sharing is improved, and identifies the equity “hot spots” in our organization needing the greatest support for equity growth.
6. Explains how good intentions are no excuse for offensive words and actions.
7. Examines and challenges how HCI systemically supports and maintains disadvantages and advantages along racial lines.
8. Actively dismantles systemic racism by speaking up against bias and bigotry throughout the organization, inclusive of subtle forms of inequity, such as power hoarding or homogenous employee leadership groups.

Suggested Training Examples (to be identified or developed)
1. EDI Sensitive Communication
2. Privilege, Complicity, and White Fragility
3. Systemic Racism, Inequality, and Oppression
4. Media Bias and Literacy

E3. LEADERSHIP ROLE-SPECIFIC TRAINING: Senior Leadership, Directors, Managers, and Supervisors (Tier 3A)

Required for new and existing employees in Senior Leadership, Director, Manager, and Supervisor leadership roles.

Role-specific training for leaders on policies and processes with regard to hiring, accountability, remediation, and victim support. Training to become familiar with relevant system-wide departments, including Office of Equal Opportunity, Human Resources, Legal Counsel, Customer Service, and Risk Management.

Objectives:
1. Identifies goals for diversity recruitment and retention and tracks improvement.
2. Demonstrates skilled entry interviewing to better meet the needs of diverse employees entering the organization and supportive exit interviewing skills to solicit feedback on areas for improvement when BIPOC individuals exit the organization.
3. Removes accessibility barriers to reporting discrimination by modelling and teaching others how to recognize and report discrimination, as well as monitor for retaliation.
4. Solicits routine anonymous feedback from employees as to where they experience the most organizational belonging, as well as areas in which employees experience a lack of equity, diversity, or inclusion.
5. Addresses equity, diversity, and inclusion in hiring interviews and provides education and accountability to all interview participants to conduct an interview free of discrimination and bias.
6. Mediates interpersonal racism to protect the target and educate the perpetrator on appropriate interactions, accountability for discriminatory expressions and behavior, and restorative actions to mediate the adverse impact of the perpetrator on the workplace experience of the target.
7. Describes and recognizes institutional racism, including the discriminatory treatment, unfair policies, or biased practices that result in inequitable outcomes that favor white-identifying employees over BIPOC employees.
8. Regularly reviews and mitigates personal affinity bias and identifies areas of intercultural competence and areas for growth.
9. Demonstrates ability to receive cross-cultural feedback and take corrective personal action, as needed.
10. Demonstrates apology, repair, and restorative care after engaging in the direct, subconscious words, or actions that make someone feel attacked or uncomfortable due to their identity and/or assumptions made based on appearance or accent.

**Suggested Training Examples:**
1. Managing racism in the workplace (Managers/Directors)
   a. Managing racism from patients
   b. Racism among employees and colleagues: resources and required action

(+ Annual training bundles TBD)

**E4. LEADERSHIP ROLE-SPECIFIC TRAINING: EDI Ambassadors (Tier 3B)**

**Required Ambassador-specific EDI training.**

*Role-specific training to prepare EDI Ambassadors to fulfill the responsibilities of assisting victims to report discrimination and provide EDI representation and advocacy in the hiring process.*

**Objectives:**
1. Describes the discrimination reporting system and supports targeted employees and groups with awareness and support, as needed, through each step of the reporting and accountability process.
2. Identifies identity intersections where the ambassador has little implicit bias and also articulates areas of implicit bias where the ambassador is actively working to improve.
3. Recognizes forms of power held in our organization and is familiar with the “hot spots” in our organization needing the greatest support.
4. Explains the impact of discrimination and retaliation on the well-being of employees and organizational strength.
5. Demonstrates fluency in campus and community resources available to support targets of discrimination.
6. Advocates for fair and inclusive interviews to reduce homogeneity hires and increase institutional diversity through participation and equity coaching support in hiring interviews.

**Training Examples:**
1. EDI role in
   a. Anonymous online reporting system
   b. Supporting victims of racial offense
2. Advocacy in Hiring Selection

(+ Annual training bundles TBD)
Optional education and support for BIPOC and marginalized staff, faculty, and trainees to assist in managing, coping, and developing resiliency despite past or current racial trauma.

Objectives
1. Recognizes how race and racism have been internalized, and whether it has been applied to other people of color.
2. Describes the historical roots and contemporary examples of racial prejudice and discrimination at HCI and in our larger catchment area and how this intersects with their identity.
3. Identifies signs of racial battle fatigue, trauma, and burnout and seeks strategies for obtaining relief.
4. Names people, organizations, and other resources for support in reducing the adverse impact of racial prejudice and discrimination.

Suggested Training Examples:
1. Validation, self-compassion, internalized racism
2. Resources for support
## HCI EDUCATIONAL OFFERINGS

<table>
<thead>
<tr>
<th>TIER 1: BASIC: ONBOARDING, ANTI-RACISM PRIMER</th>
<th>EDUCATION OPTIONS</th>
<th>CONTENT SUMMARY</th>
<th>COURSE ACCESS &amp; LINKS</th>
<th>SUPPLEMENTAL RESOURCES</th>
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</thead>
<tbody>
<tr>
<td>HCI Position on EDI - Culture</td>
<td>Welcome Home: EDI and HCI Culture</td>
<td>Convey HCI culture, behavioral expectations and specifics on equity, diversity and inclusion</td>
<td>Video Link</td>
<td>Link to HCI EDI Website</td>
</tr>
<tr>
<td><strong>Self-Assessment</strong></td>
<td>Harvard Project Implicit website</td>
<td>Self-assessment completed online and reflection questions completed on conclusion of assessment. Response recorded by participant in annual evaluation/passport.</td>
<td><a href="https://implicit.harvard.edu/implicit/takeatest.html">https://implicit.harvard.edu/implicit/takeatest.html</a></td>
<td>Confronting ‘intergroup anxiety’: Can you try too hard to be fair? Explores why we may get tongue tied and blunder when we encounter people from groups unfamiliar to us. (5 minutes)</td>
</tr>
<tr>
<td></td>
<td>How Diverse Is Your Universe® (or similar self-assessment tool)</td>
<td>Self-assessment completed online and reflection questions completed on conclusion of assessment. Response recorded by participant in annual evaluation/passport.</td>
<td><a href="https://www.learnersedge.com/blog/teacher-learning-activity-how-diverse-is-your-universe">https://www.learnersedge.com/blog/teacher-learning-activity-how-diverse-is-your-universe</a></td>
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<tr>
<td></td>
<td>Microaggressions: U of U Office of Equal Opportunity (in-person 60 min training)</td>
<td>Live 75 min presentation with facilitated discussion. Participant completes responses on 1. self reflection 2. application to practice*</td>
<td>Office of Equal Opportunity Employment; Contact Sheila Scorreris</td>
<td>Build Team Connection by Exploring Implicit Bias</td>
</tr>
<tr>
<td><strong>Addressing Racism in the Clinical Setting</strong> (clinical staff with direct patient contact)</td>
<td>Responding to Racism at the Bedside (in-person 60 min or recorded training with discussion guide)</td>
<td>Addressing discrimination from patients. Review policy, processes and resources for support. Review of bystander tools.</td>
<td><a href="mailto:HCI.CSEmary-jean.aust@hci.utah.edu">HCI.CSEmary-jean.aust@hci.utah.edu</a></td>
<td>How to Respond with Compassion when Someone is Hurt by Racism</td>
</tr>
<tr>
<td><strong>Social Identity, Intersectionality, Power and Race</strong></td>
<td>Office of Health Equity, Diversity and Inclusion (in-person 90 min)</td>
<td>Explores concepts of identity, power, intersectionality, microaggressions and code switching through facilitated discussion and activities and self-reflection</td>
<td>Office of Health, Equity, Diversity and Inclusion: Contact Mauricio Laguan</td>
<td>The urgency of intersectionality, TED Talk by Kimberlé Crenshaw, that asks us to see the ways Black women have been invisibilized in the law and in media. (19 minutes)</td>
</tr>
<tr>
<td><strong>Importance of Medical Interpreters</strong> (clinical staff only)</td>
<td>Importance of Medical Interpreters (14 min video e-learning)</td>
<td>Describes resources at HCI. Why medical interpreters are needed, when and how to contact them.</td>
<td>Course Link (LMS)</td>
<td>Identity: Identity and Impact: Relational Leadership Toolkit</td>
</tr>
</tbody>
</table>

**ANNUAL UPDATE:** HCI Equity, Diversity and Inclusion Annual Bundle: To be developed based on the above curriculum

**TIER 2: LEADERSHIP PREPARATORY TRAINING** To be identified and/or developed

Pre-requireite for application to formal leadership position and/or EDI Ambassador Role

**TIER 3: LEADERSHIP ROLE-SPECIFIC (MANAGER)** To be identified and/or developed

Required for all Managers, Directors and Supervisors

**TIER 2: LEADERSHIP ROLE-SPECIFIC (EDI AMBASSADOR)** To be identified and/or developed

Required for all EDI Ambassadors
our staff is of the
HIGHEST CALIBER

LEARN ABOUT DR. STAFF NAME

ALMA MATER:
STANFORD UNIVERSITY

area of expertise:
dermatology

driving passion:
"My mom passed from melanoma, and I strive to prevent future patients and families from suffering from this disease."