

The Yale Department of Psychiatry Anti-Racism Task Force: A Model for Promoting Racial Equity in Academic Medical Centers



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Background/Significance

- 400-year legacy of racism in the United States
- Recent national and global events raise profile of the impact of racism
- Growing grass roots anti-racism activism in the department
- Department diversity initiatives >10 years have inadequately targeted racism
- Racial/Ethnic inequities among faculty, staff, and learners
- Key component of anti-racism agenda: creation of anti-racism task force in 2020

Objectives/Purpose

- Department of Psychiatry Anti-Racism Task Force (ARTF): To oversee and, as appropriate, implement the department's anti-racism agenda
- Institutional Action Project (IAP): To implement the ARTF; to develop ARTF evaluation, communication, and sustainability plans and a department communications system; to define "inclusive excellence" and identify metrics for Yale School of Medicine

Methods

- ARTF addresses racism
- Rapid cycle method to community coalition framework (Florin, et al., 1993)
- Multi-method research design to conduct process and outcome evaluations
- Inclusive excellence: literature review, 3 interviews, 5 listening sessions, Qualtrics survey

Results/Outcomes to Date

- Initial mobilization: Recruited critical mass of active participants (N=~95)
- Establishing Organizational Structure: Structure established (Figure 1)
- Building Capacity for Action: Sponsor anti-racism training, lectures; intra- and inter-organizational linkages
- Planning for Action: Needs assessment as perceived by relevant constituencies (Figure 2)
- DEI criteria integrated into appointments and promotions process

Conclusions/Next Steps

- Systemic, ongoing, and whole system change efforts are needed to address racism
- Next steps: Submit subcommittee implementation plans for refinement, alignment with school of medicine DEI strategic plan, and prioritization; select evidence-based interventions; develop ARTF mission statement; secure resources; and institutionalization

References: Florin, P., Mitchell, R., & Stevenson, J. (1993). Identifying training and technical assistance needs in community coalitions: a developmental approach. *Health Education Research*, 8(3), 417-432.

Figure 1

Anti-Racism Task Force Mission-Focused Structure

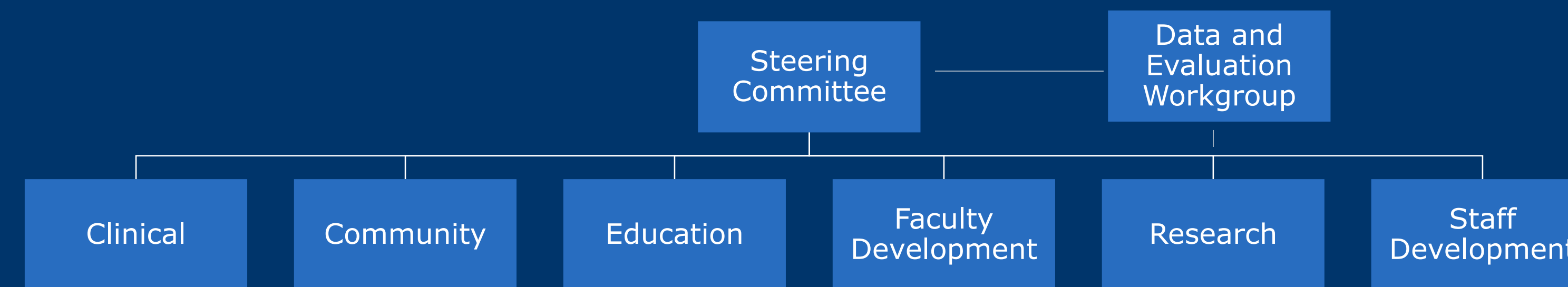
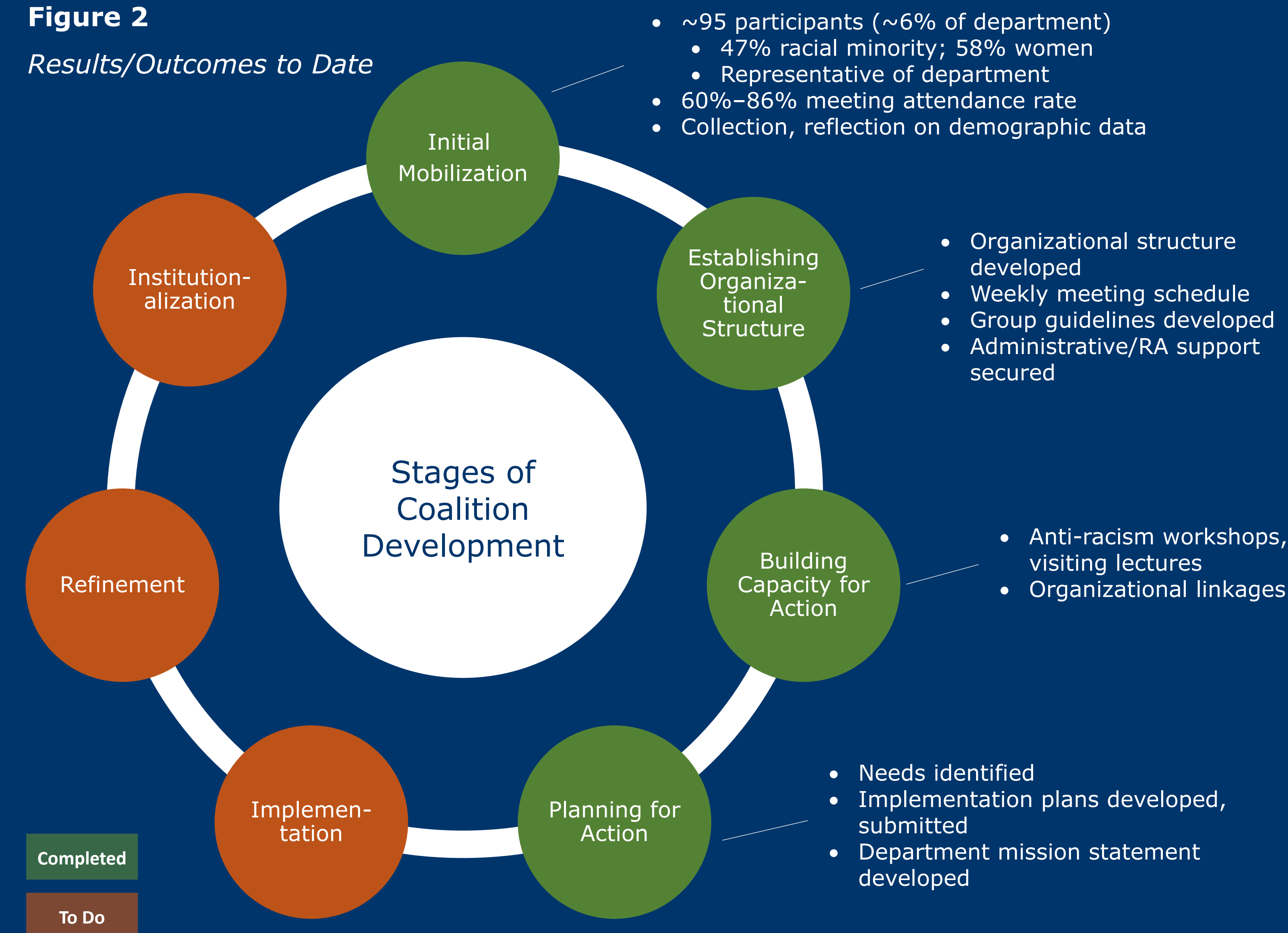


Figure 2

Results/Outcomes to Date



ABSTRACT: 2022 ELAM Institutional Action Project

Project Title: The Yale Department of Psychiatry Anti-Racism Task Force: A Model for Promoting Racial Equity in Academic Medical Centers

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Topic Category: Education, Clinical, Research, Administration

Background, Significance of project: In the wake of the tragedies that gripped our nation and the increasing awareness of racism within the Department of Psychiatry, the department developed an anti-racism agenda with the same urgency with which it addressed COVID-19. This agenda seeks to unmask and dismantle the culture, policies, and practices that perpetuate racism in the department. The department seeks to address the four dimensions of racism (structural, institutional, interpersonal, and internalized) and develop and implement a strategic plan to achieve and sustain racial equity. A key component of the anti-racism agenda is the creation of an anti-racism task force.

Purpose/Objectives: The Department of Psychiatry Anti-Racism Task Force (ARTF) oversees and as appropriate, implements the department anti-racism agenda. The ARTF is comprised of a steering committee and six subcommittees spanning academic psychiatry missions. This Institutional Action Project (IAP) will continue to implement the Department of Psychiatry ARTF and develop three plans (evaluation, communication, sustainability) and a reporting system to communicate progress. Additionally, through the ARTF, a literature review, and listening sessions, this IAP defines “inclusive excellence” and identifies metrics for Yale School of Medicine.

Methods/Approach/Evaluation Strategy: This project uses a community coalition framework (Florin et al., 1993) to develop, implement, evaluate, and institutionalize the ARTF. The framework provides seven stages of coalition development and associated tasks and data used to evaluate performance on tasks. A multi-method research design is being used to conduct process and outcome evaluations of the ARTF. The process evaluation consists of: 1) member surveys to determine participant characteristics; 2) committee meeting minutes and attendance logs to determine number of meetings and attendance rates; and 3) number and types of documents produced by committees. The outcome evaluation will assess: 1) department climate (sense of belonging, identity-affirming environment, perceived organizational tolerance for harassment) building on existing climate assessments; 2) racial equity/parity (resources, salary, academic/professional rank) using department and school of medicine analytics; and 3) improved relationship with New Haven and other communities served (operationalization in progress).

Outcomes/Results: The ARTF recruited a critical mass of active participants representing key department sectors. Over 17 months, 95 [6% of 1,463 faculty, staff, trainees] participants attended weekly/bi-weekly meetings with a 60-86% attendance rate. The ARTF structure was established and attention to group task and maintenance functions are adequately attended to (structural configuration and formality of procedures; management of community tragedies, trust-building, and race-related conflict). We are building ARTF member and department community capacity to address racism and promote equity (i.e., anti-racism training, visiting lectures, intra-organizational linkages). The ARTF is planning for action to address racism and promote equity through an assessment of needs as perceived by relevant constituencies (people of color, faculty, staff, trainees, community members).

Discussion/Conclusion with Statement of Impact/Potential Impact: Without systematic and ongoing efforts to address the underrepresentation of individuals from racial minority backgrounds in academic medicine, it will take centuries to achieve parity and equity. An anti-racism task force can be an important mechanism for whole-system change to address racism, particularly at the structural and institutional levels.