Diversity, Equity and Inclusion Training in Higher Education: How Enrichment Imbued with Reciprocity Could Sustain the Complex Work

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This project evaluates enrichment offered by a Health Sciences Diversity, Equity, and Inclusion (HSDEI) department tasked with embedding and retaining diversity, equity, and inclusion (DEI) in six health sciences schools in an urban higher education institution. The evaluation centers on the realities of a primarily white institution's schools of health sciences' attention to processes and action items related to diversity, equity, and inclusion efforts, including antiracism and social justice advancement and by reciprocally attending to the unique positionality of the training participants and facilitators. Evaluation results offer pathways to build capacity in examining the self, the self in community, and the self in the system as a means to disrupt health inequities.

Health sciences has a long history of oppressive and unethical processes affecting health and wellness, which is directly linked to disparate outcomes for minoritized and oppressed individuals and communities in health and life expectancy, affecting the spectrum of experience, including both joy and death. This is especially true for racial, ethnic, educational status, low-economic status, sexual, and gender-minoritized individuals and communities connected both to the university (staff, faculty, and students) and to communities outside of the university.

Through document analysis, semi-structured interviews, and a version of a Community Engagement Studio (Joosten et al., 2015) framework, this study examines reciprocity as a driver for sustained DEI-related growth within the schools of health sciences to determine if the HSDEI

training options align with stakeholder needs and assets. Four key findings re-frame enrichment options to interrogate: the colonization of DEI in higher education; the lack of attention to place-based learning for DEI to root histories and cultural significance; the dearth of attention to whiteness; and the criticality of the self for DEI facilitators and participants. The recommendations point to a spectrum of solutions to disrupt the components lacking inDEI training, including critical frameworks and questions to ask as an institution, as a unit, and as individuals. The evaluation analysis and recommendations lend support to future research with case studies, a flipped classroom model in DEI enrichment facilitation, and inquiry and best practice to sustain the work.

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Preface

I want to first acknowledge the University of Pittsburgh's School of Education for its offering of a doctorate degree program that promotes the work of practitioners so that while we are engaging in the didactic studies of the EdD, we are also in the field, working on the ground to put into practice our learning through unlearning and relearning cycles.

To the committee of this dissertation in practice, I thank you three. Dr. Lori Delale O'Connor, your advising, encouragement, (re)routing, and seeing the bigger picture, and with joy , have given focus to this work. Your engagement as a practitioner and mentor to so many reverberates here. Dr. Jason Mendez, your connection to exploring and exposing narrative through traditional and creative ways to translate knowledge and to disrupt norms otherwise maintained is powerful. Thank you for showing up and teaching how to be an advocate, starting with the self. Dr. Sharon Ross, thank you for the encouraging feedback in my coursework and in this dissertation process, and for your ease with describing best practices for qualitative work.

As a member of the inaugural cohort of the Urban Education area of concentration in the Doctor of Education program at the University of Pittsburgh, I cannot thank enough my colleagues who are now friends thanks to this process. The in-class connecting, and then the hundreds of group texts throughout the global COVID-19 pandemic, set in motion a community of practice and love I will forever be grateful for and whom I will continue to lean into. Here's to disruption, Doctors Barga, Brentley, Ducar, Ellerbee, Leeper, Moye, and Mukasa; we did it together.

To the Office of Health Sciences Diversity, Equity, and Inclusion, and in particular the team who supervises me, I thank you for your trust and for being such teachers of the work, even while shouldering and pushing through an incredible amount of barriers, and ensuring that we as

an office are not "doing business as usual" as a tagline for change making. This thanks goes directly to those who offered their words and experiences for this work: C.R.,* K.H.,* and N.B.* To my colleagues in other areas of the University, namely E.H. and R.K., your support is the best.

I struggle in reflecting on a childhood that was so formative in its approach to independence while simultaneously creating so much to interrogate in terms of power and privilege, despite the heartaches. If my path weren't mine, this dissertation wouldn't be what it is. I cannot separate myself from my work. To that end, I thank my family and friends, particularly the Goldstein and Schindler clans and E.G.R. for framing my curiosity and empathy.

For the brief writing escapes behind a closed office door; getting through the bath-book-bed routine to get us in bed early enough for my pre-dawn writing each morning; and for asking so many good questions while listening to endless read-alouds of paragraphs at various stages of editing, I thank you, Caity Garrity. As my moo, my spouse, and mama to our Jack Garrity-Schindler, who at the tender age of 5 years old is already primed with what needs to happen to be the change agent we all have the capacity to be, I promise to hold a light to you and your dream project next. It's with immense love that I acknowledge the time that our whole household committed to this degree.

1.0 Naming & Framing the Problem of Practice

1.1 Broader Problem Area

Collins and Mansoura (2001) found humans to be 99.9 percent the same at the level of their genomes, noting that "the Human Genome Project has helped to inform us about how remarkably similar all human beings are; those who wish to draw precise racial boundaries around certain groups will not be able to use science as a legitimate justification" (p.221). Despite these similarities, inequities of health and wellness persist (Trent et al., 2019). As science and society focus on the "disparate outcomes that have resulted from them [the social conditions leading to racial disparities], often reinforcing the posited biological underpinnings of flawed racial categories," instead of giving attention to preventative measures to address the social determinants of health, which tie directly to the health and well-being of people (Trent et al., 2019), diversity, equity and inclusive experts in the health sciences — and in disciplines beyond — express the need to explore Diversity Equity, and Inclusion (DEI) and social justice in the health sciences.

A mid-August 2021 *New York Times* article splashed the words "A Changing Country" (New York Times, 2021) drawing on the findings of Brookings demographer William Frey, whose analysis of the 2020 United States Census underscored how diversity is on the rise in almost every county in the country. Frey (2021) noted, "We have people of color who are young and growing more rapidly; they are helping to propel us further into a century where diversity is going to be the signature of our demography.

Close to four out of 10 Americans identify with a race or ethnic group other than white, and the 2010 to 2020 decade highlighted the first in the United States in which the white population

declined (Frey, 2019). Demographic patterns reveal increases in higher education students who identify as Hispanic/ Latinx, non-Hispanic Black, and Asian Pacific Islander (Grawe, 2017). Historically underrepresented college undergraduate students increased by 17 percent — from 28 percent to 45 percent enrollment — between the fall of 1997 and the fall of 2017 (Davis & Fry, 2019). Faculty are also diversifying, though higher education remains overwhelmingly white; between 1997 and 2017, full-time faculty members who did not identify as white increased by 10 percent, from 14 percent to 24 percent (Davis & Fry 2019). As the United States continues to be more racially diverse, thinking through an approach to diversity, equity, and inclusion (DEI) efforts, particularly in reference to primarily white institutions, is crucial.

In 2003, the United States government funded the Sullivan Commission on Diversity in the Healthcare Workforce to examine the stagnation of minoritized health professionals despite the country's growing diversity, citing how professionals identifying as Black, Hispanic, and American Indian, as a group, made up a quarter of the United States populations while comprising fewer than 9 percent of nurses, 6 percent of physicians, and 5 percent of dentists (Sullivan, 2004). The study noted how increasing the number of racially minoritized health professionals is directly linked to the elimination of health disparities (Sullivan, 2004) while also increasing the education and training environments where individuals learn and work. ThThe Commission noted that "the lack of minority health professionals is compounding the nation's persistent racial and ethnic health disparities from cancer, heart disease and HIV/AIDS to diabetes and mental health, African Americans, Hispanic Americans and American Indians tend to received less and lower quality health care than whites, resulting in higher mortality rates" (Sullivan, 2004).

Critical to the examination of disrupting these health disparities, reports from the Sullivan Commission (2004) note minoritized health professionals are more likely to serve minoritized and

medically underserved populations. "The [Institute of Medicine] recommends increasing the number of minority health professionals as a key strategy to eliminating health disparities" (Sullivan, 2004).

In 2004, following the release of the Sullivan report, City University's** Health Sciences Department conducted its own study, quantifying faculty of color on the campus by way of the University's newly formed committee. The City University spin off of the federally-funded Sullivan Report, called the Sullivan Commission Task Force on Racial and Ethnic Diversity in the Schools of the Health Sciences focused on the "barriers that prohibit the successful inclusion of underrepresented minorities in our schools." To study these barriers, the Task Force conducted an inventory of initiatives addressing diversity; held focus groups; and interviewed underrepresented faculty members of the health sciences schools and administrators of the broader campus. The Task Force also combed through student applications and examined admissions processes and department support services and gained insight into the participation of minoritized faculty on search and admission committees. What came out of that work was the establishment of the Office of Health Sciences Diversity and Inclusion — as it was then named — as a permanent presence to interrogate the Task Force's findings by continuing its efforts to diversify the health sciences.

In 2022, the Office of Health Sciences Diversity, Equity, and Inclusion's (HSDEI) 15-year presence on campus continues to leverage the Sullivan report findings in their mission (City University, 2021c). Founded by Kathryn Hinson*, or K.H., a self-identified Black woman currently in her early 60s, whose vision since 2007, as then assistant vice chancellor for health sciences diversity, has been to chip away at structural oppression through explicit recruitment and retention of historically excluded and underrepresented faculty and students. Since that time, the goals of the office have included bringing change to the schools of health sciences with the goal

of disrupting health disparities. A health disparity is defined by Healthy People (Office of Disease Prevention, 2021), the U.S. Department of Health and Human Services' 10-year plan to address public health concerns, as:

> a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Schools of health sciences include public health, nursing, medicine, rehabilitation sciences, dentistry, and pharmacy. Part of the DEI process is to offer programming and training to make inclusive the units/departments and curricula that diverse students and faculty embody.

Despite efforts to propel forward HSDEI efforts to change the way the health sciences approach people and problems by encouraging diversity among its faculty and student body, casual and formal feedback reports to the HSDEI leadership identify critical disparities, discrimination, inequities, and injustice regardless of growing national diversity and the need to dislodge the status quo. In the summer 2021 newsletter for the HSDEI, the newly promoted and retitled Hinson, now the Associate Vice Chancellor, Health Sciences Diversity, Equity and Inclusion, set the new academic year in motion with a message about values and image (City University, 2021c):

> It's no secret that typical academic culture is antithetical to values of equity and inclusion. The academy and its traditional success metrics demand a constant feeding of the beast of publishing and obtaining grants. Mission critical, to be sure; however, if we are to change the culture of the academy by creating equitable spaces, safe spaces, inclusive spaces, then

window dressing DEI while business and behavior proceed as usual will not and cannot work.

As the lead of the HSDEI, and a University employee since 1994, Hinsen has worked in the office since it opened in 2007, doing so in a variety of ways, extending her approach to long-term, sustainable work to diversify and include faculty and students in the schools of health sciences. Authors King-Ries et al. (2021) lean on an Audre Lorde quote reminding readers that when one within a system wants to also disrupt the same system, "it means that only the most narrow parameters of change are possible and allowable." This statement (King-Reis et al., 2021), coupled with the improvement science pathway of small iterative change, makes room for thinking evaluatively in the HSDEI. Are the small, consistent changes enough to ripple out and create wider change in the health sciences schools, and the health sciences schools in the larger system? How do DEI professionals dismantle the same system in which we work? And still, Hinsen's letter (City University, 2021c) reminds the academic community to disrupt systems and go deeper. A concern for reciprocity might be a string that ties the schools of health sciences to one another, and may reveal larger repercussions about the university and local, regional, national and global efforts to this change-making process.

Diversity, equity, and inclusion work holds the hefty, possibly lofty, task of bringing change to workplace and learning environments in short sessions, often one-off environments bringing together a full department for half a workday to offer coffee and conversation about critical topics such as power, implicit bias, and microaggressions. There is speculation on why trainings continue to be utilized when research indicates that stand-alone events have limited effect (Chang et al., 2019). In fact, Chang et al. (2019) found that some who took the authors' diversity

training exhibited change in attitudes related to supporting women — which was the goal of their diversity training — and yet demonstrated no behavior change. The authors cited three examples:

1) In asking the participants to identify five colleagues they would like to mentor over coffee, most men chose other men, while some women choose more women to mentor

2) In asking participants to nominate colleagues for excellence, the average number of women nominated was unchanged compared to other nomination periods before the training took place.

3) Participants were asked to sign up to talk on the phone for 15 minutes with either a male or female new hire, and overall, males signed up to speak with other males, while some female participants chose to speak to new female hires over a male hire.

The authors concluded that less dominant groups — i.e. women and racially minoritized individuals and those intersecting these identities — were more likely to engage in behavior change towards other less dominant groups, while dominant groups, i.e. white men, continued to engage mostly with other white men (Chang et al., 2019). The impact and influence of trainings is important, and results might be connected to the spectrum of entry points of those in the training space.

The dialogue held in training sessions may be the first of its kind for some in the room, and for others, it may be a pit-stop on a lifelong journey to break free of power and oppressive forces in their work spaces, professionally and personally, and where the two intersect. The arc of a training may include an introduction to the work; an introduction to each other through an icebreaker activity; a didactic portion for translation knowledge on a topic, and then a series of — suggested by the facilitator — ideas of action; and strategies to put the learning and unlearning into action. Many studies have indicated that DEI trainings are not enough. Some have found that

trainings are too broad in their approach and not deep enough in content to make lasting change; that an hour-long one-off training session does little to establish trust in the content and process; to examine the self, the self in the community, and the self in the system; and to silo socially dominant identities — often the white, cisgender, heterosexual men in the room (Dobbin & Kalev, 2018). In addition, such trainings may further participants' inhibition to self-reflect and relate (Dobbin & Kalev, 2018) and make the oppressed voices serve as the lever for emotional burden. That is, folks of color, sexual and gender-minoritized individuals, and those who hold intersecting minoritized identities, as examples of the most oppressed and underrepresented in a space, may become targets in the room and may even be hurt in trainings. By being expected to bear witness to the public grappling of dominant identified people such as the white-identified participants, minoritized individuals also in the space might be triggered, made vulnerable, embarrassed, and tokenized.

Dobbin and Kalev (2018) combed through diversity training results in corporate and academic spaces and found evidence noting how anti-bias training offered alone has not been effective in disrupting lifetime-held biases. Instead, the trainings often activate stereotypes through their requests to suppress identity groupings and further push white participants and cis-men to disengage as multiculturalism and sexism concepts in anti-bias trainings makes them feel excluded and reduce their interest in diversity. This weaponizing of white fragility is not surprising; it is hard to be vulnerable and reflective of the power and privileges held by any person. Consider *White Fragility* author Robin DiAngelo who addressed members of the U.S. Congress in June of 2020 (Bergner, 2020) who came together to talk about race in the United States 10 day after the state-sanctioned killing of George Floyd: "For all the white people listening right now, thinking I am not talking to you, I am looking directly in your eyes and saying, 'it is you." DiAngelo further

argued (Bergner, 2020) that it doesn't matter if the congressional leader is is white and had a Black roommate in college or currently serves a diverse district, until the white folks in the space grapple with the self-examination necessary to ask "what does it mean to be white," intentional and unintentional acts of hurting and limiting Black lives is inevitable. If in trainings we stop at before learning to disrupt inequities, we may fail to address the unlearning piece to make lasting change. New York Times writer Daniel Bergner (2020) underscores DiAngelo's criticality of understanding white fragility: "White fragility is not weakness, it is weaponized in that white people lean on their race to say, it's not my fault or I have no hand in the way things play out in society. That white people tend to be evasive about reflecting on one's own power and privileges thereby protecting what Bergner (2020) states is "a frail moral ego, defending a righteous self image and ultimately, perpetuating racial hierarchies, because what goes unexamined will never be upended."

As a three-part process, and gleaned from Theory U, a Massachusetts Institute of Technology model "based on insights from a reflexive science of living systems that include complexity theory, quantum mechanics and generative biology," and working in sync to develop change makers (City University: Engineering, 2019), my work proposes DEI workshops include attention to the self, the self in community, and the self in the system. The overall idea with Theory U (Scharmer, 2007) focuses on the transformational process through which humans engage in multiple steps: suspending, observing, sensing, presencing, crystalizing, prototyping, and realizing. The first three steps are attention to the self — what one sees and senses about onself (Scharmer, 2007). The last steps are attention to the self in the system — as one engages with systemic elements, how do the noticings one had in the first three steps show up in crystalizing

commitment to make something happen, engaging a new way of operating by prototyping, by swiftly acting in a natural way to create change (Scharmer, 2007).

A City University Lab launched a year-long infrastructure to engage the practices of Theory U as it relates to building capacity for participants, and then leveraging the growth to make sustaining change in the University (Jiang, 2020). City University leadership (Jiang, 2020) further illustrated those steps by thinking about transformation as moving from the ego to eco-system awareness, a process the self needs to go through to shift mindset.

The self in the community and the self in the system have been left off the table in many diversity training sessions. DEI workshops can lack very direct and relevant-to-the-participant action items. Coupled with a dearth of "closing the loop" processes through multi-prong diversity initiatives system wide, which could bring anti-bias trainings into other work aspects, the result is a lack of interwoven change solutions to disrupt power (Dobbin & Kalev, 2018) in training relationships. DiAngelo's trainings on white fragility, as it relates to feelings of defensiveness when learning about how identities affect power and privilege, illustrated the absolute need to intersect the self and the self in the system: "She taught throughout the afternoon that the impulse to individualize is in itself a white trait, a way to play down the societal racism all white people have thoroughly absorbed" (Bergner, 2020). If there isn't a way to bring training into a space of systemic action, the trainings and the statement-making later from department leadership may become non-performatives (Ahmed, 2012) in that trainings can be a box to check but not the actual act needed to disrupt policy and process and practice to make units more inclusive and equitable, while playing a real role in addressing health inequities and disparity through the unit's productivity. In Bergner's piece, they ask a Levi Strauss and Company lead what they had hoped to glean from hosting a training with *White Fragility* author Robin DiAngelo: "I was told the goal

was to 'get conversations started' but that to his knowledge, the company kept no data reflecting diversity in senior positions or promotions by race" (2020) Chang et al. (2019) conclude that behavior change has been empirically shown to stem from a shift first in attitude, which then develops into intentions and, finally, leads to action. Because the authors (Chang et al., 2019) found that attitudes changed mostly among those who are already either ready to change, or those who are not dominant — i.e. gender and racial minoritized individuals — in various spaces and those experiences shape their intentions, actions and behaviors shifts, it is critical to understand training participants' pre-existing attitudes at the onset.

As a researcher, I align the definition of diversity, equity, and inclusion to scholars and leaders who have been doing this work for a long time Thereare many versions of the terms.

Diversity "We're different; we're the same" (Kates & Mathieu, 1992).

The educational programming of Sesame Street has explored diversity through a range of cultural references and muppet fur hue; Street humans, and through tough discussions over the years, but until 2020, following the murder of George Floyd by police officers, did the first explicitly Black muppet arrive to Sesame Street:

> *Throughout the years, though, Sesame Workshop has conducted research that suggests that metaphorical representations of diversity (such as multicolored Muppets) might not be explicit enough for young children. If a young child sees that blue and green monsters can be friends, for example, he or she might not transfer that idea to an understanding that diverse humans can be friends.* (Gardner, 2021)

Equity

The effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Working to achieve equity acknowledges unequal starting places and the need to correct the imbalance. (CSSP, 2019)

Janaya Future Khan, scholar, activist, model, and lead in the Black Lives Matter movement, describes how to achieve racial equity by thinking about the formation of Empire penguins

The penguins are ordered in a particular way. They are in the shape of a spiral and the penguins on the inside are really really warm and the penguins on the outside are cold and gradually over time the penguins on the inside would move out and penguins on the outside would move in. That's how they survive. So imagine if our organizing structures and the ways we understood decolonization and even where we placed ourselves in movements took on that framework. (Rao, 2016):

Inclusion

The active, intentional, and ongoing engagement with diversity—in the curriculum, in the co-curriculum, and in communities (intellectual, social, cultural, geographical) with which individuals might connect—in ways that increase awareness, content knowledge, cognitive sophistication, and empathic understanding of the complex ways individuals interact within systems and institutions. (Association of American Colleges and Universities)

Ericka Hart, scholar, activist, model, sex educator, describes how inclusivity should continue to be examined:

Hart continued her thoughts on the importance of inclusion in the fashion world. 'Even as many Black queer trans non binary fat and disabled folks are granted access to a space that was

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created to exclude us, we have to still critique it and consider why we even want access to that space.' (O'Neill, 2021) This is important, too, when examining how City University has defined diversity, equity, and inclusion, and paralleling those definitions to how each participant may be thinking about these terms. The City University's Provost web page highlights the institution's diversity statement, and defines diversity by way of the Association of American Colleges & Universities:

> *Individual differences (e.g., personality, prior knowledge, and life experiences) and group/social differences (e.g., race/ethnicity, class, gender, sexual orientation, country of origin, and ability as well as cultural, political, religious, or other affiliations).*

The City University diversity statement links the definition to how diversity shows up in practice: "We do so by intentionally recruiting and supporting a diverse community of students, faculty, and staff. By encouraging and fostering diverse research and creative teams" (City University, D).

The City University's Office for Equity, Diversity and Inclusion provides an online glossary of terms (City University, E), noting how language is always iterating and updating and cautions readers to use words as starting points. The Office (City University, E) describes equity:

> *The proportional distribution of desirable outcomes across groups. Sometimes confused with equality, equity refers to outcomes while equality connotes equal treatment. More directly, equity is when an individual's race, gender, socio-economic status, sexual orientation, etc. do not determine their educational, economic, social, or political opportunities.*

City University also uses the Association of American Colleges & Universities (AAC&U) to define inclusion:

The active, intentional, and ongoing engagement with diversity—in the curriculum, in the co-curriculum, and in communities (intellectual, social, cultural, geographical) with which individuals might connect—in ways that increase awareness, content knowledge, cognitive sophistication, and empathic understanding of the complex ways individuals interact within systems and institutions.

The City University diversity statement links the definition to how inclusion shows up in practice:

By devoting our full energy to bringing out the very best in our students and colleagues. And by creating a climate of respect that nurtures and supports their success and active inclusion in all aspects of University life. In doing so, we adopt the AAC&U's definition of inclusion. (City University, D):

Broadly, the concern with diversity, equity, and inclusion training is that it may not be unique enough for the user, and we may have failed to capture each participant's "why." Why are they taking this training, and what do they intend to get out of it? What can the Office of Health Sciences Diversity, Equity and Inclusion provide that creates reciprocity for those who engage in trainings? How often are change-making topics like cultural humility, humanization, and understanding intersectional power and privilege making their way into the work of diversity, equity, and inclusion professionals? Trainings for diversity, equity, and inclusion can be a mash-up of trainings culled from scholars and experts in the field — facilitators pulling from various tactics to create polished and deep presentations for recipients of training to endure and learn, and unlearn. If DEI trainings do not attend to the above-mentioned areas, health disparities, including premature deaths of people of oppressed and minoritized groups, will continue, and the goals of

the HSDEI will not be reached. To address this complex problem, the work here hinges on evaluating trainings, and homing in on the concept of reciprocity as a pathway to encourage and influence the examination of power in relationships within the self to the self, the self to community, and the self to systems.

Reciprocity begs the question of whose outcomes and whose *why* are being valued in the translation of knowledge through training efforts. Unidirectional relationships cycle forward dominance and white supremacy. Infusing reciprocity can lend to a robust set of tools, adjusting the frame of mind and attitude and mission of the University departments utilizing trainings to iteratively adopt a systems view for all of the work produced. The goal is to address epistemic injustice, defined by Fricker (2007) as someone wronged "specifically in their capacity as a knower," and facilitates by "attributing more or less credibility to a statement based on prejudices about the speaker, such as gender, social background, ethnicity, race, sexuality, [and so on]" (Byskov, 2020). Specifically, Byskov (2020) identifies two key results of epistemic injustice:

1) Testimonial injustice:

Testimonial injustices wrong someone in their capacity as a speaker or knower because the increased or decreased credibility accorded to their testimony is based not on any relevant concerns, but on prejudices that have nothing to do with whether the speaker or knower should be granted credibility. This in turn gives an unfair advantage in communicating their knowledge to those who are not subject to these prejudices.

2) Hermeneutical — defined as the study of interpretation (George, 2021) - injustice:

When testimonial injustices structurally affect what is included in a collective pool of knowledge it leads to an underrepresentation of the experiences of marginalized individuals and groups, in turn affecting their ability to make sense of their experiences.

If the evaluation is successful, gaps and assets will be identified to allow more staff and faculty utilizing our services to infuse reciprocity concepts into their unit and department culture, with an overall goal of disrupting critical epistemological dynamics that otherwise maintain the health disparities and inequities in minoritized communities. "Decades of research has established that systems of bias are inextricably linked to human health as well as health care access and utilization, underscoring the importance of a diverse workforce and inclusive organizational cultures among institutions associated with health care delivery and research" (Enders et al., 2021). To address these concerns, an evaluation of the current offerings of the HSDEI could reveal opportunities to expand and deepen the trainings to see where the office is meeting their goals and where the office could augment their trainings with new approaches, including antiracism frameworks, reciprocity, and humility. Antiracism is defined (Race Forward, 2015) as being in active opposition to racism through advocacy for changes in the system, including political, economic, and social life. Teachings could include reflexive, critical practice processes centering the idea of racial power in diversity, equity, and inclusion work and how power and reciprocity are linked, specifically focusing on moments in their lives where power was present, how and if they were able to bring in histories of oppression and positionality, and identify how they attended to these moments. Antiracist frameworks open paths towards empathy, mutuality, and authenticity (Davis, 2016) while healing the relationship to self as a racialized being, the self in the community

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and the self in the system. Humility teachings could include learning how to apply the three tenets of humility: inquiry, sensitivity, and active listening (Tervalon & Murray-Garcia, 1998).

A prediction of this evaluation is the unearthing of movement to go deeper with participants, to attend to the unique positionality of the training and program users, and to think more critically about reciprocity as a tool to not band-aid the braided problem of supremacy. In an interview with the Media Education Foundation (Patierno, et al., 1997), distinguished professor and author and critical intellectual bell hooks spoke to the braided problem of supremacy in what they call white supremacist capitalist patriarchy:

> *I began to use the phrase in my work "white supremacist capitalist patriarchy" because I wanted to have some language that would actually remind us continually of the interlocking systems of domination that define our reality and not to just have one thing be like, you know, gender is the important issue, race is the important issue, but for me the use of that particular jargonistic phrase was a way, a sort of short cut way of saying all of these things actually are functioning simultaneously at all times in our lives.*

Examining processes through intersection may look like beefing up the other components of the HSDEI, such as the mentoring, recruiting, and teaching actionable steps to work alongside groups of folks who are not the majority white, cisgender male, heterosexual in spaces at the University. Diversity trainings centered on teaching how to build anti-bias skills, including the encouragement of recognizing differences; how the world sees someone versus how one sees themselves; learning about cultural humility; recognizing bias triggers; diversifying the people and content of an office space; and opening opportunity to engage in dialogue to learn positionality as it relates to self and in relation to humanity, as an example — can feel like "spoon feeding"

depending on who is in the audience. Articles and commentary revealing data on these trainings illustrate the ways some people feel defensive, vulnerable, or push back on the tools to further exert independence and self-preservation or personhood. In their examination of hundreds of trainings and the implications of those sessions, Dobbin and Kalev (2016) noted how diversity trainings have also been used as a consequence for a unit that receives accusation of harassment, which further pushes away those who the trainings seek to connect to, as the participants now feel like a toddler receiving a time-out without examining the why. Dobbin noted that because diversity and inclusion trainings in the workplace are typically used for the "business case for inclusion in the workplace and the need to be welcoming to different cultures" (Bohanon, 2018), "the worst thing you can do is to make diversity training mandatory and to make it focused on the law" Kalev (Dobbin & Kalev, 2016) further emphasized the voluntary nature of diversity trainings: "Diversity training should be held only when it's relevant," and only after employees understand the business case for diversity, and as a part of a larger organizational project to make change. People should be told the "why" to better connect their growth to those efforts. In a predominantly white institute such as City University, where this evaluation work takes place, attention to the white, cisgender male, heterosexual participant of trainings and programs, and the white, cisgender male, heterosexual leadership of departments and units, needs to be a focus. Dover et al. (2016) discovered the ways white men experienced stress, including cardiovascular anguish, when they were put through job interview simulations with companies who tout diversity as a key feature of their company. The white men in these studies also worried — more than those who were identified in the study as racially and ethnically minoritized individuals — about being discriminated against if they were to be hired in a pro-diversity place of work. If these are the fears of those sitting in the

chairs in trainings, evaluating how and where to have deeper conversation and action items for those who make decisions and occupy much of the space in the University is a must.

This is especially true in the schools of the health sciences. Bailey et al. (2017) noted workplaces of health science can be the churners of change for health and well-being, joy, and longevity, while playing roles in the overall goal of disrupting inequities including health and structural racism. The authors (Bailey et al., 2017) asked health sciences professionals not to engage in conventional diversity, equity, and inclusion trainings, which are often brief, provide instruction on cultural competency, and focus heavily on interpersonal discrimination and individual responsibility. The issue is the focus on "the other" further centering oppression, and without attention to self. This cycles forward racial stereotypes without examining positionality (Bailey et al., 2017). Instead, those DEI approaches focusing on cultural humility and cultural safety encourage lifelong commitment to self-reflection and infiltrating power imbalances (Bailey et al., 2017). Fueling the motivation for this evaluation, Bailey et al.'s (2017) commentary at the close of their argument is poignant: It is our job and charge to counter, explore, reverse structural racism and to identify how these inequities contribute to health and health care imbalance, and DEI offices of training and programming can be powerful experiences with DEI. A Harvard Business Review (2021) report on long-term DEI strategy reminds readers of the folding in of DEI practice and process to the work culture for sustaining change — not simply a human resource concern:

> You've got to run DEI like a business function, not like an HR program," says Kathi Enderes, vice president of research at The Josh Bersin Company, a research, advisory, and professional development company headquartered in Oakland, Calif. "You need to have a

strategy around DEI. You've got to have executive commitment to it. You need measures

against it. And you can't stop doing it just because you got some good results.

This evaluation examines the current DEI training approach in the HSDEI at City University and the inclusion of processes related to reciprocity, cultural humility, positionality, and action steps to disrupt systems of oppression which lead to health inequities for minoritized communities.

1.2 Organizational System

City University (City University, 2020) highlights superior educational programs, the advancement of the frontiers of knowledge and creative endeavors, and shared expertise with private, community, and public partners as pillars of the school's mission. City University is also a research and innovation enterprise, consistently ranking among the top-five academic institutions in the United States in terms of funds received from the National Institutes of Health. In 2019-20, the school's research activities cycled back $1.7 billion into the state's economy (City University, 2021b).

In a new section of the University website, a social justice page touting the headline "Creating a More Racially Equitable University" (City University, 2021a) boasts a handful of tabs illustrating the University commitment to "changing internal practices, structures and attitudes in pursuit of a truly more equitable and just [City University" (City University, 2021a). Created in the wake of the racial reckoning spurred by police state violence against George Floyd and Breonna Taylor, the site is a form of accountable action for leadership (City University, 2021a):

[Our University is] dedicated to changing internal practices, structures and attitudes in pursuit of a truly more equitable and just [University]. This is a comprehensive and crosscutting effort, requiring action from all areas of the University. We are committed to sustaining this transformation over time. As a way to ensure transparency and accountability, this website will provide information about our actions, track our progress and serve as a place for community members to find resources; we will continue to update this information as our work progresses.

City University is a primarily white institution — both in its staff and faculty percentage as well as the student body makeup — and is serving communities that are more racially diverse than its own body of people.

In October of 2007, the Office of Health Sciences Diversity — as it was then known — at City University was launched to recruit and retain diverse and integrated faculty and students in the health sciences. The OHSD worked to assist departments with seeking qualified and diverse candidates for academic opportunities; to both highlight already in place and newly built programming addressing gaps in pathways to graduate and health professions education to extend to diverse candidates; connect individuals on these pathways to role models, mentors, and opportunities in the health sciences; secure funding for these programs as a mechanism for advancing faculty and student diversity; and create systems of evaluation to measure success and hold accountability to the goal of success for diversity and including for faculty, residents, fellows, and students in the health science schools (City University, 2021c).

Checking in on how those efforts have panned out, a faculty diversity dashboard is updated regularly on the Social Justice tab of the City University website (City University, 2021a). Made

public, the numbers include regular full-time and part-time faculty, and notes the racial and gender identities of these professionals.

In 2020, white-identified people made up 71.3 percent of City University full- and part-time faculty, the lowest percentage in the nine-year span illustrated on the dashboard; 3.1 percent of the faculty identified as Black, the highest percentage in the nine-year span the dashboard illustrates (City University, 2021a). For the total City University faculty makeup, 18 percent identified as Asian in the fall of 2020; 3.2 percent as Hispanic or Latino; 0.13 percent identified as Native Hawaiian/Other Pacific Islander; and 0.16 percent identified as Native American or Alaskan Native.

Staff identities of the total City University look similar to faculty employed in the Fall of 2020: 78.1 percent identified as white, 9.4 percent identified as Black, 6.9 percent identified as Asian, 2.2 percent identified as Hispanic or Latino, 1.9 percent identified as race unknown, and 0.12 percent identified as Native Hawaiian/Other Pacific Islander.

The combined six schools of health sciences also reveal a large racial divide for full- and part-time faculty in the fall of 2020 (City University, 2021a): 71.4 percent identified as white, 21.7 percent identified as Asian, 3.1 percent identified as Hispanic or Latino, 2.2 percent identified as Black, and 0.19 percent identified as Native Hawaiian/Other Pacific Islander. Zero percent of faculty in the health sciences identified as Native American or Alaskan Native.

Staff identities of the six schools of health sciences at City University look similar to faculty employed in the schools of health sciences in the Fall of 2020, 69.5 percent identified as white, 5.3 percent identified as Black, 11.4 percent identified as Asian, 2.8 percent identified as Hispanic or Latino, 0.26 percent identified as American Indian or Alaskan Native, and 0.19 percent identified as Native Hawaiian/Other Pacific Islander.

The difference between the white faculty and the Black faculty is glaring and much wider and non-reflective of the University's city demographics, reported by the United States Census Bureau (2019) to include 66.8 percent of the 300,286 city residents identifying as white and 23 percent of the residents identifying as Black.

In 2021, City University's provost committed to providing support for 25 new faculty across four years through their late Summer callout for Race and Social Determinants of Equity cluster hire and retention initiative (2021d), and the Office of Health Sciences Diversity, Equity and Inclusion's Associate Vice Chancellor Hinson is charged with ensuring those seeds are planted in soil that is nutrient rich and can thrive into flowers:

> *Transform [City University's] expertise in, and research on, Race and Social Determinants of Equity, Health and Well-Being and, help to create a more inclusive and welcoming environment for diverse faculty. Specifically, the initiative will focus on four interrelated goals: 1) significantly increase the number of faculty who are hired, promoted and retained who work in these fields; 2) attract, recruit and graduate undergraduate and graduate students for whom these issues are important; 3) raise the University's local, national and international profile and expertise in research related to Race and Social Determinants of Equity, Health and Well-Being, and 4) increase the University's capacity to effect sustainable societal change.*

The Office of Health Sciences Diversity, Equity and Inclusion is tasked with rolling out activities aligning to Associate Vice Chancellor Hinson's strategic plan, including their DEI vision and aims. Conversations around conducting trainings for DEI with units where cluster hires live have surfaced, while critical events take place, such as the Race &... lecture series, which seeks to give the new hires a 10-15 minute window to introduce themselves and their work to other cluster hire

faculty and to the University as a whole. The idea is that through networking and co-creation, inclusion and retention efforts begin to bubble. Education efforts with department heads, such as the Department Chair as Transformative Diversity Leader program, offers expert conversation led by Edna Chung, a DEI strategist who carves roadmaps with department heads around the globe to make DEI relevant, and in working closely with City University's Diversity Deans, including a monthly meeting to check in on how their respective schools are engaging cluster hire faculty, DEI initiatives, and to check in on how the HSDEI office might be of support. These efforts are commitments made by the Office of Health Sciences Diversity, Equity and Inclusion (City University, 2021e):

> *The Office of Health Sciences Diversity works with faculty members and administrators to advance faculty diversity as well as to enhance faculty development programs and policies. We seek to create a culture where faculty members can succeed and be a thriving force in the fabric of the institution.*

Increasing historically underrepresented faculty, staff and students is not a new venture for the University.

At the time of this writing in 2022, and 18 years after the publishing of *Missing Persons: Minorities in the Health Professions, A Report of the Sullivan Commission on Diversity in the Healthcare Workforce* (Sullivan, 2004), the Office of Health Sciences Diversity, Equity and Inclusion — as the office is now called — operationalizes the mission by engaging in a five-point approach as the office still works to make the health sciences more inclusive.

The HSDEI current mission statement:

The Office of Health Sciences Diversity, Equity and Inclusion exists to foster an equitable and inclusive environment for students, trainees, and faculty within the health professions

schools [by] increasing the number of well-trained professionals who reflect different cultures, ethnicities, socio-economic backgrounds, abilities, genders, religious affiliations, gender identities and expressions, and sexual orientations.

Objectives of programs and initiatives in the HSDEI include a) closing the diversity gap in the health professions and b) improving the quality of health care for those who are served by health professionals. The combination of the above can lead to disruption of health disparities and attend to intra- and inter-reflection on connection as units both attract diverse faculty and students and retain individuals through explicit inclusion programming. The Office's five-pronged approach to the work: 1) Start early; 2) Work along multiple entry points; 3) Cross collaborate with the six schools of health sciences schools; 4) Develop culture to increase retention of faculty, staff, and students; 5) Effectively leverage and integrate partnerships.

My role as Diversity and Inclusion Training Manager in the Office of Health Sciences Diversity, Equity, and Inclusion serves as an access point to thinking more deeply alongside department staff, faculty, and students on how to be reflective about power and privilege through training opportunities serving as tools for social justice. The trainings ideally and iteratively reflect the needs of departments in the University schools of health sciences, including nursing, pharmacy, medicine, public health, dentistry, and rehabilitation sciences, who — through consultation, crafting curriculum, and programs — connect to our office to carefully and explicitly offer DEI and antiracism wraparound integration. Seventy-five percent of my role is to implement diversity education across the Health Sciences by receiving requests for and implementing all HSDEI training and education workshops, including orientation on-boarding presentations, school, department, and unit education sessions such as diversity awareness, implicit bias, developing lab cultures, and facilitating courageous conversations. I also partner with training and education staff

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in the university-wide Office of Diversity and Inclusion to ensure consistency of messaging in efforts.

1.2.1 Positionality Statement

My positionality is everywhere. In the way I move and access resources. The way I feel open to unmuting and when I want my camera off during Zoom calls. The days I am standing in front of a group doing trainings or sharing and receiving knowledge, I know I am unfairly — even if humbled — believed and honored. I am seen as bold and courageous, not usually confused or out of sorts. Despite the name change. Despite the top surgery. Despite being a first-generation college, graduate, and doctoral level person. Despite the familial addiction. Regardless of the divorce of my parents. Pushing beyond my experiences as a youth in a working-class family. Despite my gender journey. Despite my Jewishness. And because I am white. Because I am queer. Because I am a parent, a homeowner, a Squirrel Hill resident. Because I am visible, and able-bodied. Because of my age. Intersectionality breathes life into space and time — offering me power and privilege, depending on who is in the room, and which part of the time spectrum I am on. My accumulation of experience and knowledge might increase belief in my work, booting out my sometimes undercut power in my trans-ness. At other times, the gender journey is what makes me a leader. In other instances, my queerness might take a backseat to my whiteness, illuminating my parenting and spousal dedication when we show up to your event, dressed without a crease for a reason. I am a model for the folks whom I want to reach in the work of the HSDEI — revealing how attention to self can lead to attention to the self in community and the self in the system. I need folks to believe me because we need critical change now. And, I get to leverage privilege and power to learn from and lean into the voice, knowledge, and experience of the multiple-identity

minoritized individuals and communities doing long-standing and current day diversity, equity, and inclusion work. Those folks who put their backs on the line each time the words disrupt and systemic are in the same sentence. And I can use my power to be quiet, and listen, and — later — share it with others. I don't want to re-center myself. I do need to be aware of and position my identities. I want to be a medium for the information built and shared. I will need to hold myself accountable for not redoing business as usual, as noted in Hinson's 2021 message to the University. My work proposes a distancing from empathy, which teeters on savior, and recognizes the importance of humility and receptivity as ways to shift power. I will engage in this creed with the stakeholders for whom I work alongside.

1.3 Stakeholders

The following sections describe the principal actors engaged with the HSDEI trainings and programming. Every group has its own characteristics and mission as described below.

1.3.1 HSDEI Leadership

The HSDEI leadership keep the office staff and collaborators on task, generate ideas, provide resources, set goals, and monitor progress. The leadership are key in securing training opportunities through networking and other opportunities. Training opportunities then are presented to the Training Manager — me — to implement. The leadership is also responsible for ensuring funding for programming and training as needed. Leadership approves branding and marketing materials to reflect the mission of the office. Leadership are responsible for reporting

on a regular basis to himore senior City University leadership who supervise the office and HSDEI leadership.

1.3.2 Diversity Deans

Each of the six health science schools at City University was assigned a Diversity Dean in the time period following the summer 2020 racial awakening and reckoning in the United States. Some of the deans assigned are faculty; some are DEI professionals serving in roles to achieve the teaching of equity through programming and training before their placement in dean positions. All of the deans are DEI scholars. Diversity deans work to create an inclusive culture in each of their schools and to develop strategies to achieve the goals and objectives outlined in the HSDEI strategic plan. The deans meet monthly with the HSDEI leadership, including the Training Manager, to present ideas for new trainings and projects, offer updates and strategies, lend insight into the school culture as it relates to DEI, and give opportunity for this key group to hold space for frustrations and joy.

1.3.3 Training Participants

Annually, the HSDEI conducts around 50 trainings and workshops. Each of these trainings and workshops engage in DEI knowledge transfer with a range of group sizes, depending on the needs and availability of the school, department, and unit requesting the training or workshop. In 2018, approximately 2,000 people participated in the Office's programming. Those participating have been newly oriented students, faculty, staff, and leadership administrators.

1.3.4 Communities at Large

The HSDEI tends to work locally within the health sciences schools, more broadly within City University, and globally in regional communities. In communities outside of the academy, stakeholders include organization leadership and residents, with particular emphasis on those community experts who can guide the University in best practice for engaging in reciprocity as a path to disrupting oppression by offering their lived experiences, histories, insight on relevant topics, and questions to make research and medical providership align with the community's unique needs and assets. In particular, the City University Community Engagement Centers, located in two of the City's most populated and robust Black neighborhoods, provide opportunities to engage more deeply in bringing the trainings, policies and scholarly work into practice. The Community Engagement Centers are brick and mortar University outposts charged with being the "front door to City University" where the University's programs engage in trust building and trustworthiness work to reveal the University's commitment to community-engaged processes of learning to listen and listening to learn, while holding the University accountable through the intention to build capacity, improve residents' quality of life, conduct better research, and support young people (2021f).

1.3.5 Minoritized Student Groups and Faculty in the Health Sciences

Because the success of reaching the HSDEI goals hinges on recruitment and retention of otherwise underrepresented racial minoritized students and faculty in the health sciences, student groups and faculty are critical stakeholders. The City University student diversity dashboard (2020) noted that 65.6 percent of students in the combined six schools of the health sciences

identify as white, 15.8 percent identify as Asian, 5.7 percent identify as race unknown, 5.0 percent identify as Hispanic/Latino/a/x, 4.3 percent identify as Black or African American, and 3.4 percent identify with two or more races. Intersectionality, sexual ,and gender minoritized students and faculty, first-generation students, and a variety of other non-dominant identities are a part of the populations we strive to advocate for and with.

1.3.6 The Relationships Among Stakeholders

The relationship between the HSDEI Leadership and the Health Sciences Diversity Deans is designed to provide the necessary strategy for reaching the goals of the HSDEI, while the HSDEI offers training and programming in order to implement the Diversity Deans' unique plan to bring DEI framework(s) into their schools. The HSDEI Leadership and the Diversity Deans meet casually throughout the month and hold a monthly two-hour meeting to talk through concerns and generate ideas. The lead of the HSDEI is a senior position who reports updates and data from both the HSDEI office and the Diversity Deans to the Health Sciences Vice Chancellor.

Staff and faculty make up training participants and work with the Training Manager to cultivate workshops related to the culture of the unit or department. The Training Manager facilitates trainings and iterates workshops to reflect new language or gaps in learning. Data culled from trainings, including thoughts and feelings about engaging and sustaining DEI practices in the units and departments, is presented back to the HSDEI Leadership and the Diversity Deans of the school for which the training was held.

Recruitment and retention of racially minoritized students and faculty is a significant component of the HSDEI mission. Including the Diversity Deans on strategy to engage in practice such as cluster hires and mentoring, and through activities such as trainings and programs to embed

diversity and equity into units and departments within the schools to create inclusive, relevant and sustainable retention, is a part of the HSDEI scope of work. Data related to the numbers of historically underrepresented students and faculty is presented to the vice chancellor for the health sciences and used as fuel to invigorate initiatives for change.

The HSDEI also engages in student recruitment by participating in pathway programs bridging high school to college and college to graduate school. For years, the HSDEI's connection to Historically Black Colleges and Universities has led to recruitment tables set up at schools in the middle to eastern part of the United States, promising mentorship, networking to those students who may be interested in City University, while simultaneously underscoring the criticality of diversifying the health sciences as a means to disrupt health inequities for minoritized communities and individuals. Before the COVID-19 pandemic, the HSDEI hosted underrepresented students on campus, bringing in health sciences faculty and program leads to offer insight into what students could expect if they signed acceptance letters to any of the health sciences schools at City University. The HSDEI's role in student-facing work — both in recruitment and retention — is to offer networking opportunities, mentorship opportunities, and to engage in the facilitation of DEI workshops with students. As an example, annually, the office produces the Underrepresented Minorities in the Health Sciences Mixer for any underrepresented student in the six schools of the Health Sciences at City University to mingle with students and staff, faculty, and the diversity deans who seek to support and cherish these students, ushering in chance for retention and reaching commencement.

1.4 Statement of the Problem of Practice

As a predominantly white institution wanting to adopt diversity, equity, and inclusion frameworks, and through spaces such as the Office of Health Sciences Diversity, Equity and Inclusion, there needs to be explicit practices and activities built in for participants of change to engage as a way to build capacity in areas of examining the self, the self in community, and the self in the system if the goal of disrupting health disparities is meant to be reached.

In wonderings around the length of time diversity initiatives within the health sciences have been in place within the University, and equity and inclusion added in over time, an examination of the HSDEI through evaluation of trainings and programs for areas of reciprocity, cultural humility, power. and humanization as it relates to disruption of health disparities is critical. A March 2021 report, "Missing Our Shot: COVID-19 Vaccine Equity in Allegheny County" (Beery et al, 2021), authored by at least one of the Health Sciences Diversity Deans and a lead in the HSDEI, along with other University faculty and community experts in the region, noted how important it is to get this work right as the pandemic continues to shed light on health disparity. Nationally, Black lives lost to COVID-19 was found to be double those lost by white people (Beery et al., 2021). And, in reviewing how the national rate is showing up in the county where the University is located, the Committee found inadequate racialized and geographic-connected data to reveal who is receiving vaccine and where the vaccine distribution, noting "unfortunately, despite past efforts to ameliorate disparities and increase transparency, an equitable approach [at the local health agency and the state governmental health agency levels] has not been implemented" (Beery et al., 2021, p. 2). The report further outlines the Pennsylvania rollout of vaccines and its connection to age and health, revealing inequities as state and local governing bodies failed to consider the long-standing health disparities and injustice for Black residents,

including life expectancy by geographic region and underlying high-risk health concerns compounding the likelihood of COVID-19 survival if the disease is contracted (Beery et al., 2021). The 2021 realities of health disparity directly tie back to the Sullivan report in 2004, and how if places of work, and the recruitment and retention of — in this case — Black health professionals were made to be more just and equitable over time, including skill building for dominant identities to learn more about accountability to the self, the self in the community, and the self in the system, the high risk of death for those who contract COVID-19 could be mitigated. To think about this complex problem, I am focusing on my influence as a diversity training manager to home in on the concept of reciprocity as a pathway to encourage and influence the examination of power in the uptake of trainings and programs offered through the HSDEI. Reciprocity begs the question: What do those participants in the trainings and programs seek to get out of the work, and how can we bring forth action to create sustainable pathways for change making based on those needs? Unidirectional relationships — even in DEI work — may cycle forward dominance and white supremacy. A critical eye needs to continue to look over training methods currently and formerly used in DEI work, examining where humanization and humility, self-accountability and safety, privacy, and positionality are addressed.

The HSDEI Director, Social Justice, Racial Equity, and Faculty Engagement sits on the Black Equity Coalition, the group who produced the "Missing Our Shot" report. The Director's role in the Black Equity Coalition connects to our office in sharing updates globally via social media, the office website, and in our annual reporting mechanisms. Our office team consults as needed with the COVID-19 related projects brought forth via the Director's presence on the Equity Coalition.

Infusing reciprocity can lend to a robust set of tools, adjusting the frame of mind and attitude and mission of the HSDEI to adopt a sustainable view for all of the work produced. If what is evaluated spurs innovation for reframing activities, more participants utilizing our services will infuse reciprocity and humility, positionality, and accountability concepts into their school and department outputs — current and iteratively moving forward — with an overall goal of disrupting critical epistemological dynamics that otherwise maintain the health disparities and inequities in minoritized communities.

1.5 Review of Supporting Knowledge

The HSDEI needs to ensure the asking first of what participants plan to get out of the trainings and programs offered, and what they need from the HSDEI to reach those goals. This evaluation seeks to understand the problem of reciprocity. How do you offer equity in translation work or diversity, equity, and inclusion work without bidirectional and intentional asking of what people need and a focus on their experiences?

Why start with the personal? Attitudes, thoughts, and feelings fuel change, as made evident during the year since the summer of 2020's "racial awakening" and subsequent civil rights movement in the country. A Gallup Poll linked the summer events to social justice (Saad, 2021) — citing 18 percent of the U.S. population who felt the biggest issue facing the United States was racism in June of 2020. A couple of months before, in April of 2020, only 1 percent of people felt racism was the country's biggest issue. In January of 2020 it was 3 percent. June of 2020 was the month following the made-public and gruesome, state-sanctioned killing of George Floyd, the same day a Black-identified birder in New York City went viral as they filmed a dog walker who

weaponized her whiteness, calling the police on him for, well, birding in the park. Dialogue around

the injustice of killings — some by police, such as Breonna Taylor — and others at the hands of

residents: Ahmad Arbery who was killed by two white men for essentially jogging while Black —

filled mouths with conversations that were empty only a couple of months before. Coupled with

the COVID-19 pandemic when people were at home and able to watch and engage in more media,

there was an influx of people checking in on these otherwise all-too-common events in the lives

of Black folks in the countryMany took action for the first time. For others, this was the movement

they had waited for when a swell of interest could change policies, hearts, and minds. By January

of 2021, Gallup Polls resurveyed and found nearly 10 percent of the U.S. population noting race

and racism and social justice as the biggest issues facing the United States (Saad, 2021). The

Gallup author (Saad, 2021) noted that while the percentage decreased during that six month- time

frame between June of 2020 and the first month of 2021, concern about racism is longer stretching

than in past polls; at nearly 10 percent of the U.S. population stating racism as a public concern,

this is more than double the percentage of those believing this before the June 2020 swell. This is

a key point, as the evaluation study exploration in this proposal is rooted in a primarily white

institution, and people at the University likely mirror these statistics:

> Among Black Americans, mentions of race rose 24 percentage points after Floyd's death,
> from an average 8% last April and May to 34% in June and July. By contrast, mentions of
> race rose less sharply in the months after Floyd's death among Hispanic and Non-Hispanic
> White Americans. Over the summer, these mentions remained high among Hispanic
> Americans while they dropped by half among White Americans (Saad, 2021).

The Gallup article (Saad, 2021) goes on to list other years when those polled expressed

high responses to race and racism and social justice in the country; high peaks directly following

the death of Black folks at the hands of police officers. A question that results, then, is how to continue to utilize the HSDEI to talk about the everyday ways oppression and minoritization show up at the University, in the non-believing of patients and colleagues who are not of dominant identities; to not only care about topics like race, racism, antiracism and social justice when another life is taken, often at the hands of police officers. Privilege and discrimination are not only the exceptional moments (Siliman & Learn, 2020). When people hear about diversity and equity work, and how to be inclusive and disrupt power dynamics, sometimes, events such as genocide or segregation or slavery come to mind (Siliman & Kearn, 2020). Those are big, critical moments of history or present day that absolutely need to be explored and understood. And, there is value to also thinking about the day-to-day privileges and discrimination – the ones we are a part of in events like microaggressions and implicit bias.

The concept of diversity, equity, and inclusion cannot become a buzzword or a checkbox as Black lives in particular are being lost when research is not relevant and/or as health disparities fester as a result of a homogeneously white, dominant identity in health profession and researcher fields. Leaders in these spaces need to be able to disrupt their own power and privilege and leverage for good the opening of bidirectional, reciprocal frameworks to work together with non-dominant people in cocreation of solutions. Much of the training of DEI centers on courageous conversation, a framework to have participants consider three types of talk: discussions, which comes with preset goals and limits flexibility of ideas; debate, in which the talker and listener each try to succeed or win; and dialogue, where the talker and listener work to find shared meaning while exploring ambivalence to change, thoughts, and feelings. This includes how to engage constructively as noted in the Sensoy and DiAngelo text, *Is Everyone Really Equal* (2011). If we want change, deepening our thoughts on the self, and then the self in community and in relationship with other

people, means striving for intellectual humility, allowing for everyone's opinion while recognizing how opinions are not the same as informed knowledge, examining patterns and noticing pattern in reactions as entry points for gaining deeper self-knowledge, and recognizing the social position of training participants and how positionality informs those reactions (Sensoy & DiAngelo, 2011).

Conversation is critical in the health sciences, particularly in examples of how to build an inclusive research lab culture, as self-identification of the intersection of identities in a work space allows for people holding both dominant and minoritized social identities — such as race, gender and orientation — to disclose their identities, create pathways for allyship, and lead to workplace retention. This can cycle towards professional growth and commitment to serve representative minoritized communities, particularly homing in on social determinants of health not necessarily approached by otherwise siloed white, cisgender, heterosexual health sciences professionals. When diversity is celebrated through identity-affirming practice — as basic as leadership and mentors creating a safe foundation by exposing their own varying identities and positionality (Sabat et al., 2017) — people feel more included and are more likely to stick with the job and the goals than they are in those workspaces denying identities (Meeussen et al., 2014), such as leading with color-blind racism, a form of racism in that people believe the best way to deal with racism is to treat everyone equally regardless of race, culture, or ethnicity (Williams, 2011). In dominant identity-run workspaces, color-blind racism frameworks result in replication of dominant identity culture set as the norm to which everything and everyone else is equal. In their scholarship about the damaging removal of race in conversations about COVID-19, despite the mounting data of racial disparity related to higher rates of hospitalization and death among Black individuals in the United States, Bonilla-Silva (2020) lists four central pieces in color-blind ideologies within conversations:

1. *abstract liberalism*, which explains racial matters in an abstract, decontextualized manner

2. *naturalization*, which naturalizes racialized outcomes such as neighborhood segregation

3. *cultural racism*, which attributes racial differences to cultural practices

4. *minimization of racism*

Explicitly acting in conversation to disrupt the denial of racism, sexism, gender, and cultural phobias seeks to create inclusivity. To do this, learning more about how to include both an action item and receptivity into the work of DEI is crucial. There is a need to assess how and where to incorporate skills such as reflexive journaling to sustain the practice of DEI post workshops and programs to encourage the skill of self-accountability.

Evaluation of the current work could bolster a need for an action item such as the formulation of a working group at the close of the workshop portion of a DEI training — having those who volunteer from the participants to take on the hefty task of creating a guiding star for their unit as it relates to diversity, equity, inclusion, and social justice. Ahmed (2012) reminds us that documents always need to be rewritten so, while it might be possible to have fatigue of writing diversity statements and mission statements, there is also the idea that in the process of thinking and writing these statements, groups and networks are formed that could continue the work in other ways as the relationships were developed with a common theme. The author (Ahmed, 2012) studied universities' efforts of writing diversity and inclusion mission statements — as an example — and revealed how working groups and not just a sole person writing a diversity document actually do better as the network and accountability has been built, not to mention the spectrum of thought around a desired change as the benchmark. The directional shift following this evaluation

examining how the process and programs in the HSDEI gives attention to reciprocity, and might allow for actionable items that sustain the work so that departments don't follow up trainings by only *writing* a diversity and equity and inclusion document instead of *doing* the document (Ahmed, 2012). In a reciprocal approach we can offer next steps to sustain the DEI training departments and units receive, including skill building around long-term inclusionary action and in-house climate change as it relates to DEIA and social justice.

In 2021, the Harvard Business Review's Analytic Services published "Creating a Culture of Diversity, Equity and Inclusion: Real progress requires sustained commitment." Long-term change starts at the top; half of those 1,115 surveyed say their workplace lacks the DEI commitment needed from leadership in their place of practice, while only 5 percent of leaders in those same job centers say there is sustained DEI process and practice. This finding reflects one of the deep challenges for places of work seeking to increase their DEI efforts, as much of it starts at the top: when leading executives lack in diversity, their lack in representation and underwhelming commitment makes efforts fall flat (Harvard Business Review, 2021). The report (Harvard Business Review, 2021) offers company exemplars in their dedication to DEI, highlighting the chief executive officer of Vans, who hosts monthly town halls for all staff to ask questions, particularly around DEI; writes personalized biweekly emails to all staff explicitly tying in DEI efforts and gaps; and underscores the executive officer's own accountability to the work — realizing that much of the progress of DEI initiatives starts with leadership. Related to hiring, trainings, departments, and units would need to engage in various practices to seek out and actively include a spectrum of voice, including a move from a culture fit to a culture add, where within the bounds of an institute's fundamental values, those contributing to the work would not be expected to assimilate to the approach offered to solve a problem — instead, leaders would seek people's

uniqueness, their perspectives, life experiences, and skills that create a range (Harvard Business Review, 2021). It was noted that 74 percent of the participants surveyed in the Harvard Business Review (2021) track the diversity of new hires, a hefty number; however, only 47 percent of those surveyed track retention of diverse hires. The report underscores accountability through metrics — that despite best intention to increase efforts to create room for DEI practices in a workplace, timely monitoring of DEI metrics carve out benchmarks, check in on progress, align interventions, and course correct (Harvard Business Review, 2021). Are units and departments accessing the HSDEI trainings following up with their own metrics to assess change making? Is the HSDEI keeping tabs on our own metrics as well — surveying those with whom we have worked and monitoring progress, and iterating presentations?

The work of this project seeks to dig deeper into how to address the elephant in the room — identifying what the users or participants of the DEI work are getting out of the workshops and trainings so that the learning becomes long term as a relevant, sustaining practice, a reciprocal process. Dostilio et al. (2012) made an explicit stance to not define reciprocity, positing the "diversity of meanings within the term" (p. 19) as a critical action to thinking about reciprocity as the intersection of power and change-making in relationships. Not holding a monolithic definition of the achievement of receptivity between entities, particularly within HSDEI to other University department relationships, lifts up the unique voices in the partnership to cocreate an understanding of how reciprocity will look in their specialized engagement with one another (Dostilio et al., 2012). If participants do want to write a diversity statement after the trainings, as explained above, we need to know what bandwidth the unit leads have to facilitate this work in their schools; what resources the training participants need to execute; and if our training should go beyond the coffee

and conversion to include ongoing working group consultation to make the work translatable to participants of trainings unique department settings.

If the definition of equity is "the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes; working to achieve equity acknowledges unequal starting places and the need to correct the imbalance" (Pendleton, 2019), and equity is the end goal of the work coming out of spaces like the HSDEI office, we must ensure we are also asking what our consumers want and need as we roll out training.

Previous empathy interviews conducted by this document's author (B. Schindler, coursework empathy interview, 2020) showed that while reciprocity is a strong direction towards dismantling power dynamics in university-community relationships in research, considerations of trust must also be attended to. Trust building was understood by stakeholders as mutually defining reciprocity within the relationships. Stakeholders noted that reciprocity matters, but faculty must attend to other issues in their work load, and those realities needs to be articulated, including: addressing reciprocity on the side of the Institute by offering skill sets that sharpen faculty mutuality ability. Stakeholders in the empathy interviews stressed the balance of change and the need to underscore the faculty and department leadership pathway, weaving in change-making activities in ways that don't hold the investigators up from important professional responsibilities such as hitting their grant deadlines, as these realities can make or break a decision to be reciprocal, thus limiting the opportunity to examine the self, and disrupt non-equitable and non-inclusive process norms.

The question is how to best attend to engaging in equity with training and how much explicitness to reciprocity is already happening, including assessing understanding histories, localized data, thinking through value exchanges, and assessing the why. DEI trainers ask

participants to consider and adopt methods unique and relevant for each person and culture they come in contact with — is this also happening as a process for the participant of trainings where they are asked uniquely how to make these spaces more humanized?

These considerations may assist in ensuring DEI trainers aren't siloing the participants in the room, particularly those who are of dominant identities: white, cisgender, heterosexual, at minimum, and that the trainers are not pushing an ideal — that while trainings might feel correct and based in research and socially just to the trainer — they may not align with, say, the dominant, privileged white, cisgender, able-bodied male sitting in the back of the room. We know that siloing and finger pointing can cause retreat, and yet we have to move the needle on DEI and antiracism approaches if the office goals are to disrupt health disparities.

In an interview for *The Guardian*, author Yaa Gyasi (2021), who often speaks to audiences about their literary works, which are centered on the denial of contention of the legacy of slavery, noted through the country's healthcare, prison, schools, food and waterways, says white people lean into Black authorship — and other positions of power — as though it is medicine. And yet, Gyasi (2021) noted, the medicine — which is actually the often unread pile of antiracism list books on white people's bedside table — is akin to other prescriptions where one might not find joy in taking it, may not take it at all. Instead of asking about character development or the research questions that drove the books Gyasi has authored to be at the top of the best-selling lists, the white audience members at their talks want to be soothed:

> *...the general tenor of many of the Q&A sessions has been one I would describe as a frenzied search for answers or absolution. There's so much slippage between "please tell me what I'm doing wrong" and "please tell me that I've done nothing wrong". The*

suddenness and intensity of the desperation to be seen as being "good" run completely

counter to how deeply entrenched, how very old the problems are.

Diversity fatigue and equity fatigue (Ahmed, 2012) show up as these concepts are mentioned and not engaged with depth, and without action or unique attachment to the participant, so the fatigue is coming from a space where people are not even doing it, and are already tired. And yet, as Ahmed (2012) noted, diversity talk can often look like happy talk, where the conversation is about change but void of the challenge to confront the system. When we can find ways to incorporate the words that attach to each audience and in alignment with what they need, we hook people into the conversation and land on the end result of diversity of thought and diversity in spaces of power.

As the goal of this work aims to improve the health sciences relationship to its own faculty and students who bring diverse experience and identity as changemakers, and who can begin to heal and build trust between spaces of health and those in community spaces for whom the work aligns and affects, examining and evaluating the critical practice processes might lead to improvement of professional practice, while healing the relationship to self, the self in the community, and the self in the system.

In seeking understanding of individuals who engage in training and leading, such as the office staff, former participants of trainings, and representatives from the Health Sciences Diversity Deans Committee to get at how to make the work relevant and sustainable, engaging in evaluation to see where and how pockets of conversation around power and capacity and cultural humility take place in their roles and within trainings will be important. The definition of power is rooted in the idea of "Homo capax" (Ricouer, 1990), which is that all people inherently hold capacity, resources, and power, and depending on the life experience and context, each person can be both

active and suffering (Larsson & Jormfeldt, 2017) in their power. As humans interact, the accumulation of knowledge is power, and the power continues to increase as more knowledge is accumulated (Kuokkanen & Leino—Kilp, 2000). Du Bois defined power through a social context lens in that people having power not only hold the responsibility to act, but must also be given the capacity to roll out said responsibilities — the power to enact (Blackpast, 2011). In thinking about reciprocity, one needs to reflect on whose knowledge is considered powerful in the translation process funneling through the HSDEI. Reciprocity cannot happen when power is uneven. We need to know what people want in return for the training because there is a weariness and struggle to not make a space white again — to twist the training to create spaces once again through the same dominant lens. To be an expert in including the voices of those who are otherwise marginalized, yes, but not without the critical self-examination piece — particularly for those identifying as white in the primarily white institution — reflecting on the participant's own power and privilege, their positionality, and where and how they not only include, how they honor, believe, listen and work to disrupt the systems that otherwise hold these relationships and diverse positions at bay. Often, in working environments, Black, Indigineous, Folx of Color, and intersectional-in-oppressed-identity people speak at a meeting, and a white colleague will say, *I'd like to add to that comment,* summing up the experience to then be whitesplained, with the final echo on the topic hailing from the white person's mouth, even as it was kicked off by a person who shouldered the initial burden of speaking up and out on a topic. It is ongoing and exhausting. We know this regurgitation of knowledge gained happens in DEI trainings, as well, often at the expense and burden of the marginalized in the same room as those with different privileges, and it would be critical to see how and where we address these power dynamics as it specifically relates to the dominant identity participant.

In DEI trainings, activities are presented where discomfort is the crucial benchmark for change (Siliman & Kearns, 2020), and people can feel shut out, embarrassed, and vulnerable. In discussing one's identities and how they shape experiences, DEI participants might be asked to share in small or large groups, and what can happen in those spaces is the reifying of non-belonging, the recentering of dominant identities and voice (Siliman & Kearns, 2020). Evaluation of the current offerings can help to shift trainings to eliminate the idea of discomfort as the pinnacle for change, and instead, refocus efforts to lean into growth and mindset shift — chipping at personal introspection as a form of discomfort first by learning to express the authentic self in ways that make sense to participants' privacy and safety, before being in relationship with others. "We don't want to – once again – hold the systematically oppressed as the source for which dominant identities get to compare and contrast," noted Siliman and Kearns (2020, p. 47) in their *Radical Teaching* text on how to examine one particular DEI training activity — the diversity shuffle — adding, "We also don't wish to create space for systemically dominant groups to feel gazed upon with shame, especially when so much of our identity is shaped at birth and not through willful acts.". And while the authors noted how this understanding and reshaping of training activities does not absolve participants of the critical need to examine their position as a way to leverage change and make things better, the idea builds the argument for this evaluation proposal as there is a need to examine where and how the trainings and activities offered examine the self and the self's experiences in systems of oppression so that users can see how intersectionality, identities, and oppression are felt differently per person based on various combinations of positionality factors, making oppression and inequities "not necessarily worse or better, but simply different" (Siliman & Kearns, 2020). Privileges shift as people enter different spaces and over time (Siliman & Kearns, 2020), and this truth could attend to the white, cisgender male in the back of a

DEI training who is checking the clock more than they are checking themselves. Viewing the everyday way oppression comes in to everyday life through microaggressions and implicit bias because of positionality of the people in the DEI training room — including the facilitators — versus focus only on what is commonly thought as oppressive events such as slavery or genocide — even in their criticality to learn about and to understand how those atrocities are woven into the system — helps participants to see their own hand in the perpetuation of injustice and gives a glimmer of insight into how they may disrupt the system and their role within it. Rooting the evaluation within inspection of cultural humility in the trainings and strategy of the office may further assist in understanding how and why the DEI approach within a primarily white institution works or fails. Brené Brown's (The RSA, 2013) empathy versus sympathy work highlights how empathy can bring individuals and groups together and provide opportunity for inclusion, while sympathy reifies uneven power dynamics, savior complex, and can lead to increased isolation and siloing. Developed by Dr. Melanie Tervalon and Dr. Jann Murray-Garcia (1998), cultural humility puts humans at the center of the work. Research shows links between caring and curiosity, and when one is curious, one asks questions; one listens; one learns (Tervalon & Murray-Garcia, 1998). Paulo Freire asked engagers of their work to be mindful of the teacher-student cycle, addressing the otherwise passiveness that comes from the process of learning — that one simply absorbs knowledge and lessons gleaned — by essentially putting students in command of their learning, their own teaching. Michael (2014) reviewed how Freire's perspective on active engagement with knowledge is the critical pedagogy needed in the health sciences, and outlines a three-part process for learners to focus on both understanding the real-world complexities embedded in the knowledge offered in health education, and to challenge participants on the knowledge transfer to identify and question those systems and processes that support inequalities. The three phases of

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critical pedagogy produced by Michael (2014) and based on Freire's work, push this evaluation to further seek out how — if at all — current trainings and workshops presented through the HSDEI engage in: 1) listening and naming; 2) dialogue and reflection; and 3) the promotion of transformative social action. The evaluation would examine where and how prompts around cultural humility are included in the HSDEI offerings, including the author's use of three tenets: inquiry, sensitivity, and active listening (Tervalon & Murray-Garcia, 1998), and if and how the workshops offered include critical opportunity to dialogue and reflect, and then, to take transformative action, which are connected to the POP as it also tied to the concept and definition of reciprocity.

Evaluating where the HSDEI makes the tie between the DEI training activities to the system and one's personal role will be important as we pivot to reciprocal learning.

2.0 Understanding the Problem & Seeing the System: An Evaluation

2.1 Inquiry Questions

1. In relation to a goal of disrupting health disparities, how is understanding local, national, global, and institutional university histories critical to sustaining the DEI office mission?

2. What practices hold the office and its stakeholders accountable to their intent on evaluating power in their university relationships?

3. How is reciprocity examined in the work of the HSDEI as a means to identify what the training recipients are getting out of the work, to locate their why, and in creating relevant and sustaining action steps following the interaction with the Office?

4. In what ways is positionality showing up for the trainers, participants, and leadership within the HSDEI?

5. In what ways are humanized, unique approaches to diversity, equity, and inclusion work implored in the HSDEI through topics like cultural humility and intersectional power and privilege?

2.1.1 Inquiry Question Rationale

2.1.1.1 Inquiry Question # 1

Imprints from the past show up in the modern-day approach to disruption — from how departments are set up in hierarchy, to the value exchange transactions with those voices with lived experiences — the learning and unlearning of systems is rooted in history. Some of that history is

violent and traumatizing as policies are left off the table when creating strategic plans, the explicit noted on how diversity, equity and inclusion will be examined and instilled. The health sciences in particular has a troubled past rooted in unethical decision making, exclusions, and mistreatment/non-treatment. Belief in patients and participants of work coming out of the health sciences starts with understanding where bias was created — what data led to the denial of pain, the cycling forward of oppression? We need to see how this happens at the University level, and within its own system, and outwards to the community spaces where health happens. How has history impacted the lives of those engaging in the health sciences? The civil rights movement ensuing since the summer of 2020, a racial awakening moment for many, sparking a global uprising demanding for swift action related to antiracism, inclusive practice, and equity. New positions at the University were carved out, charging newly appointed dean positions to wrangle staff and faculty department-wide and across the campus to think more critically about DEI. Some of these roles in the health sciences were filled by folks coming from other University units or traveling from different institutions altogether, so thinking about this inquiry question as a means to identify histories to leverage the why behind the need to examine, change, and reflect as departments is so important. This process will help to better define the historical pieces of the system and can help to identify why or how reciprocal learning in DEI on the parts of the teachers and students of the work — in the broad sense of the terms — have uptake; how to design iterative approach moving forward to avoid the wrongdoings by aligning the programs and trainings against the historical data as a lever to make the change needed, specifically for the University and its pathway.

2.1.1.2 Inquiry Question #2:

This question examines what the HSDEI has in its tool box to remain accountable to intent while also examining its power. This research question will aid in the exploration of the mission and vision statements, consultation forms, and pre- and post-survey formats.

2.1.1.3 Inquiry Question #3

This inquiry question helps to frame and consider the systemic and personal motivators and enablers in engaging in and with DEI and antiracism frameworks, and to promote thinking around how to help identify the why with participants, and how to sustain the work by aligning to their goals and interests actionable steps and connections to accompany the trainings. This will help to guide the study in its document and data analysis — how and where are the HSDEI products and participant feedback indicating spaces of reciprocity and positionality, and evaluating for opportunities of growth and deepening in these areas as a mechanism for sustainability and disruption of inequities.

2.1.1.4 Inquiry Question #4

The opportunity to create safe space is more than a buzzword — it is the work of carving out the time and explicit dedication to the lived experiences, to multiple voices, to the translation of knowledge. In a hierarchical role system such as an institution of education, it is important for those in DEI leadership to bring their own vulnerability and transparency into the space as models in the work, setting norms and tone. Specifically, this question helps guide thinking in how to reproduce the diversity deans committee who share their positionality with each other in monthly meetings — at minimum — giving opportunity to vent, leverage one another's leadership, explore their positionality professionally, and personally and where the two paths intersect. The question

will help to address how to capture the stories and best practices of the group to later form strategy with other leadership groups around the University who seek change in their units, and who may feel burnout, systemic-related individual-imposterism, fear of accountability, and frustration with the system, while also using the power of communication and joy to address the ways DEI work is complex and not simply a training manual — the work of the humans engaged in the work as leaders is highly important.

2.1.1.5 Inquiry Question #5

The training space can become a studio space — practicing the importance of positionality, how to lean in and where to bring forward the intersectionality of identities, how to highlight spaces of power and privilege within those identities, and how humanizing the work of DEI through these processes can chip away at notions of a check box. This question seeks to identify where and in which ways the current training and program offerings filter in cultural humility and intersectional power and privilege, including critical pedagogy rooted in disrupting health inequities where learners in HSDEI workshops are not passively engaging with the content, but are instead asked to name the inequities, reflect and dialogue, and think about how to take action(s) uniquely situated for themselves.

2.2 Methods and Measures

2.2.1 Research Design: PM&E

Study Design: Qualitative

Evaluation design:

Parent: Participatory Monitoring & Evaluation

Specific: Culturally Responsive Evaluation (CRE)

Data Collection methods: Focus group, semi-structured interviews, material analysis

Not only am I inherently biased, I want to acknowledge and model this process by not coming into the evaluation position from a position of objectivity. I applied and took the job at the HSDEI because I care about the work and am one of the stakeholders of change. This evaluation, then, helps me to be the agent of opportunity. "By working from a place of transparency, evaluations and evaluators are better poised to accurately understand where areas of misinterpretation, misinformation and misunderstanding can occur and take corrective action. Although bias and subjectivity are inevitable in the evaluative process, they can be mitigated by intentional design, critical reflection and the inclusion of diverse voices" (Vang, 2019, p.3).

Participatory Monitoring & Evaluation (PM&E) are rooted in social justice (Vang, 2019), and through integration of voice from those who are directly connected to the evaluation, including the evaluator, PME attempts to use a more equity-based process to analyze data and encourage new knowledge about social inequities as well as take action on this knowledge to further social change efforts (Thomas & Madison, 2010). PM&E works to strengthen partnerships among those evaluating processes and those who are participants and researchers of processes so that plans and knowledge lead to positive social change and action (Lennie, 2006). It is a bottom-up framework, in which participants of the work are consulted at every stage of the evaluation.

As a small office with a mighty mission, staff and leadership of the HSDEI may shy from dedicated space to review trainings and programs and positionality, feedback, and methods as a

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way to otherwise do what we say will do — contribute to fair and just health sciences processes. Through this evaluation, we have the chance to "contribute to enhancing fair and just distribution of benefits and responsibilities [so as to not do business as usual where we cycle forward the continuation of] inequality and distorting such distributions" (Thomas & Madison, 2010). Vang (2019) argues for the use of evaluation as a tool to allow for acknowledgement of privilege and unequal power dynamics and extend social justice by emancipating the current work, and thinking about for whom the work is most relevant and where are action items for change making embedded.

Support for PM&E makes sense as it leans into the human rights aspect of knowledge generation and translation — key products of an academic setting. In inclusion of all voices, particularly historically underrepresented voices, and as empowerment-aimed strategies, PM&E's center stakeholders, who increase the realities between the evaluation work and the lived experience(s) of those who will be associated with the results, offer pathways for accurate and reliable feedback and insight to better position the evaluative recommendations; promotes leadership and ownership of the work back in the hands of the users; and builds capacity for team skill building and networking (Vang, 2019). All of these pieces align with my vision to humanize relationship building and DEI at the University, while also encouraging team building as I engage in my new job and responsibilities. The participatory evaluation process is different from the conventional form of evaluation, which favors assumption of neutrality and objectivity, thereby negating the examination of race, gender, class, and other power dynamics present in the working relationship and recommendations of the evaluator (Chouniard, 2013). This is very important to me as I am also a stakeholder in the work — as a training manager for DEI, the end results of the evaluation will be critical building blocks for my approach, and I seek to encourage the noticings

of training participants around issues of power in themselves, themselves in community, and themselves in the system. The more opportunity to align this notion in all aspects, the better.

Table 1 Conventional and Participatory Evaluation

	Conventional evaluation	Participatory evaluation
Who	External experts	Community people, project staff, facilitator
What	Predetermined indicators of success, principally cost and production outputs	People identify their own indicators of success (which may include production outputs)
How	Focus on 'scientific objectivity'; distancing of evaluators from other participants; uniform complex procedures; delayed, limited access to results	Self-evaluation, simple methods adapted to local culture; open, immediate sharing of results through local involvement in evaluation processes
When	Usually upon completion; sometimes also mid-term	Merging of monitoring and evaluation; hence frequent small-scale evaluations
Why	Accountability, usually summative, to determine if funding continues	To empower local people to initiate, control and take corrective action

Source: Narayan-Parker 1993, p.12

Specifically, I propose the use of the Culturally Responsive Evaluation (CRE) within the PME framework, which centers the use — as opposed to making neutral — of culture, defined as "a cumulative body of learned and shared behavior, values, customs and beliefs common to a particular group or society," and 'responsive' defined as substantively and politically attending to the issues of culture and race in evaluation practices (Wholey et al., 2004). Instead of crafting intervention recommendations prescriptive in nature, the Culturally Responsive Evaluation process asks me as the evaluator to remain true to the cultural references, assets, gaps, and interests of the stakeholders at large, tying me back to my dedication to the *why*, positionality, and reciprocity. Wholey et al. (2004) noted: "CRE participants determine success indicators and every

phase of evaluation design and implementation reflects cultural competence and relevancy" while existing within a specific framework for conducting evaluations (Vang, 2019):

1. Prepare for the evaluation

2. Engage stakeholders

3. Identify evaluation purposes

4. Frame the right questions

5. Design the evaluation

6. Select and adapt instrumentation

7. Collect the data

8. Analyze the data

9. Disseminate and use the results

The City University Institutional Review Board noted "no IRB review is needed for your project."

2.2.2 Research Relationship With Participants

The relationship I have with the stakeholders crosses the spectrum of influence, as I know all of them professionally and many personally. Some are newly more in my sphere in a more intimate way now that we are working in the same office, but all of the stakeholders have a relationship with me. It is an honor to think of possible stakeholders whom I trust, who trust me, and those for whom the global — at minimum — results of the study will be beneficial; thus their interest and influence are key. Johnson (2015) noted the complexity of stakeholder engagement in evaluation work using a graph to depict the spectrum of influence on the process: where the left side of the spectrum has almost no stakeholders as a means to limit the stakeholder influence and

work to achieve a non-biased evaluation, while the right side is pluralistic in its viewpoints. "In the context of evaluation, the evaluator is in a privileged location to define and describe a program's reality" (Johnson, 2015), a truth I want to be particularly mindful of as I think about how to not reposition or center my experience as a white person in the space of diversity, equity, and inclusion, evaluating programs and training through my gaze and unconscious implicit bias. Green (2005) noted four general areas stakeholders where fall, and I have covered all four as the relationship I have with the stakeholders is meant to add to the work, leaning on the pluralistic lens to think about how to make these cosmic shifts in thinking and practice to bear. The four areas (Green, 2005) include: (a) stakeholders with decision authority over the program, (b) stakeholders with direct responsibility for the program, (c) those stakeholders who are the intended beneficiaries of the program, and (d) and stakeholders who are disadvantaged by the program. I desire stakeholders with whom I have a relationship to build on the trust we have already established and offer space for transparency, vulnerability, humanity, as those are also the tenets for which the evaluation is filtered — wondering how and where the work of the HSDEI has included these elements in their process and where we can augment to deepen the approach.

2.2.3 Discuss Ethical or Validity Threats Related to Your Role

As this work is moving through Section 2 of the Outline for Evaluation DiP document, where the evaluation of a current program can be framed more in the "understanding the problem and seeing the system" part of the improvement journey, my concerns about validity are limited. The work produced through these methods and analysis seek to learn more about the department offerings and staff contributions, the diversity deans, reflections from former participants of the trainings, and to think more deeply about the gaps and the assets within these spaces. Part of my

role with the Office of Health Sciences Diversity, Equity, and Inclusion is to assist with the strategic plan. In order to best support the work to build, manage, and implement diversity training and education programs for the Health Sciences, while attending to the overall diversity recruiting and development strategy for Health Sciences Diversity, Equity, and Inclusion, we absolutely need to learn about how we do things internally. Awareness of implicit bias, how to bring in opportunities to see the system and through a diverse, equitable and antiracism lens, is part of the expectation of the role, and so I believe those participating will be able to bring their full selves and without ramification related to my work or findings.

2.3 Site and Participant Selection

2.3.1 Describe Who Will be Participating in Your Study

*(See additional stakeholder detail in **Section 1.3** of this paper)*

1. Staff in the Office of Health Sciences Diversity, Equity, Inclusion (stakeholders 1- 2)
2. Diversity Deans in a School of the Health Sciences (stakeholder 3 - 5)

2.3.2 Rationale for Selection

Stakeholders one and two are directly linked to my department, the Office of Health Sciences Diversity, Equity, and Inclusion (HSDEI), and play a big part in the execution of my role and in the carrying out of the programs and mission of the HSDEI. Stakeholder #1 helped to found the office, and their insight into the histories and iterative approach of DEI work in the University,

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including where positionality and humility show up, will be invaluable as a look back to see forward approach. Stakeholder two is a member of the HSDEI team and thinks deeply about faculty retention as it relates to diversity, equity and inclusion, and their 50 years in social justice and public health work look to us to produce activities with a lens of diversity, equity, and inclusion as ways to move the needle of social justice in spaces of health and wellness. Stakeholder two may be able to lend insight into what staff and faculty need and what is already existing and working in their buildings, curriculum, and culture. Stakeholder three, former director of the OSHDEI and now one of the diversity deans, and whose role was to produce and enact trainings in the health sciences, will lend insight that is two-fold: one being able to assist in filtering through the trainings to identify where conversion around power, privilege, humility, and reciprocity show up, while also offering historical perspectives and gaps/assets of the trainings and programs; and they can help to offer illumination of best practices held within the diversity deans committee — how do they work and what modeling do they exhibit that could be replicated with other leads such as department chairs or heads around the University? Stakeholder four is selected as a second Diversity Dean Committee member and to assist in thinking about how the work provided through the HSDEI is attending to systemic approach, while also being able to speak to positionality and vulnerability and transparency within a primarily white institute as the first Black identified professor holding tenure in the University. Stakeholder five is selected as the third Diversity Dean Committee member who has expressed interest in learning more on how to connect their ideas of DEI infusion and whiteness disruption with the needs and knowledge of those who work within their school. The fourth Diversity Dean is also the sole Latinx-identifed committee member and explicitly brings their racial and ethnic identities to the table when they work within the PWI.

2.3.3 Recommendation Support Versus Opposition Rationale

Stakeholders one, two, three, and four will likely find the evaluation outcomes and recommendations highly favorable. These four are directly tied to the work of HSDEI, with overlapping projects and vision, strategic planning, and programs and projects. This group shares resources and, together, problem solves on issues related to the schools of health sciences and within the DEI framework(s). This group makes up HSDEI leads and members of the Diversity Deans Committee. What the evaluation seeks to identify are gaps and assets in building reciprocity and for including positionality, cultural humility, and humanization by examining power and privilege. The findings directly affect the outcomes of the roles of stakeholders one, two, three, and four.

2.4 Data Collection

2.4.1 How to Collect?

1. Semi-structured interviews
2. Focus group
3. Document analysis

2.4.2 Descriptions of Collection

2.4.2.1 Semi-Structured Interviews

Semi-structured interviews were conducted to dig deeper into values and knowledge around cultural humility, humanization, and reciprocity. This was an opportunity to share the

project and the project aim, build rapport, discuss the problem, and think about areas we could learn more about to create strategies to address. These sessions were information gathering opportunities.

A. Three areas of focus were addressed in the interview, including cultural humility, humanization, and reciprocity within participants' work and departments in the health sciences schools. A question about historical data was also worked into the interview.

B. The protocol was created in a Word document and included three questions in each category, plus pre-defined probing questions to assist in the interview process.

> Purpose: In an effort to be human, seek stories, and talk about feelings (Plattner, 2015), the interviews offered a glimpse into the hearts and minds of the HSDEI staff and leadership who are charged with facilitating diversity, equity, and inclusion practice and progress in the health sciences schools.

> Materials: Access to the internet and access to Zoom to conduct the interview.

> Methods: First I emailed stakeholders to assess times to meet for a 60-minute interview. Second, I met with the stakeholders one-on-one through their best desired way to connect. Third, I used Zoom to record the interview and utilized the transcription feature of the platform. Video and audio recordings were deleted after the transcription. Transcripts were then de-identified and coded.

2.4.2.2 Focus Groups

We met remotely as a small group to establish trust and share narratives, learning, and unlearning opportunities through the facilitation of a Stakeholder Engagement Studio.

A. One-time, two-hour group studio facilitated by me, explored thoughts and feelings around two questions gleaned as a result of | lingering from other methods.

B. The studio session was held via Zoom, an online meeting platform, and recorded and transcribed. Video recording was destroyed following transcription. Transcriptions were de-identified in a Word document. Zoom transcription was destroyed once de-identified in Word.

Purpose: Stakeholder Engagement Studios are utilized to dig deeper into the individual's knowledge and lived experience as it might relate to the study.

Materials: Access to the internet for the Zoom studio, access to the Comment Form, a Word document to capture feedback from Studio participants.

Methods: First, I connected to the deans and HSDEI staff interested to schedule time. Second, I worked through the presenter document (template from Vanderbilt Institute Clinical and Translational Science Institute (Joosten et al., 2015) to identify two to three questions to explore with the group. Third, I completed the PowerPoint template from Vanderbilt Institute Clinical and Translational Science Institute (Joosten et al., 2015) to present to the group on Studio day. Fourth, on Studio day, I presented the presentation and closed with the two or three questions. I facilitated as needed, being mindful that the goal with a studio is to listen to learn and to unlearn and to gain perspective on the two or three questions with minimal interjection. Fifth, using the recording of the studio, and with the built-in Zoom feature, I transcribed the session. I deleted the video recording. I then coded and interpreted the data.

2.4.2.3 Document Review

A. A review of documents related to the trainings offered through the HSDEI included: Training outlines and full presentations delivered during the training programs. The

analysis did not include the collection of identifiers such as names, addresses, and any other identifiable information from participant or department leadership materials.

Purpose: Documents and feedback helped to exhibit the messaging of the officem identifying the themes and patterns of offerings. I was able to view how the trainings have changed over time, working to link presentations to historical movements and policy updates in the University.

Materials: Documents related to the training materials, presentation materials, website or marketing materials, and feedback or survey results of those who engaged with the material(s).

Methods: I accessed the shared drive at the Office to review past trainings, review the website for messaging, and analyze survey and feedback results culled by the team.

2.5 Analysis of Data

2.5.1 How Was the Data Reviewed to Make Sense of the Data?

Interviews

A. Excel was used to organize codes using Erlingsson and Brysiewicz's (2017) step by step process to create meaning, codes, and categorization as well as to analyze.

Focus Group

A. Utilized Erlingsson and Brysiewicz (2017) step by step process to create meaning, codes, and categorization and to analyze the focus group conversation.

Document Review

A. Feedback and content was recorded in an Excel document, organized by framing each document through assessment of cultural humility, intersectional power and privilege, humanization, and notations of comments and content related to discomfort through group exposure versus intrapersonal processes.

B. Utilized Erlingsson and Brysiewicz (2017) step by step process to create meaning, codes, and categorization as well as to analyze the documents | materials reviewed.

2.5.2 How Did the Analysis Help to Answer Inquiry Questions?

2.5.2.1 Interviews

Inquiry Questions: In what ways is positionality showing up for the trainers, participants, and leadership in the HSDEI? In relation to a goal of disrupting health disparities, how is understanding local, national, global, and institutional university histories holding the office and its stakeholders accountable to their intent on evaluating power in their university relationships?

Analysis tied to Inquiry Question: Coding for positionality, use of history, and evaluating power assisted in thinking more critically about where reciprocity exists currently in the program(s), and identified areas where reciprocity can be inserted.

2.5.2.2 Focus Group

Inquiry Question: In what ways is positionality showing up for the trainers, participants, and leadership in the HSDEI? In relation to a goal of disrupting health disparities, how is understanding local, national, global, and institutional university histories holding the office and its stakeholders accountable to their intent on evaluating power in their university relationships?

Analysis tied to Inquiry Question: Coding for positionality, use of history, and evaluating power assisted me in thinking more critically about where reciprocity exists currently within the program(s), and identify areas reciprocity can be inserted.

See appendices for matrix of methods and questions.

2.6 Reliability & Validity

Because of my deep commitment to include social justice evaluative measures and practice, the reliability and validity of the work will be framed from the perspective of accountability on multiple ends.

Table 2 Reliability and Validity

| What does it tell you? | Reliability: The ability to reproduce the results of the evaluation would be tricky, as another scholar could reuse the questions asked in the focus group and semi-structured interviews, however, the answers and the positionality of the stakeholders, the facilitator, and time, place and relationship factors play a large role in the ability to garner answers. Moving through the process, however, of analyzing data, committing to a social justice evaluative methods such as cultural relevant evaluations, and engaging in activities like the focus groups and semi-structured interviews, could very well reproduce the idea of this work. If the commitment and goal is to achieve understanding of power and reciprocity in relationships within spaces, in this case, a university setting, this process could unearth similar, more global, concepts for the reviewer. | Validity: The extent to measure what it is that this evaluation work sets out to do, continued check in on the inquiry questions, and using intended categories such as power, reciprocity, action, and cultural humility as filters to code and analyze the data, consistency was maintained across the methods. |

How is it assessed?	By being consistent with the stakeholder selection, and offering multiple ways to engage in conversation centered on the same topics, it is possible to connect results to see patterns and reproduction of thoughts within the study from the same stakeholder over time.	The literature review and social justice evaluation research, including the step by step process for culturally relevant evaluations (CREs) under the Participatory Modeling Evaluation (PM&E) umbrella guided me as an established example of how to move through an evaluation.

The work to remain conscious of the above-named components rested in the commitment to use qualitative methods of data collection with open questions to explore more fully the participant's viewpoint, in as un-leading a way as possible.

3.0 Evaluation Results

3.1 Key Findings

By reviewing how the HSDEI enrichment offerings and its stakeholders attend to reciprocity, results of this work lent to deepened thought about how to sustain DEI trainings facilitated in the schools of health sciences. Below I offer a recap of the data collection and connect the data to the inquiry questions.

3.1.1 Participants and Recruitment

Participant names have been changed to non-identifiable abbreviations to protect the identity of individuals.

As described above, semi-structured interviews were conducted individually with two current staff of the HSDEI (K.H. and N.B.), who also hold positions of leadership within the health sciences; and one former director of the HSDEI (C.R.) who is currently one of the diversity deans in the schools of the health sciences. The engagement studio was conducted with two diversity deans in the schools of the health sciences (D.D.D. and D.D.M.). Trainings reviewed are those currently offered in the HSDEI and were accessed through a shared file drive: Cultural Competency, Creating a Lab Culture, Culture Box, Diversity and Inclusion in the Clinical Research Workforce, Inclusive Excellence Workshop, Unconscious Bias, Unconscious Bias II, and Workplace Bullying.

3.1.2 Interview Guide

I crafted the semi-structured interview from literature reviewed and from my own experiences as the facilitator. The questions in the guide connected to positionality, history/culture and power dynamics (see appendices). I rooted through the analysis of the semi-structured interviews and the training filtration to glean two main questions for the engagement studio. I reviewed the trainings by filtering those enrichment products for reciprocity, power and privilege, cultural humility, positionality, history and recount of systems, root cause or treating the consequences, action items, resources, and whiteness.

3.1.3 Data Collection

Each of the approximate hour-long semi-structured interviews were held over Zoom. The sessions began with a short introduction to the dissertation overview. Questions were both pre-designed and formed from the conversation held in the moment. The approximate 60-minute Engagement Studio session was held over Zoom, with me first presenting key findings from the semi-structured interviews and training materials, and asking two questions to the duo participating. The trainings were culled from a shared file drive used in the HSDEI.

3.1.4 Findings

A total of five City University staff and faculty were interviewed either through the semi-structured interview or engagement studio format. The majority of these interviewees were faculty. Eight trainings were reviewed. Following automatic and manual transcription of the Zoom

recorded sessions, the interviews and Engagement Studio conversations were analyzed using Word to organize codes with Erlingsson and Brysiewicz's (2017) step by step process to create meaning codes and to categorize the findings. Code categories were counted to determine how much of the conversation was rooted in particular groups, aiding the analysis in highlighting how important the topic/category might have been to the participant. The categories were then copied and pasted into one of three lenses using an Excel worksheet: positionality, use of history, and evaluating power to form theme and key findings. Trainings were analyzed using an Excel sheet of categories based on the literature and the inquiry questions: reciprocity, power and privilege, cultural humility, positionality, history and recounting of the system, root causes or treating the consequences, action items, resources, and whiteness. As electronic trainings were reviewed, sections of the trainings were noted on the Excel sheet, associating the training material to one of the categories and allowing themes to emerge and to measure emphasis based on frequency.

Four key findings emerged from the three collection data methods:

3.1.4.1 Colonization of the Definitions and Goals of DEI

Participants noted that DEI meanings, processes, and measures of success is a space that has been colonized by whiteness and its many associated expectations.

3.1.4.2 Lack in Reflection of the Influence of Urban Settings and Placed-Based Use of DEI

Participants noted that connection to the real-world challenges of work produced in the academy, histories related to the root cause of inequities, and achieving reciprocity by way of engagement with multiple stakeholders is essential making DEI work relevant. Trainings lacked

explicit use of place-based skill transfer and reciprocity as tools to make sustained, integrated change.

3.1.4.3 Dearth of Attention to the Concepts of Whiteness in DEI Trainings and Practices

Participants noted how whiteness directs translation practices through assimilation and coddling of white comfort and fragility, and in the absence of discussing and putting action towards social justice. Trainings lacked explicit use of whiteness, white supremacy, or Eurocentric values as examples.

3.1.4.4 Criticality of the Self in Facilitating DEI trainings and the Content More Broadly

Participants noted that both trainees and trainers of DEI work need to continue to interrogate their commitment to DEI and social justice work by seeing themselves in the perpetuation of disparate inequities. Trainings lacked the term positionality, offered little around intersectional positionality, and had varying degrees of the presentation of and dedication to exploring and exposing the self in the work.

Full data collection method findings are located in the appendices of this paper.

3.1.5 Key Finding: Colonization of DEI

The first key finding from the data was that DEI was itself a space that had been colonized by white, Eurocentric ideas, norms, and values. This finding emerged in the semi-structured interviews as well as in the Engagement Studio. As connected to inquiry questions, this theme aligns with and most closely addresses inquiry question 6: *How do you avoid making DEI training and workshops palatable for white participants?*

In addressing the topic of colonization of DEI, participants of the semi-structured interviews underscored the institutional and individual co-opting of DEI taking place within the University.

3.1.5.1 Semi-structured Interviews

Interviewees bring in the importance of interpreting DEI as an action, from examining the lens and gaze for which DEI is discussed, and interrogating DEI efforts' focus on systemic and lasting change. For instance, N.B. noted: "You know so in terms of the articulation of this DEI stuff is that if it doesn't meet the smell test around systemic and social change, then, you know it's not necessarily in my view, addressing what social justice is" — keeping that going is critical and where N.B. says efforts to iterate DEI offerings should be placed.

Similarly, whether intentionally or unintentionally, whiteness is learned through direct dialogue first to raise consciousness about power and privilege, even if they have directly benefited from it or taken advantage of one's power and privilege. For instance, in our interview, C.R. leaned into the importance of decolonizing the minds of those within the institution. They noted that this exposure to DEI through enrichment needs to be strategic and both walk the line to maintain some systems and disrupt other systems. C.R. noted one way to evaluate power is to check in on resources - who is on the team to embed DEI?; what support has been offered to check in on impact in circling back with units and departments utilizing the HSDEI services?; have real aims, goals and metrics been established?, and what plans are forming to scaffold this work if it is meant to be sustaining and be reciprocal? These pointers offered through C.R.'s interview connect back to N.B.'s requirement to include system change within units and departments requesting DEI trainings — it is essential that the DEI trainings be one piece of the broader systemic and social change making of requesting units and departments, not the sole practice.

In our interview, K.H. also explored the need to evaluate power by pondering colonization of DEI and looking at entities such as the institution as a whole or the people working within the Institution. K.H. said the University as a body reveals commitment to being valued as an ally in the work to disrupt current practices, while the people charged with running the organization serve as actors in the unthreading of a DEI needle through interpretations made from the white dominant identities' gaze. As an example, K.H. describes stories of their own, their mentees, and their colleagues who have revealed colonization of DEI ideas:

Not only will [they] you know eat my lunch [they'll] use my napkin.

This finding exemplified how K.H. might have just said something and that exact thing gets taken from their credit and used to further someone else's credit, while also shifting the gaze and interpretation of the DEI work.

So it's those individual behaviors and actions that you know can ultimately wind up in institutional statements or initiatives.

The institutional statements or initiatives go on to serve what N.B. and C.R. talk about with the need for DEI to embed in both the personal and institutional system. And if the DEI vision has been spurred from conversations from those who work in DEI, but ultimately shifted to meet the needs of the dominant gaze, K.H. said the DEI work becomes non-performative, sharing examples of how it is not uncommon to see people mount initiatives, discuss how they would like to support underrepresented people, but yet fall short of the complex work to disrupt the systems.

Examining who gets to define DEI, who crafts its processes, and who determines success of its establishment and retention was also explored in the Engagement Studio. Reciprocity as it relates to the transactional process of gaining and giving information for knowledge to be relevant

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and sustaining to all parties was talked about in one participant's wondering on whether it is colonization of DEI if the work is being iterated to meet their experiences and needs.

3.1.5.2 Engagement Studio

While D.D.M. noted their work with medical students always asks learners to think clinically while also thinking systemically, a finding during the Engagement Studio revealed a thread similar to K.H.'s interview: the need to iterate the meaning of DEI work based on entity. Getting people to think systemically could be hindered by the individual definition of DEI based on the person's role and experiences:

> Often, at least, in my opinion we complicate the subject by, you know, making it overly academic in many respects. I mean, I think, for all of us who can deal with academic speak, yeah this is OK. But when we're talking about staff, at least in my own experience, I would say you've got to figure out ways for that information to be communicated in ways that they can see it, feel it, and understand it, not that they couldn't, but they don't live in that same world. They just work in this world. Support[ing] processes, and often are not thinking about how what they say, or how they look, or the manner in which they might have interacted with the person, is coming from some of these places, so you'd have to think about that.

3.1.6 Key Finding: Urban settings/Importance of Place-Based Inclusion Foci Related to DEI

The second key finding from the data was that when DEI enrichment is void of place-based inclusion foci, including examining how City University's history and culture related to being an

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urban education center, it is also void of the root causes of inequities based on local, national, and global histories of an issue. This finding emerged in the semi-structured interviews, the review of the training materials, and through the Engagement Studio. As connected to inquiry questions, this theme aligns with and most astutely connects to question 1: *How is understanding local, national, global, and institutional university histories critical to sustaining the DEI office mission*, and question 3: *How is reciprocity examined in the work of the HSDEI as a means to identify what the training recipients are getting out of the work, to locate their why, and in creating relevant and sustaining action steps following the interaction with the Office.*

Within classifying the importance of place-based inclusion foci related to DEI, the semi-structured interviews offered a spectrum of insight including recognition of co-opted definitions of the term urban, who and what is in need of being included to be considered place-based, and how and if the University itself recognizes the real-world impact it makes as a place of learning.

3.1.6.1 Semi-Structured Interviews

Contextualizing DEI to relate to place was present during the interviews, an element critical to the social justice "smell test" process for N.B. Finding ways to leverage historical usage of place-based information as a lever for change is essential in framing the why for the DEI work. As an example, N.B. said rarely do folks within City University speak to urban versus suburban or any geographic relationship in connection with rooting one's interest in understanding and being inclusive connected to context, guiding questions, or interventions.

And, N.B. noted, if there is discussion about place, when urban is included, it is only the version of urban that institutions of higher education feel comfortable with exploring, tying back to a previous finding about colonization of DEI: who is defining the issues and process for making change. N.B. gave an example of a university — not City University — which, in the past couple

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of years, shared a neighborhood guide for students, staff, and faculty to use in visiting cultural space, restaurants, businesses, and the like. In the guide, the institution's team who created the asset did not include a prominent, mostly Black resident-inhabited neighborhood in the region, essentially deciding for readers and participants of their work the definition of urban the school felt comfortable in engaging with, as described in the interview with N.B.:

They want to, you know, they see urban space, but there are certain spaces they don't want to include, so they had, they make them disappear.

As a place-based institution itself, City University is like any university centering its role in historical and present day importance as a generator of knowledge. Similar to N.B.'s guidebook example, and an institution's decision to guide people by hand-selecting who they might believe are the most valuable, C.R. said in the semi-structured interview that universities' core mission lives in the proving of knowledge, whose is most important and relevant, and sets the tone for interactions among people and cycles forward power dynamics:

So we think about a place like a university where we do a lot of talking with one another, talking to people. Arguing our points. Making points. But never really humanize our interactions with one another.

C.R. underscored the need for people in trainings to recognize the higher education toxicity which breeds power based on whose knowledge is valuable, and how when roles — i.e. knowledge producers and arguers — are devoid of context, DEI is harder to attain. This was yet another finding connected to the exploration of reciprocity-making within the work of DEI.

The trainings offered similar insight into the pedagogy of place as a way to immerse learning in the culture, experiences, and identities of those engaging with the University, internally and externally, though this insight was offered at various complexities and depth and void of

terminology naming place-based tools and reciprocity as skills to embed DEI by engaging in meeting people where they are, a process that also ties to themes related to exposing whiteness.

3.1.6.2 Trainings Review

An important element of place-based foci is the use of a historical lens to add complexity in thinking about systems and processes such as the infusion of DEI. At varying degrees of complexity, and presenting either University history or the local, regional, national, and global histories, or a combination of both, three quarters of the trainings reviewed brought in history of a topic or recounting of the system into the presentation. As an example, these trainings had the following foci: Cultural Competency, Creating a Lab Culture, Diversity and Inclusion in the Clinical Research Workplace, Inclusive Excellence Workshop, Unconscious Bias, and Workplace Bullying. The remaining two trainings reviewed take history to a complex level by exploring the root cause of the issues present to which the trainings seek to rectify. One of the eight trainings analyzed included attention to reciprocity, though absent of the word reciprocity in its usage.

Answering the inquiry question of where is reciprocity showing up as a pathway to have trainees take action and engage with resources to deepen their *why* for taking the training, the trainings direct participants to explore a placed-based lens as a way to connect cultural relevance to a particular topic discussed in the training; however, none of the trainings analyzed translated to participants how they might layer in a place-based foci into their units and departments as a characteristic of the DEI enrichment — a lens they might want to want to get to know and apply to the training component learned in a place-based context.

The trainings analyzed reveal how issues might be explored more broadly, but don't necessarily — almost never in this review — show how a particular unit or department in the University might take the shared knowledge and make DEI relevant and sustained in their place

of practice. No trainings had sections asking participants to think about how they might translate this knowledge back to their department or school; thus, reciprocity is not pulled on as a tool to uniquely embed DEI. This is an essential finding as the Engagement Studio participants noted how they specifically seek intervention such as DEI trainings to connect with the work that they already do in their clinical environments and note the importance of trainings being distinct in their integrating knowledge into the culture of the participants' schools.

3.1.6.3 Engagement Studio

From a practical standpoint, inclusion of place-based work, which allows for inclusion of the culture of those whom one is working with, and brings in histories related to place and space to better understand the positionality of participants, aligns with clinical learning spaces in the University because of the way the professionals already include patient and familial histories, and through the inquiry of social determinants of health. As an example, in the Studio, both D.D.D. and D.D.M. agreed on how the place-based foci aligns best with the historical information gathering through assessment and patient interviewing already in place in the dental and medical school work and would mostly be interested in complementing trainings to their already packed schedules, as D.D.M. highlighted:

> I'm always asking what am I really trying to accomplish with this experience, where is it going to go, what does it connect to? And if there's some kind of overarching goal, through which they are complimentary experiences that get us there from various vantage points you know that's all well and good, but I asked that question, am I trying to empower students to be successful, am I trying to affirm a faculty member to persist.

D.D.D. also said placed-based work is "more comfortable to talk about," compared to whiteness, colonization of DEI, and positionality, of which D.D.D. said participants "wouldn't

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have the knowledge to get deeper in a discussion; so they would be passive listeners, not even active listeners." In direct association with the importance of humanizing the work of DEI and leaning into placed-based foci as a way to do so, as noted in MB's semi-structured interview remarks, the two most clinical health sciences school representatives noted a furthering away from humanity of those who provide the education by thinking through the assumption that if training topics don't neatly align with what is already taught — as related to faculty and students — or what is already a process for work — as related to staff — the impact will be lost.

With significant emphasis on practical, hands-on clinical skills where participants have limited time in their schedules, compared to other key findings when asked if enrichment related to whiteness, colonization of DEI and positionality would also be topics of interest within their health sciences schools, D.D.D. and D.D.M. said place-based trainings would be most relevant to their units. They both noted how important it is to focus on the goals of their programs: specifically, patient-centered outcomes,exemplified when D.D.M. brought in how they already do this work:

> Often we're trying to show them the clinical relevance of paying attention to history of looking at systemic institutionalized structures in their impact on their ability to take care of patients. So they're always sort of looking through some kind of clinical impact, clinical relevance.

Bite-sized trainings that tie to the work and processes already being moved through aligned most deeply for the Engagement Studio participants, responses that modeled what a place-based lens is ultimately hoping to do: capture the work and process and histories and why of a place and space to make the infusion of enrichment relevant and sustaining.

3.1.7 Key Finding: Dearth of Attention on Whiteness in DEI Trainings

The third key finding from the data was the insidiousness and perpetuation of whiteness in DEI trainings through placating to the maintenance of comfort of people and systems, while also in its absence when naming whiteness in DEI trainings is not explicit. This finding emerged in the semi-structured interviews, the review of the training materials, and the dialogue of the Engagement Studio. This finding answers all six of the inquiry questions as whiteness in its oozing nature seeps into the self, the community, and the system:

- Question 1: *how is understanding local, national, global and institutional university histories critical to sustaining the DEI office mission*

- Question 2: *what practices hold the office and its stakeholders accountable to their intent on evaluating power in their university relationships?*

- Question 3: *how is reciprocity examined in the work of the HSDEI as a means to identify what the training recipients are getting out of the work, to locate their why, and in creating relevant and sustaining action steps following the interaction with the Office?*

- Question 4: *In what ways is positionality showing up for the trainers, participants and leadership within the HSDEI*

- Question 5: *In what ways are humanized, unique approaches to diversity, equity and inclusion work implored in the HSDEI through topics like cultural humility and intersectional power and privilege?*

- Question 6: *How do you avoid making DEI training and workshops palatable for white participants?*

As a long-time facilitators of trainings in the HSDEI, and often the developers of the

trainings reviewed for this evaluation DiP, in their semi-structured interviews, C.R. and K.H. noted their interest in striking balance in change-making and not siloing or shaming people and places for maintaining systems and processes, even as they desire reciprocal process and commit to accountability for their roles within the University.

3.1.7.1 Semi-Structured Interviews

A strong focus for K.H. was with their "action hat" on as they pondered during the semi-structured interview what can be done to disrupt the reproduction of whiteness, particularly as it relates to higher education and its systems and measures of success. K.H. included whiteness perpetuation in higher education examples such as publishing expectations and grant boundaries that currently mostly hold limited time and space for work-life balance and working more deeply with community stakeholders. In the semi-structured interview, K.H. noted the serious difficulty of balancing the complexities of disrupting and maintaining current systems, as tunnel vision of disruption counters workplace sustainability, a highlight of whiteness. K.H. said in our conversation that when people don't hold the ability to straddle the existing processes and the processes hoping to be created for disruption, an expulsion of role will result:

> And it's, it's, difficult walking that line you know. Trying to support individuals who you know, would like to disrupt you know, but at the same time, want to be successful, whatever that means in this academic space. And you, you really can't have it both ways right, you know, if you're really going to be a disrupter you're going to be gone. It's been lovely knowing you.

C.R. also spoke to this balance in their semi-structured interview when they said that changemaking within a PWI and in operating within the current disparate systems preferencing

whiteness requires aligning with those willing to disrupt policies and procedures, and not aligning with those who reproduce the oppressive systems:

> I love Audrey Lorde who says...you can't dismantle the Master's house with the Master's tools. And I find myself in spaces, with [who] I think, to be like-minded people from like-minded backgrounds and, at the end of the day, they're reproducing the culture. That exists right and it's, quite frankly, it can be very disheartening; be very disheartening.

This illusion of transformation has been studied in relation to how human perception uses past experiences and biases to complete sentences half erased on a page by coffee stains or fading paper; and to distinguish quickly between a young woman and older woman in the well-known, often cited, bistable image (Carbon, 2014), which are created to "have the possibility to be perceived in two different ways (Rodriguez-Martinez & Castillio-Parra, 2018)." When the human brain has seen an image or a sentence that conjures semantic memory - such as I have seen a young woman before and so I am able to see the young woman in this image, even if it is not clear or direct - the human uses history and knowledge and bias related to their culture and work to make the image appear. Specifically, the brain will associate an illusion to where they might preference an image (Carbon, 2014), such as the valuing of youth in society and then applying this bias directly towards seeing the young women in the image as opposed to homing in on the older woman in the image. Similarly, the power of the human brain can conjure social justice illusion,

imagining a spectrum wider than what the current reality is in front of them because they have at some point experienced joy and hope, fairness and equity.

Carbon, 2014

Figure 1 Bistable Image

This duality and balancing of the maintenance of whiteness and disrupting whiteness also shows up in the self. As an example, C.R. laid out the difference of the perception of self and differentials of power depending on one's intersectional identities as a DEI worker when C.R. compared themselves to one of their white counterparts in DEI work. C.R. said the white colleague feels as though they are healing through the DEIA-social justice work process, countering C.R.'s experience as a Black man working in DEI in a PWI, where C.R. feels less like a healer and more like an outlaw.

Tying back to theme one, which describes how data reveals the ways DEI was itself a space that had been colonized by white, Eurocentric standards, in the semi-structured interview, C.R. pointed to expanding trainings to include those discussing whiteness and referred to "the lie of white supremacy" to challenge everyone, not only some, to create inclusive avenues for changemaking:

So what do I mean by that? I'm, I think that the way that one does not fall prey to, I'll just say placating to, the dominant, right. It is to be willing to challenge everyone so, for

instance um there's this whole thing about white supremacy. There's this thing about the lie of white supremacy. Right. So these are different stages.

And, while facilitators and the non HSDEI participants of the work might be any racial identity, C.R. noted a possible action item of stimulating white people specifically to dialogue should happen without Black people — as an example — in the room, while later, having all identities in the space together to talk about C.R.'s mentioning of the "lie of white superiority" is essential as all folks reproduce whiteness. Allowing space for minoritized and underrepresented folks to recognize the turning down of their non-dominant identities and how assimilation in PWIs and in academia more broadly is taxing, as C.R. brought up during the semi-structured interview:

> It's a very critical issue, especially in academia, especially in PWIs, where in order to be a successful Black or underrepresented minority person in the field, or in academia, you almost have to turn down your Blackness. Your brownness. Whatever the case may be, right. In order to fit in and to assimilate.

While the findings in the semi-structured interviews provide complexity and reveal the cunning ways whiteness cuts through — and gravely affects — so many aspects of higher education, none of the trainings analyzed name whiteness as the root of the work.

3.1.7.2 Trainings

None of the eight trainings analyzed specifically name whiteness, white domination or white supremacy; therefore, the correlation to making the work palatable to white participants and those who are perpetuating whiteness regardless of intersecting cultural identities indicates perpetuating of whiteness through the absence of this topic area. As explored in the Naming and Framing the Problem of Practice of this Dissertation in Practice, much of the literature points to the explicit need to interrogate whiteness in all aspects of society, I make the argument that this

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examination, in particular for the health sciences, is a critical framework for achieving reciprocity in upending health disparities. All races, intersectional identities, and experiences can perpetuate whiteness. In the context of the primarily white institution for which those interviewed work and learn, and in spaces with mostly white-identified training participants, the reflection I brought in from Bergner (2020) offers examples of the damage gained from not talking about whiteness: white fragility as weaponized action gives permission for white people to "be evasive," defend "a righteous self-image," and cycles forward power hierarchies including that of racial segmentation, further cementing…"what goes unexamined will never be upended."

The Engagement Studio participants also seemed to make palatable the conversations around whiteness in their schools, as both diversity deans said placed-based trainings would be more useful than trainings exposing whiteness. The attention to participant lack of knowledge around whiteness, even as the majority of staff, faculty, and students in their respective schools are white-identified, and clinically operate under a mostly Eurocentric, western assumption of medical practice and process, was the salient highlight both of the deans identified as the reason to not include whiteness in trainings in their schools.

3.1.7.3 Engagement Studio

In response to a questions asking if their schools would be open to conversations rooted in colonization, whiteness, positionality, and place-based inclusion, D.D.D. said only place-based inclusion would align with their schools interests:

> ...and the reason why I'm saying that it's because currently we have only one black faculty and they taught high school, so I think the other topics wouldn't be. They wouldn't have the knowledge to get deeper in a discussion; so they would be just passive listeners, not even active listeners.

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D.D.M. revealed how whiteness shows up when making medical decisions and next steps with patients:

> ...oftentimes we can be, we can be clinically right but at the same time, if we don't take into, into account the context of that patient's life, we may not be making the best things happen for that patient.

> We have to make sure that our learning experiences have encountered some of these issues appropriately, so that we are transmitting information that's going to be helpful in that we are again making sure that we're helping our learners and our providers to focus on trying to do the right thing and the best thing for sure.

Here the findings reveal a possible intersection of terminology — where in their attention to patients and being clinically and scientifically right, D.D.M. acknowledges — without saying whiteness as the guiding framework for western medicine practice for which City University's School of Medicine operates, they do recognize the need to think about what's best for the patient in terms of what D.D.M. noted is the course of treatment, even as D.D.M. said whiteness wouldn't be as much of an interest for training as placed-based work would be for the medical school.

3.1.8 Key Finding: Criticality of Self in the System When Disrupting the System

The fourth key finding from the data is in the construction of DEI enrichment, the essential inclusion of the importance of noticing the self and positionality of both the DEI facilitator and among the DEI enrichment participants. The finding emerged in the semi-structured interviews, the review of the training materials, and the Engagement Studio. As connected to inquiry questions, this theme aligns with questions 2, 4, and 5: What practices hold the office and its stakeholders accountable to their intent on evaluating power in their university relationships? In

what ways is positionality showing up for the trainers, participants and leadership in the HSDEI? In what ways are humanized, unique approaches to diversity, equity and inclusion work implored in the HSDEI through topics like cultural humility and intersectional power and privilege?

Commitment to the self and how one operates in the goal to examine diversity, equity, inclusion, and social justice were highlights of the semi-structured interviews.

3.1.8.1 Semi-Structured Interviews

As an example of the commitment to the inquisition of the self, N.B. spoke directly to the positionality of the training participants, as N.B. reflected on how it's not only about the racial identity of the person engaged in disruption of disparities, it is about the commitment to DEI and social justice, and there cannot be assumptions on commitment based on race.

A commitment might start at a leadership level, for which K.H. noted are essential players in infusing and retaining DEI practices within the academy, while also stating how there needs to be a bifurcation of responsibility to a commitment to DEI: identifying the human resources (HR) components of legal sanctions and processes for inclusion, discrimination, and zeroing in more closely to positionality, which is getting to the core of a person before the legality part of work is implored. In our semi-structured interview, when asked if positionality and HR should be linked, K.H. spoke to the essential disentanglement of HR components of DEI:

> Those are different, different occurrences that can be you know adjudicated in different
> ways, so your hate speech is not going to be adjudicated in the same way as the freshman
> you assaulted, right, so and I mean, I could see a yes and a no; it's how far down the rabbit
> hole of laws and legal process we want to go, because in my mind, you know, what happens
> after there's been an assault and how that process plays out is way different than 'let's talk
> about your positionality'.

And furthering that example, K.H. guides the semi-structured interview by pulling on their long-term work in DEI, and identifying how moments of self-reflection with people, specifically on how one's positionality and self-reflection can then tie to relevant action within the academy, have to be included in trainings:

[We need to be asking] and what leads you to be the person that you are today and the decisions that you make in the, you know, the course of your day to day, work and interactions with others? [From there, we can remind people if there is] some action tied to your behavior, let us tell you what's going to happen with that; [but in my opinion, these are two separate issues], I mean, that's a whole other training.

In their semi-structured interview, C.R., who is similar to K.H. in their breadth of training experience as a long-time facilitator of DEI trainings, also spoke to self-reflection but through the lens of engagement style: the method of talk that should be engaged to get participants to think more reflexively. A third of the interview with C.R. included action items more closely related to the facilitator's positionality as the way to get participants to think about themselves in the work to include DEI.

As a long-time facilitator of DEI workshops, C.R. offered insight rooted in self-reflection as a facilitator — being honest about subjectivity as the work becomes humanized by removing the hierarchy of ownership between the trainers and the participants, and engaging in dialogue as opposed to conversation. The term conversation is an "oral exchange of sentiments, observations, opinions, or ideas" (Merriam-Webster, n.d.). C.R. defined dialoging as going beyond talking to critically include listening. Rooted in reciprocity, dialogue, C.R. said, can reduce the otherwise unidirectional talking-at that can happen in conversation where listening and meeting people where they are might be missed. This also ties distinctly to the theme of exploring whiteness as the

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perpetuation of Eurocentric one-sided knowledge transfer, and where through dialogue there could be possible disruption of what N.B. called in their semi-structured interview as the "indoctrination" process that some people might associate to trainings.

The themes produced in this work include the indoctrination example that N.B. discussed in our interview: trainings can end in a spot where translation of knowledge is from one person's experience. Connecting to that sentiment, C.R. said in the semi-structured interview that there are no short answers to who should shoulder the courage to speak up in DEI trainings: those of dominant identities, or those already holding the burden as minoritized folks. In norm setting, C.R. said facilitators should state their positionality. And that work to self-reflect should be ongoing as facilitators of DEI trainings re-evaluate their position at multiple points over time in the work with groups and building this into the trainings. Getting to know oneself is essential, as is taking the time to understand the positionality and where are in the continuum of these dialogues for those engaged in the trainings.

Mirroring the Engagement Studio conversation elicited from the diversity deans who talked about placed-based foci in terms of clinically treating patients while also meeting patients at any point where they might be, C.R. said in their interview that facilitators of DEI trainings need to be prepared to meet people at any entry point in this work. C.R. said leaning into the concept of positionality, dialogue can ensue related to comfort, learning edges, and danger zones with participants to move away from comfort and into a space of self-learning to then interact with others. Not easy work, C.R. said self-reflection can allow for the formation of an understanding up front of "if we all leave this room today [and if we] leave here feeling all warm and fuzzy maybe we haven't done it right."

The semi-structured interviews shed light on a gap in the training currently in play within

the HSDEI: the need for transparency of the self of training facilitators as much as the requested self-reflection from the participants of the work, while also training how to then use that reflexivity to disrupt whiteness, include and root cultural histories, and iterate the work to be culturally relevant in the health sciences through cultural humility as an example, while checking in on the DEI gaze and definition.

3.1.8.2 Trainings

Seeking keywords such as self, reflection, reflexivity, positionality; terms such as us and them, self-bias, and implicit bias as examples, trainings were categorized into those attending to the self and those that did not. Seventy-five percent of the eight DEI trainings bring the self into the teachings, ranging in presentation and depth of the self to engaging positionality as a way to make larger change or engage in justice, humility. As an example, in the *Creating a Lab Culture: Top Ten Tips for Success* training, positionality is connected to the lab leader, but less about how their intersecting identities affect their personal and professional experiences and more that when one is in a role of leader, they should "lead when [they are] a leader." Their positionality in this example is one who sets the tone of the lab and manages conflict that might arise. There is no explicit mention of individual recognition of a leader's position in society and in the University, including their multiple intersecting identities and how that has shaped the setting of the tone in the first place. In a separate training, the *Inclusive Excellence Workshop*, the self and the systems are more centered in the skill building of participants: "We don't see things as they are, we see things as we are" is a statement connecting to other themes found in this work. Without naming whiteness or colonization of how to braid in diversity, inclusivity, and equity, the *Inclusive Excellence Workshop* spends time exploring power in systems and how biases progress in systems when unchecked, with the training offering insight on how intentional examination on the part of

participants of trainings through decision-making to see humans more fully, the power of whiteness — thought not explicitly named — is lessened.

Bias-related topics were common among most of the trainings, regardless of topic or audience, often showing up in a slide or two translating the skill of being anti-biased. The HSDEI leans heavily into bias work, even as the literature (Dobbin and Katov, 2018) points out how anti-bias training has to be deeply centered over multiple engagements or has been shown to be non-effective in disrupting lifetime-held biases.

In the Engagement Studio, the diversity deans noted anti-bias work as their signature change-making tactic with the schools of medicine and dentistry.

3.1.8.3 Engagement Studio

During the Engagement Studio, exploring the self was something that both of the diversity deans mentioned were student-centered activities, not necessarily faculty, leadership, or staff activities. D.D.M. said working on the self in the medical school includes students learning to "[filter] their own decisions and thoughts through some kind of bias monitoring experience." Also added is the criticality of the self in the system:

> Often we're trying to show them the clinical relevance of paying attention to history; looking at systemic institutionalized structures [and] their impact on their ability to take care of patients. So they're always sort of looking through some kind of clinical impact, clinical relevance.

The self, in this regard, is complex and embedded into various pieces of DEI work as exemplified by the intersection within the four themes and throughout the data analyzed.

4.0 Learning & Actions

4.1 Discussion of Key Findings

The title and topic of this work is *Understanding the Problem & Seeing the System: An Evaluation Inquiry for Reciprocity*. At the crux of, and within the aim of the title, the work was to reveal to the Office of Health Sciences Diversity, Equity and Inclusion, and later to participants of the work, how to see the system and then how to shift culture and share a new consciousness. Within the sharing of this work, it was noted that the process is akin to Plato's *Allegory of the Cave*. Briefly, the allegory is an extended metaphor telling the tale of people chained in a cave deep below the earth's soil, where their reality is formed from what is directly in front of them — they know not of the experiences beyond the cave, under the sun, or among other people and in nature (Eyer, 2009). When one of the chained people is released long enough to adjust to the outside world, and sees a spectrum wider than could have been imagined, they return to the remaining cave dwellers and ask them to free themselves and see other versions of life by leaving the cave (Eyer, 2009). The person was ridiculed for their ideas — life could only be what it stands to be right in front of their eyes — expanding into an unknown, expansive journey was a closed option refused in a fixed state, even if it would bring new freedom and deepened experience (Eyer, 2009). Imagine now, in the prefacing of the DEI workshop, the duality of reality presented to those in participation: you can continue living in the cave of your existence, seeing people and process and relationship as presented, or you can nudge the system, learn new ways of operating for self and among others, and expand onto an unknown pathway chipping away at the power and expectations and oppression currently at your feet, and later, relish in the newfound knowledge

benefiting you and those around you. "The human being can either live within the cave or outside of it: The Allegory of the Cave is about the existence of two worlds or experiences; it is about two radically different states of consciousness and awareness, or two radically different life perspectives" (A.S., n.d.) Mirroring this cave concept, the struggle in the translation of knowledge around DEI and antiracism practice through trainings and workshops is the comfort of human beings, who want happiness and stability and consistency, and changing a reality of thought would be a disruption to those aspects, and requires an acceptance of transcending "mental imagery and linguistic descriptions" (A.S., N.D.), particularly in framing reciprocity, where the HSDEI team cannot provide answers to how participants will uniquely take hold of the knowledge and incorporate it into their specific lives. It's a leap. And not without risk. In trainings currently offered, the repertoire of workshops gives time in the presentations to lean into statistics and the lived experiences shared from those who are continuously oppressed because people are refusing change over the maintenance of their own comfort. The HSDEI believes in escaping the cave, as its lead, K.H. states in the semi-structured interview: "You don't know if you've left someone with, you know, a heart change that maybe they didn't care when they came in, and now they do."

This section of the DiP will discuss the learning and possible actions as a result of the findings. As noted and described above, four key findings emerged from the three collection data methods: 1) Colonization of the definitions and goals of DEI; 2) a lack in reflection of the influence of urban settings and placed-based foci of DEI; 3) a dearth of attention to the concepts of whiteness in DEI Trainings and practices; and 4) the criticality of the self in facilitating DEI trainings and the content more broadly.

4.2 Colonization of DEI

Table 3 Colonization

Themes	Categories	Quotes	Implications (to determine next steps)
Colonization of the definitions and goals of DEI	DEI should address systemic | social change	"You know so in terms of the articulation of this DEI stuff is that if it doesn't meet the smell test around systemic and social change, then, you know it's not necessarily in my view, addressing what social justice is." (N.B.)	● When a unit is too narrowly defining their interpretation of DEI practice by offering a training only, and no accompanying system shift, a co-opted version of DEI will surface ● Permeation of social justice scholars continuously resetting the gaze
	Examine power and both maintain and disrupt systems	Decolonize the minds of those within the Institute. There needs to be strategy to this exposure and in both walking the line to maintain some systems and disrupting other systems. (C.R.)	
	People co-opt | bring back whiteness in DEI	"Not only will [they] you know eat my lunch [they'll] use my napkin" (K.H.)	
	Root DEI in understanding of definitions and the why in accessible ways for all	"Often, at least, in my opinion we complicate the subject by, you know, making it overly academic in many respects." (D.D.M.)	

This finding, identified through the semi-structured interviews and through the engagement studio conversation, demonstrates the complexity of meanings and application of DEI. There may be formal definitions of DEI, but the facilitation of DEI work will look different in each school and alongside whomever works in those spaces to embed these practices, as interpretations of DEI will ultimately align to the culture, will be braided into the goals, and will be retained — or not — based on these factors.

This finding unearths meaning-making in colonization of DEI — when a unit is too narrowly defining their interpretation of DEI practice by offering a training only, and no accompanying system shift, a co-opted version of DEI will surface.

The success of the DEI work will greatly depend on the unit the HSDEI connects to when providing enrichment. In the planning stages of developing trainings, explicit insight and input from a range of stakeholders to maintain the characteristics of DEI and social justice, while also being relevant to the requesting unit, is essential. This finding also indicates the need for the HSDEI to examine its own colonization of DEI usage. For instance, HSDEI can ask, how are its mission and vision statements, the marketed offerings and explanations, and its commitment to follow through showing up as possible examples of whitewashing the gaze of DEI?

The emerging of this finding ties to the reciprocity question of the evaluation: *Where can the process of reciprocity be leveraged as ways to create relative and sustained practices of DEI as a way to disrupt health inequities?* Much of the literature reviewed for this work revealed how siloing people for their interpretations of DEI practice could limit longevity of the process for change making. D.D.M., who during the engagement studio said they have been at the University since the 1970s, mentioned the slow but real change they have seen since in their roles. It seems that in the last 50 years, the progression — while slow — mounts because of the maintenance of

those producing DEI trainings and offering related enrichment. The HSDEI office is led by three Black experts in DEI and social justice. Each school in the health sciences has positions of a diversity dean all six filled by people of color — namely five Black-identified leaders and one Latina self-identified leader. Recently, the University launched the cluster hire initiative as discussed earlier in this work, and has brought in about 30 new faculty holding underrepresented in higher education identities. If the gaze of DEI should be one of social justice — as N.B. makes the case in their interview — the implications of this work and finding could be a permeation of social justice scholars continuously resetting the gaze by weighing in on the enrichment offerings, the goal contracting with units within the schools of social justice, and the plans to sustain the work with the schools for which the diversity deans and the cluster hire faculty and other positions engage. The colonization of DEI finding gleaned through the analysis of the trainings, interviews, and engagement studio, revealed a path forward: there needs to be a plan for sustaining the work and that plan needs to be uniquely tailored to the needs, goals and capacity of the unit requesting trainings.

4.2.1 Limitations

The finding can't tell us what dominant racial identities notice regarding the colonization of DEI as no one interviewed or engaged in the engagement studio identified themselves as white. In addition, no students were engaged in this work to determine their perspective on the gaze. Mostly, though, what the finding can't tell us is the question brought up in the background of this work — why after 17 years of being an office on campus is the HSDEI still tackling the issue of getting DEI to stick in the University? This finding reveals how not addressing the colonization and whitewashing of the material shows up, and only slightly gets us to think about how to have

more allyship, among white people in particular, to be motivated to get involved and not to shift the meaning of DEI and social justice to be just a new version of whiteness.

Directly related to the colonization or co-opting of DEI definitions and processes is a need to home in on the histories and cultures embedded in various ways of translating knowledge in DEI work through inclusion of place-based focus.

4.3 Urban Settings / Importance of Place-Based Inclusion Foci Related to DEI

Table 4 Place-Based Foci

Theme	Categories	Quotes	Implications
A lack in reflection of the influence of urban settings and placed-based use of DEI	Who defines culture and place	And if there is discussion about place, when urban is included, it is only the version of urban that institutes feel comfortable with including. (N.B.)	● A lack of place focus may be one of the reasons DEI is not sustained. ● The skimming over of histories and the teachings of the how-to engage with placed-based foci through the DEI trainings might also be perpetuating the very oppression the HSDEI hopes to dismantle.
	When roles are devoid of context, DEI is harder to attain	"So we think about a place like a university where we do a lot of talking with one another, talking to people. Arguing our points. Making points. But never really humanize our interactions with one another." (C.R.)	
	Connect to existing cultural processes	"I'm always asking what am I really trying to accomplish with this experience, where is it going to go, what does it connect to? And if there's some kind of overarching goal, through which they are	

		complimentary experiences that get us there from various vantage points." (D.D.M.)	

This finding points to the importance of both understanding and contextualizing place, including the deep histories, cultures, and associated knowledge systems, in all DEI work. Indeed, a lack of place focus may be one of the reasons DEI is not sustained.

As C.R. noted, a University is a powerful entity, encompassing its own culture as a place of work, generating knowledge and resting on proving knowledge as its core mission. The concept of what the university is meant to do as founded by its mission sets the tone for interactions among people and cycles forward power dynamics. Imagine, then, how a lack in talking about the culture and preservation of values connected to the place where the university is located shows up in the perpetuation of oppression. Internally, C.R. and K.H. talk about the assimilation necessary to then also work to disrupt culture(s) of higher education — one foot in the maintenance and one foot in the direction of change-making, including bringing in the intersecting identities and cultures and knowledge of those who work in the University.

A placed-based focus sheds light on the histories and cultures in connection to communities connected to the academy, while also shedding light on the relationship, histories, and cultures in the institution. C.R. and K.H. expose the need to not only look outside of the institution when talking about placed-based work: the breadth of culture and histories of a university's people impacts them as professionals and students. In thinking about retaining DEI practices, being intentional about amplifying the requesting unit's community and culture roots the work to the unique positionalities of the people and to the specific environment of the department. This place-based recognition does not necessarily show up in trainings. Beyond the

internal workings of the University, N.B. also said they often do not hear colleagues or leaders talking about the University as an urban place, and if it does come up, University-defined versions of the urban setting and culture sets the gaze — as opposed to the communities surrounding the University setting the gaze — for incorporating place-based foci into the work of the University. Racial histories, as an example, are the racial present (Lewis & Diamond, 2015) and are very much entrenched in daily life — even if it appears that racial reasoning is not the issue on the table as the conditioned cultural beliefs over time create a "sense of abstract and distanced hierarchies [and] these belief systems play out in daily interactions" (Lewis & Diamond, 2015, p. 6). The skimming over of histories and the teachings of the how-to engage with placed-based foci through the DEI trainings might also be perpetuating the very oppression the HSDEI hopes to dismantle.

The communities in close proximity to the University, or places and spaces commonly connected to the University through research or programmatic partnerships, were not engaged in this evaluation, thus limiting the scope of the findings. The recommendations and discussion points expressed in this work were from the point of view of those internal to the University.

4.4 Dearth of Attention on Whiteness in DEI Trainings

Table 5 Whiteness

Theme	Categories	Quotes	Implications
A dearth of attention to the concepts of whiteness in DEI Trainings and practices	Maintaining whiteness means a balance to disrupting	"And it's, it's, difficult walking that line. Trying to support individuals who would like to disrupt, you know, but at the same time, want to be successful,	● There should be explicit dialogue about whiteness as the oppressive standard of success, the normalization of white racial identity, and the belief system to which all other

		whatever that means in this academic space. And you really can't have it both ways right; if you're really going to be a disrupter you're going to be gone. It's been lovely knowing you." (K.H.)	cultures and groups are compared in the United States
	Whiteness affects the personal and professional aspects of one's self	"It's a very critical issue, especially in academia, especially in PWIs, where in order to be a successful Black or underrepresented minority person in the field, or in academia, you almost have to turn down your Blackness. Your brownness. Whatever the case may be, right. In order to fit in and to assimilate." (C.R.)	• Expectations of whiteness keeps people from being their full selves, and serve as the antithesis to DEI and social justice rooted in humanizing the self • A lack in exploration and interrogation of whiteness is only perpetuating the white experience • University leadership might implicitly exclude historically underrepresented folks from identities across the spectrum, and intersectionally, because they don't look like or have experiences like those of the leadership. The cycle of whiteness continues.
	Whiteness attends to being clinically right but avoids personalization | humanization	"Oftentimes we can be, we can be clinically right, but at the same time, if we don't take into account the context of that patient's life, we may not be making the best things happen for that patient." (D.D.M.)	• Any training not talking about whiteness would be skirting around the deep wound of whiteness, thus itself, perpetuating whiteness.

The implication of this analysis means, in discussions with units and departments seeking to increase and retain DEI practices, there should be explicit dialogue about whiteness as the oppressive standard of success, the normalization of white racial identity, and the belief system to which all other cultures and groups are compared in the United States (National Museum of African American History & Culture, n.d.). This exploration and reflection needs to be built into the training plans so people can begin to see more fully the self, the self in the community, and the self in the system and not center or normalize whiteness as the default category. The dearth of discussion about and attention to whiteness in the trainings also leads to considerations about the

possibility of sustaining the DEI work after the training is complete, as all three semi-structured interviews noted as an essential topic.

Expectations of whiteness keep people from being their full selves, as expressed by C.R. and K.H. in their discussions, and serve as the antithesis to DEI and social justice rooted in humanizing the self. In their semi-structured interviews, they both discuss the hardships in striking balance betweem the personal and professional selves, particularly as a Black-identified person in a primarily white institute, as C.R. underscored in their personal reflection about the constant balancing act of being Black and having to walk the line between being what they called an outlaw where they can be their full self, and the whiteness set forth as the foundational example of a successful staff for which most of their colleagues follow suit.

All people, C.R. said, regardless of varying intersectional identities, engaging with the trainings operate under whiteness as a standard and its fervent masking of humanity through its replication. K.H. placed emphasis on replication of whiteness as a standard in the way the University fiscally operates in terms of scholarship generation related to a reduction in community engagement or inclusion of the lived experience; hiring and retention practices among diverse staff, faculty, and students, including honoring and recognizing the unique offerings of Black, Brown, Indigenous, Persons of Color-identified University members; and with the human resources and/or legal ramifications set for those who violate policy that is meant to be inclusive. The finding matters because a lack in exploration and interrogation of whiteness, then, is only perpetuating the white experience. University leadership might implicitly exclude historically underrepresented folks from identities across the spectrum, and intersectionally, because they don't look like or have experiences like those of the leadership. The cycle of whiteness continues. Diversity, equity, and inclusion processes are critical to retention, relevancy, disruption, and

innovation. The Historical Exclusion Feedback Loop illustrates what its authors Green et al. (2021) noted as non-passive cycling forward of dominant identities: 1. There is a narrow set of identities in leadership roles; 2. Leadership fails to consider identities and needs outside of their own experience; 3. The historically excluded experience discrimination, harassment or lack of belonging; and 4. The historically excluded preferentially leave the field.
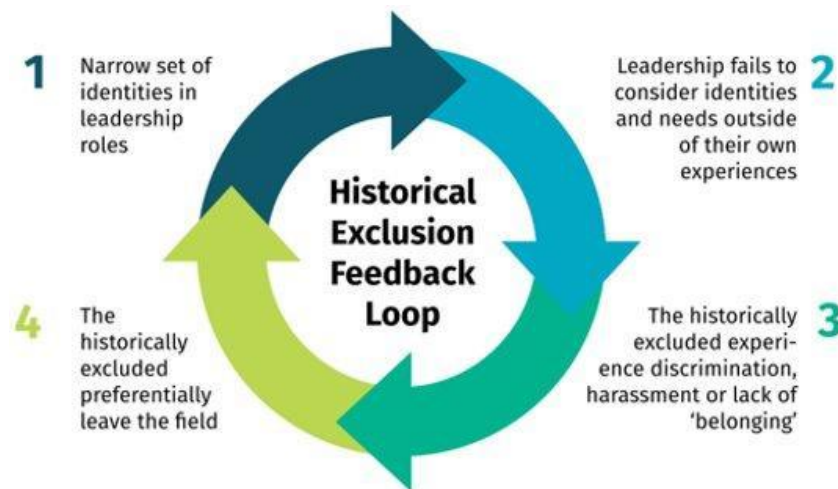
Figure 2 Historical Exclusion Feedback Loop graphic, Green et al. (2021)

Leaning into Parker (1990), the University cannot continue to bring in experts who are outside of, or hold power over, experiences that folks who moved through something hold. If there wasn't a dearth, people could be engaging in conversation about the criticality of experts who have otherwise been historically underrepresented, who can offer what Parker (1990) noted is a clarity that those who have not experienced the suffering could not conjure up on their own. That clarity can bring us closer to the goal of disrupting health inequities. Not talking about whiteness brings the conversation back to a one-sided conversation where reciprocity is not a part of the work; the indoctrination argument of N.M., as any training not talking about whiteness would be skirting

around the deep wound of whiteness, thus itself perpetuating whiteness. Trainings have the possibility of working to disrupt health inequities, but perhaps only if these enrichments pass the smell test of social justice, which is the interrogation of issues through social and systemic change, and within a lens of ethics and morality, as NM points out.

This finding of a dearth of attention to whiteness matters because none of the trainings reviewed mention whiteness, while multiple trainings reviewed for this dissertation in practice mention the action item of disrupting the Golden Rule — the commonly taught life lesson to treat others like we want to be treated, and instead use a platinum rule: to treat others as they want to be treated. The ideal of simply treating people nicely, and holding niceties about racial identity as an example, is damaging and untrue (Lee et al., 1994), and can lead to conversation in trainings such as *I don't see color* or *I don't care if you are red, green, purple or polka dotted*, as discussed in Sensory and DiAngelo (2012). This key finding matters because not only do people say in and outside of trainings that they don't see color, the health sciences are ripe with examples of research studies rooted in anti-Blackness: where those engaged in the health sciences are not seeing Black bodies and minds as whole and complex, leading to disregard for health and wel-lbeing through denial of treatment as it became available; removal of body parts against the will or permission of the person; and the replication of data and specimens beyond the research period and/or without consent. Many of the trainings highlight examples of Black patients and research participants not being believed and/or given less care and support connected to pain management, but these examples are void of conversation about anti-Blackness. This filtering of the problem — in which statistics are revealed in relationship to work and health outcomes — makes sense to show tangible ways oppression shows up in City University; however, it also feels void of antiracism and justice and is colonized in its approach to continue to share statistics without reframing the talk to reveal

the *why*. What is missing is conversation around anti-blackness: the social disregard for Black bodies while also engaging in a denial of existence (Dumas, 2016). "Antiblackness and anti-Black racism reside within institutions as well as ideologies of whiteness, white supremacy, and fear of the Black body" (Kendi, 2019). This sentiment was explicitly stated in the semi-structured interviews describing the balance of the maintenance and dismantling of the systems that perpetuate whiteness by — among other practices — being anti-Black.

When we don't talk about whiteness, even as we coddle white supremacy by making trainings more palatable to those who perpetuate dominance, as discussed by both K.H. and C.R. in the semi-structured interviews, we also don't interrogate how "the relentless repetition of these ideas in the mainstream makes them seem true, and allows us to form strongly held opinions without being particularly educated on the issues…thereby [promoting among dominant identified people a] superficial understanding because that is the primary message made available to us through mainstream society…[despite] minoritized groups [understanding who] may have a deeper personal understanding of social inequality and how it works, but may not have the scholarly language [or opportunity afforded] to discuss it in an academic context" (Sensory & DiAngelo, 2012).

4.4.1 Limitations

A limitation of this finding points to the nature of documenting trainings and other enrichment offerings as none of the trainings are recorded to maintain a safe and confidential space for working. Also, facilitation elements of training consults are also not recorded. In these trainings and in the planning stages of the trainings, there is likely rich dialogue about culture, histories, whiteness, and oppression, and may even explore the why for engagement. There was no way to

review and analyze these training components if there was no content recorded. The semi-structured interviews and the engagement studio session were meant to augment the dialogue not captured by reviewing the presentations of the trainings — the product created after consultation with units.

4.5 Criticality of Self in the System When Disrupting the System

Table 6 The Self

Theme	Categories	Quotes	Implications
The criticality of the self in facilitating DEI trainings and the content more broadly	Get to know the humans in the work	"And what leads you to be the person that you are today and the decisions that you make in the, you know, course of your day-to-day work and interactions with others? You know, to do that and then say, and by the way, if there's some action tied to your behavior, let us tell you what's going to happen with that; I mean, that's a whole other training." (K.H.)	The human self must be explicitly examined in DEI trainings. The self can be inserted in the translation of DEI skills, tools and knowledge as makers of change.
	Positionality through deep, vulnerable dialogue	"If we all leave this room today [and if we] leave here feeling all warm and fuzzy maybe we haven't done it right." (C.R.)	
	The self in relation to whiteness, in relation to others	"We don't see things as they are, we see things as we are." (Training)	

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It is critical for trainers and trainees to be reflexive in their attention to their self-identities and experiences, and then to use those reflections to make changes within the other key findings, including exposing and exploring whiteness, including and rooting cultural histories, and seeing themselves in possible perpetuations of a colonized DEI gaze and definitions. Because humans do the work of disrupting health inequities through various DEI pathways, the human self is an essential, but not always talked about, component of the process. If it is humans who preserve systems, this finding relates to the criticality of the human self to be explicitly examined in DEI trainings.

In previous sections, I posit the critical need to attend first to the self before developing a sense of self in community and/ or before developing a sense of self in the system. Being honest about subjectivity as facilitators of enrichment exercises, and as leaders and engagers in the work of higher education, is a start to humanizing the work and recentering the process towards the self in the system when disrupting the system.

We don't always have to act like we're objective when we're not. You know that we all have opinions, we all have beliefs," C.R. said in the semi-structured interview, adding, "And how can we make it such that no one's beliefs, opinions, thoughts are greater than anybody else's, right?

The health sciences, as noted throughout this paper, hold multiple examples of carrying forward oppression and marginalization through bias and microaggressions, at minimum. Those working in a spectrum of roles in the health sciences play a role in these inequities as subjective humans perpetuating systems. Many of the trainings reviewed provide some time to examine identity, though the activities and literacy moments — e.g., sharing definitions — are not

necessarily connected to one's identity as it relates to their professional lives. The examination of the self and the self in the systems matters because it highlights spaces where the self can be inserted in the translation of DEI skills, tools, and knowledge as makers of change.

4.5.1 Limitations

A limitation of this finding was the lean data to review. Survey responses regarding how one sees themselves related to any of the trainings currently offered through the HSDEI were not available to analyze. Knowing if the current enrichment opportunities attend to the self, as identified by those who have already taken those trainings, even if not explicit in their positionality statement making, as an example, limits the finding even as literature and the semi-structured interviews and engagement studio speak to the importance of the self. An additional limitation of the work is the same reason there is a lack of exploring and exposing the self as actors in disparate health outcomes: there is a spectrum of entry points into this process, and for the multiple reasons discussed in this paper about the burden of being one's self in primarily white spaces, and within institutes of whiteness, for those participants and trainers who hold multiple, intersectional historically oppressed identities. It is simply not always safe to explore and expose oneself to levels of reflection, depending on the facilitator, the training group size, who is in the room — e.g., supervisors or other colleagues who might later weigh in on a workplace decision such as a promotion.

4.6 Recommendations & Next Steps

The key findings noted in the previous section lead to next steps and recommendations for reciprocity and sustainability of DEI by imbuing DEI work with foci that explore colonization of DEI, discussions of whiteness and placed-based contexts, and inclusion of the self.

4.6.1 Colonization of DEI

Too often the trainings are one-hour workshops without additional activity to embed the processes and knowledge gained into units and schools requesting the enrichment. To avoid what N.B. said is the indoctrination of participants through hybrid didactic/hands-on trainings only for the lunch hour, a process to map out the why; the content; and the plan to sustain the work should be done throughout the enrichment process so that the centering of DEI does not get lost in the translation. In their semi-structured interviews, seasoned DEI trainers C.R. and K.H. talked about the phenomenon of colonization of DEI practice, and how the Office might include ways to tackle colonization of DEI in the HSDEI enrichment offerings, so that it is not whitewashed, or as C.R. said, is "fall[ing] prey to, placating to, the dominant [identities]." The following list is gleaned loosely from the semi-structured interviews and included in the discussion session as action items recommendations for addressing colonization:

- To decolonize diversity, equity, and inclusion enrichment, see where a white gaze might have crept into the language in trainings or in the case studies.
- Identify what authors are included in the enrichment.
- Whose voice is leading the dialogue — have we attended to — at minimum — a multiple-perspective facilitator team when possible.

Tying to C.R.'s recommendations of decolonizing the University through explicit check-ins and goal contracting, in addition to their idea of including multi-identity facilitators — ideally co-facilitators — in a training setting, an acknowledgement of the assimilation to whiteness and the foundation of racism in the health sciences is essential.

Specifically, this might look like examining the jargon within the trainings offered. Implicit bias and microaggression trainings, for example, are two mainstream offerings that most participants have heard of or engaged in previously. As noted by D.D.M. in the engagement studio, what if our jargon was even less academic and "brass tacks"? What if we talked about love and respect? Often, the current trainings explore the dismantling of the golden rule — and so these added moral components are no different. In fact, N.M. said during the semi-structured interview that social justice is a moral pathway: "So you can have you know you can do affirmative action, and all this other stuff but that doesn't that doesn't necessarily mean it's leading towards social justice or addressing questions around ethics and morality." It is essential that we are not simply making policy; we have to examine why we are doing it so that we might sustain the practice organically.

Decolonizing DEI enrichment activities can begin by viewing the work through a lens of anti-racism where there is first acknowledgement that "anti-racism education emerges from an understanding that racism exists in society and therefore the school as an institution of society is influenced by racism" (Sions & Wolfgang, 2021). There is an obligation to talk about racism as a foundational brick in the building of the social determinants of health that lend to the health disparities the health sciences at City University seek to disrupt. Sions and Wolfgang (2021) caution any work that fails to address the white gaze: the assumption of assimilation to white culture, the ways historical narratives are brought into the space — whose narrative is told and

from what perspective — and that just dialoguing about complexities such as racism in America does not automatically unroot conversation about inequities such as power, social constructs, and bias; it might start with the department's DEI statement making.

It is not uncommon to read diversity statements in departments where they have at minimum committed to diversity. We in the office might be quick to remind these units of next steps such as inclusivity and equity to buttress their diversity stance. We might want to start sessions with departments who are at various stages of the DEI, antiracism and social justice spectrum to examine what it is that a unit might mean when they stand for diversity. Units could include a series of questions such as: Can you have diversity without inclusivity or equity? What challenges to your system(s) will diversity bring? How will you attend to the challenges and sustain the practice of diversity? These questions bring forward conversation and dialogue that is rooted in reflection and action, moving away from non-performative statement-making and focusing on accountability. Diversity, equity and inclusion training can be effective when coupled with other actionable processes to shift culture in a unit, and when adjusted to focus on cognitive learning as opposed to attitudinal and behavioral measures (Chang et al., 2019).

The final recommendation relates to the office's internal process of sustainability with the units and departments it serves. In addition to assessing foundational elements of the office itself, such as its guiding mission and vision statements — do those reflect the goals and definitions of DEI and social justice as described in the findings analyzed in this DiP, including points made by the semi-structured interviewees in relation to morals, ethics, and attention to humanity as opposed to business?

The current written mission and vision of the HSDEI does not align with much of the discussion in this DiP, and does not include training or enrichment in their stated effort in change

making. A next step is to both internally as an HSDEI team and within the Diversity Deans group as the office's thought partners, is to craft statements that attend to recommendations listed in this work, and based on the experiences of those connected to the office's efforts. Balance, as discussed frequently in K.H.'s interview and touched on through D.D.M.'s engagement as a diversity dean in the engagement studio, is essential to trust building in the University — both walking the line for change and slowly making change is a recipe for success. In forming statements reflecting also on the colonization of DEI practice, Harris (2020) brings in a short list to include in the foundation setting for teams engaging in DEIA and social justice:

- Centering justice, humanity, and oppression over 'business case,' innovation, and profit.

- The danger and downfall in avoiding and sanitizing certain language and concepts that are critical to understanding equity and justice.

- How we may center white comfort or discomfort over necessary change.

- The need for radical white allyship and shared risk.

- Greater emphasis on healing and managing the emotional fatigue associated with being in this work and holding marginalized identities.

- Understanding ourselves as being part of a much broader social change ecosystem, and how that should influence how we use our power (e.g. how we spend our money and with whom we partner in this work).

This also lends to a suggestion to add in anti-racism to the working title of Diversity, Equity and Inclusion. Anti-racism as disruptor practices that actively challenge racism help to frame the work of the office through an active and decolonized lens and could rest on these action items repositioned to reflect the health sciences in City University as influenced by Dei (1996) and listed in Sions and Wolfgang (2021):

1. Recognize the social effects of race broadly and connected to the unit or department's serving population.

2. Understand race through an intersectional lens broadly and connected to the unit or department's serving population.

3. Recognize and challenge white power and privilege.

4. Unpack marginalization: who experiences it and how it is perpetuated.

5. The health sciences should be holistic, appreciating social, cultural, political, ecological, and spiritual aspects of fellow staff, students and faculty, and community/patient experiences are essential.

6. Focus on the staff, student, faculty's construct of identity and its relation to their work and studies in the health sciences.

7. Identify and confront challenges to diversity in the health sciences workplace and society.

8. Be transparent about the role institutions such as City University have played in the marginalization of students, staff and faculty.

9. Connect and contextualize student, staff, and faculty lived experiences into curriculum, as their lives cannot be separated from their education.

10. Critically analyze how the health sciences dismiss underrepresented students, faculty, and staff instead of diverting blame to systems of oppression.

How the internal drivers of the work are set up and held accountable will set the stage for connected to the how of DEI work, starting with place and space.

4.6.2 Urban Settings: Importance of Place-Based Inclusion Foci Related to DEI

4.6.2.1 Recommendations

Teachings connected to engagement in place-based work, defined by Pisters (2016) as spaces "embedded in the historical, cultural and natural characteristics of the place and keeping it alive and dynamic…by using local traditions, local indigenous knowledge and preserving cultural heritage," lend to discussions about diversity and the criticality of it; inclusivity and the ways to do it; and equity by reviewing what to prioritize based on culture of place and the people who inhabit it.

If there is a desire to be relevant to participants in the schools of the health sciences, why not lead with how those in the room — staff, faculty, and/or students — are connected through their role of histories to this place of higher learning and its mission. And then, how are they connected to communities beyond the campu?. There needs to be examination into how their histories and cultures and experiences have been incorporated into the work.

C.R. talked about the University being a powerful entity, saying there needs to be recognition of the higher education toxicity that breeds power based on whose knowledge is valuable. To recognize this toxicity, C.R.'s suggested action is to uncouple power and higher education in removing the knowledge hierarchy between people. This could be augmented through trainings.

Keeping the larger, longer histories of race — and other forms of oppressive gatekeeping — at the forefront of our learning and unlearning is challenging as we also ask participants to understand their daily processes, and to what Lewis and Diamond (2015, p. 5) say is the real problem with thinking about bigness and smallness in relations to categorizations such as race — at minimum — and trying to connect the two ends of the spectrum. Lewis and Diamond (2015)

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remind readers that racial schema is reproduced all the time because of dominant meanings of race: intelligence, trustworthiness, and ability characterizations of students, faculty, staff, and leadership based on racialized categorizations. To reform HSDEI processes, bringing the challenge of connecting deep histories to the way folks at City University engage in daily interactions could be a start.

Root the training dialogue in higher education — asking participants how the culture of working and learning in a space of higher education trickles into their manifestations of knowledge and power and how they show up as individual people and a community of people. In the focus group, D.D.M. suggested training facilitators work with department leadership to gain insight into the offerings and policies and initiatives to inventory the culture, even if it does not feel connected to explicit DEI work. This creates a holistic view of a place and, more accurately, finds spaces to connect DEI and social justice into the current fabric.

4.6.3 Dearth of Attention on Whiteness in DEI Trainings

4.6.3.1 Recommendations

If the HSDEI is asked to talk with leadership, hiring managers, students, staff, and faculty across the leadership, talking about whiteness and its insidiousness in all aspects of University life — from application processes to curriculums, to hiring and retention, to community engagement efforts — should be an essential part of training consultations and presentations.

A recommendation is to hold conversation and action items in the trainings that provide honest ways to dialogue with white people in particular, and certainly also relates to the ways the University culture reproduces whiteness regardless of one's racial and ethnic identities, about how white people have benefited from racism so that the trainings can be a lever towards an equitable,

fair and just society (National Museum of African American History and Culture, n.d.). Currently, trainings in the HSDEI delve briefly if at all into the systemic conditions that fester dominance. The recommendation is to review all trainings and add ways whiteness shows up as part of the why for then including skill-based learning such as identifying and tackling microaggressions and bias.

As an example, in the review of diversity and inclusion in the Clinical Research Workforce training, it was found that most of the workshop time was spent exploring diversity and how everyone is unique, followed by action items to create a diverse talent pool; being conscious of career development; and being self-reflective as leaders in a workplace. The action items for self-reflection in the Diversity and Inclusion in the Clinical Research Workforce training include working to do the following: recognize and acknowledge that we each have a role to play in diversity and particularly inclusion; and "the effort is above no one's pay grade."

Trainings that enrich participant conversation about bias and reflection of the self as it relates to power should address not only those manifestations but also explore the explicitness of whiteness as the why: "Daily decisions are driven by inner dynamics, but [we] rarely reflect on those motives or even believe they are real; and by failing to look at our shadows, we feed a dangerous delusion that leaders too often indulge: that our efforts are always well-intended, our power always benign, and the problem is always in those difficult people whom we are trying to lead" (Parker, 1990). A further recommendation related to the finding of a dearth of attention on whiteness is the corresponding dearth of attention on anti-Blackness.

None of the current trainings explicitly bring in anti-Blackness, while the two main creators of the current trainings both mentioned anti-Blackness in their semi-structured interviews.

It's a very critical issue, especially in academia, especially in PWIs, where in order to be a successful Black or underrepresented minority person in the field, or in academia, you almost have to turn down your Blackness. Your Brownness. Whatever the case may be, right. In order to fit in and to assimilate.

It is past time to insert knowledge about, and ask participants of trainings and workshops to begin to — more — seriously grapple with anti-Black racism, not stopping at the broader racism and inequities conversation. As a theoretical framework, anti-Blackness is "not simply racism against Black people," but rather a "broader antagonistic relationship between Blackness and (the possibility of) humanity" (Dumas & Ross, 2016, p. 429). Dumas (2016) says that by theorizing anti-Blackness, those who participate in conversations around anti-Blackness are not meant to then offer solutions to racial inequality, but rather, to come to a "deeper understanding of the Black condition" (Dumas, 2016, p. 13).

Bringing context to the statistics that go beyond bias or microaggressions by exposing and exploring anti-Blackness allows history to tell the true story of how we got here together, and how we play a role in its perpetuation. If we don't take the risk to talk about anti-Blackness, especially in a PWI, we have only renegotiated the cycle of violence, as Dancy et al. (2018) noted:

White humanity is dependent on its ability to harm Black life. To avoid violence against Black people would place White humanity in question because, in an anti-Black polity, White humanity is predicated on Black inhumanity…Microaggressions, tokenism, impostorship, and racial battle fatigue attest to the psychological torment regularly visited upon Black humanity in higher education.

The health sciences cannot make lasting change and limit early death in Black (and Brown, and intersectionality minoritized) communities and individuals by maintaining business as usual,

by only seeing problems and intervention through the white lens. The HSDEI, through strategic method — such as being prepared to engage with white rage, white fragility, non-participation, speaking to the choir — could interact with Dancy et al.'s (2018) plea for divestment — that for too long the energy to intercept and assimilate to the what the authors discuss as the white social contract has been too great and too futile. City University will lose interest from, and admission or work applications by, those for whom it has otherwise worked throughout time to shut down and out. The engagement with health sciences is only as good as its ability to listen, learn, and understand the health of the people. And the HSDEI does not need to reinvent the wheel — as a space of higher education, City University has pockets of educators who are making available translational processes for unlearning and relearning DEI practices such as examining whiteness and anti-Blackness. A recommendation is to lean on a module series presented by the University's Provost office: Anti-Black Racism: History, Ideology and Resistance (accessed here). The course seeks to reveal how anti-Black racism acts individually, interpersonally, institutionally, and structurally, while offering opportunity in its overview to begin to think about how to be anti-racist. The shifting of the attention towards anti-racism and bringing in anti-Blackness specifically on a University-wide level can be leveraged in the HSDEI trainings and workshops.

Whiteness, both as an institutional and individual lens for living, including assimilation, measures of success, and determining the amount of room one might have to self-reflect to buck the system, is hard to talk about. As noted, none of the current trainings explicitly use the term whiteness or white supremacy; the HSDEI frames trainings through power and privilege, bias and microaggressions, but mostly avoids the deep, historical rooting pointing to the *why*. I have been in the room at the helm of a training, staring into the faces of people who look like me as a white person, and felt afraid to say the words whiteness, and if they are to be said, am I myself watering

down the discussion that makes it palatable to participants the bigness of whiteness so that they don't receive enough push to reflect and do homework on how to make change. I think we need to be more bold, and K.H. noted in the semi-structured interview an interest in exploring whiteness in our offerings and that they would be open to putting a moratorium on trainings until the office "re-visions and re-missions" to include whiteness. When we bring in whiteness, it will be helpful to offer action items and activities to self-reflect as to not shame or silo folks who may not yet be on the pathway towards disruption. One way to do so is to remind participants that culture is both so present and yet so hard to describe and identify. The standards we set become part of the culture, but it is so embedded that we have a hard time identifying how these are standards now a part of the culture (Okun, 1999). Okun (1999) presents a list of ways white supremacy shows up that are tangible and lessen the blow of finger-pointing while also reminding participants of their work that white supremacy and whiteness are not only for white people – white supremacy as the dominant runner in the U.S. (and globally) means reproduction of whiteness and white supremacy culture is constant and done by many. Trainings could explore whiteness through dialogue on how these categories (Okun, 1999) show up and how we might take steps to topple these standards over:

Perfectionism; Sense of Urgency; Defensiveness; Quantity over Quality; Worship of the Written Word; Only one right way; Paternalism | Savorism; Either | Or thinking; Power Hoarding; Fear of open conflict; Individualism; I'm the only one; Progress is bigger, more; Objectivity; Right to comfort

If our goals are to disrupt health oppression, addressing racism and white supremacy in research and community engagement as an academy can transform health and wellness outcomes as they are threats to public health and a fundamental cause of health inequity in the United States (Okun, 1999).

There also should be time to edit trainings and actively "dislocate the white gaze," (Sions & Wolfgang, 2021), or assuming a white audience, referring to a dislocation of the systems that have historically underserved some, while upholding power structures that benefit others, while also weaving in how supremacy is damaging to all people (Sions & Wolfgang, 2021). In the sustainable practice pathway for DEI, office enrichment opportunities could work to teach how to take audit of their department's materials, practices to see where witness has been centered and actively make meaningful change.

4.6.4 Criticality of Self in the System When Disrupting the System

A recommendation for engagement in DEI trainings and practice in spaces of education is to focus on the construct of identity and its relation to people's work and/or studies. The analysis of current trainings reveal the positionality segment of a training might take up a quarter of the time spent in group discussing the saliency of their identities, while an entire session could be dedicated to learning and dialoguing about identity and could be later built in as a reflection tool in future sessions to review how what participants just learned and how the learning impacts their work and relationship to their role based on their identities. Without offering the skills and tools to examine the self, dialogue about power and privilege can further deepen aggressions and center shame as related to identities - even when authors describe much of one's expected character being formed before a participant took their first breath as an infant (Silliman & Kearns, 2020). Tactics focusing on the self - both through expected self-identities and actions, as well as learned identities and actions - in diversity trainings help to frame next steps (Brewis, 2019). Presenting the duality of self by showing those traits that are "below water" frame participant's self-exploration by thinking about what traits were formed and made to be invisible in their

unconsciousness, when they were in childhood (Brewis, 2021). The "above water" identities are "learned stuff," include implications such as racism and sexism, and are seen as fixable as opposed to a fixed state (Brewis, 2021). Pendry et al. (2007) remind us of the mental gate that can close in diversity trainings when dominant identities begin to feel shamed and can't see themselves in the process to undo oppression: "Participants with no prior exposure to such diversity issues will often get 'stopped' by their anger and/or guilt response, and | such defensive responses make it difficult to progress" (p. 34). Culture fit, as noted by the *Harvard Business Review* (2021), in an institution cannot be the sole command for a unit or department within the University. For people to make change in a system, individuals could be viewed as a culture add, and not expected to assimilate to the approach offered to solve a problem — instead, leaders could leverage the identities of the self, spotlighting people's uniqueness, their perspectives, life experiences, and skills to create a range of solution affecting the broader system.

Skill building on how to address the self is essential in the commitment to DEI and social justice, and ties to N.B.'s statement of regardless of one's self identities, including those who seemingly, and possibly unconsciously, co-opt DEI in what N.B. describes as whitewashing, teaching people how to evaluate themselves as they relate to systems is both ethical and moral and essential elements of DEI work. Milner (2007), citing Cornel West (1993), explained that it is difficult to work for emancipation on behalf of others (and to work to solve problems with and on behalf of others) until people are emancipated themselves. Milner (2007, p. 395) suggests questions for starting with the self, including these slightly edited to reflect a broader University lens:

- What is my racial and cultural heritage? How do I know?

- In what ways do my racial and cultural backgrounds influence how I experience the
  world, what I emphasize in my work, and how I evaluate and interpret others and
  their experiences? How do I know?

- How do I negotiate and balance my racial and cultural selves in society and in my
  work? How do I know?

- What do I believe about race and culture in society and education, and how do I
  attend to my own convictions and beliefs about race and culture in my work? Why?
  How do I know?

- What is the historical landscape of my racial and cultural identity and heritage? How
  do I know?

- What are and have been the contextual nuances and realities that help shape my
  racial and cultural ways of knowing, both past and present? How do I know?

- What racialized and cultural experiences have shaped my workplace decisions,
  practices, approaches, epistemologies, and agendas?

The skill-building aspect of trainings might also lean on Milner's (2007, p. 397) critical
questions for the self in relation to working in systems:

- What is the contextual nature of race, racism, and culture in your work? In other
  words, what do race, racism, and culture mean in the community for which
  connects to your work and in the broader community? How do I know?

- What is known socially, institutionally, and historically about the community and
  people connected to your work? In other words, what does the data and scholarly
  literature reveal about the community and people connected to your work? And in
  particular, what do people from the indigenous racial and cultural group write

about the community and people connected to your work? Why? How do I know?

- What systemic and organizational barriers and structures shape the community and people's experiences, locally and more broadly? How do I know?

To disrupt the limitation of safety to share one's personality aloud in trainings, a recommendation for remedy is to offer opportunities for positionality statement making and unearthing one's own reflection of themselves in the privacy of their own work space. Perhaps this is through the use of a journal or phone app that captures reflections on one's own time, and then in the coming together of a group to co-learn, offering spaces to share out based on what the participant and facilitator feel are most comfortable and safe to them.

4.7 Future Research

In line with the key findings and direct recommendations, next steps for this work include the crafting of processes for departments charged with the great task of infusing of DEI practices within a space of higher education, and which might similarly be up against the colonization of DEI, lack in practice to engage place-based foci, have a dearth of attention on whiteness, and notice limited work focused on the self.

Future work could include attention on **sustainability** of the knowledge and skills gained from the trainings offered to units and departments in the health sciences, noted by M.B. who said in the semi-structured interview:

We need to be evaluating; we need to be checking back to see if any impact is made; we need to be helping units establish real aims and goals and metrics to evaluate what's

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happening so we know when to take people, units, departments, schools, whoever to the next - to scaffold.

Garnered from the semi-structured interviews, the recommendation of **reciprocity** being boosted within HSDEI could include attention to offering tools and support to carve out methods and processes to insert and retain DEI practice. Departments and units engaging with trainings as a way to shift the culture of their departments and units to be more equitable and inclusive need a method to discuss their goals with the work:

- How do they see DEI practices being embedded?

- What are some basic metrics for accountability?

- How will they check in on the replication of the system(s) already in place?

- Who else across the university and community at large is doing the unit's requested support and can those folks be looped in?

- Can we measure our own cycling forward of business as usual — are we explicitly offering tools that both disrupt and slowly chip away at current systems as to not erode trust or silo those who might be putting their own security on the line by requesting that their group attend more strongly to DEI practice?

In trainings, reciprocal processes should be taught to sustain practices through tools offered for workplace DEI longevity, such as setting baseline goals; measuring efforts twice a year; drilling down on results to find pockets of hidden concern — i.e., while women may begin to thrive overall in a place of work, minoritized women may not; sharing results with the full staff often; and holding accountable the organization for not meeting these standards (Harvard Business Review, 2021).

Crafting an exploratory tool offering qualitative opportunity to describe the deeper connections made to the unit's current climate and where the leadership want to go is critical in the office's understanding of how to meet them where they are to consult on and create intervention. We should have documentation before, during, and after intervention to assess the department's needs, the office's offerings, and if those are congruent. A library of next steps could be recorded or electronically filed for participants to access as the culture of their units reveals unique next steps, including hiring and retention practices rooted in DEI; community-partnering; addressing colonization of practice — and analyzing the gaze and version of DEI on the table in units and assessing if it short-sighted, reciprocal, and holistic.

Future work might also include inquiry into **intersectionality** and **structural and cultural competence** in trainings and offices of DEI, which connects to K.H. and M.B. in their connection to wanting to people to be seen as holistic and complex; connects to N.B. in their connection to wanting people doing DEI work to see the system; and aligns with D.D.M. and D.D.D., who both said understanding the social determinants of health for the best outcome for patients is essential in DEI. Future work could have deeper interaction in this topic area to see where and how to infuse critical pedagogy such as cultural and structural competency in health education, where those participating in trainings and workshops go beyond just listening and naming the real-world problems associated with the knowledge transferred, and includes dialogue and reflection, and the promotion of social action (Matthews, 2014) by zooming out from the individual to understand the system and structural inequities, and then zoom back in to connect that understanding the issue at an individual level relative to the system. Intersectionality seeks to promote many tenets of both tools (Wilson et al., 2019) by presenting a framework that gives those working and learning in the health sciences opportunity to account for structural forces, various levels of oppression and

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privilege, and "the unique social identities that are derived from these interlocking factors…cultural competence may be too simplistic, while structural competency's focus is above the level of the individual patient encounter. Intersectionality can strengthen both" (Wilson et al., 2019).

Other future work in assessing and negotiating spaces of reciprocity within DEI include inquiry into these nuts and bolts of DEI trainings:

Case Studies: Some of the trainings reviewed included a case to study to apply the learning and to provide opportunities to redirect the power of the training to give participants the floor through dialogue and ideas on next steps. Next steps could include assessing the use of case studies with each training session, crafted between the HSDEI and the department or unit requesting the enrichment, to better lean into placed-based knowledge transfer relevant to the culture of the learners.

Pre-engagement: Flipping the typical model of didactic teaching and then activity commonly offered in the HSDEI trainings, a suggestion is to lean into offering pre-readings or engagement in pre-recorded content ahead of the enrichment. This gives opportunity to use the collective space as a one to reflect on their readings and watching and dialogue in real time while also building in time for participants to grapple and begin to process their learning and unlearning on their own before being in group space together. This process also allows for the modeling of dialogue — where people get to both share and listen, as C.R. underscored the immense courageousness of being able to listen, while also grappling with a deeper wondering of who should be courageous — those shouldering burden or dominant identities.

Much of the literature and conversations with some of those interviewed for this work reveal how one-off and too-broad diversity trainings do not influence long-term behaviors among

participants; however, there is power in the signaling of diversity, equity, and inclusion by starting with trainings and coupling those enrichment opportunities with sustained practices. The HSDEI is a beacon for change and sets the powerful precedence on how a department or unit engages in work to assess and disrupt attitudes and behaviors towards intersectionality-identified as a way to ultimately alter the course of health inequities.

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5.0 Reflections

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5.1 Improvement Learning: Broadly

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The greatest integration of foundational and learned education in this work has been the power of leadership. To be an effective leader with sustained, equitable, and culturally relevant practice is not to dominate space with identifying problems that are too narrow; solution that is not relevant; and reflection that is unattached and unaccountable.

Undergoing the work of the evaluation DiP was a leaning into the **five** areas of the mindtrap (Garvey Berger, 2019), who defines a mindtrap as a combination of practices that mislead us about the fact that we are in traps at all, and because we think we aren't in a trap, we tend to believe that we should try harder than to try something else.

5.1.1 Simplifying Stories

We take complex, tangled issues and try to find a simple solution. In the HSDEI, the simple solution is the offering of what is often a one-off training. What happens is that there will be a series of spaces that are not solved through such simplicity. We have to address complex issues with complex solutions.

5.1.2 Agreement

We require that folks agree with us, and, when they don't, we are a culture of cut off, as opposed to thinking about the many solutions and perspectives in one space. This begins to get at my rationale to be mindful of reciprocity: to engage with users of the HSDEI to ask what they need to thrive and to work collectively towards goals that make sense for their culture. One of the first examples we talked about in our EdD coursework was related to the example of an elephant: If the animal were in a dark space and each stakeholder went into the room to discover the elephant, we would each experience a different thing — the trunk, the ears, the tusks. But when we zoom out, we are all talking about the elephant. In the discussion section of the DiP, I talk about a similar phenomenon with the *Allegory of the Cave* example, where one essentially touches the elephant and feels a trunk, comes back out from the dark, and wants to tell the group about their experience. Belief in people and finding opportunity for multiple perspectives to achieve one goal is disrupting leadership styles that are otherwise rooted in one dominant viewpoint. We don't need people to assimilate to the new interpretation of the elephant; leaders nudge to accommodate and create truths that are multi-faceted and complex.

5.1.3 Rightness

We believe inherently that our perspective is right, and when we think we are right, we don't search for a way to grow or for other possibilities. It is a good thing to experience wrongness and to then think about solutions or pathways that may not have come up otherwise. This was essential in this evaluation to maintain integrity and to do this work because we need justice, not rightness. For example, I wanted quicker and more disruptive processes to take place at City

University but was slowed and redirected multiple times as stakeholders pointed out assets and purposeful timelines that have led to trust and incremental change over time. It is important not only to ask for participants to be mindful of place-based frameworks, as an example, the office needs to also be mindful of the University as a place and despite its whiteness and reproduction of dominant ways for learning and evaluation. One needs to find ways to lift up pieces of the University to not silo, shame, or make disruptions that will more quickly lead to expulsion of the change maker than to make the change necessary. Rightness alone is not a strategy for disruption.

5.1.4 Control

Being a leader can lead us to thinking that we have to be in control, but with complex spaces it is vital that we let some of the control go and allow for diversity of thought. Being of intersecting identities, including dominant ones like being white, has led me to a long road of both seeing and being told what leadership is supposed to be. In spaces of work and in much of my education, my experiences — both past and present — meant white and whiteness was control. Diversity of experience brings perspectives that are relevant to the masses. We cannot have one narrative or offering for complex issues. And if we only window dress solutions to maintain control, as K.H. noted earlier in this work, and mostly engage in business as usual, we have also succumbed to the otherwise normalcy of oppression or being an oppressor as "isms" are deeply rooted, embedded, and its saliency and permanence gives permission (Milner, 2007) to cycle forward its violence unless we are conscious enough to lead in new and disruptive ways.

5.1.5 Ego

Particularly in a space of higher learning, and in my findings to more appropriately give time to the personal and professional identities of the participants of trainings and enrichment offerings, exploring how a person might be hired to a role that identifies what they think they are supposed to be or what our role should entail. Attaching to the role as defined, one might draw out their identity map: I went to school for xyz, and then my jobs were, xyz, and this means that I can only be this person. Change is hard, and fragile egos need to be reprogrammed to adjust to the positive fact that roles and identity shift over time and depending on the space. People can learn and grow into new identities.

This practice of examining the mind traps is in line with an evaluation — the process to review and find pattern, ask questions, and think about how the key pieces could thrust the HSDEI into a sphere that doesn't do business as usual. Even in an office dedicated to DEI and social justice, solutions can get stuck and be inequitable and non-inclusive.

"It is imperative that we thrive in complexity" (Garvey Berger, 2019), and the HSDEI willingly accepts the challenge every day in its goal to disrupt health inequities, even when power dynamics fester; even when there is push back from staff, faculty, and students. The successes of the office in its nearly 20 years on campus has allowed for building critical trust to continue the work and to continue to iterate the offerings. The evaluation revealed the toxicity of diversity, equity, and inclusion work in higher education, and even in conversations that made brows furrows and heads shake, there was hope because of the recognition of the complexity of oppression of inequity. There would be no one answer because that, in many ways, would only further replicate the whiteness that has brought these complexities into motion in the first place.

These five areas are essential in evaluation, particularly in the evaluation process of Participatory Monitoring & Evaluation that is rooted in social justice and rests on being a more humanized, bottom-up frame for learning (Chouinard, 2013). Participatory Monitoring & Evaluation encourages the evaluator to not cloak themselves as a neutral party in the work. My reflections on my own positionality as I read through training presentations, and when I introduced the work in the semi-structured interviews and engagement studios, allowed reciprocity to be modeled — who am I and what do I need to thrive in this space, and who are you, and what do you and your department need to thrive in this space.

As a member of the Office of Health Science Diversity, Equity, and Inclusion team, it was essential that I lean into my experiences and emotions around the trainings produced and replicated from our office as translating knowledge is what constitutes 70 percent of my job. Sticking to the inquiry questions, rooted in literature, provided critical guard rails to very complex conversations and findings, while also giving me just enough breathing room to ask those who were connected to this work, *and how does that make you feel*?

5.2 The Self as an Improver/Leader/Scholar Practitioner

The goal of improvement science is to reduce the gap between what is actual and what is possible. The goal of the Center for Urban Education at City University — of which I am in its first cohort of Doctor of Education scholars — was mentioned in casual conversation with the Center's lead at the start of our EdD journey in 2019: to critically examine power and privilege and marginalization as relates to the broad definition of education, and to ask how politics and space and place impact and inform learning and translation of knowledge. In short, the lead of the

Center for Urban Education (CUE) said, "The CUE was created to respond to the issues that were right in our faces."

To see those issues, we were taught not only to iterate problem solving, but also to climb to the balcony to see the broader perspective of a problem, while also anticipating the loss that comes with change, and to reflect on how people fear loss and thus fear change (Garvey Berger, 2019). Much of the work of the EdD program was to see problems as part of systems more generally, and being an Urban Education scholar allowed for even greater strength building to have the courage to see and name the systems of oppression, sifting readings and processes and iterative approach to solving complex issues through the lenses of race, gender, class, geography; of whiteness, antiBlackness; of colonization and with attention to social and epistemic justice. As people employed by or taught by institutions, we have to think deeply about how we do our work so that we are not replicating what has come before us — particularly when many might think of higher education as a great equalizer where all minds have a seat at the table. McLeod (2009) reminds us that "schools actually reinforce social inequality while pretending to do the opposite." This truth has to be at the forefront of my mind as I continue to learn and unlearn and relearn alongside colleagues and with the participants of trainings and other enrichment exercise.

Hiefetz et al. (2009) highlight how the diagnosing of the problem both at the self and system levels is the most important skill someone can have, and the most undervalued capacity for exercising leadership. This observation made me reflect on subordination and positions of authority in spaces of work: most senior positions in my purview moved up the ladder because they are good at taking actions and thinking of solutions, but I was hard pressed to identify leaders — those who can dive into murky waters to think about diagnosing the problem, and swimming around, even if there isn't a quick solution. When I came into this work, and because of the

oppressive systems that make some of us feel like we have imposter syndrome, I would think of leaders and my ability to lead as having to have most of the answers and being challenged by, and mostly dismissive of, the process of engaging and honoring expert insight from a range of stakeholders, including those with lived experiences, because things need to get done. Through the lenses of DEI, antiracism, and social justice, we see how white supremacy has created a cycle of whiteness with quick, often non-culturally relevant solutions inspired by habits set forth by dominance, and ripe with power and privilege. This work continues to bring in tools to disrupt how we lead, and will lend to a great shift in my work as a scholarly practitioner and the projects for which I am connected.

The rooting of a three stage process helped to guide my learning as an improver, and reflections and growth as a leader, while also assisting in revealing of key findings and being in discussion about next steps as a scholar practitioner who is doing the work as staff of the HSDEI, leaning into Heifetz et al. (2009):

The **Self**: Ask different questions of yourself. Continue to reflect on Audre Lorde's (1984) intersectional identities which can be both troublesome and advantageous as we move through a system.

The **Self in Community**: Engage with multiple perspectives and take the long walk through someone's perspective and then we get to better see the system. Ask questions that get at certainty. Examine the roots of the gaps and the assets by listening to learn, not only to satisfy curiosities.

The **Self in the System**: Get on the balcony and see the system — both institutionally and individually. Take note of how my own power and privilege have changed over time, and depending on what space I am occupying.

The practice of leadership involves a two-part process: diagnosis first and then action.

And possibly even more critical than simply seeing what the problem is and then thinking about solutions, we have to see ourselves in the space too — where can we lean into positionality theory as reflexive learners who are interrogating intersectional identities and how they form meaning for the personal and professional aspects of ourselves (Bourke, 2019). Perspective on self and the systems in which we operate is a must for change.

5.3 Applying improvement to Future PoPs

Work in DEI, antiracism, social justice, reciprocity, and any space of intersectionality tincludes examination of the human experience and working to make things better for all, while disrupting specific disparities and oppressive processes. It is not easy. There are very broad, sweeping concerns; historical roots; lives affected today; and the positionality of the person and institute forming initiatives to alter the course of the day. In identifying where to make change, especially around issues of power and privilege, the improvement process is a guardrail tool that can help to equitably focus on what can be done — a piece at a time.

As a scholar in the EdD program, learning around those practices will be critical in applying improvement to future problems of practice (PoPs). To start, as the problem is examined and sketched out, these six areas of review could be applied to frame next steps:

1. Urgent for the organization—problem arises out of a perceived need.

2. Actionable—problem exists within the individual's sphere of influence.

3. Feasible—problems can be addressed in a limited time frame with the available resources.

4. Strategic—problem is connected to the goals of the larger organization.

5. Tied to a specific set of practices

6. Forward looking—problem reaches towards the next level of work.

In my work with the HSDEI, a consultant form will be crafted, reflecting these areas to hold dialogue with units and departments about their *why* for bringing in enrichment to their spaces of work so that trainings relevant to their needs and goals can be identified. Moving through the explicit process to break down my view of a problem through learned processes such as engaging in and with a problem's histories, the stakeholders, the driving forces, we humanize the work in front of us, and land on iterative improvements together, in reciprocal relationship.

Appendix A Data Analysis Matrix of Methods and Questions

Inquiry Question	Collection Protocol	Protocol Questions
In relation to a goal of disrupting health disparities, how is understanding local, national, global, and institutional university histories holding the office and its stakeholders accountable to their intent on evaluating power in their university relationships?	Semi-Structured Interview	(1) How did you learn to create space for DEI? (2) How has school-specific histories of DEI including gaps and inclusions, impacted your work as a professional tasked with addressing DEI (3) Why is humanization important in DEI, particularly within the health sciences? (4) In what ways does reciprocity show up in your work? (5) Do you consider this work to be a challenge? If yes, why is DEI work a challenge? If no, what pathways are easiest for you in this work? (6) How does your own positionality show up in this work and do you lean into it?
	Focus Group via Engagement Studio model	(1) In what ways does your programming in DEI work hit walls on how to dismantle the same system for which you work within? Do you share your positionality in these spaces? (2) How important is it to offer space for reciprocity in DEI and antiracism work — where the recipients of the programming receive something back that is meaningful and unique to them? 3) How could you envision pulling in localized histories and national | global initiatives into your DEI and antiracism work?
In what ways is positionality showing up for the trainers, participants, and leadership within the HSDEI?	Semi-Structured Interview	See above
In what ways are humanized, unique approaches to diversity, equity, and inclusion work implored in the HSDEI through topics like cultural humility and intersectional power and privilege?	Document and Data Analysis	Where in the data and feedback responses is cultural humility, intersectional power, and reciprocity showing up?

Appendix B Interview Protocol

Semi-Structured Interview Questions: [Access](#)

Appendix C Data Collection Results

DC.1.: Semi-Structured Interviews Analysis

Shared Drive: [Access](#)

DC.2.: Engagement Studio Analysis

Shared Drive: [Access](#)

DC.3.: Trainings Analysis:

Shared Drive: [Access](#)

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