EXPERIENCES ADVOCATING FOR HEALTH EQUITY AT HSC: PROMISING PRACTICES FOR PROVIDERS

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27 August 2021 | Presentation to UNM Department of Psychiatry and Behavioral Sciences
UNM Indigenous People's Land and Territory Acknowledgement

Founded in 1889, the University of New Mexico sits on the traditional homelands of the Pueblo of Sandia. The original peoples of New Mexico - Pueblo, Navajo, and Apache - since time immemorial, have deep connections to the land and have made significant contributions to the broader community statewide. We honor the land itself and those who remain stewards of this land throughout the generations and also acknowledge our committed relationship to Indigenous peoples. We gratefully recognize our history.

Developed by the Special Assistant for American Indian Affairs to the UNM President in consultation with the Native American Faculty Council. Approved and adopted by President Garnett S. Stokes, February 2020

Art by Jennifer Ober
LEARNING OBJECTIVES OF THE SEMINAR

- Establish ground rules for the workshop & “break the ice”
- Introduce UNM’s Division for Equity and Inclusion goals and tools
- Discuss organizational theory and health equity research examining the strengths of diversity, and impact of racial & intersectional microaggressions (RIMAs) and implicit bias and how to build an inclusive work environment in health care settings
- Share examples of patient and provider experiences with RIMAs and Implicit Bias from published studies. See https://www.mededportal.org/doi/10.15766/mep_2374-8265.10783
- Critical to achieving the UNMH’s mission, explore ways to interrupt RIMAs and implicit bias
- Discuss next steps to enhance health equity and inclusion
WORKSHOP SCHEDULE

1. 1:00-1:05 p.m. UNM Land Acknowledgement
2. 1:05-1:10 p.m. Introductions
3. 1:10-1:15 p.m. Establish ground rules for the workshop
4. 1:15-1:25 p.m. Review concepts of RIMAs and impact of implicit bias
5. 1:25-1:30 p.m. Examples of colleagues’ and patients’ experiences with RIMAs and Implicit Bias
6. 1:30-1:50 p.m. Interrupting RIMAs and Implicit Bias [small group session and report]
7. 1:50-2:00 p.m. Conclude with your thoughts and discussion about next steps
GROUND RULES FOR TODAY’S WORKSHOP

• Listen actively
• Communicate in a nonjudgmental fashion
• Do not be afraid to respectfully challenge each other by asking questions, but refrain from personal attacks
• Use “I” statements—speak from your own experience
• Maintain confidentiality
• Reveal only what you feel comfortable revealing about yourself
• There is no one “right” answer
• *The goal is not to agree; it is to gain a deeper understanding*
- Mute your microphone. To help keep background noise to a minimum, make sure you mute your microphone when you are not speaking.
- Be mindful of background noise.
- Position your camera properly. Keep camera on as much as possible (especially during today’s interactive sections).
- Limit distractions.
- Avoid multi-tasking as much as possible.
- Moderator: please notify participants about whether the session is not going to be recorded.
- Feel free to use the chat function.
- Directed questions and comments in the chat are not confidential.
- Please use your Zoom hand and/or wait to be called on.
DEI’S MISSION: EXPANDING OPPORTUNITY BY CULTIVATING POTENTIAL & CENTERING THE COMMUNITY WEALTH OF THE PEOPLES OF NEW MEXICO AND BEYOND

Thanks to Dr. Nancy López for this image!
CREATING A CLIMATE OF INCLUSIVENESS WITHIN OUR TEAMS MEANS EMBRACING ALL OF WHO WE ARE

- “As a Black lesbian feminist comfortable with the many different ingredients of my identity, and a woman committed to racial and sexual freedom from oppression, I find I am constantly being encouraged to pluck out some one aspect of myself and present this as the meaningful whole, eclipsing or denying the other parts of self. But this is a destructive and fragmenting way to live”. – Audre Lorde
“My fullest concentration of energy is available to me only when I integrate all the parts of who I am, openly, allowing power from particular sources of my living to flow back and forth freely through all my different selves, without the restrictions of externally imposed definition. Only then can I bring myself and my energies as a whole to the service of those struggles which I embrace as part of my living” (Audre Lorde, pp 120-121).

It isn’t enough to recruit BIPOC, LGBTQ and PWD colleagues to your units and expect them to simply assimilate into a work culture that is not inclusive. To do this, would suffocate them and cut us off from all they have to offer.
Diversity + Inclusion:

- Representation in your unit reflects the **diversity** of the communities where you & your clients/patients/students live & work;

- *And* that they are **included**, i.e.:

- Your colleagues (& clients) feel that they belong; are respected both for who they are & their valuable contributions; & are encouraged to thrive.
DIVERSITY + INCLUSION = INNOVATION

- Decision-making improves when teams embrace:
  - different points of view
  - independence of thought
  - sharing of specialized knowledge

- Diverse groups almost always do better on sophisticated problem solving tasks than homogenous groups because accommodating different experiences breaks down the risk of groupthink.

- Workgroups that make the time to openly discuss conflict and that want to learn from all perspectives can reap the greatest benefits of diversity through the development of an inclusive culture.
RACIAL & INTERSECTIONAL MICROAGGRESSIONS (RIMAS) DEFINITION

- Research has shown that racial & intersectional microaggressions (RIMAs), “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue, et al., 2007) are a threat to inclusive climates in higher education.

- Though RIMAs can be subtle and are often dismissed by perpetrators, their effects can cause anger and often drain the psychic energy of Black, Indigenous, and people of color (BIPOC).

- Unfortunately, RIMAs and implicit bias create inequities in education, employment, health care, and housing. Implicit bias can lead to racial microaggressions.
In this workshop, we will discuss these phenomena and provide examples of how patients and colleagues who may be women, Black, Indigenous, Latinx, and Asian (BIPOC), LGBTQIA, and/or Persons with Disabilities (PWD) counter and make strategic decisions about how they cope when they are confronted with RIMAs and implicit bias.

Further, the workshop will address ways allies can work with BIPOC, LGBTQIA and PWD patients and colleagues to interrupt bias and build a more inclusive culture to maximize student success both within and outside of health care settings.
Communicating that diversity, health equity and inclusion are valued in your department and at the institutional level (HSC); talk to colleagues about ways to make your workplace a more inclusive environment.

Learning about your own unconscious biases (e.g., take the Harvard Implicit Attitudes Test), and encourage your colleagues to learn about implicit bias.

Take advantage of organizational and community opportunities to learn more (e.g., local and national social justice, LGBTQ, and BIPOC resource centers, academic units, research institutes, and activist collectives).
Harvard Project Implicit - Implicit Associations Tests (IATs)
https://implicit.harvard.edu/implicit/takeatest.html

- **Asian American** (‘Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

- **Presidents** (‘Presidential Popularity' IAT). This IAT requires the ability to recognize photos of one or more previous presidents.

- **Weight** (‘Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

- **Sexuality** (‘Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

- **Disability** (‘Disabled - Abled' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals

- **Race** (‘Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black

- **Weapons** (‘Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects

- **Gender - Science.** This IAT often reveals a relative link between liberal arts and females and between science and males
HARVARD PROJECT IMPLICIT - IMPLICIT ASSOCIATIONS TESTS [IATs]
https://implicit.harvard.edu/implicit/takeatest.html

- **Skin-tone** ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

- **Religion** ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

- **Gender - Career**. This IAT often reveals a relative link between family and females and between career and males.

- **Arab-Muslim** ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

- **Native American** ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

- **Age** ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

- **Transgender** ('Transgender People – Cisgender People' IAT). This IAT requires the ability to distinguish photos of transgender celebrity faces from photos of cisgender celebrity faces.
DIMENSIONS OF DIVERSITY & INCLUSION: "DEBUNKING MYTHS ABOUT WHERE ABILITY, DISABILITY AND THE RESPONSIBILITY FOR CHANGE LIES IS CRITICAL TO GROWING INCLUSIVENESS" -DIVERSITYEDU

- Disability is often overlooked as a dimension of diversity
- Around 56 million, or 20% of U.S. population are Persons With a Disability (PWD)
- Disability is an ordinary variation on interaction with the world
- 30% of professionals in U.S. population are PWD
- Research has shown that we hold implicit associations related to disability (see Project Implicit, Implicit.Harvard.edu)
- It is important that we challenge our implicit biases concerning disability and those who are differently abled to create an inclusive work place and enjoy the benefits of diversity
- The Federal Government recognizes this as a needed point of growth. Placement goals of 7% (in each job group at UNM, including HSC) are set for most institutions, including educational and health care institutions that contract with the Federal Government.
A. Understanding strategic advantage of diversity, accessibility, equity & inclusion
B. Importance of self-reflexivity and humility
C. Importance of soliciting and listening to inclusive input at a Minority-Serving Institution
D. Importance of value-driven and transparent decision making
E. Challenge ableist pervasive unconscious bias & myths of disability (e.g., generalized disability, helplessness)
“MICROAGGRESSIONS”
COINED BY PROF CHESTER PIERCE

- The concept of “microaggressions,” was coined in 1970 by the late Chester Pierce, M.D. A psychiatrist at Harvard Medical School to describe the daily insults and dismissals endured by Black Americans at the hands of whites.

- Dr. Pierce was the first African American full professor at Massachusetts General Hospital.
PROFESSOR DERALD WING SUE

https://www.youtube.com/watch?v=mgvjnxr6oce

- Created taxonomy of racial microaggressions in everyday life from review of social psychological literature
- Developed catalog of ways to interrupt microaggressions
WHAT’S AT STAKE?  https://www.menti.com/a4bythsxi9

RIMAs & Implicit Biases reproduce structural health inequalities in ways that may be invisible in health science centers & patient care

Please post examples in Menti Meter:

Examples relevant to students and residents at UNM-HSC:

- RIMAs and Implicit Bias against BIPOC, PWD, LGBTQIA, & women students:
- Limit access to research assistantships (Moss-Racusin, et al., 2012)
- Decrease quality of letters of recommendation (Madera, et al., 2018)
- Limit reviewers for papers and grant proposals (Hostra et al., 2020)
- Students told to drop classes or switch majors (Lewis, et al., 2019)
- Students may withdraw from interactions with faculty, TAs & staff - miss out on key social capital (Nadal. et al., 2014; Lewis, et al., 2019)
- Students may leave the university (Lewis, J.A., et al., 2019; Williams 2019, 2020)
“Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue, Capodilupo, et al., 2007).

Other types of microaggressions – gender, sexuality, religion, ability status, class . . .

- See RIMA handout and references, Sue 2010.
- See handout about LGBTQIA microaggressions.
- https://diverse.unm.edu/resources/handouts.html
TYPES OF RACIAL MICROAGGRESSIONS

- **Racial insults**
  - Rude and insensitive actions or comments that insult BIPOC by signaling that the individual is considered *inferior* to a white counterpart, less intelligent, a second-class citizen, and given to behavior and criminality inscribed upon race. Often unconscious.

- **Racial invalidations**
  - Actions or comments that *negate* or ostracize BIPOC *lived realities*. Often unconscious.

- **Racial assaults** – similar “old fashioned racism”
  - Typically are *conscious* actions meant to demean a person through deliberate and *overt* racial discrimination, which can be *violent verbal or nonverbal attacks*, often hidden.
TYPES OF RACIAL MICROAGGRESSIONS: WE INVITE YOU TO SHARE EXAMPLES IN MENTI METER https://www.menti.com/4rgkv4f25j

- **Racial insults**: “You speak well” (communicates target is a perpetual foreigner)

- **Racial invalidations**: “When I look at you, I don’t see color.” (Denying BIPOC racialized experiences)

- **Racial assaults**: “NGH” image with noose embedded; lynching threat against Black instructor at UNM
ENVIRONMENTAL OR INSTITUTIONAL RIMAS

- Courses where all of the readings, lectures, and content reflect a white Eurocentric perspective and/or do not include BIPOC, LGBTQ, PWD and women authors
- Mostly or all white and male portraits in places of honor
- Environmental symbols like offensive mascots, monuments, building and street names, etc
- College majors, classes, meetings, etc. that have one or a fewer BIPOC students and faculty
Implicit Bias

- Bias is the process by which the brain uses “mental associations that are so well-established as to operate without awareness, or without intention, or without control.”

- Harvard University Project Implicit

- To raise your personal awareness, we recommend Implicit Associations Tests (IATs)
Nobel Laureate, Daniel Kahneman, Emeritus Professor of Psychology and Public Affairs at Princeton University, and a fellow of the Center for Rationality at the Hebrew University in Jerusalem.

Challenged rational choice theory and provided research basis of our understandings of implicit bias.

95% of mental processing happens before conscious thought kicks in.

As health care providers and role models, it is important that we become aware of our own biases so that we can mitigate our automatic responses and choose to make well-considered decisions when it comes to patient care & mentoring/instruction.
Even if we have strong egalitarian values and believe we are not biased, we may still behave in discriminatory ways (e.g., Dovidio, 2001).

Judgments shaped by:
- Biology of efficiency: the brain is designed to predict, fill in blanks
- A lifetime of experience and cultural history

Leads to implicit bias and stereotyping

 Applies to a variety of physical and social characteristics associated with race, gender, age, & ethnicity—even height
REFLECT ON YOUR PRACTICES AS A PROVIDER: TAKING CHARGE² TO MITIGATE YOUR OWN BIAS

- C- Change your context: is there another perspective that is possible?
- H- Be Honest: with yourself, acknowledge and be aware
- A- Avoid blaming yourself: know that you can do something about it
- R- Realize when you need to slow down
- G- Get to know people you perceive as different than you
- E- Engage: remember why you are doing this
- E- Empower: your patients and peers

Source: DallaPiazza et al 2018
**INTERRUPT TOOLKIT [SEE HANDOUT PACKET - P2]**
https://diverse.unm.edu/resources/handouts.html

- **I**- Inquire
- **N**- Non-threatening
- **T**- Take responsibility
- **E**- Empower
- **R**- Reframe
- **R**- Redirect
- **U**- Use impact questions
- **P**- Paraphrase
- **T**- Teach by using “I” phrases


INTERRUPT

- **I**- Inquire: Encourage elaboration, leverage curiosity. “I’m curious, what makes you think that?”
- **N**- Non-threatening: Convey the message with respect. Separate the person from the action or behavior. “Some may consider that statement to be offensive.” Communicate preferences rather than demands. “It would be helpful to me if…”
- **T**- Take responsibility: If you need to reconsider a statement/action, acknowledge and apologize, if necessary. Address micro-aggressions and revisit them if they were initially unaddressed. “Let’s go back…”
- **E**- Empower: Ask questions that will make a difference. “What could you do differently?”

INTERRUPT

- **R- Reframe:** “Have you ever thought about it like this?”
- **R- Redirect:** Helpful when an individual is put on the spot to speak for their identity group. “Let’s shift the conversation…”
- **U- Use impact questions:** “What would happen if you considered the impact on…”
- **P- Paraphrase:** Making what is invisible (unconscious bias), visible. “It sounds like you think…”
- **T- Teach by using “I” phrases:** Speak from your own experience. “I felt x when y happened, and it impacted me because…”

The UNM RIMA team is creating a toolkit for interrupting RIMAs on the basis of our survey results and workshops, as well as assets provided by the relevant literature in the social sciences and higher education. See pages 5-8 in handout.

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<th>TOOL: INTERRUPTING RACIAL AND INTERSECTIONAL MICROAGGRESSIONS</th>
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<td>RIMA THEME AND EXAMPLE</td>
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<td>Alien in One’s Own Land</td>
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<td>To Latinos or AAPI folks from U.S.: “Where are you really from?”</td>
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<td>To an AAPI person, “Of course you got an ‘A’, you are Asian!”</td>
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<td>Color-Evasive Racism:</td>
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<td>Myth of Meritocracy:</td>
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<td>Pathologizing Expression &amp; Communication Styles:</td>
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<td>To Black student, “Why do you have to be so loud/animated? Just calm down.”</td>
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<td>Second-Class Citizen</td>
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<td>You notice that your female colleague is frequently interrupted during a committee meeting</td>
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SMALL GROUP SESSION

- Take a look at page 3 in the handout
  https://diverse.unm.edu/resources/handouts.html or:
  https://diverse.unm.edu/assets/docs/psychdeptpresentation08272021.pdf
  - Facilitator Guide
  - Case development for Racial Bias in Medicine Small Group Session
  - Interrupting RIMAs

- Your group is assigned to review the case on page 3. Discuss the ways in which you would interrupt a racial, SOGIE (sexual orientation and gender identity and expression), gender/sex, religious, PWD (Persons with Disabilities)-targeted microaggressions and implicit bias.

- Plan to share your interventions with the group

- You will have 10 minutes to discuss

- Then we will report back to the group
Two medical students, a Black woman and a White woman, are on their first day of an OB-Gyn outpatient clinic rotation.

The preceptor has not yet arrived, so the nurse asks both students to get a history of a patient waiting in the exam room.

As the students are completing the history with the patient, the attending walks in and addresses the Black student, assuming she is the patient, “So, when did you last see your obstetrician?”

How might each student be feeling/thinking in this situation?

Do you worry that you may be mistaken for someone other than a doctor or medical student, even when in your role? What would you say in this situation if the assumption were made about you? If it were made about a fellow student?

Reflect on your own experience taking the IAT. Based on your results, can you imagine making an assumption about someone based on one of the categories tested in the IAT? What would you do if you were the person who mistook the student for a patient in this scenario?
WHAT DID YOU LEARN FROM THE SMALL GROUP SESSION?

- Reason for break out sessions: The only way to get comfortable with interrupting RIMAs is by practicing!
- What did you learn?
- Would you like to share your interventions?
- How would you like to follow up on this workshop?
- What are your next steps?
RECOMMENDED NEXT STEPS

- Meet with diverse constituency groups to hear and think through how to address concerns they may have about creating greater health equity, a more inclusive work culture, diversity-competent hiring, and better representation among employees and providers at all ranks.

- Other suggestions concerning building an inclusive climate:
  - Take a look at your leadership, provider and staff profiles, does the diversity reflect the communities where you and your patients/clients/students live and work?
  - Consider investing in ongoing diversity education for providers and staff, including executives in your organization.
  - Create a diversity values statement & strategic plans for your department.
  - Add preferred criteria for hiring. Sample wording: “We seek candidates who have a demonstrated and sustained commitment to promoting diversity, equity, accessibility, and inclusion and who have organic relationships with Black, Indigenous and People of Color (BIPOC) and PWD communities.” You may wish to require candidates to speak to these qualities as a part of their application process.
  - Create a diversity values statement & display on your website’s homepage if possible.
  - Other ideas?
Inclusive Staff, Provider, and Faculty Hiring to Support Minority, Disabled, & LGBTQ clients and students at UNMH/HSC: DEI Campaign to add preferred criteria language to all staff and provider searches.

Recommended language: “We seek candidates who have a demonstrated and sustained commitment to promoting diversity, equity, accessibility, and inclusion and who have organic relationships with Black, Indigenous and People of Color (BIPOC), LGBTQ and broadly diverse communities.”
CONCLUSION

- Thank you for the opportunity to learn from your experiences advocating for health equity and to discuss impact of racial & intersectional microaggressions (RIMAs) and implicit bias in health care settings.

- Inclusion today is the key to a better tomorrow.

- Efforts to promote health equity and an inclusive work environment will help to grow UNM-HSC’s reputation and produce leaders in the health care work force who enhance experiences and improve health outcomes for the citizens of New Mexico.
RESOURCES FROM UNM DEI+

- Handouts:
  - RMAs: An Overview
  - Interrupting RMAs
  - SOGIE microaggressions: overview
  - Case development for Racial Bias in Medicine Small Group Session
  - Facilitator Guide


- LGBTQRC.UNM.EDU Confidential Advocate


- Disability and leadership: Engendering visibility, acceptance, and support: [https://www.heidrick.com/Knowledge-Center/Publication/Disability_and_leadership_Engendering_visibility_acceptance_and_support](https://www.heidrick.com/Knowledge-Center/Publication/Disability_and_leadership_Engendering_visibility_acceptance_and_support)

- DiversityEdu online course for faculty search committees: getdiversityedu.com or email zerai@unm.edu
See links for these critical campus resources

- [http://shac.unm.edu/services/mental-health/index.html](http://shac.unm.edu/services/mental-health/index.html)
- [https://thepath.taoconnect.org/local/login/home.php](https://thepath.taoconnect.org/local/login/home.php)
- [http://compliance.unm.edu/resources/ethics-toolkit/index.html](http://compliance.unm.edu/resources/ethics-toolkit/index.html)
- [http://www.agoracares.org/](http://www.agoracares.org/)
- [https://cars.unm.edu/](https://cars.unm.edu/)
UNM’S NCFDD INSTITUTIONAL MEMBERSHIP FOR FACULTY, STAFF, GRADUATE STUDENTS, & POSTDOCS

To claim individual membership:

FACULTYDIVERSITY.ORG/JOIN

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5. Go to your email and click “Activate Account” in the confirmation email.

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- 14-Day Writing Challenges with WriteNow accountability tracking
- Peer-mentor (“buddy”) matches by request
- Dissertation Success Curriculum for advanced graduate students
- Discussion forums with moderated monthly writing challenges
- Free Faculty Success Program (FSP) Alumni Program enrollment for FSP alumni

For more information contact: InstitutionalMembership@facultydiversity.org
www.FacultyDiversity.org (313) 347-8485
Special appreciation to **WISELI**: Women in Science & Engineering Leadership Institute, University of Wisconsin

- This presentation drew upon brochures prepared by Eve Fine and Jo Handelsman
- Benefits and Challenges of Diversity in Academic Settings

**NSF funded ADVANCE** Center for Institutional Change, University of Washington for slides/resources

A full reference list to publications cited in this presentation is available upon request

**University of Illinois DRIVE** committee and work of co-chair Professor Wendy Heller and grad assistant Jacqueline Yi

DiversityEdu implicit bias awareness search committee training curriculum

Erin McConahey, ARUP Fellow’s presentation, “Give Me the Data: talking about unconscious bias”, University of Illinois, March 5-6, 2015

Assata Zerai’s *Intersectionality in Intentional Communities* (2016) and Zerai’s and colleagues’ NSF: IGE proposal entitled *Science for All* (2018)
THANK YOU!

WE INVITE YOU TO CONTACT DEI:

LGBTQ Resource Center
505.277.54288
lgbtqrc@unm.edu

Institute for the Study of “Race” and Social Justice
race.unm.edu

The Men of Color Initiative
505.277.2015
menofcolor@unm.edu

505.277.1238
DIVERSE@UNM.EDU
DIVERSE.UNM.EDU