

## STAT

**Doctors, researchers push academia's ivory tower to start rewarding diversity work in promotion decisions**

By [Andrew Joseph](#)<sup>1 2</sup> Feb. 19, 2021



*Hyacinth Empinado/STAT*

Universities and academic hospitals have vowed to diversify their ranks after a year of reckoning over racial injustice. Among the remedies faculty are pushing: rewarding diversity and inclusion efforts in promotion decisions.

From residencies or postdocs up through different levels of professorship, advancing in academia amounts to climbing a structured career ladder; faculty reach new rungs by winning grants, publishing in top journals, and presenting at conferences. It's a high-pressure scramble to get tenure.

What hasn't been incentivized or credited, researchers throughout that ladder say, is work to promote diversity, equity, and inclusion — the task forces served on, the community outreach, the mentoring of trainees from underrepresented groups. Recognizing such work

in more formal ways could not only encourage it, but actively help institutions achieve their stated goals of adding and retaining more faculty of color, particularly at upper leadership levels, according to interviews with Black, Latino, and Indigenous academics.

“When you have diversity of viewpoints, you have better outcomes, better solutions,” said Marie Bernard, the National Institutes of Health’s acting chief officer for scientific workforce diversity. “If you don’t have a diverse team, you’re missing out on a lot of talent.”

The numbers are stark. According to [2018 data](#)<sup>4</sup> from the Association of American Medical Colleges, 3.2% of full-time faculty at U.S. medical schools identify as Hispanic or Latino, and 3.6% are Black (another 4% identify as multiple races). Within both biology and chemistry departments at U.S. universities, 1% of faculty members are Black and 3% are Hispanic, according to [a 2017 study](#)<sup>5</sup>. (Black people account for about 13% of the U.S. population, and Latinos about 18.5%.)

The reasons for a lack of diversity in academic medicine and biomedical research are multitudinous, including systems of largely white men relying on their networks, [disparities in who wins federal funding](#)<sup>6</sup> for research, and a lack of dedication to righting a historical legacy that has led to the ivory tower’s homogeneity. People of color pursuing careers in academia also have to make it through a “[leaky pipeline](#)”<sup>7</sup> — at every step of the way, some [leave the field](#)<sup>8</sup> because they face barriers and outright discrimination or are not supported in moving forward in their professional path.

But once people gain a toehold in academia, another issue emerges: Researchers of color are asked to and opt to shoulder more “service” work than their white colleagues — work, like serving on internal boards and advising student groups, that generally goes uncompensated, unrewarded, and unrecognized. It’s often called “the minority tax.” (This type of work also disproportionately falls upon women to fulfill.)

For every committee, for example, institutions want some level of representation. But if there are only a small number of Black, Latino, or Indigenous faculty members, the same people get asked to volunteer. If hospitals are trying to connect with underserved communities, the doctors of color will be asked to perform outreach or meet with the public.

Academics of color say they often want to do this type of work, and to be visible and available mentors for students or junior researchers from underrepresented groups — to be

what Utibe Essien, a physician and assistant professor at the University of Pittsburgh School of Medicine, called “the face we didn’t see in our medical experience.”

The problem is that much of that work goes uncredited when it’s time to apply for a promotion. Moreover, time spent in committee meetings or guiding trainees is time when a researcher isn’t gathering data or revising manuscripts — the type of work that can lead to a publication or that will be looked at more fondly by boards deciding whether someone should ascend from assistant to associate professor or earn tenure.

Some schools have revised faculty codes to consider such service scholarly activity, but for the most part, “schools do not provide any incentive for you to serve on that committee” or for the other diversity efforts, said David Acosta, the AAMC’s chief diversity and inclusion officer. “We do it because we feel there is an unconditional social obligation to help our students thrive, our residents thrive, our early-career faculty thrive,” even as it “competes with the time we spend in scholarly work that gets rewarded.”

Typically, tenure committees will consider an applicant’s research, teaching, and service, though how much weight each is given depends on the institution’s priorities, said Darnell Cole, the co-director of the University of Southern California’s Center for Education, Identity, and Social Justice. (In academic medicine, as opposed to biomedical research, clinical work can also be a factor.) Service is often broadly interpreted — committees might just want to see some commitment to the university or hospital — and efforts around diversity, equity, and inclusion (referred to as “DEI”) don’t get special consideration at many campuses.

“These same people are being called to do an inordinate amount of ‘service’ to really change the institution, serve students, and so forth,” Cole said. “The kind of workload is almost a second job, a kind of consultant.”

Calls for academic institutions to account for diversity efforts have existed for years, but they are being reemphasized now not just because of racial justice movements, but also the Covid-19 pandemic, which, in the United States, has sickened and killed Black, Latino, and Indigenous people at higher rates than white people — exposing in stark relief another system of disparities.

It was during a press briefing last year on the pandemic’s inequitable impacts, for example, that Oluwadamilola “Lola” Fayanju, a surgeon and associate professor at Duke University School of Medicine, raised the issue of universities recruiting researchers and physicians of color only to not support them and to see them leave.

“I’m often asked upon to be a mentor in many situations,” she said. “I’m often asked upon to provide the perspective of a woman in surgery — there are still not many women in surgery — the perspective of being a Black person in surgery, the perspective of being a Black woman in surgery. Those are things I’m very happy to do because I want there to be more people like me in medicine and in surgery in particular, but it means that that’s also competing with the more traditional metrics for success and promotion in an academic medical institution.”

These institutions, she added, need to recognize that for faculty of color, “the other things they’ll be asked to do are important and should not be held against them if it means that it detracts from time spent doing the traditional metrics of success.”

With more institutions rolling out antiracism initiatives or tapping inclusion officers, researchers say they see more willingness from their workplaces to consider ways to improve diversity. More academic institutions, for example, are asking job applicants about their plans for promoting equity and inclusion. Medical and other graduate school classes are growing more diverse.

But academics say they wonder how deep that commitment is and how long it will last — which is why they are amplifying calls for action now with so much attention on the topic, and are trying to find ways to hold their institutions accountable. They also want to see institutions devoting resources to back up their rhetoric.

“You can’t have poor patient outcomes and still be in business,” said John Paul Sánchez, the leader of the group Building the Next Generation of Academic Physicians and an associate vice chancellor at the University of New Mexico. “You can have poor diversity outcomes and still be in business.”

Krystal Tsosie, a member of the Diné (Navajo) Nation and a doctoral student at Vanderbilt University in genomics and health disparities, said she was seeing more jobs postings for professors with a focus on health equity and justice. But, she said, “my concern is what is the long-term funding for these positions. What is the support beyond the next three to five years?”

Under its [FIRST program](#)<sup>14</sup>, the NIH announced last year it will dole out \$241 million over nine years for research institutions to recruit and support early-career faculty from underrepresented groups, not just racial and ethnic minorities, but people with disabilities or who come from disadvantaged backgrounds.

But some advocates are calling on the NIH to focus more on the diversity of the researchers to whom it awards grants and of the boards that make those decisions. If review boards aren't diverse themselves, then members might not have connections to diseases that disproportionately affect Black people, like sickle cell disease, and won't feel relevant research needs as much funding, said Lola Eniola-Adefeso, a professor of biomedical and chemical engineering at the University of Michigan. Without grants, faculty of color won't make it very far once they get their foot in the door at universities.

“NIH and other agencies need to understand that their lack of training of their reviewers and their lack of prioritization of research dollars to diverse researchers is the inherent issue,” said Eniola-Adefeso, a co-author of a [commentary](#)<sup>16</sup> published last month in the journal Cell called “Fund Black scientists.”

Many institutions have in recent years created diversity officer positions, but academics say it's crucial for people of color to also fill general executive roles — department chairs, deans, residency program directors, and so on. As Taison Bell, a critical care physician and assistant professor at the University of Virginia, put it, tapping a person of color to be chief diversity officer but having white executives otherwise “is like adding another passenger in the car, but who's driving the car?”

At the University of North Texas, Pamela Padilla is a geneticist and the associate vice president of research and innovation. “I've been the only female in meetings, I've been the only Chicana, Hispanic in many meetings,” she said. But being in a general executive position also makes a difference.

“You're in the room that helps make decisions about where resources go throughout the whole university,” she said. “That influences the trajectory of the institution.”

## About the Author



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