



Stanford
MEDICINE

MAY 2021

Commission on
JUSTICE AND EQUITY
RECOMMENDATIONS



Introduction

In June of 2020, leaders and advocates of diversity and inclusion at Stanford Medicine and beyond came together to create the inaugural Stanford Medicine Commission on Justice and Equity (“Commission”), representing an unprecedented effort to collectively dismantle systemic racism and discrimination at Stanford Medicine and in society at large. The Commission was formed with a two-fold charge: first, to strengthen Stanford Medicine’s diversity, equity, and inclusion practices to become a model for other institutions; and second, to bolster efforts as an academic medical center to confront racism as an urgent public health crisis — underscored by recent glaring and tragic injustices.

During a pandemic that has already claimed more than a half-million American lives, longstanding social and health inequities have placed communities of Black, Hispanic/Latinx and other underrepresented groups at increased risk of getting sick and dying from COVID-19. Data from the Centers for Disease Control and Prevention show that Black and Hispanic populations are three times as likely to be hospitalized with COVID-19 when compared to non-Hispanic white individuals. Xenophobia has become increasingly common; for example, anti-Asian hate crimes rose by nearly 150% in 2020, according to a recent report from the Center for the Study of Hate and Extremism at California State University, San Bernardino. The nation’s legacy of racist policing practices and brutality against people of color came to a head in spring 2020. The murders of Breonna Taylor, George Floyd, and so many others in the Black community last year shocked Americans’ consciousness — awakening many to the insidious nature of racism and its threat to Black lives.

While the fight for racial justice has been a multi-generational struggle, Floyd’s murder sparked a national movement. Across the country, people marched in protest of racial violence and called for justice in Taylor and Floyd’s names. Millions of dollars in donations flowed in to support Black-led advocacy groups. At Stanford, hundreds of community members gathered on campus, kneeling for 8 minutes and 46 seconds to honor Floyd’s last moments of life, as a police officer knelt on his neck. Students, staff, and faculty publicly vowed to stand in solidarity with the Black community, support the Black Lives Matter movement, and confront all forms of racism and inequity.

That day, Stanford Medicine’s three leaders, Lloyd Minor, MD, dean of the School of Medicine (SOM); David Entwistle, president and CEO of Stanford Health Care (SHC); and Paul King, president and CEO of Stanford Children’s Health (SCH), made a pledge: to never be silent, to use their influence to promote racial justice, and to affirm that inaction is unacceptable. Out of this pledge grew a larger commitment to act against discrimination in all forms, recognizing that such injustices do not happen in isolation — they intersect with and are often exacerbated by race, gender identity, sexual identity, disability, socioeconomic status, and other differences in identity. That effort now stands as the Stanford Medicine Commission on Justice and Equity, led by chair Rosalind Hudnell and executive director Terrance Mayes, who is also Stanford Medicine’s inaugural associate dean for equity and strategic initiatives.

A primary goal of the Commission is to build upon and amplify the crucial diversity and inclusion work already in motion. Stanford Medicine’s efforts to enhance diversity and inclusion date back more than 50 years. In 1969, the Faculty Senate established the first program to boost underrepresented students at the School of Medicine. Since then, dozens of programs and initiatives — such as the creation of the Office of Faculty Development and Diversity, the Diversity Cabinet, and the Dean’s Taskforce on Diversity and Societal Citizenship — emerged as part of Stanford Medicine’s effort to continually foster a culture of belonging.

Over a six-month period, the Commission worked diligently in partnership with existing groups from across the institution and received input from dozens of internal and external leaders, experts, and advocates. Although Stanford Medicine’s road to racial justice and equity started more than 50 years ago, significant work remains. The Commission’s work identified existing gaps to address and highlighted the need for new initiatives to create lasting change, measure progress, and ensure accountability. The Commission is now making public a set of recommendations to serve as the North Star as Stanford Medicine charts a path forward.





Executive Summary



The Commission's recommendations provide a holistic and enterprise-wide approach to dismantle structural racism, advance diversity, equity, and inclusion, and address health disparities. These recommendations start with a focus on racial equity, with particular emphasis on the needs of Black community members and other underrepresented racial minority (URM) groups at Stanford Medicine, including those who identify as Hispanic/Latinx, Indigenous, and certain sub groups of the Asian American and Pacific Islander (AAPI) communities.

The Commission's recommendations are based on a number of key findings regarding challenges and opportunities for change. These findings underscore the need for expanded leadership and coordination, greater representation of Black faculty, trainee, and staff leaders, trust building and support for underrepresented community members, and a greater focus on health equity throughout the Stanford Medicine health system.

To align, elevate, and unify the goals of the institution, the Commission adopted the term, **Inclusion, Diversity, and Health Equity (IDHE)** as the ultimate goal of its recommendations. While the tactics to address diversity, equity, and inclusion (DEI) may differ from those to address health disparities, the long-term objectives are the same.

The Commission presents 15 recommendations across four domains to build a more just and equitable Stanford Medicine. By taking these bold actions, Stanford Medicine has the opportunity to create meaningful and lasting cultural change.

Leadership Commitment and Accountability

With leaders exemplifying and enabling the core tenets of inclusion, diversity, and health equity, true progress can occur at Stanford Medicine.

- Make an executive leadership commitment to IDHE and dedicate 1% of the annual budget to advance IDHE.
- Recruit an enterprise-wide chief diversity officer to streamline and align existing IDHE efforts across Stanford Medicine's three entities.
- Form an IDHE governing body with university and hospital board representation to provide strategic oversight and accountability.
- Track and tie senior leadership rewards to meeting annual IDHE performance metrics.

A More Diverse Community

Bold, proactive, and coordinated efforts to diversify will create lasting change.

- Increase the representation of Black and other underrepresented community members to 30% by 2030.
- Expand the community of Black, Hispanic/Latinx, and AAPI faculty and staff leaders.
- Build a critical mass of diverse trainees in the leadership pipeline, particularly with increased Black and underrepresented groups' participation.
- Increase representation of Black and other underrepresented members in governing committees to elevate their voices and perspectives in decision making.

A Culture of Belonging

Through a stronger foundation of trust and safety for all underrepresented groups in the community, Stanford Medicine as a whole will benefit.

- Create a safe and just environment by addressing reported acts of discrimination and harassment, providing accessible adjudication and increasing culturally responsive wellness and mental health support.
- Include IDHE standards in all employee, faculty, and trainee onboarding, performance reviews and promotion processes.
- Require ongoing personal learning to promote an antiracist and inclusive community.

Health Equity Responsibility

By becoming a local health equity leader, Stanford Medicine will become a national leader on promoting societal change and progress.

- Establish health equity as part of the Stanford Medicine mission, adding a health equity lens at all levels of decision-making.
- Create a Center for Health Equity Excellence to align existing efforts and expand research and translation to the clinic.
- Ensure culturally informed and equitable care across the health system, informed by data and standards.
- Expand engagement to build trust in local communities of color through funded partnerships, scholarships, and contracting.



Commission Charge

The Commission was officially charged in October 2020 to work in partnership with diverse stakeholders at all levels of Stanford Medicine and recommend:

- **Strategies for strengthening Stanford Medicine's DEI practices and organizational culture** to model the behaviors and changes that are necessary in our society at large.
- **Ways for Stanford Medicine to assert a national role in addressing health disparities** that continue to harm historically marginalized groups.

Commission Members

The 15-member Commission was appointed by the dean of the SOM and the CEOs of SHC and SCH. Members include internal Stanford Medicine community stakeholders, representing diverse viewpoints across the organization, as well as external experts on justice and equity issues, including in the workplace.

Rosalind Hudnell (chair) — Former Vice President, Global Corporate Affairs, Intel, and President, Intel Foundation

Eusebia Abad — Phlebotomist, Pre-Analytical Services

Ade Ayoola — Knight Hennessy Scholar, MD Student, 2023

Chris Bischof — Founding member and Principal at Eastside College Prep School, East Palo Alto

Sumbul Desai — Clinical Associate Professor, Medicine and Vice President of Health, Apple

Noelle Hanako Ebel — Clinical Assistant Professor of Pediatrics

Miriam Goodman — Professor of Molecular and Cellular Physiology

Justin Hansford — Executive Director of the Thurgood Marshall Civil Rights Center, Howard University School of Law

Marc Jones — Chairman and CEO, Aeris Communications, Stanford University Board of Trustees, Stanford Health Care Board of Directors

David Lopez — Co-Dean, Rutgers Law School, Former General Counsel, U.S. Equal Employment Opportunity Commission

Terrance Mayes — Associate Dean and Executive Director, Commission on Justice and Equity

Carla Pugh — Professor of Surgery, Director, Technology Enabled Clinical Improvement Center

Monica Ruiz — Fellow, Pediatric Intensive Care

Sarah Tabb — Registered Nurse, Cardiac Unit

Hannah Valentine — Professor of Medicine, Former National Institutes of Health Chief Officer for Scientific Workforce Diversity



Guiding Principles

The Commission created the following principles to guide its work in learning from the Stanford Medicine community and in shaping the recommendations found in this report.

- **Value and respect the experience of each individual voice**, leveraging our diverse backgrounds as a strength and seeing ourselves in each other.
- **Take on big challenges that affect all levels**, denouncing the policies, structures, and systems that intentionally or unintentionally contribute to inequities for Black, Indigenous, and people of color (BIPOC).
- **Be bold and innovative in our solutions**, providing actionable strategies to eliminate racism and improve equitable health outcomes.
- **Pursue a strategy of “quick small wins”** to depose structures of oppression and implement immediate efforts to address the implicit biases in the health system.
- **Pursue a strategy of sustainable, impactful, long-term change**, instating practical, measurable, and sustainable interventions, building accountability, and iterative assessments to ensure recommendations are implemented.

Commission Process

The Commission organized its work in three phases: learning, deliberating, and developing recommendations. As part of the learning phase, the Commission held listening sessions with representatives from the following groups:

- Stanford Black Bioscience Organization
- Stanford Black Postdocs Organization
- Student National Medical Association
- Faculty Senate Subcommittee on Diversity
- Black Faculty Affinity Meeting
- Stanford Medicine Abilities Coalition
- LGBTQ+/Sexual and Gender Minorities Subcommittee of the Diversity Cabinet
- SOM, SHC and SCH Human Resources leaders
- Faculty leaders of Health Equity Committee
- Office of Community Engagement leaders
- SHC and SCH diversity leaders
- Leaders advancing gender equality at Stanford

In addition, Commission representatives participated in a StanfordMed LIVE town hall and reviewed input from the Commission website suggestion box as well as results from an enterprise-wide Stanford Medicine Justice, Equity, and Abilities Survey conducted in collaboration with the SOM Office of Faculty Development and Diversity and the Stanford Medicine Abilities Coalition. The survey, which received more than 3,000 anonymous responses between November 2020 and January 2021 from members of the SOM, SHC, and SCH communities, sought to capture current attitudes about justice, equity, disabilities, and accommodations, and to inform future diversity initiatives across Stanford Medicine.

Following months of learning from stakeholders across Stanford Medicine, the Commission evaluated its findings and developed a set of goals and strategies to build a more just and equitable institution.



History of Diversity, Equity, and Inclusion Efforts at Stanford Medicine

1969

The School of Medicine Faculty Senate action to establish a minority program with a quota of 10 URMs

1971

Stanford medical students and faculty help establish the Gardner Community Health Center, in one of the most disadvantaged socio-economic neighborhoods in San Jose, CA


1983

The School of Medicine appoints Assistant Deans for Minority Programs - Fernando Mendoza, MD (top right), and Roger Peek, MD (bottom right)


1984

Launch of the Early Matriculation Program to promote academic careers in medicine among minority and disadvantaged medical students. Program continues as the Leadership in Health Disparities Program

1990

Opening of the Arbor Free Clinic

1992

School of Medicine receives the first Center of Excellence grant from the Health Resources and Services Administration (HRSA) which began 30 years of federal funding for the Center of Excellence for Diversity in Medical Education (COEDME)

1996

School of Medicine establishes Health Careers Opportunities Program


2003

Opening of the Pacific Free Clinic

2005

Opening of the Cardinal Free Clinics

2005

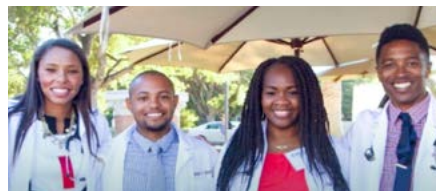
Creation of the Office of Faculty Diversity and Leadership, now the Office of Faculty Development and Diversity

2009

Formation of the Stanford Medicine Diversity Cabinet

2010

Launch of the Stanford Clinical Opportunity for Residency Experience (SCORE) Program


2015

Dean's Taskforce on Diversity and Societal Citizenship formed to provide recommendations to the Stanford University School of Medicine Dean, Senior Associate Deans, and Diversity Cabinet on advancing diversity within the School and on educating students and trainees in societal citizenship

2017

Leadership Education in Advancing Diversity (LEAD) Program established to develop diverse residents and fellows as inclusive leaders


2017

Diversity Center of Representation and Empowerment (D-CORE) provides a space where any member of the Stanford Medicine community interested in issues of inclusion and diversity can hold meetings, hang out, and study


2019

SHC launches several Employee Resource Groups aimed at cultivating a compelling culture of inclusive diversity to attract and retain top talent

2020

Launch of the Commission on Justice and Equity

Key Findings

Steadfast Commitment to Diversity Paves Path to Change

Stanford Medicine has made concerted efforts to advance diversity, equity, and inclusion. Several constituency-based offices and groups at the School of Medicine and both hospitals embed the work of diversity, equity, and inclusion at multiple levels, involving faculty, trainees, students, and staff. Progress has been made. In the last five years, changes and investments in recruiting practices have increased the percentage of URM medical students from 17% to 23% and the percentage of women faculty from 43% to 47%. The Stanford Medicine hospital employee base is also diverse, with nearly 30% URM staff. In the Stanford Medicine Survey on Justice and Abilities, conducted in late 2020, 81% of employees and trainees agreed or strongly agreed that their cultural differences are respected in their workplace or learning environment. Survey results also reported that the majority of community members at all levels feel a sense of commitment to advancing diversity and inclusion efforts. Stanford Medicine has the potential to build on this foundation to create meaningful change.

























Desire for Accountability and Transparent IDHE Vision

Stanford Medicine has long espoused a strong commitment to diversity and inclusion, but some within the community are uncertain of the institution's sincerity. The Commission heard from underrepresented community members that this commitment appears only to be, "lip service," and some reported a lack of trust, transparency, and accountability on diversity, equity, and inclusion actions. Further, some members of the community express frustration that Stanford University and Stanford Medicine have not adequately addressed their own history and role related to systemic racism.

The Commission's findings point to an unclear institutional vision for an appropriate and aspirational approach to equity and justice. With no definition of accountability or expectations, it is difficult to identify desired outcomes and to develop strategies to achieve them. The distributed and decentralized nature of inclusion, diversity, and health equity efforts at Stanford Medicine creates silos that result in duplication, variability of resources (both financial and human), and limited effectiveness. There is a need for alignment and coordination so that existing efforts work in tandem, creating a sum greater than its parts. Furthermore,

School of Medicine Diversity Trend Overview

	Time Frame		CAGR or Δ *
	2016	Trend 2020	
Faculty			
Total	1,841	2,377	6.6%
Percent women	43.2%	47.1%	0.8%
Percent under-represented minorities	6.0%	6.8%	0.1%
Percent Nat. Haw. / Pacific Islander	0.2%	0.0%	0.0%
Percent Hispanic / Latino (any race)	4.0%	4.3%	0.1%
Percent Black / African American	1.4%	1.7%	0.1%
Percent American Indian / Alaska Nat.	0.1%	0.2%	0.0%
Percent Two or more [URM]	0.4%	0.5%	0.0%
Clinical Fellows			
Total	312	414	7.3%
Percent women	51.9%	50.2%	-0.3%
Percent under-represented minorities	9.0%	9.4%	0.1%
Percent Nat. Haw. / Pacific Islander	0.0%	0.0%	0.0%
Percent Hispanic / Latino (any race)	5.4%	5.8%	0.1%
Percent Black / African American	3.5%	3.6%	0.0%
Percent American Indian / Alaska Nat.	0.0%	0.0%	0.0%
Percent Two or more [URM]	0.0%	0.0%	0.0%
Residents			
Total	756	884	4.0%
Percent women	52.1%	49.1%	-0.6%
Percent under-represented minorities	7.5%	12.1%	0.9%
Percent Nat. Haw. / Pacific Islander	0.0%	0.0%	0.0%
Percent Hispanic / Latino (any race)	4.2%	7.7%	0.7%
Percent Black / African American	3.0%	4.4%	0.3%
Percent American Indian / Alaska Nat.	0.3%	0.0%	-0.1%
Percent Two or more [URM]	0.0%	0.0%	0.0%

	Time Frame			CAGR or Δ *
	2016	Trend	2020	
Postdocs				
Total	1,154		1,336	3.7%
Percent women	45.1%		49.0%	0.8%
Percent under-represented minorities	5.0%		5.3%	0.1%
Percent Nat. Haw. / Pacific Islander	0.1%		0.0%	0.0%
Percent Hispanic / Latino (any race)	3.6%		2.8%	-0.1%
Percent Black / African American	0.5%		2.1%	0.3%
Percent American Indian / Alaska Nat.	0.1%		0.0%	0.0%
Percent Two or more [URM]	0.8%		0.4%	-0.1%
Graduate Students				
Total	652		963	10.2%
Percent women	48.0%		55.3%	1.5%
Percent under-represented minorities	11.2%		15.4%	0.8%
Percent Nat. Haw. / Pacific Islander	0.0%		0.0%	0.0%
Percent Hispanic / Latino (any race)	8.3%		12.8%	0.9%
Percent Black / African American	2.1%		2.5%	0.1%
Percent American Indian / Alaska Nat.	0.8%		0.1%	-0.1%
Percent Two or more [URM]	0.0%		0.0%	0.0%
Medical Students				
Total	482		489	0.4%
Percent women	49.4%		48.7%	-0.1%
Percent under-represented minorities	16.6%		22.5%	1.2%
Percent Nat. Haw. / Pacific Islander	0.0%		0.2%	0.0%
Percent Hispanic / Latino (any race)	9.5%		13.7%	0.8%
Percent Black / African American	5.8%		5.5%	-0.1%
Percent American Indian / Alaska Nat.	1.2%		0.6%	-0.1%
Percent Two or more [URM]	0.0%		2.5%	0.5%

*Compound Annual Growth Rate (CAGR) is the smoothed annualized change over the time horizon. Average annual delta (Δ) for the time frame.

unlike other functional areas that are core to Stanford Medicine's mission — teaching, research, clinical care, or human resources — senior leaders of diversity, equity, and inclusion currently do not report directly to the School of Medicine dean or the CEOs of SHC or SCH. Stanford Medicine leaders also lack regular consolidated reporting, measurement tools, and tracking of issues and progress related to diversity for individual departments or divisions. This, in turn, limits leadership's ability to create incentives for change.

Leadership Recruitment and Retention Efforts Need Improvement

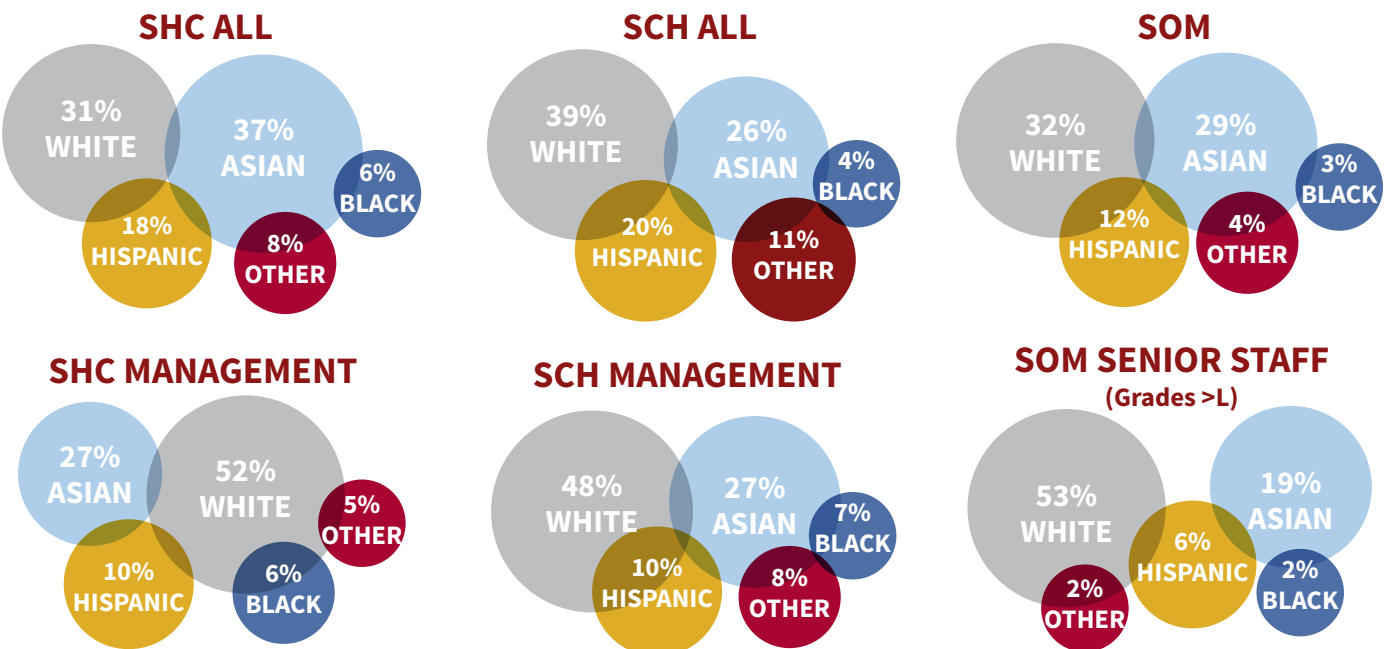
A significant lack of racial diversity persists within the SOM, SHC, and SCH at faculty, trainee and leadership levels. Despite well-intended, decades-long efforts, faculty recruitment and retention of Black and other URM faculty has remained stagnant, hovering below 7% of the total faculty. Of note, the School of Medicine has lost several accomplished underrepresented and women faculty in recent years. URMs represent only 5.3% of the postdoctoral scholar population, 3% of SHC leadership positions and 6% of SOM senior leadership. There are no Black department chairs or directors of finance and administration in over 30 departments and institutes within the School of Medicine. The problem is not a lack of candidates or openings. Stanford Medicine is challenged with keeping diversity top

of mind in many recruiting practices and has yet to establish appropriate mechanisms, incentives, and funds to recruit and retain diverse candidates successfully. Progress in increasing the diversity of the Stanford Medicine community has been slow and in sharp contrast to an increasingly diverse state and country where racial minorities are projected to become the majority by the year 2043, according to the U.S. Census.

Black Trainees and Employees Do Not Feel Safe or Supported

Beyond the composition of Stanford Medicine's community, the everyday experiences of URMs at Stanford Medicine are often distressing, filled with what they describe as microaggressions in classes, labs, offices, and clinics, impacting their mental health and professional work. Black community members report feeling unsafe on campus and detail multiple reports of harassment and profiling by campus police. They describe fear of retaliation for reporting incidents of racism, bias, and discrimination, and limited action and accountability following those reports. The apparent lack of visible university and Stanford Medicine support and advocacy for Black community members contributes to their lack of trust. The Commission believes this is a wellness imperative at all levels that must be addressed immediately.

2020 Snapshot of Workforce Demographics (Non-Academic)



SOM data does not include 'unknown/not reported.'

No Standard Protocols on Discrimination Reporting and Adjudication

The current process for responding to issues of discrimination is inadequate and not well known by community members. The Commission heard from underrepresented community members who fear retaliation for reporting acts of discrimination and harassment and do not trust the current process to address their grievance effectively. There is a need for a more transparent, well-communicated process to address discrimination without retaliation. Improved adjudication of incidents with restorative justice measures will send a message to all community members, including patients, that the institution is holding individuals accountable.

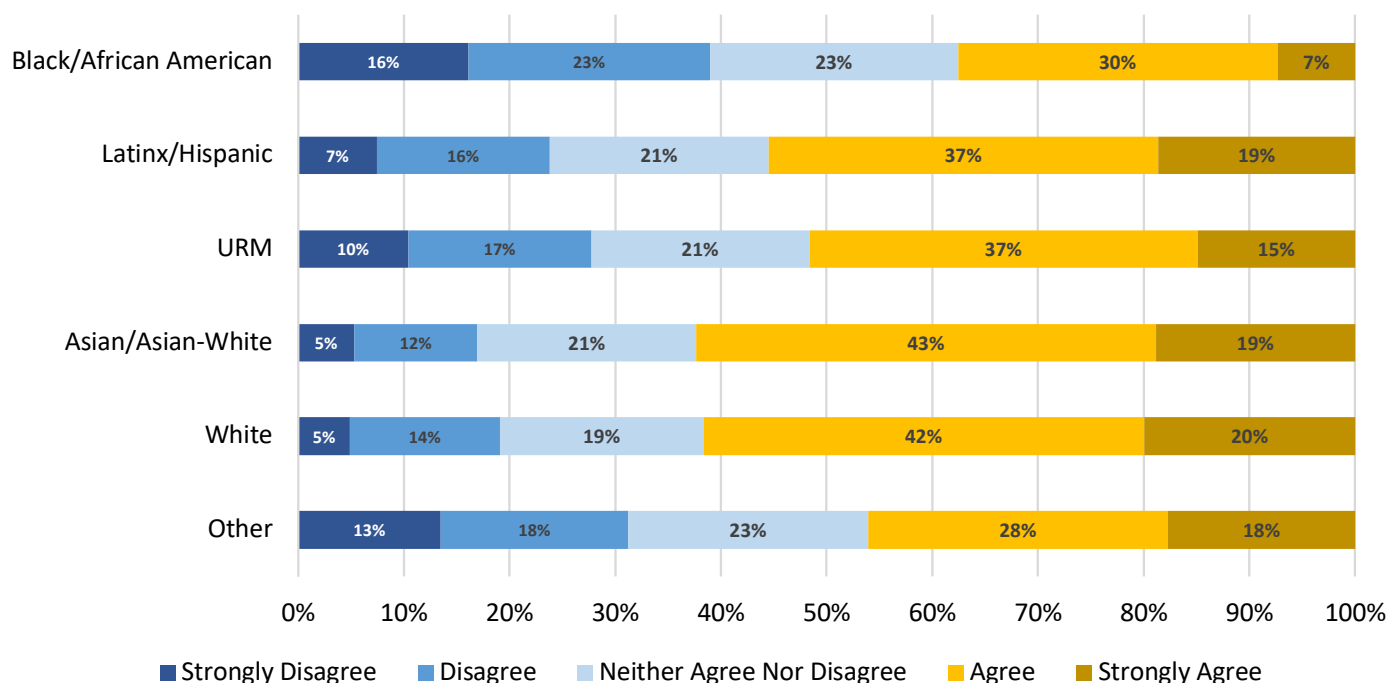
It should be noted that, among all respondents of the 2020 Justice, Equity, and Abilities Survey, Black/African American respondents reported the lowest levels of trust and confidence in the institution when it came to doing what is right regarding discrimination and treating all employees and students fairly.

Diversity and Health Equity Efforts Undervalued and Relegated to URMs — The Diversity Tax

Climate and culture surveys, including the 2020 Stanford Medicine Justice and Abilities Survey, reveal that URMs and women are consistently less satisfied than white individuals and men across a range of domains — from experiences with bias to feeling valued as members of the Stanford Medicine community. Black and other underrepresented faculty, staff, and trainees feel a professional and personal burden of having to do diversity and inclusion work, both with their colleagues or with patients, without recognition or reward, something they refer to as the “diversity tax.” Contributions to diversity are seen neither as critical to the work of individual community members nor as criteria for advancement.

Trust in Fairness, Comparison by Race/Ethnicity

"I trust my institution to be fair to all employees and students."



Results may not add to 100% due to rounding.

Health Equity Viewed as an Afterthought

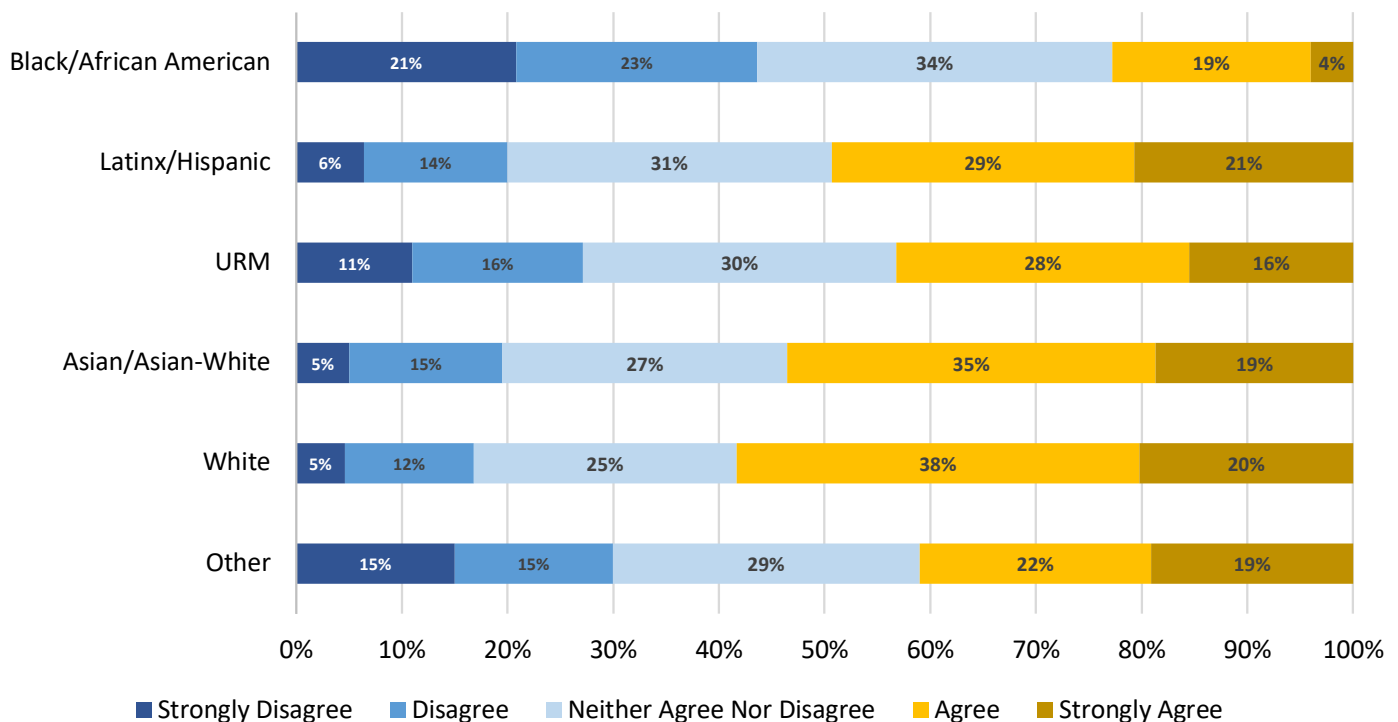
The COVID-19 pandemic has accentuated the longstanding health disparities that Black, Hispanic/Latinx, Indigenous, and other underrepresented groups experience. More than half of Stanford Medicine patients live in San Mateo and Santa Clara counties, where approximately 30% of households are unable to meet their basic needs, and these are disproportionately Black and Hispanic/Latinx households. The Commission heard from members of these communities who view Stanford Medicine as difficult to access and ill-equipped to provide culturally informed care. Several Black employees do not recommend SHC to their family or friends because they do not feel the hospital will provide equitable care and respect. Some employees reported a deficit of access to language resources for non-English-speaking families, a lack of systematic equitable resources provided in non-English languages, and inconsistent room assignments for non-English-

speaking patients. Stanford Medicine's current approaches to health equity are fragmented, under-resourced, limited in scope, and under-valued. The Commission found that the data to assess health equity performance is not systematically gathered, measured and tracked across the institution.



Confidence in Institution Doing What's Right About Discrimination, Comparison by Race/Ethnicity

"If I raised a concern, I am confident my institution would do what is right."



Results may not add to 100% due to rounding.

RECOMMENDATIONS | Building a Just and Equitable Stanford Medicine

LEADERSHIP COMMITMENT AND ACCOUNTABILITY

Building an enduring, just, and equitable institution starts at the top.

Commitment

Stanford Medicine's executive leaders must commit to the principles and goals of inclusion, diversity, and health equity. That commitment begins with the dean, the hospital CEOs, senior associate deans, department chairs and hospital executive teams developing **personal antiracism plans** tied to their annual performance goals. These plans will also define institutional values to which all individuals are held accountable as it pertains to antiracism. These values and IDHE goals should be communicated frequently by leaders with regular updates on the institution's progress. Beyond leadership commitment, the Commission recommends that **at least 1% of the overall annual budget** for Stanford Medicine be dedicated to advancing inclusion, diversity, and health equity (IDHE).

IDHE Leadership

To amplify, streamline, and align existing IDHE efforts, the Commission recommends the **recruitment of an enterprise-wide chief diversity officer** (CDO) who can lead Stanford Medicine's coordinated efforts toward justice and equity. This new position will ideally be filled by an experienced thought leader on antiracism and organizational change who will report to the dean and the two CEOs. Providing appropriate decision-making authority and resources will be critical to the CDO's success in implementing justice and equity strategies. In addition, the CDO will have the mandate to increase the effectiveness of current initiatives by aligning efforts toward common goals, increasing visibility, and providing additional budget, staff, and protected time to devote to IDHE efforts.



Governance

Efforts to change the institution should not be done in isolation. Through the **formation of an IDHE governing body**, Stanford Medicine's DEI efforts will benefit from strategic oversight and accountability. This governing entity should include the dean, the hospital CEOs, the CDO, other senior IDHE leaders, and representatives from the University Board of Trustees and the SHC and SCH boards of directors. The Commission recommends that this governing body meet quarterly to review institutional progress in meeting IDHE goals. In addition, if not already formed, the Commission advises the SHC and SCH boards of directors to create sub-committees focused on advancing IDHE to promote institutional alignment.

Incentives

What is not measured and rewarded cannot be changed. Incentives and metrics will be instrumental in changing Stanford Medicine's culture. The Commission recommends **tying senior leadership rewards to IDHE performance**. Doing this effectively will require the creation of an **integrated Stanford Medicine diversity dashboard** to measure performance against goals for all underrepresented groups. This dashboard will track key metrics on demographics at all levels, salary and benefits equity, research funding, research support, space, hiring and turnover, promotions and timeline for promotions. Regular quarterly and annual review of metrics can then inform leadership rewards and disincentives for performance. Fast and sweeping changes in policy and structure to promote IDHE must be matched with a steady commitment to a long-term iterative review process for continuous improvement.



Leadership Commitment
and Accountability





A More Diverse Community



A MORE DIVERSE COMMUNITY

Achieving parity for underrepresented groups requires a bold, active, and dedicated effort.

30% at All Levels by 2030

Transformational goals create lasting change. To this end, the Commission recommends setting an aspirational target of dramatically increasing the representation of Black and other underrepresented community members to **30% by 2030** at all levels. The Commission draws from other organizations undergoing similar transformation in recommending 2030 sub-targets of 10% Black, 10% other underrepresented racial minorities including Hispanic/Latinx, Southeast Asian and Indigenous community members, and 10% other underrepresented groups including lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual (LGBTQIA) and disabled community members. By dramatically increasing

the representation of these underrepresented groups and reflecting the demographics of the broader U.S. population, Stanford Medicine can create an immediate and measurable impact on a culture of belonging as more individuals see themselves reflected in the broader group.

While this recommendation leads with advancing racial equity, the Commission encourages the institution to embrace the intersectional nature of diversity — spanning race, ethnicity, language, nationality, gender identity, sexual identity, disability, socioeconomic status, religion, and age. Stanford Medicine can aspire to be a model for other institutions by moving beyond race to advancing all forms of diversity at all levels with the Stanford Medicine community.

Critical Mass at the Top

Stanford Medicine must continue putting forth a sustained effort to **build a critical mass of Black and other underrepresented members in faculty and at leadership levels**. This starts with making deliberate, targeted efforts to recruit broader pools of candidates. Expanding search criteria, leveraging search waivers (ability to hire outside of an established open recruitment process), and combining searches across departments can attract more diverse candidates. The institution would also benefit from ensuring equity-minded hiring, onboarding, mentoring, professional development, and promotion processes. Developing cohort/cluster hire programs has also proven effective in promoting faculty diversity and inclusion. The institution must view these measures holistically to ensure that it not only attracts exceptional talent but also develops and retains them. To that end, the Commission recommends expanding formal leadership development programs to encourage participation from Black and other underrepresented groups. Above all, increasing Black and URM representation must demonstrate sincere efforts toward driving cultural change.

Critical Mass in the Pipeline

In addition to increasing diversity at the top, Stanford Medicine must build critical mass in the leadership

pipeline, particularly with **increased Black trainee representation**. A strong starting point is increasing partnerships with institutions that graduate a high percentage of underrepresented graduate students in the biomedical sciences, such as historically black colleges and universities. Critical to this effort is establishing inclusive selection processes that require consideration of diversity contributions and forming selection committees with participation from underrepresented members. Once at Stanford, the Commission recommends enhancing inclusive onboarding and mentoring of these students to support their advancement internally.

Voices in Decision-Making

More than being seen, diverse community members must be heard. By elevating the voices of Black and other underrepresented community members in decision-making groups, Stanford Medicine can ensure that strategic and operational decisions and the resulting outcomes reflect the needs and perspectives of a more diverse community. To ensure inclusion, diversity and health equity are a key lens through which decisions are made, the Commission recommends that **all institutional committees and advisory groups take active steps to recruit a critical mass** of Black and other underrepresented members.



A CULTURE OF BELONGING

For everyone to thrive, everyone needs to contribute.

Safety and Support

Stanford Medicine must build a foundation of safety and trust for all underrepresented groups in the community. **Reported acts of discrimination and harassment by campus police and hospital security against Black and other underrepresented community members must be reviewed and addressed** with appropriate policy reforms and training. The Commission recommends creating an **accessible, safe adjudication process** for students, providers, and staff to report experiences of discrimination, including racism, bias, dehumanization, and microaggressions. This process must allow for individuals to raise concerns without retaliation and provide transparent restorative justice processes for the victim and the accused. This is a wellness imperative that impacts both morale and academic and professional performance. Expanding access to experts who can provide culturally informed wellness and mental health support can help address this wellness need and create an environment where all feel supported, especially those who have been directly impacted by racial trauma.

Behavior Standards

In building a community where all feel included, Stanford Medicine must value individuality and the contributions to realizing that vision. This starts by setting IDHE standards and including them in all employee, faculty, and trainee onboarding, performance reviews, and promotion processes. Additionally, this system must **recognize and reward individuals for their IDHE contributions**, moving from what is currently perceived as a “diversity tax” to a “diversity bonus.” IDHE evaluation and standards should be a consideration for advancement and promotion at all levels. The Commission recommends the immediate creation of a committee to define these standards for Stanford Medicine to be included in all employee evaluations.



Personal Learning

All members of the Stanford Medicine community play a role in building a more inclusive culture, and it begins with education. **Promoting an antiracist and inclusive community requires ongoing personal development and training.** Stanford Medicine is now publicly committed to antiracism, but its actions need to go beyond anti-bias training. The institution must provide training for all and tools for leaders at all levels to facilitate challenging conversations around antiracism, equity, and inclusion. These trainings should include safe opportunities for dynamic dialogue with case studies relevant to the Stanford Medicine experience.



A Culture
of Belonging





Health Equity
Responsibility



HEALTH EQUITY RESPONSIBILITY

Every person must receive equal, just, and exceptional medical care.

Core Mission

As an academic medical center, Stanford Medicine must hold health equity as core to its mission. Excellence in research, education, and care must not come at the expense of equitable access and quality of care. **By adding a health equity lens to all leadership decision-making**, the institution can begin the long-term process of integrating health equity into everyday processes. Stanford Medicine also has a unique opportunity to eliminate disparities by addressing the diseases that disproportionately affect disadvantaged populations (e.g., sickle cell anemia) through its tripartite mission of research, education, and patient care.

New Center

To ground, align, and accelerate Stanford's commitment to health equity, the Commission recommends **creating a new Center for Health Equity Excellence**. The Center will be tasked with expanding research into racial health disparities and translating that research into specific initiatives to improve patient outcomes. A data-driven approach to unmask health care inequities within the institution will be the first step towards transformational change at Stanford Medicine. With the development of a health equity dashboard, the Center will work to regularly measure and improve Stanford Medicine's health equity

performance, using guidance from internally and externally developed benchmarks such as Vizient. This must be paired with a commitment to rapid iteration and improvement policies and approaches to eliminate racial and ethnic health disparities, as well as those stemming from language barriers. The Center will also form a home to integrate existing health equity efforts. Funding and a dedicated and diverse leadership team are critical to ensure the Center's success.

Equitable Care

Stanford Medicine must make every effort to provide culturally informed and equitable care. This starts with measurements, such as requiring reliable, universal capture of system-wide patient demographic data to inform health equity work. **IDHE standards must also be integrated into all care delivery practices**, cultivating a culture of belonging and inclusion to the Stanford Medicine patient community. To create a more welcoming environment for the institution's diverse patient population, Stanford Medicine must ensure language accessibility for all patient materials and care. And just as for the internal community, Stanford Medicine must enhance current patient reporting mechanisms to ensure an **accessible, safe adjudication process for patients**

to report acts of discrimination, including racism, bias, dehumanization, and microaggressions within the care system, and with appropriate patient-focused remediation.

Community Engagement

For Stanford Medicine to be seen as a provider of equitable care, it must build greater trust with local communities of color. This starts with hiring more community staff that reflect Stanford Medicine's diverse community to build relationships based on trust, transparency and mutual understanding. The institution can build on existing efforts, realign resources for greater efficacy, and increase funding for partnerships with community organizations focused on understanding and addressing URM needs. By evaluating and expanding existing scholarship and grant programs, Stanford Medicine has the potential to inspire underrepresented youth to pursue health care careers and fill the pipeline with future leaders from all underserved communities. Following the lead of many for profit enterprises, Stanford Medicine can further demonstrate its commitment to local underrepresented communities by collaborating and contracting with local Black and other URM-owned businesses.



Measuring Progress and Success

The systematic collection and review of comprehensive data sets on IDHE will be fundamental to the success of implementing these recommendations. The Commission recommends a preliminary list of metrics below, tied to its four domains.



Leadership Commitment and Accountability

% of budget dedicated to IDHE

Integrated Stanford Medicine diversity dashboard tracking metrics by underrepresented groups:

- Demographics
- Salary and benefits equity
- Research funding, support and space
- Hiring and turnover
- Promotions and timeline



A More Diverse Community

Demographic metrics:
Percentage race/ethnicity
Percentage LGBTQIA
Percentage disabled

Benchmarks versus similar organizations



A Culture of Belonging

Number of reports of bias and outcomes

Percentage of employees meeting IDHE standards

Sense of belonging and engagement



Health Equity Responsibility

Stanford Medicine patient health equity dashboard including national benchmarks (Vizient, USNWR) as well as race/ethnicity, language, sexual orientation/gender identity (SOGI), and payer mix

The Commission presented its findings and recommendations to the dean of the SOM, the president and CEO of SHC, and the president and CEO of SCH in April 2021. The three leaders are reviewing the recommendations and will share implementation plans with the community later in 2021. As a leading academic medical center, Stanford Medicine has a profound opportunity to influence change and advance efforts to create a more just and equitable society. The recommendations in this report offer guideposts to help Stanford Medicine lead by example and model the changes necessary to dismantle systemic racism and discrimination. The Commission is confident that Stanford Medicine's community and leadership are up to this challenge and will rise to the occasion with urgency. The time to act is now.



