



Justice, Equity, and Abilities Survey 2020

Executive Summary

May 3, 2021

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In efforts to promote equity and inclusion within Stanford Medicine and in the broader society, the Stanford School of Medicine's Office for Faculty Development and Diversity, in collaboration with the Stanford Medicine Commission on Justice and Equity and the Stanford Medicine Abilities Coalition (SMAC), conducted a Justice, Equity, and Abilities Survey in Fall 2020. The survey aimed to identify barriers to equal access, capture current attitudes, and inform future diversity initiatives across the key institutions within Stanford Medicine.

All populations across Stanford University School of Medicine (SOM), Stanford Health Care (SHC), and Stanford Children's Health (SCH), including faculty, staff, residents, students and postdoctoral scholars were invited to participate in the survey on a voluntary and anonymous basis. Analyses of these responses focus on two major topics: 1) disabilities and accommodations; 2) justice and equity.

A total of 3,311 responses were recorded at the survey close in early December 2020. Over half of respondents identified School of Medicine (SOM) as their primary institution, about a third identified Stanford Health Care (SHC), and 10% identified Stanford Children's Health (SCH).

Disabilities and Accommodations

Two questions in the survey captured respondents' disability identities, with one question focusing on self-identification and the other focusing on medical conditions that qualify as disabilities under the American with Disabilities Act (ADA) definition. For the former question, respondents had the option to self-identify as either being disabled or as a person with a disability. The phrases 'self-identified as disabled' or 'self-identified as having a disability' are used interchangeably to refer to respondents who self-identified as disabled and/or as a person with a disability. Data for these respondents is reported in aggregate. In this report, disability is defined as self-identifying as disabled and/or qualifying as disabled under the ADA definition, which represents 892 responses, 27% of the total 3,311 responses. 874 responded yes to having one or more medical conditions that would qualify them as being disabled according to the ADA definition, representing 26% of the total responses. Out of all respondents, 267 self-identified as disabled or as a person with a disability, representing 8% of total responses.

Five percent of faculty at SOM, 9% of staff and residents, students, or postdocs across the three institutions, and 7% of management at SHC and SCH identified as having a disability.

Approximately 20% across each group (18-33%) have an ADA-defined disability but do not identify as disabled. There was no distinct difference in disability reporting between those who identified as either a man or a woman (7-8%); however, those who did not identify with a binary gender were twice as likely to identify as having a disability (16%). Those who identified as sexual minorities—defined as lesbian, gay, homosexual, bisexual, or "other"—were twice as likely to identify as having a disability (17% compared to 7%) and were more likely to have an ADA-defined disability but not identify as disabled (27% of sexual minorities compared to 18% of those identifying as straight or heterosexual). American Indian/Alaska Native, Black/African

American, Hispanic/Latinx, and Native Hawaiian/Other Pacific Islander respondents—groups considered underrepresented in medicine (URM)—were as likely as White respondents to identify as disabled (9%), while Asian respondents were less likely to identify as disabled (5%). White respondents were most likely to have an ADA-defined disability but not identify as disabled (22% compared to 18% URM and 14% Asian).

Individuals with ADHD/ADD, a chronic health condition, a learning disability, and a psychological disability were more likely to have an ADA-defined disability but not identify as disabled. In contrast, those with a mobility disability or two or more disabilities were more likely to identify as having a disability.

A smaller proportion of respondents who self-identified as disabled (75%) or who met the ADA definition of disability (87%) were satisfied with their ability to perform work or school responsibilities compared to non-disabled respondents (90%). A greater proportion of respondents with a disability, either by self-identification (40%) or through ADA definition (33%), also expressed difficulties with attending work and school-related activities than the non-disabled group (26%).

Respondents with disabilities, either by self-identification or through ADA definition, across the three institutions were similarly likely (16%) to request and receive accommodations. 5% of respondents had requested accommodations but were not successful in obtaining them. The most common type of accommodations received were workplace accommodations.

Among respondents with disabilities, just 37% felt staff were well informed about making accommodation recommendations, 46% felt it was easy to access accommodations, and 41% felt it was easy to access information about accommodations.

Among respondents with disabilities, primary barriers to disclosing disability and requesting accommodations included difficult processes, budget/financial barriers, lack of information, stigma, negative response or inadequate support, fear of discrimination/repercussions, burden on the individual, among other barriers. In addition, barriers to receiving accommodations included: difficult processes, budget/financial barriers, stigma, negative response or inadequate support, no response, and lack of workload flexibility.

Among respondents with disabilities across the three institutions, 45% of SOM, 52% of SHC, and 38% of SCH respondents felt a strong or some sense of disability community. The three most frequently cited areas for potential improvement of one's sense of a disability community were: diversity, bias, and sensitivity training (17%), an identifiable leadership position to support disability (15%), and a disability career counseling and mentoring program (12%).

Overall, respondents throughout the survey provided several specific recommendations for improving the experiences of those with disabilities at Stanford Medicine including:

- Policy revisions: Respondents suggested ensuring confidentiality, establishing accountability, and simplifying processes in place.

- Education: Respondents advocated for education on disabilities for all Stanford Medicine community members.
- Resources: Respondents proposed support groups, counseling services, transportation, and improved facilities.

Justice and Equity

Respondents generally felt moderately or strongly aligned with their institution’s vision and perceived the environment to be respectful. Overall, respondents felt connected to the vision, mission and values of their institution (77% agreed or strongly agreed), and respondents felt cultural differences were respected in their workplace or learning environment (81% agreed or strongly agreed).

There was a weaker sense of trust and confidence in respondents’ organizations being fair, equitable and just (in handling discrimination concerns). Sixty percent of the respondents agreed or strongly agreed with the statement “I trust my institution to be fair to all employees and students.” Fifty-four percent of the respondents agreed or strongly agreed with the statement “In my institution, I am confident that my accomplishments are compensated or rewarded similarly to others who have achieved their goals.” A little over half (54%) of the respondents agreed or strongly agreed with the statement “If I raised a concern about discrimination, I am confident my institution would do what is right.”

For the most part, respondents perceived justice and equity in their respective institutions similarly – that is, the pattern of responses to each justice and equity item do not vary greatly across institutions. SOM respondents, compared to those in SHC and SCH, felt slightly less connection to the institution’s vision, and had lower confidence in the institution’s fairness to all and justice orientation. This difference can be explained by trainees and students in SOM rating these items lower than others.

Justice and Equity by Gender: Those who did not identify as one of the binary gender categories (Other/Declined/No answer), though a very small proportion of the respondents, have lower perceptions of their institution on all justice and equity aspects asked in the survey. In addition, women perceived justice and equity less favorably than men particularly in two aspects: confidence in the institution doing what is right about discrimination (50% of women agreed/strongly agreed, compared to 63% of men), and equity in compensation (50% of women agreed/strongly agreed, compared to 65% of men).

Justice and Equity by Race/Ethnicity: Those who declined to identify or identified with racial/ethnic backgrounds other than the categories provided, though a very small proportion of the respondents, had the lowest perceptions of justice and equity at their institution across all aspects measured in the survey. URM respondents, compared to their White and Asian peers, were particularly disappointed in their institution’s justice and equity practices:

- A little over half (52%) trust their institution to be fair to all employees and students (compared to 62% of Asian and White respondents);

- Forty-four percent trust their institution to do what's right about discrimination (compared to 54% Asian and 58% White respondents);
- Forty-four percent trust their institution to be equitable in compensation and rewards (compared to 53% Asian and 60% White respondents);
- They also reported a less positive experience of respect for cultural differences (71% compared to 81% Asian and 85% White respondents).

Among URM respondents, Black/African American respondents felt less trust in their institution, less confidence in the institution doing what's right for discrimination, and less confidence in equity in compensation and rewards.

Asian respondents (including Asian-White biracial individuals), compared to their White peers, felt slightly less confident in their institution doing what's right about discrimination and being equitable in compensation and rewards.

Justice and Equity by Disability: Respondents with a disability, either by self-identification or through ADA definition, generally expressed less connection to the vision, mission, and values of the institution, less trust in the institution, less confidence in the institution solving discrimination issues, less respect from those with cultural differences, and less confidence in compensation being tied to accomplishments. Those who identified as being disabled were particularly disappointed in their institution's justice and equity practices:

- Nearly two-thirds (65%) feel connected to the vision, mission, and values of their institution (compared to 73% of those who have an ADA-defined disability but do not identify and 79% of those with no ADA-defined disability and no identification with the disability community);
- Forty-two percent trust their institution to be fair to all employees and students (compared to 55% of those who have an ADA-defined disability but do not identify and 62% of those with no ADA-defined disability and no identification with the disability community);
- Over one-third (37%) trust their institution to do what's right about discrimination (compared to 50% of those who have an ADA-defined disability but do not identify and 56% of those with no ADA-defined disability and no identification with the disability community);
- They also reported a less positive experience of respect for cultural differences (69% compared to 77% of those who have an ADA-defined disability but do not identify and 83% of those with no ADA-defined disability and no identification with the disability community);
- Thirty-eight percent trust their institution to be equitable in compensation and rewards (compared to 51% of those who have an ADA-defined disability but do not identify and 57% of those with no ADA-defined disability and no identification with the disability community).

The majority of the respondents embrace Stanford Medicine's mission on diversity, justice and equity, and urge the institutions to sustain efforts in this mission; however, there are voices of resistance and caution as well. There is a strong and loud call for action – respondents are (more than) eager to see real and meaningful changes. Concrete recommendations include: increase the representation of minorities through hiring and in all roles, especially in leadership positions; allocate resources for DEI work, including hiring experts, funding programs, and giving proper recognition and reward for people engaged in such work; and, calls for more community engagement and health equity as part of Stanford Medicine's mission.

Quantitative results showed lower trust in adequate institutional responses to discrimination among residents, students and postdoctoral scholars, women, people identifying with non-binary gender categories, and URM respondents. Qualitative data revealed that the sources of the lower trust may be due to 1) lack of safe and accessible reporting mechanisms, coupled with fear of repercussions; 2) lack of institutional response or action when cases are reported; 3) abuse of power not kept in check. To address these issues, respondents made strong calls for 1) improving reporting systems and creating safe spaces, and 2) installing policies to hold offenders accountable for their actions and leaders, faculty, and other supervisors accountable for creating a non-hostile work environment.

Fairness (to all) and equity (in compensation) were pain points particularly for residents, students, postdocs, women, and URM respondents. Respondents' comments reflected many types of inequality, biases and unfair treatments that they had observed or experienced. Gender biases and status/power inequality (i.e., management versus staff, faculty versus students, among peers, etc.) were the two most frequently mentioned. Inequality and inequity manifest in compensation, promotions and opportunities for advancements. Inequality is understood as the uneven allocation of resources and opportunities while inequity refers to a lack of accounting for individual circumstances in allocating resources and opportunities to reach an equal outcome. For remedies, respondents recommended 1) conducting studies and maintaining transparency; 2) talent management – i.e., improve hiring, evaluation, and promotion practices – to develop and retain a high performing and diverse workforce.

Conclusion

As part of a much-needed conversation on justice, equity, and abilities at Stanford Medicine, the Justice, Equity, and Abilities Survey assessed current perceptions of the alignment of vision, mission, and values between individuals and their institutions, perceptions of equity and fairness, trust in the institutions' responses to discrimination, as well as experiences in the disability community and in accessing accommodations. The survey also dug deeper into areas of frustration, sources of disappointment, and revealed several opportunities for improvement.