

2009 Duke University Health System AAP Executive Summary

Executive Summary

Introduction

In March 1970, Duke University adopted its first Affirmative Action Plan (“Plan”) for Equal Opportunity. President Sanford introduced it by noting that it “was something far beyond a necessary compliance with governmental policy.” More than three decades later, as the national climate and debate over affirmative action intensified on campuses, at the symposium titled *What Difference Does Difference Make?*, President Keohane remarked:

“As the current backlash against affirmative action and minority recruitment in several parts of our country makes crystal clear, we have taken too much for granted. As a result, we have not yet made a compelling argument, both to skeptical folks on campus and to many in the world outside, for the importance - to learning - of multiple perspectives, different ideas and values on a university campus.”

Under the leadership of President Brodhead, we remain committed to the principles of fairness and equity that illuminated our first Plan in 1970; the processes that we have implemented over the years to ensure an inclusive community will continue to anchor and guide us in the future.

With this update of the Plan, the Office for Institutional Equity (OIE) brings to the members of the University community a set of challenges and opportunities. Although the Plan is a compliance document fulfilling part of the responsibilities of Duke University as a federal contractor, in the words of a 1970 Trustees’ resolution, we adhere to a policy of equal opportunity “not solely because of a legal requirement, but because it is a basic element for human dignity.”

DESCRIPTION OF THE AFFIRMATIVE ACTION PLAN

An affirmative action plan includes certain elements that require annual updates to incorporate current data. The first is the *workforce analysis*, a tabulation of the composition of Duke University Health System’s (DUHS) workforce by race and sex within job group categories (type of work) and organizational units. The second is the *utilization analysis* which compares DUHS’ current workforce with the labor market availability of qualified individuals to determine whether females or minorities are underutilized within job group categories at the Health System. When underutilization of minorities and females is identified, a placement goal is set to move towards adequate representation. The 2009 updates of the workforce analysis and the utilization analysis are provided in the Duke University Health System – All Entities section of this Plan.

Two supporting sections follow these updates. The Progress and Initiatives section discusses the causes of problem areas and details current and potential corrective actions. Processes for measuring the progress and effectiveness of the affirmative action program is described in the Monitoring and Reporting section.

Additional information can be found in five appendices included in the Plan. Appendix A provides a description of job groups; Appendix B provides a glossary of important terms that

are pertinent to this Plan; Appendix C is a description of Duke’s best practices in equal opportunity and affirmative action; Appendix D details Duke University harassment policy; and Appendix E is a description of the Duke University consensual relationship policy.

A separate affirmative action plan is prepared and disseminated for Duke University.

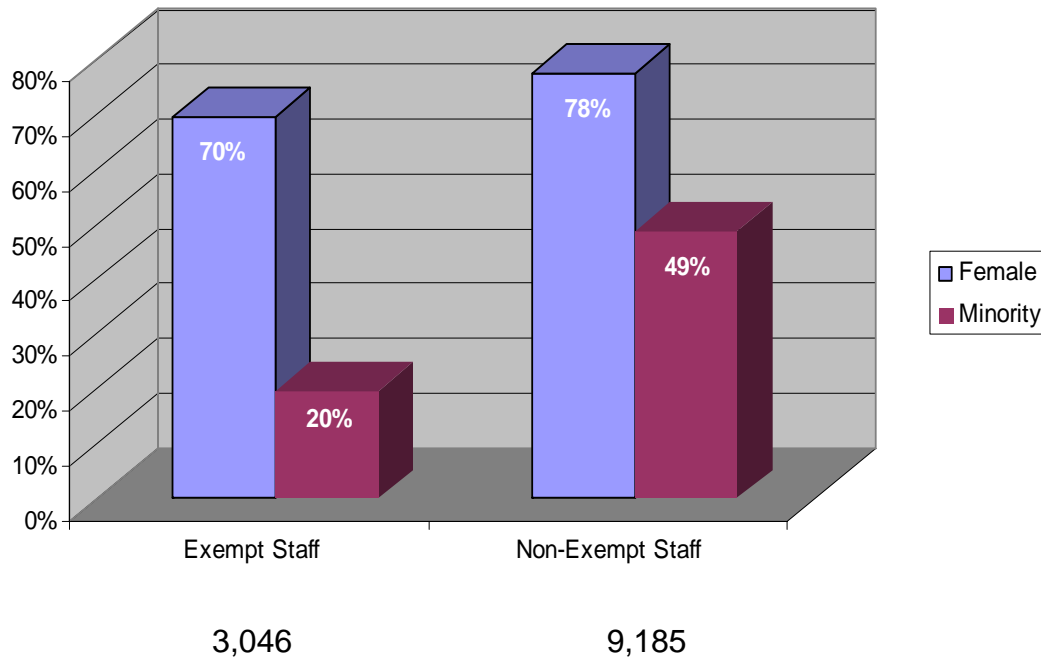
Duke University Health System Staff Profile

Information for affirmative action plan analyses is obtained from the University payroll system and represent a January, 2009 snapshot. The Affirmative Action Plan includes all full-time staff who work at least 20 hours per week and 39 weeks per year. House staff, student employees and interns, and temporary employees are excluded from these analyses.

STAFF – REPRESENTATION BY RACE AND GENDER

For 2009, we report 12,231 staff, an increase of 8% since last year and 13% since the 2007 Plan Year. The representation of females and minorities among staff has increased proportionately to the overall growth.

The distribution of exempt and non-exempt staff by race and gender is displayed in the graph below.



Source: University Payroll January 2009

Staff by Organizational Unit

The table below shows the total number of staff and the representation of females and minorities within each entity included in the Duke University Health System. The DUHS- All Entities section of this plan contains a more detailed profile of staff by organizational unit, as well as a utilization analysis of staff by occupational category.

Organizational Units	Total	Females All Races	Minorities				
			Total	Black	Hispanic	Asian	American Indian
Health System Administration*	1,538	721	755	684	32	33	6
Duke HomeCare & Hospice	205	177	54	50	3	0	1
Patient Revenue Management Organization	1,305	1,079	677	626	31	12	8
Clinical Labs	599	447	277	204	20	52	1
Duke Hospital	5,609	4,431	2,196	1,733	91	351	21
Center for Living	94	78	18	16	-	2	-
Duke University Affiliated Physicians	466	430	175	156	12	5	2
Duke Raleigh Hospital	868	690	278	204	26	48	0
Durham Regional Hospital & Davis Ambulatory Surgery Center	1,547	1,200	649	547	29	71	2
Health System Total	12,231	9,253	5,079	4,220	244	574	41
% Total		76%	42%	35%	2%	5%	<1%

*Note – In addition to Chancellor’s administrative staff, Health System Administration includes Environmental Services, Duke Health Technology Services, and Medical Center Engineering and Operations.

Utilization Analyses and Placement Goals

Utilization analysis compares Duke's current workforce with availability data to determine whether females or minorities are underutilized within job group categories. When underutilization of females and minorities is identified, a placement goal is set to move toward adequate representation. The placement goal is set equal to availability for the underutilized job group, and is met if the hiring rate is equal to or exceeds the goal. Staff hiring data is obtained from the Office of Human Resources.

Despite the progress made in past years, underutilization of female and minority staff persists in selected areas. Concerted efforts and close monitoring of recruitment and retention activity will be required to alleviate years of underutilization. DUHS hiring patterns for 2008 indicate some progress toward placement goals, but there are still areas of concern such as in the Professional, Skilled Crafts, and Service positions. Detailed information on progress toward goals may be found in the DUHS All Entities section.

	Females			Minorities		
	2007	2008	2009	2007	2008	2009
Exempt Staff						
Administrative						
1C All Other Managers/Administrators				●✓	●✓	
Professional						
3A Healthcare, Upper-Market Targets				●✓		
3C Technical, Upper-Market Targets			●			
3E Admin./ Managerial, Lower-Market Targets				●		
3F Technical, Lower-Market Targets		●				
Non-Exempt Staff						
Technical/Paraprofessional						
5C Upper-Market Targets				●	●✓	
Skilled Crafts						
6C Lower-Market Targets			●			●
6D Mid-Market Targets			●			●
6E Upper-Market Targets			●			●
Service						
7A Lower-Market Targets, Bargaining Unit	●	●	●			
7B Mid-Market Targets, Bargaining Unit	●	●	●			
7C Lower-Market Targets	●✓		●			
7D Mid-Market Targets			●			

● Underutilized (St Dev > 2) ✓ Placement goals met

Current Initiatives and a Framework for Moving Forward

The Office for Institutional Equity (OIE), in collaboration with the Office of Human Resources (HR) and others, has recently initiated several programs to address the underrepresentation of females and minorities and to create awareness of best practices in sustaining a more diverse and equitable workplace. During the past three years, the methodology used to estimate external availability has been enhanced and utilization analyses have been refined, thus improving our ability to more accurately identify areas of concern and formulate realistic placement goals. OIE representatives visit all search committees to share best practices, and to discuss diversity goals. Human Resources and OIE staff monitor recruitment patterns and employment transactions, especially in areas where we have placement goals. Increased attention has been focused on recruitment and retention of senior administrative positions, an area in which we have chronic underutilization.

Duke University Health System is committed to building an environment that offers equal opportunity for all individuals, and has created programs to meet this commitment. Several initiatives for faculty and staff are in place to better understand and address matters of recruitment, retention and professional development of current staff. We recognize that self-assessment, enhanced managerial accountability, education and resources are fundamental to making progress.

Institutional initiatives focus on the following:

- Expand the scope of recruitment and retention efforts,
- Offer training and mentoring opportunities to current employees,
- Promote a respectful and inclusive workplace,
- Improve accountability measures for diversity and work culture initiatives, and
- Enhance internal monitoring and reporting systems.

While elements of the framework above are already incorporated into DUHS' policies and practices, there is still much work to be done in enhancing the effectiveness of these efforts by ensuring consistency in implementation across the Health System. A concerted and sustained effort is necessary to promote a truly equitable, diverse and inclusive environment at Duke University Health System. It is a shared responsibility that will require the commitment of all members of the DUHS community.
