

Duke University Health System
2007 Affirmative Action Plan
Executive Summary

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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

The Plan includes two central elements that require annual updates.

- **Workforce** consists of a compilation of the Duke University Health System (DUHS) workforce by race and sex within occupational categories (type of work) and organizational units.
- **Utilization Analyses and Placement Goals** identify areas of concern and set forth targets to work towards in the future.

Utilization analyses compare the representation of minorities and women at DUHS with their availability in the relevant labor markets. Underutilization occurs when representation of minorities and women diverges from its estimated availability to a statistically significant degree as defined by regulations.

Placement goals are set in accordance with affirmative action regulations and indicate the target hiring rate for underutilized groups. The goal-setting process is used to target and measure the effectiveness of affirmative action efforts.

There are also two other sections that support the central elements of the Plan.

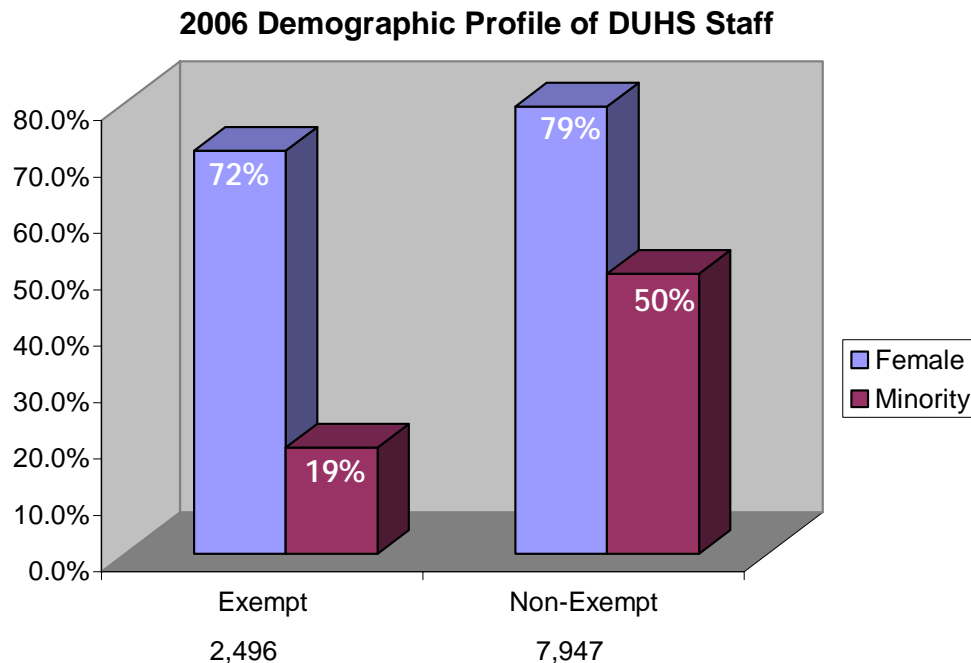
- **Initiatives to Alleviate Underutilization** offers a discussion of contributing factors for underutilization and current initiatives aimed at achieving placement goals. It examines trends and provides an analysis of underutilization in each of two staff categories: exempt and non-exempt staff.
- **Monitoring and Reporting** offers a description of our assessment strategies and reporting systems.

In addition there are five appendices: Description of Job Groups, Glossary, Best Practices, Harassment Policy and Procedures, and Consensual Relationship Policy Guidelines.

Workforce Analyses

In 2006, Duke University Health System staff increased by 3.7% to a total of 10,831. The overall growth represents an increase of 7.7% for exempt staff, and a more modest increase of 2.5% for the non-exempt staff. While females represent over 70% of the total staff (exempt and non-exempt) the representation of minorities is almost three times higher among non-exempt staff than it is among exempt staff.

In examining the trends for 2004-2006, the distribution of females and minorities among the workforce remained unchanged. However, it is important to note that representation of minorities in exempt positions increased from 17% in 2005 to 19% in 2006.



Note: Data reflect a snapshot of the workforce as of December 1, 2006, and are obtained from the university payroll system. Part-time, temporary employees, students, contract labor, and house staff are not included in the workforce data.

Utilization Analyses and Placement Goals

Utilization analyses are conducted for each entity and for the larger Duke University Health System (DUHS). The table below identifies areas of underrepresentation at DUHS, where representation of minorities and/or women differs by at least one standard deviation from their availability. Most areas noted are statistically underutilized by federal standards, with representation differing by at least two standard deviations. Entities that contribute to underrepresentation at the DUHS level are noted below each occupational category. Categories displayed indicate underrepresentation among some, but not necessarily all positions in each occupational category. For the majority of the areas noted below, underrepresentation of women and minorities has been persistent over the last few years.

UNDERREPRESENTATION PATTERNS – OCCUPATIONAL CATEGORIES AND ENTITIES

Occupational Category	Women	Minorities
Administrative		⇒ ☑ ACS, DUH, DRA, DRH, HSA
Professional	☑ DUH, DRA, HSA	⇒ ☑ ACS, DUH, DRA, HSA
Technical/ Paraprofessional		⇒ ☑ ACS, DUH, DRA
Skilled Crafts	⇒ ☑ DRH	⇒ ☑ DRH

☑ = Indicates areas of underrepresentation - 2007 Plan

⇒ = Indicates areas of underrepresentation in at least 2 of the past 3 years

Entity Abbreviations: ACS = Ambulatory Care Services Units (includes Duke HomeCare and Hospice and DU Affiliated Physicians)

DUH = Duke University Hospital

DRA = Duke Raleigh Hospital

DRH = Durham Regional Hospital

HSA = Health System Administration

Despite the progress made in past years, underutilization of women and minority staff persists in several areas. While our recruitment and retention efforts in 2006 indicate significant progress towards placement goals in some areas, we continue to struggle in Administrative and higher level Professional categories. In 2006, we achieved placement goals for minorities in Administrative, Professional, and Technical/ Paraprofessional categories, but the disparity between representation and availability continues. Concerted efforts and close monitoring of recruitment and retention activity will be required to alleviate years of underutilization.

Placement goals for 2007 were set for all groups noted in the tables above.

Current Initiatives and a Framework for Moving Forward

The Office for Institutional Equity (OIE), in collaboration with the Office of Human Resources and others, has recently initiated several programs to address the underrepresentation of women and minorities and to create awareness of best practices in sustaining a more diverse and equitable workplace. During the past two 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.

The Office for Institutional Equity staff visit all search committees to share best practices, and to discuss diversity goals. Human Resources and OIE staff regularly 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. OIE has also collaborated with several DUHS entities in recent years in developing Diversity Working Groups. These groups are composed of a cross-section of leaders, managers, and front-line employees who meet on a regular basis to work towards improvements in work culture and diversity in their areas.

Duke 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 Duke University Health System's 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 organization. A concerted and sustained effort is necessary to promote a truly diverse environment at Duke. It is a shared responsibility that will require the commitment of all members of the Duke community.