

Affirmative Action Plan 2008

Minorities and Women

Duke University Health System



Executive Summary

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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 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 general workforce availability data to determine whether women or minorities are underutilized within job group categories within the Health System. When underutilization of minorities and women is identified, a placement goal is set to move towards adequate representation. The 2007 updates of the workforce analysis and the utilization analysis are provided in the Duke University Health System – All Entities section of this report.

Two supporting sections follow these updates. The Initiatives to Alleviate Underutilization 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 to 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.

This plan does not include data or analysis for Duke University, and other affiliates. A separate affirmative action plan is prepared and disseminated for these institutions.

Duke University Health System Staff Profile

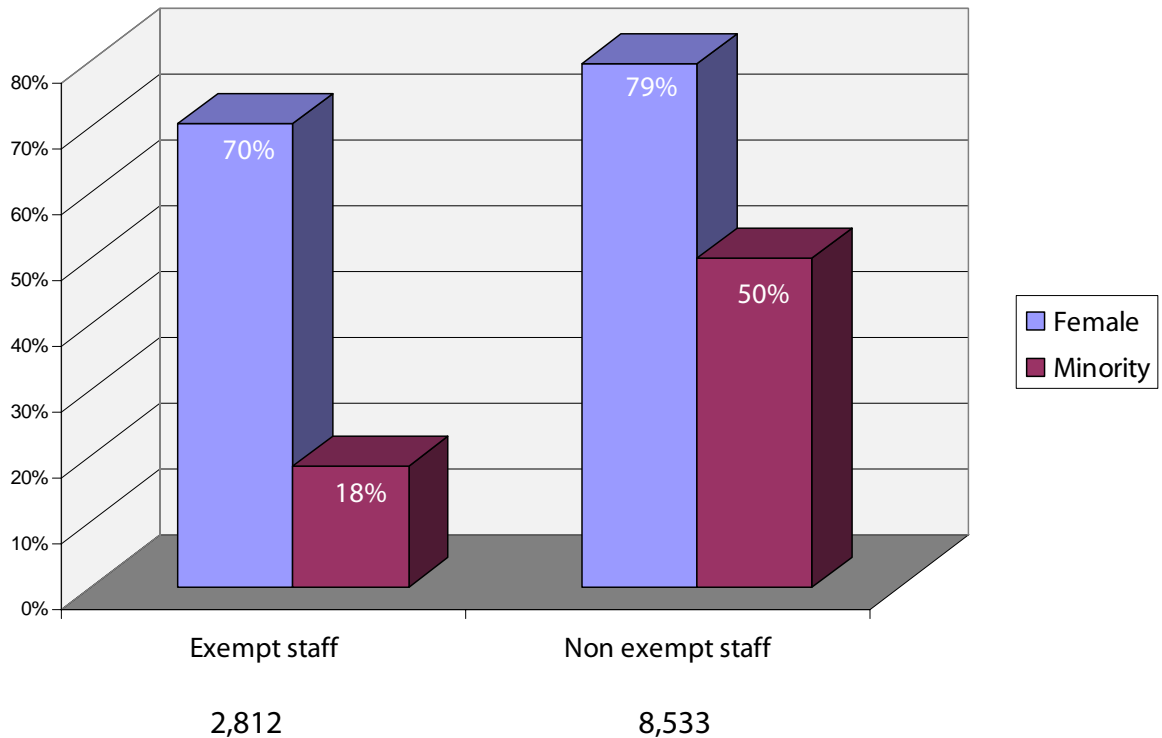
Data for undertaking affirmative action analyses are obtained from a December 1, 2007, snapshot of the Duke University payroll system. Affirmative Action analyses include full-time staff within DUHS.

Full-time staff includes all active employees 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 2008, we report 11,345 staff that comprise the Duke University Health System. This represents a 5% increase from last year and a 9% increase since Plan Year 2006. The representation of minorities and women among staff has increased proportionately to the overall growth for the same time periods.

The distribution of exempt and non-exempt staff is displayed in the graph below. Both exempt and non-exempt staff have increased by 5% over the last year. Since the 2006 Plan year, there has been a 9% increase in total staff, comprised of a 13% increase in exempt staff and a 7% increase in nonexempt staff.



Note: Data reflect a snapshot of the workforce as of December 1, 2007, and are obtained from the university payroll system.

Staff by Organizational Unit

The organizational structure presented in the Plan follows the payroll system (SAP) organizational scheme. Organizational units are grouped by management entities within the company code structure. The company codes are the highest level for organizing units and do not always reflect hierarchical or reporting relationships. Data reflect a snapshot of the workforce as of December 1, 2007, and are obtained from the university payroll system.

A profile of staff by occupational categories for each of the management entities is fully described in the DUHS – All Entities section of this Affirmative Action Plan.

			Minorities						
			Total	Women All Races	Total	Black	Hispanic	Asian	American Indian
Duke University Health System									
20	Health System Administration	1,214	653	669	613	24	28	4	
21	Duke HomeCare & Hospice	183	154	49	47	1	0	1	
24	Patient Revenue Management Organization	1,267	1,048	627	587	24	11	5	
26	Clinical Labs	578	450	265	202	16	45	2	
30	Duke Hospital	5,315	4,190	2,146	1,714	93	322	17	
41	Center for Living	91	74	14	11	0	3	0	
40	Duke University Affiliated Physicians	369	349	124	112	9	1	2	
50	Durham Regional Hospital &	1,466	1,147	611	506	29	75	1	
51	Davis Ambulatory Surgery Center	57	55	12	12	0	0	0	
60	Duke Health Raleigh Hospital	805	639	259	199	17	43	0	
Total		11,345	8,759	4,776	4,003	213	528	32	

Utilization Analysis for Staff 2006 - 2008

Utilization analysis compares Duke's current workforce with availability data to determine whether women or minorities are underutilized within job group categories. When underutilization of minorities and women is identified, a placement goal is set to move toward adequate representation. Underutilization is "legally" declared at the two standard deviation level; however, we note any job group, and set placement goals, where the disparity is more than one standard deviation. This is a proactive effort to assure that the area receives careful attention.

	Women			Minorities		
	2006	2007	2008	2006	2007	2008
Exempt Staff						
Administrative						
1B Senior Administrators				6	7	8
1C All Other Managers/Administrators				6	7	8
Professional						
3A Healthcare, Upper-Market Targets	6		8	6	7	8
3B Admin./ Managerial, Upper-Market Targets				6		
3C Technical, Upper-Market Targets						8
3D Healthcare, Lower-Market Targets	6				7	
3E Admin./ Managerial, Lower-Market Targets					7	
3F Technical, Lower-Market Targets		7	8			
Nonexempt Staff						
3H Registered Nurses, Nonexempt			8			
Technical/Paraprofessional						
5C Upper-Market Targets				6	7	8
Skilled Crafts						
6D Mid-Market Targets					7	
6E Upper-Market Targets		7	8		7	8
Service						
7A Lower-Market Targets, Bargaining Unit	6	7	8			
7B Mid-Market Targets, Bargaining Unit	6	7	8			
7C Lower-Market Targets	6	7	8			

Despite the progress made in past years, underutilization of women and minority staff persists. Concerted efforts and close monitoring of recruitment and retention activity will be required to alleviate years of underutilization. DUHS hiring patterns for 2007 indicate some progress toward placement goals, but there are still areas of concern such as in the Administrative and Professional positions. Detailed information on progress toward goals may be found in the DUHS All Entities section.

Current Initiatives and a Framework for Moving Forward

The Office for Institutional Equity, 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. 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.

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