

2019 Climate Survey Report

Introduction

In Fall of 2018, the Department of Family Medicine (DFM) created a social justice, diversity, and inclusion working group called The Justice League. Co-Founded by Cleveland Piggott, and Dionisia de la Cerda, the goal of the group is to educate department personnel on issues of diversity, equity, and inclusion (DEI), provide recommendations on how to make this department a champion of these issues, and disrupt systems of oppression. As part of that effort, the group created a climate survey and distributed it to all staff and faculty.

Survey Description

The climate survey was composed of 49 questions, of which many came from other sources and a few were created by the team.¹ The survey had 35 Likert scale question which were grouped into three broad categories: experience (13 questions), meaningful interactions (8 questions), and micro-aggressions (14 questions). Each of these sections included an open-ended question to allow for further clarification. There were 4 questions that focused on community, 1 open-ended question asking what people would like the Justice League to focus on, and 6 demographic questions.

The community questions were developed to determine what communities the DFM faculty and staff interface with in their work, and to what degree they felt the department engaged with those communities. Survey respondents were given a list of communities and could add other communities. Respondents were then asked to rate the level of engagement. The level of engagement was a single Likert-like scale, adapted from a Centers for Disease Control and Prevention (CDC) community engagement continuum.² Finally, a set of demographic questions that match the department's existing employee survey were included (position with the department, primary focus of work, how long employed by department, gender identity, race, and ethnicity).

Data Guidelines

We set very clear guidelines for how the data were handled and disseminated. These guidelines are listed in Figure 1. Additionally, we limited who had access to the raw data. The small core team consisted of the Dr. Piggott, Mrs. de la Cerda and two researchers who understood how to handle sensitive data, and were part of the Justice League from the inception.

¹ A copy of the questions on the survey is in the appendix of this report.

² Found on a Colorado State website https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Community-Engagement-Strategies-Activities.pdf (adapted from CDC's Report "Principles of Community Engagement: Concepts and Definitions from the Literature and Wong, N. T., Zimmerman, M. A., & Parker, E. A. (2010). A typology of youth participation and empowerment for child and adolescent health promotion. American Journal of Community Psychology, 46, 100–114.)

Figure 1 Data Guidelines

1. Respect the raw data, and where it is stored. We treat the dataset as if it had the most private and sensitive information. That means not downloading it and saving to places others could access, and NEVER emailing it. Keep it in REDCap, but in general we should not be examining this data at the individual record level.
2. Justice League Team Review before anything goes out. We do not share or discuss any aspect of the data without the core group approving it. This means no side conversations with any colleagues about what we are seeing in the data. I want us all to check each other to ensure that what we report cannot be traced back to an individual. Additionally, it means no new analysis will be run without the core group reviewing it to ensure it cannot be traced to an individual.
3. Never share individual responses. Never. We never share any individual response no matter how much we think it is unidentifiable. This is both in electronic form, but also in conversation.

Method

Surveys were collected and managed using REDCap electronic data capture tools hosted at University of Colorado Denver.^{1,2} Redcap allows for the emails of staff and faculty to be utilized to send out the survey in Redcap to track completion; however, Redcap does not link answers to emails. Initially, 228 emails were loaded into redcap, while 14 emails were eliminated as not being currently employed or on extended leave. An email invitation was sent from the Department Chair, with a reminder email going out weekly for four weeks for those who had not responded. A small team reviewed the invitation list weekly, and would personally reach out to individuals who had not replied. This allowed the team to address any concerns or answer questions around completing the survey by potential respondents. The survey closed approximately 1 month after the initial invitation.

¹PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG. Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.

²PA Harris, R Taylor, BL Minor, V Elliott, M Fernandez, L O'Neal, L McLeod, G Delacqua, F Delacqua, J Kirby, SN Duda, REDCap Consortium, The REDCap consortium: Building an international community of software partners, J Biomed Inform. 2019 May 9 [doi: 10.1016/j.jbi.2019.103208]

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Results

Of the 214 people who received the survey, 160 (75%) completed the survey. Table 1 lists the responses to the demographic questions.

Table 1 Respondent Demographics

Questions	N=160
What is your position with the department?	n(%)
Faculty	94 (59%)
Staff	46 (29%)
Prefer not to answer/missing	20 (13%)
How do you spend most of your time?	
Mostly clinical	44 (28%)
Mostly research	31 (19%)
Mostly teaching	9 (6%)
Mostly administrative	40 (25%)
Other	16 (10%)
Prefer not to answer	20 (13%)
How long have you been with the Department of Family Medicine?	
Less than 2 year	31 (19%)
2 to 6 years	50 (31%)
> 6 Years	60 (38%)
Prefer not to answer	19 (12%)
What is your gender/gender identity?	
Female	103 (64%)
Male	38 (24%)
Prefer Not to Answer	19 (12%)
Race (check all that apply)	
Asian/Pacific Islander	4 (3%)
Black or African American	4 (3%)
White	119 (74%)
Other	6 (4%)
Prefer not to answer	23 (14%)
Hispanic/Latinx	
yes	7 (4%)
no	128 (80%)
Prefer Not to Answer/Missing	20 (12%)

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Experience

The experience questions were divided into positive (i.e., desirable aspects of the department) and negative (i.e., undesirable aspects of the department). Figure 1 shows the breakdown of negatively worded statements. Of the negatively worded questions, the greatest percentage of respondents agreed with the statement, “I have to work harder than others to feel valued at the DFM.” However, there were no obvious differences in distribution when grouping responses by position, role or time at the department (tests of significance were not conducted).

Figure 2 Experience Questions (negatively written)

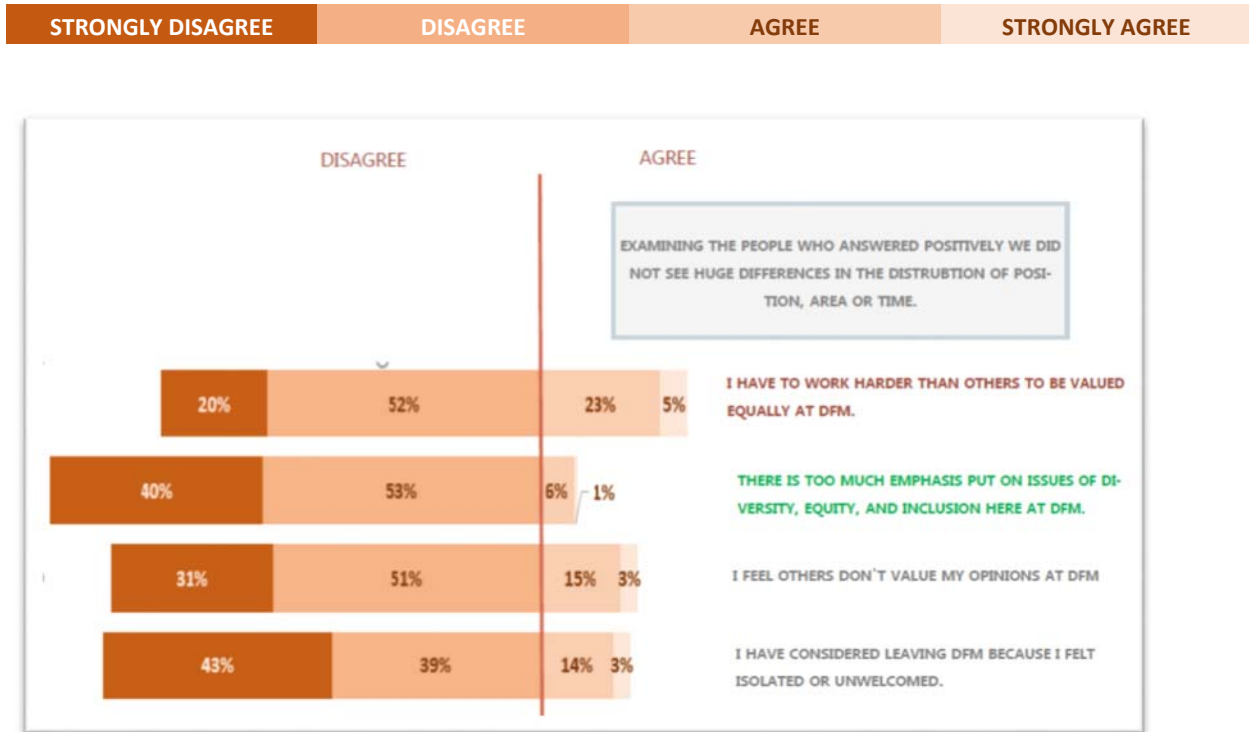
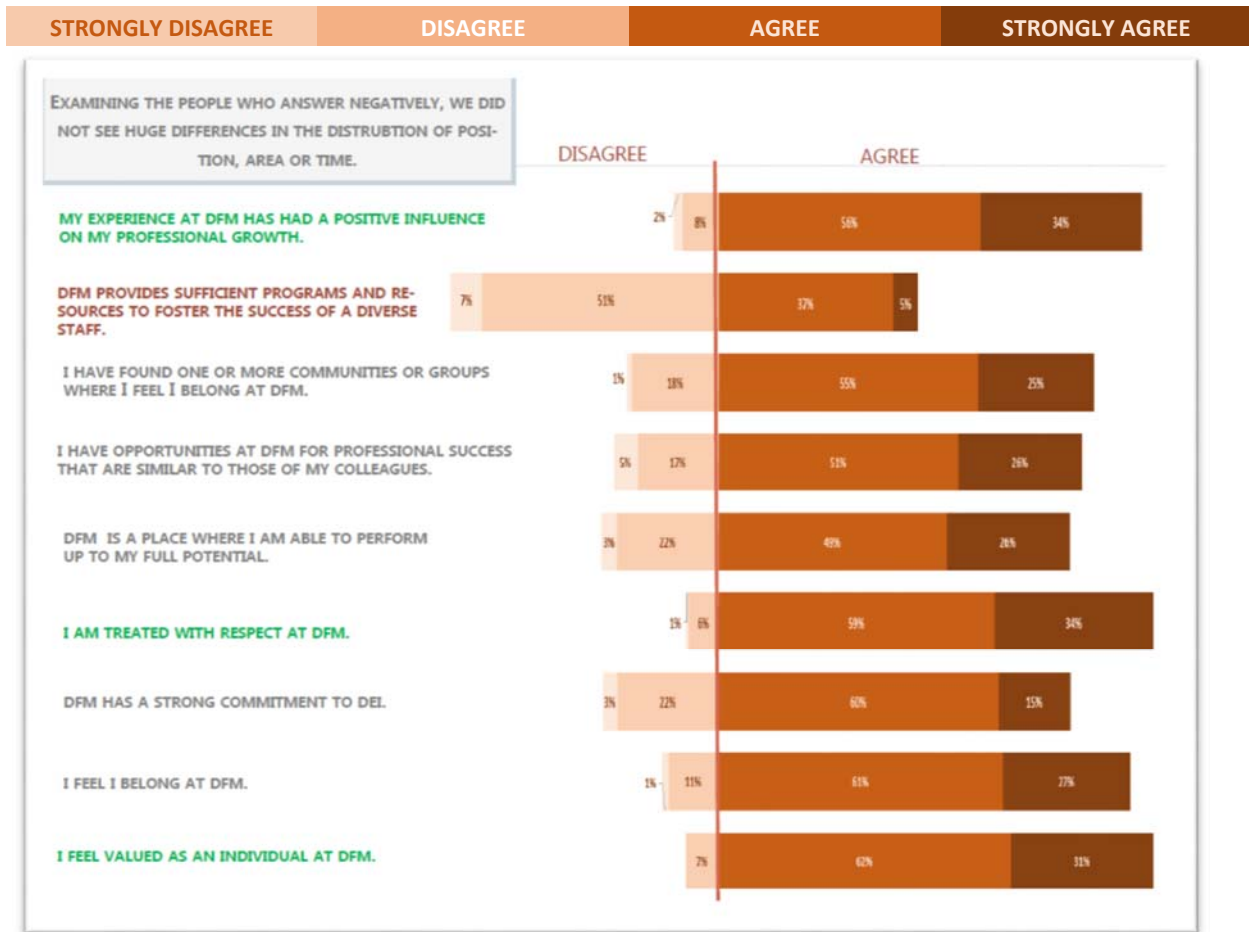


Figure 2 shows the breakdown of the positively worded statements. Overall, the results were desirable. For example, most people agreed with the statements “My experience at the DFM has had a positive influence on my professional growth,” “I am treated with respect at the DFM,” and “I feel valued as an individual at the DFM”. One item stood out as having a greater percentage of respondents who disagreed: “DFM provides sufficient programs and resources to foster the success of a diverse staff.” There were no substantial differences in responses across demographics to this item (tests of significance were not performed).

Figure 2 Experience Questions Positively Written



Micro-aggression

Due to the small n's for the sub-questions, all micro-aggression questions were collapsed into a single variable to prevent inadvertent disclosure of a participant's identity or linkage with responses. Out of all respondents who indicated experiencing any form of micro-aggression over the past 12-months, more than half experienced a micro-aggression, with 32 (20%) indicating they experienced micro-aggressions more than 3 times in the last year, and 55 (35%) indicating macroaggressions happening 1 to 2 times in the last year. We stratified the percentage of respondents that had experienced a micro-aggression by demographics, and did not see obvious differences in responses to this item across role, time with the department, or primary work focus. Three-quarters of those who had experienced a micro-aggression were women 65 (76%), and 10 (12%) preferred not to provide their gender. However, when members of the Justice League talked with faculty and staff after the survey completion, they found that many of the survey respondents struggled with understanding what a micro-aggression was. Additionally, it was challenging to differentiate if the micro-aggression experienced was regarding work with DFM colleagues or occurred outside work. Even if it occurred at work, DFM personnel work in many settings, and it may be challenging to isolate the culture of the DFM from that of the greater medical community in which we work.

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Meaningful Interaction

These questions asked if the respondent had a meaningful interaction with different social groups (e.g., ethnic, religious, political, social class, etc.). We found from post-survey discussions that overwhelmingly, respondents did not feel these questions were worded well or were clear. Many people did not know if the survey meant interactions at work or home, and quite a few did not know this information about colleagues. Ultimately, the core team decided these questions missed the mark on what we were hoping to learn. No further analysis was completed, and new questions that better measure cultural humility or adaptability will be explored for future surveys.

Qualitative Questions

Participants were asked to share stories about the micro-aggression they had experienced. Qualitative analysis summarizing the open-ended questions revealed two main themes: 1) Hierarchy related to faculty and staff status, class, or education; and 2) issues with parental leave. Participants were also asked to suggest next steps for the Justice League. Setting concrete goals and communicating were the broad themes of departmental input on next steps for the Justice League.

Community.

Respondents were asked if they engage in a variety of specific communities. Of the 166 people who took the survey, 121 (75.6%) said they engaged with the community in some way. Table 3 lists the communities that were listed in the survey and the response rate for each. Respondents added to this list by suggesting vulnerable communities, educational institutions and stakeholders, and outside organizations. Figure 3 provides brief detail about these three communities. Finally, respondents were asked to rate on a five-point scale their level of engagement with the communities; the greatest percentage selected the middle point, "Communication flows both ways and community members provide ongoing participation." Table 3 lists the frequency of responses to this question.

TABLE 3 COMMUNITIES THE DEPARTMENT FACULTY AND STAFF IDENTIFIED AS WORKING WITH & LEVEL OF ENGAGEMENT

Listed Communities	N=122
	n (%)
Cu anschutz faculty, students and staff (not in the dfm)	99 (82%)
People who have or are affected by a condition we study (cardiovascular risk, diabetes, etc.)	44 (36%)
Practices who serve populations we study	64 (53%)
Historically under-served racial or ethnic minorities	47 (39%)
Practices: their staff and clinicians	76 (63%)
LGBTQ+ communities	22 (18%)
Rural communities	44 (36%)
Aurora community	38 (31%)
Communities of individuals with a disability	14 (12%)
Veteran communities	11 (9%)
Level of Engagement	
No communication with these community members	8 (9%)
Communication flows from the program or initiative to inform community members.	5 (6%)
Community members provide one-time or periodic feedback.	11 (12%)
Communication flows both ways and community members provide ongoing participation.	31 (34%)
Community members influence decision-making.	13 (14%)
Community members share power and responsibility making decisions together.	22 (24%)
No answer	32 (26%)

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Figure 3 Additional Communities listed

Vulnerable communities, such as immigrant and refugee communities, homeless, low-income, people who use substances, and people with chronic mental illness. This was by far the most common category of written responses to this question.

Educational institutions and stakeholders, such as public schools, K-12 students, international college students

Outside organizations, including local social services agencies, law enforcement, professional organizations in family medicine

Discussion

This survey had a high response rate. We suspect that there may have been some under-reporting due to the sensitive nature of some questions. We are working to build the trust of the department in this important area. The information gathered from the survey was shared at meetings with departmental leaders. Most importantly, the Department demonstrated this work is important by funding a newly formed Diversity and Health Equity program. As a result, the key findings from the survey were used to create priorities for Dr. Piggott, Director and Mrs. de la Cerda, Associate Director. This survey will be repeated every two years.

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