**POLICY BRIEF**

# Diverse and inclusive leadership teams in public health schools: the change agents for sustainable and inclusive public health education

**Simone Böbel[1], Max Bormans[1], Ines Siepmann[1], Ilia Tirekidis[1], Kristin Wall[1], Valia Kalaitzi[1]**

[1]Faculty of Health, Medicine, and Life Sciences, Maastricht University, The Netherlands

**Corresponding author**: Max Bormans (mlma.bormans@student.maastrichtuniversity.nl), Duboisdomain 30, 6229 GT, Maastricht, the Netherlands

## Abstract

**Context:** An inclusive and diverse public health workforce maximizes health outcomes. However, little is known about the current diversity and inclusiveness profile of professionals, leaders and students of public health. To obtain a diverse and inclusive (D&I) public health workforce in the future, D&I leadership in Public Health Schools is necessary to encourage a D&I student body.

**Policy Options:** A variety of policy responses can be utilized to diversify schools of public health (SPH). Response types include (i) exploratory policies that instigate D&I research with the aim to increase knowledge and build hypotheses, (ii) regulatory (and financial) policies that change the environment by placing rules, restrictions, or expectations on the institution to increase and promote D&I and (iii) soft options, which are non-binding actions that aim to change the institutional culture surrounding D&I. However, policies are often not specifically tailored to their school and are therefore unsuccessful.

**Recommendations:** To understand the composition and identify gaps within the current diversity and inclusion (D&I) profile of leadership in European Schools of Public Health (SPH) an exploratory needs assessment is advised. A baseline assessment will be the much needed first step of this paper's proposed project: The Diverse and Inclusive Public Health Schools (DIPHS) Project. A needs assessment should be seen as a baseline evaluation of the current D&I profile among leaders in European Schools of Public Health (SPH). This information should then build the basis to encourage institution-tailored policy interventions for SPH to actively promote a diverse and inclusive public health workforce.

*Keywords: diversity, inclusion, leadership, public health education, European Schools of Public Health*

## Introduction

### *The Importance of Diversity*

Workforce diversity is defined as the 'similarities and differences among employees in terms of age, cultural background, physical abilities and disabilities, race, religion, gender, and sexual orientation' (Saxena, 2014, p. 76). Inclusion means that people from a variety of backgrounds have power, a voice, and decision-making authority (Kim, 2019). A diverse and inclusive workforce is an essential part of any organisation, particularly in the sectors of public health and healthcare, as it may improve project outcomes (Cohen, Gabriel, & Terrell, 2002; Saxena, 2014). Improvements become visible in examples such as more appropriate program implementations among culturally diverse communities, a better understanding of inequalities in minority populations, and enrichment of attitudes, viewpoints, and experience among public health practitioners (Coronado et al., 2019). Diversity provokes critical thinking, promotes higher-quality work, and increases the likelihood of obtaining grants and funding for organisations (Phillips, 2014; Kalina, 2018). Beyond quality improvements, diversity also leads to financial gains: organisations in the highest quartile of diversity are 35% more likely to generate above average financial returns. Further, an increase of gender and ethnicity diversity in leadership positions by 10% resulted in an increase of up to 3,5% in earnings before interest and taxes (Hunt, Layton, & Prince, 2015). Therefore, to strengthen public health outcomes, the workforce should be diverse and inclusive. Achieving this must already begin with diversifying education. Thus, public health schools must optimize diversity and inclusion (D&I) in their student cohort and staff, including - and prioritizing - diverse leadership.

Schools of public health (SPH) are herein defined as universities with faculties of public health. Educating and promoting diverse leadership is essential in tackling emerging diverse health problems, as D&I programmes rely fundamentally on active and engaging leaders (Bjegovic-Mikanovic et al., 2014; European Public Health Association, 2018, Dreachslin, 2007). The need for diverse leadership is clear, and impacting these leaders requires an understanding of how diverse leadership roles are established. The SPH diversity environment is cyclical: more diverse leadership invites and builds a more diverse student cohort, who then become the future leaders of public health. Organisations where D&I leaders are present will function more efficiently and produce better outcomes for both the impacted community and the staff.

## Context

### *The Knowledge Gap*

The level of D&I currently present in SPH leadership is unknown. There is limited data on this subject, despite routine calls for increased diversity (Wandschneider, 2020). This gap in information prevents targeted action. The November 2019 report "Diversity, Equity and Inclusion in European Higher Education Institutions" surveyed 159 European institutions of higher education and found that the percentage of institutions that collected data on various diversity demographics, such as socio-economic background and cultural background, was below 50%. The only demographics for which over 50% of the institutions collected data were age and gender (Table 1, Claeys-Kulik et al., 2019).
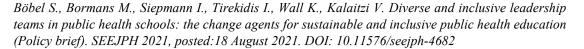
**Table 1: Percent of 159 European higher education institutions collecting diversity data about profile of students or academic staff (Claeys-Kulik et. al, 2019)**

|  | Students (%) | Academic staff (%) |
|---|---|---|
| *Gender* | 88 | 83 |
| *Age* | 72 | 68 |
| *Disability* | 60 | 49 |
| *Educational background* | 57 | 40 |
| *Socio-economic background* | 35 | 7 |
| *Ethnic/cultural background* | 28 | 19 |
| *Migration background* | 27 | 14 |
| *Caring responsibilities* | 14 | 14 |
| *Sexual identity (including LGBT+)* | 9 | 9 |
| *Religious background/belief* | 8 | 11 |
| *We do not collect any of these data in a systematic way* | 4 | 4 |
| *I do not know* | 1 | 1 |

*Stakeholders*

Effectively changing the D&I profile of SPH requires multidisciplinary engagement. First and foremost, the schools must be willing to fill the knowledge gap on their leadership profile and recognize a need for more diversity. Students and staff have the power to demand this, and play a crucial role in the implementation of both a needs assessment and following diversification measures (Neumann, 2018). Non-governmental organizations, such as the World Health Organization (WHO), the International Association of National Public Health Institutes, and the Association of Schools of Public Health in the European Region (ASPHER), as well as governmental institutions such as the ministries of health and education, will continue to play fundamental supporting and guiding roles. These organizations can help create educational frameworks, define core competencies for public health that include diversity and leadership, and encourage best practice measures. Public and private research groups can guide the needs assessment process, as well as assist in identifying methods for improvement. The

media will impact the conversation, with the potential of mobilizing support, and either encouraging or pushing against the proposed D&I objectives (Institute of Medicine, 2002). Potential opposition may arise from current leadership, lawmakers, and academic boards that either 1) do not agree with the need for diversity and inclusion, 2) feel attacked, undervalued, or misrepresented by the demands for change, or 3) do not support the resources necessary to enact change. This can be addressed through clear information dissemination about the goals and future outcomes of diversifying leadership -- namely, it is proven to improve quality, quantity, and financial feasibility of outputs (Phillips, 2014).

**Policy Options**

Policies on D&I already exist in most organizations. However, many D&I policies are unsuccessful as they are nonspecific to their targets and act as 'political placeholders' (Dobbin & Kalev, 2016; Llopis, 2017). Typically, the following policy pathways are used to enhance D&I efforts among professionals:

(i) Exploratory policies that instigate D&I research and aim to increase knowledge and build hypotheses about the relevant D&I environment,

(ii) Regulatory policies, with the subset of (iii) financing policies, which change the environment by placing rules, restrictions, or expectations on the institution to increase and promote diversity. These policies are vital as they are thought to be the most effective strategy for increasing diversity by setting up structures that assign organizational responsibility and accountability for change (Kalev et al., 2006).;

(iv) Finally, soft options, which are non-binding actions with the aim to change the institutional culture surrounding D&I.

For these policies to be successful, the specific needs of an organization must be known. It is thus necessary to conduct an exploratory needs assessment to gain insight and understanding about the SPH leadership profile. Needs assessments play an important role in both education and training (Grant et al., 2002). To maintain a competent workforce, it is important to assess the gaps in the available skills and knowledge, as well as identify the available training (Joly et al., 2018). This will provide data on the current environment and highlight possible barriers to D&I integration among SPH leaders. Therefore, needs assessment is a much needed baseline-evaluation of D&I at an institution-level. Needs assessments are one of the key tools to ensure health equity and improved care, but this is only the first step to increasing D&I culture. Therefore, a project is proposed to integrate D&I among leaders of Public Health:
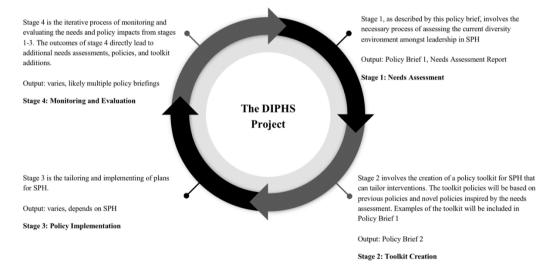


*Figure 1. Proposed DIPHS (Diversity and Inclusion in Public Health Schools) Project Cycle*

The Diverse and Inclusive Public Health Schools (DIPHS) Project (Figure 1) aims to recognize the need for and build a diverse and inclusive leadership cohort within European Schools of Public Health. The DIPHS Project can identify D&I gaps and create the necessary change through target-tailored policy options. It begins with the relatively simple but often forgotten step of assessing the needs of each school. Barriers beyond the potential lack of stakeholder

investment include lack of resources for the proposed project, potentially high non-response rates, and the difficulty in bridging the gap between theory/ knowledge and practice. Therefore, while this policy brief focuses on the first stage of the DIPHS Project, the needs assessment, it continually reinforces the need for further action within the scope of the same project and participants. It aims to prevent a diffusion of responsibility amongst participants. Addressing lack of investment and resources will require a cultural-level approach: if large scale groups, such as ASPHER and the WHO, show their support for the project, they can encourage individual schools to participate. SPH networks could discuss adding an accreditation or award for participating and for making D&I improvements. Additional benefits and rewards, including reputation, publications, and inclusion at conferences, may also be useful. These incentives will aid in overcoming the structural and cultural barriers - including (unintentional) racism and sexism - to support SPH in their assessment and diversification process.

## Recommendations

The first stage of the proposed DIPHS is the needs assessment to understand the gaps within the current diversity profile of leadership. For this, key stakeholders will be engaged, experts and literature will be further analysed, and the assessment design process will begin. Needs assessment can be done at varying levels: by institution, region, or even more broadly, and can be administered through self-assessment questionnaires based on specific constituents and observations (Grant, 2002, Joly et al., 2018). A robust, standardized survey must be conducted with all willing European Schools of Public Health. The results will be analysed at the European, national, and school-specific

levels. The initial phases of the DIPHS project will be completed within two years (Appendix A).

Having a clear understanding of SPH leadership profile is the crucial first step, and thus the exclusive focus of this first policy brief. However, it is important to not just identify an area in urgent need of improvement but further act upon it. Therefore, this proposed project introduces the long-term goal of encouraging specifically tailored policy responses for individual SPHs that are based on their respective needs assessment outcomes. Practical examples for potential policy pathways can be found in Appendix B.

## Conclusion

There is little information on the D&I profiles of the leaders in SPH in Europe. However, there is undeniable evidence on the benefits of a diverse and inclusive workforce, particularly for a field such as public health that aims to provide equitable care for all, including vulnerable communities. An inclusive and diverse leadership profile can enact change at SPH through D&I education and representation, thus building a more aware and diverse cohort of future public health professionals. Therefore, this policy brief recommends SPHs to conduct needs assessments to explore the degree of D&I among leaders of SPHs and, if necessary, encourage further steps to improve diversity and inclusion among Public Health leaders.

## References

1. Bjegovic-Mikanovic, V., Czabanowska, K., Flahault, A., Otok, R., Shortell, S., Wisbaum, W., & Laaser, U. (2014). Addressing needs in the public health workforce in Europe (10). Retrieved from https://www.euro.who.int/__data/as

sets/pdf_file/0003/248304/Addressing-needs-in-the-public-health-workforce-in-Europe.pdf?ua=1

2. Claeys-Kulik, A.-L., Jørgensen, T. E., Stöber, H. (2019). Diversity, equity and inclusion in European higher education institutions. Retrieved November 10, 2020 from: https://eua.eu/downloads/publications/web_diversity%20equity%20and%20inclusion%20in%20european%20higher%20education%20institutions.pdf

3. Cohen, J. J., Gabriel, B. A., & Terrell, C. (2002). The Case For Diversity In The Health Care Workforce. *Health Affairs*, *21*(5), 90–102. https://doi.org/10.1377/hlthaff.21.5.90

4. Coronado, F., Beck, A. J., Shah, G., Young, J. L., Sellers, K., & Leider, J. P. (2019). Understanding the Dynamics of Diversity in the Public Health Workforce. Journal of Public Health Management and Practice, 26(4), 389–392. https://doi.org/10.1097/phh.0000000000001075

5. Dobbin, F. & Kalev, A. (2016). Why diversity programs fail. Retrieved December 6, 2020 from: https://hbr.org/2016/07/why-diversity-programs-fail

6. Dreachslin, J. L. (2007). The Role of Leadership in Creating a Diversity-Sensitive Organization. Journal of Healthcare Management, 52(3), 151–155. https://doi.org/10.1097/00115514-200705000-00004

7. European Commission. (2020). The impact of demographic change in Europe. Retrieved December 6, 2020, from https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe_en

8. European Commission. (n. d.). Mobility project for higher education students and staff | Erasmus+. Retrieved November 11, 2020, from: https://ec.europa.eu/programmes/erasmus-plus/programme-guide/part-b/three-key-actions/key-action-1/mobility-higher-education-students-staff_en

9. European Public Health Association. (2018, March). Consultation for the next EU Research and Innovation Programme Statement on behalf of the European Public Health Association (EUPHA) section 'Health Workforce Research'. Retrieved from https://eupha.org/repository/advocacy/EU_Consultation_2018-HWR_statement_for_circulation.pdf

10. Grant, J. (2002). Learning Needs Assessment: assessing the need. *British Medical Journal* 324. 156-159. Doi:10.1136/bmj.324.7330.156

11. Hunt, V., Layton, D., & Prince, S. (2015, February). Diversity Matters. McKinsey & Company. Retrieved from https://www.mckinsey.com/~/media/mckinsey/business%20functions/organization/our%20insights/why%20diversity%20matters/diversity%20matters.pdf

12. Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century. (2002). The Future of the Public's Health in the 21st Century. Washington (DC): National Academies Press (US); . 7, Media.

Available from:
https://www.ncbi.nlm.nih.gov/books/NBK221224/

13. Joly, B. M., Coronado, F., Bickford, B. C., Leider, J. P., Alford, A., McKeever, J., & Harper, E. (2018). A Review of Public Health Training Needs Assessment Appro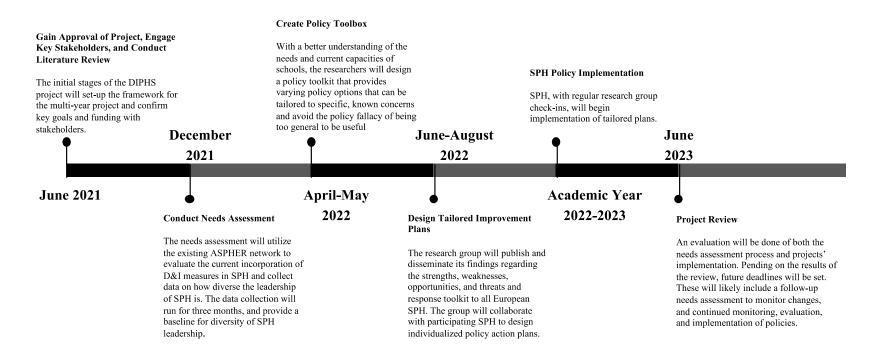aches: Opportunities to Move Forward. *Journal of Public Health Management and Practice*, *24*(6), 571–577. https://doi.org/10.1097/PHH.0000000000000774

14. Kalev, A., Dobbin, F., Kelly, E. (2006). Best practices or best guesses? Assessing the efficacy of corporate affirmative action and diversity policies. American Sociological Review; 71: 589–617

15. Kalina, P. (2018). Challenges to Diversity and Inclusion in Health Care. Human Resource Management Research, 8(3), 45–48. https://doi.org/10.5923/j.hrmr.20180803.01

16. Kim, S. J. (2019). Inclusion by Design: Insights from Design Week Portland. Retrieved December 6, 2020, from Gensler website:

17. https://www.gensler.com/research-insight/blog/inclusion-by-design-insights-from-design-week-portland

18. Llopis, G. (2017). 5 reasons diversity and inclusion fails. Retrieved December 6, 2020 from: https://www.forbes.com/sites/glennllopis/2017/01/16/5-reasons-diversity-and-inclusion-fails/?sh=70699ec150df

19. Neumann, J. W. (2018). How power really works in schools. *Phi Delta Kappan*. Retrieved from https://kappanonline.org/neumann-power-really-works-schools/

20. Phillips, K. W. (2014). How Diversity Makes Us Smarter. *Scientific American*, *311*(4), 1–6.

21. Roosevelt Thomas, R. (1990). From affirmative action to affirming diversity. Harvard Business Review, 68(2), 107–117.

22. Saxena, A. (2014). Workforce Diversity: A Key to Improve Productivity. *Procedia Economics and Finance*, *11*(14), 76–85. Doi: 10.1016/s2212-5671(14)00178-6

23. Self, W. T., Mitchell, G., Mellers, B. A., et al. (2015). Balancing fairness and efficiency: the impact of identity-blind and identity-conscious accountability on applicant screening. PLos One; 10: e0145208

## Appendices

*Appendix A. Proposed project timeline*

**Gain Approval of Project, Engage Key Stakeholders, and Conduct Literature Review**

The initial stages of the DIPHS project will set-up the framework for the multi-year project and confirm key goals and funding with stakeholders.

**Create Policy Toolbox**

With a better understanding of the needs and current capacities of schools, the researchers will design a policy toolkit that provides varying policy options that can be tailored to specific, known concerns and avoid the policy fallacy of being too general to be useful

**SPH Policy Implementation**

SPH, with regular research group check-ins, will begin implementation of tailored plans.

**December 2021**

**June-August 2022**

**June 2023**

**June 2021**

**April-May 2022**

**Academic Year 2022-2023**

**Conduct Needs Assessment**

The needs assessment will utilize the existing ASPHER network to evaluate the current incorporation of D&I measures in SPH and collect data on how diverse the leadership of SPH is. The data collection will run for three months, and provide a baseline for diversity of SPH leadership.

**Design Tailored Improvement Plans**

The research group will publish and disseminate its findings regarding the strengths, weaknesses, opportunities, and threats and response toolkit to all European SPH. The group will collaborate with participating SPH to design individualized policy action plans.

**Project Review**

An evaluation will be done of both the needs assessment process and projects' implementation. Pending on the results of the review, future deadlines will be set. These will likely include a follow-up needs assessment to monitor changes, and continued monitoring, evaluation, and implementation of policies.

*Appendix B. Expanded examples of policy options*

| Level of Intervention | Policy Action | Goal | Evidence (ie, a similar example) |
|---|---|---|---|
| **I. Regulatory Options** | | | |
| | Diversity committees & task forces | To set up structures that assign organizational responsibility and accountability for change | The University of Strathclyde (UK) established a central Equality, Diversity and Inclusion Committee made up of students and staff. This committee oversees the university's compliance with its equality and diversity obligations (Claeys-Kulik et al., 2019). |
| | | To create a more equitable hiring process by collaborating with HR teams and ensuring standardized applications to recruit employees based on merit | One study found that appointing diversity committees and full-time diversity staff raised the proportion of black women in leadership positions by an average of 30 percent and the proportion of black men by 14 percent (Kalev et al., 2006). |
| | Resume blinding | To decrease bias and to hire based on individual qualifications rather than demographic factors | A study in the U.S.A. compared hiring outcomes between a group of employers who were blind to the identity of applicants, and a group who were not blinded (Self et al., 2015). This resulted in an increase in the number of women and people of color hired. |
| | Targeted recruitment | To actively seek and reach out to women and minority groups so there is a large qualified hiring pool | Freie Universität Berlin in Germany has a formal rule that half of the members of search committees must be female scholars. To recruit a higher proportion of female professors, the university actively seeks female talent under the supervision of gender equality officers (Claeys-Kulik et al., 2019). |
| **II. Financing Options** | | | |
| **Individual** | Grants/financial incentives for reaching certain milestones or for individuals | To encourage individuals to enter in a study program or to have diversity as the topic for a thesis, PhD or research article | ERASMUS+ program for teaching and training grants (European Commission, n.d.) |
| | Rewards or Monetary Prizes | Bonus system (financial or non-materialistic) to encourage gender equality in research and innovation as well as higher professions | For staff who actively promote an appreciative, unprejudiced organizational culture, e.g. through public recognition or prizes such as the EU Prize for Women Innovators (annual recognition prize from the European Commission) |
| **Institutional** | Competitive funding | National provision of highly competitive funding to strategically develop universities | The Excellence Initiative in Germany where strategic objectives for equity, diversity and inclusion can be part of the application for funding (Claeys-Kulik et al., 2019). |

| | Diversity-related funding | Diversity-related indicators are part of the performance-based funding system or of performance contracts of institutions with the state | In a few cases, there are quotas for students and staff from diverse backgrounds [Critics: Quotas do not automatically sensitize for an inclusive and diverse community] |
|---|---|---|---|
| **National** | Mainstreaming of gender equality in national and European research funding programs | To bring awareness and encourage equal gender distribution among staff and student body | Existing Funding Programs (Horizon 2020) by the EU/EC to 104 universities and research organizations have been supported in implementing gender equality action plans through 14 projects with a total EU contribution of €33 Million (European Commission, 2020) |
| **III. Soft Options** | | | |
| **Awareness-Raising Activities** | Diversity reports in the university's intranet | Revelation of inequalities and power imbalances in the university and in academic careers | The University of Padua (Italy) published its first annual Gender Report in 2017 (concerning the year 2016). Since then it has conducted yearly monitoring of the indicators that reveal inequalities and power imbalances in the university and in academic careers (Claeys-Kulik et al., 2019). |
| | Training of leaders on diversity and Lunch and Learn with regular keynote speeches on D&I | Institutional leadership is responsible for allocating resources and establishing structures for related activities | "Lunch 'n Learn" sessions at Pacific Blue Cross https://accessibleemployers.ca/wp-content/uploads/mediapress/members/29/88/PC-Case-Study-DI-Lunch-n-Learns-Final.pdf |
| **Onboarding and Promotion** | Internationalisation process | Open up the university for international students through exchanges, double degree programs or onboarding processes | Silesian University of Technology in Opava, Poland, an important strategic goal is opening up to international students including from outside Europe (Claeys-Kulik et al., 2019). |
| **Access & Assigned staff** | Barrier-free infrastructure | Ensuring access to buildings, job offers, documents etc. for disabled and disadvantaged persons and having staff directly responsible for this | The London Infrastructure Group https://www.london.gov.uk/sites/default/files/infrastructure_di.pdf |
| | Obligation to have gender equality officers | To ensure equality in the staff recruitment process | The University of Osnabrück (Germany) with the establishment of the first gender equality officers in 1980/1990s (Gleichberechtigung or Gleichstellung) and later inclusion of disabled people (Claeys-Kulik et al., 2019) |