



# Justice, Equity, Diversity, and Inclusion

in the Pediatric Faculty Research Workforce: Call to Action

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# The Presenters

On Behalf of the Justice, Equity, Diversity and Inclusion Committee for the Society for Pediatric Research



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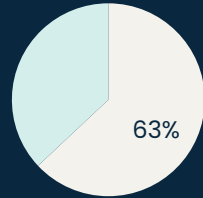
# Pediatric-Focused Research Data

Reported during 2012 - 2017

## TOTAL PEDIATRIC R01-EQUIVALENT GRANTS AWARDED



**15**  
INSTITUTIONS  
IN THE U.S.



**63%**  
OF TOTAL R01  
AWARDS

## MEN AWARDEES



**60%+**  
(1561/2471)

## EARLY CAREER AWARDEES



**15%**  
(379/2471)

## LGBTQ+ and/or URiM RESEARCHERS



UNKNOWN

## MOST FUNDED ETHNICITY

**WHITE**

## MOST FUNDED GENDER

**MEN**

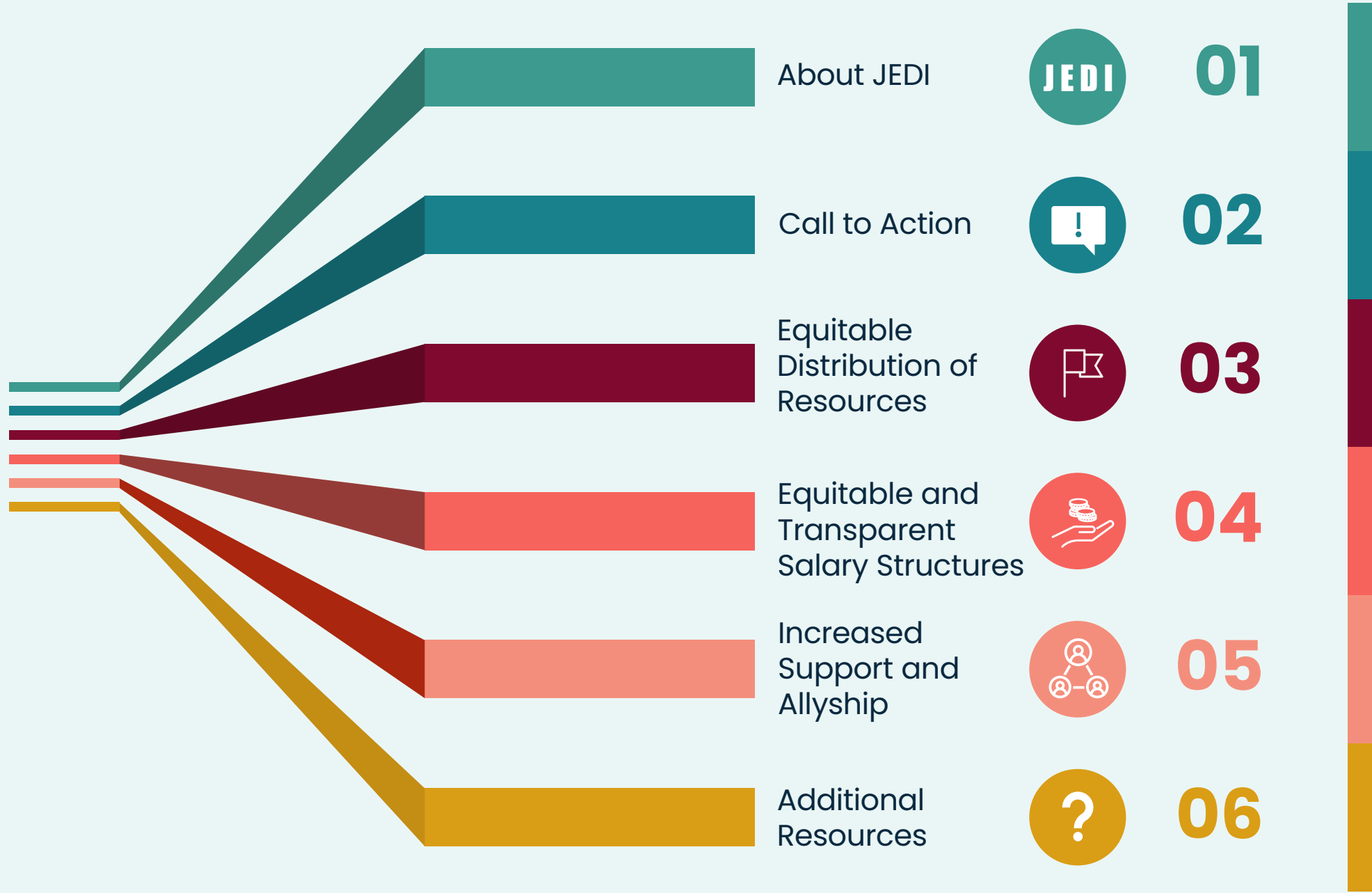
## LEAST LIKELY FUNDED



**BLACK WOMEN**

**DIVERSE  
TEAMS =  
EXCELLENT  
TEAMS**

# Agenda





JEDI

# About JEDI



# About JEDI



The **Society for Pediatric Research (SPR)** created the **Justice, Equity, Diversity, and Inclusion (JEDI)** Committee in 2016.



# About JEDI



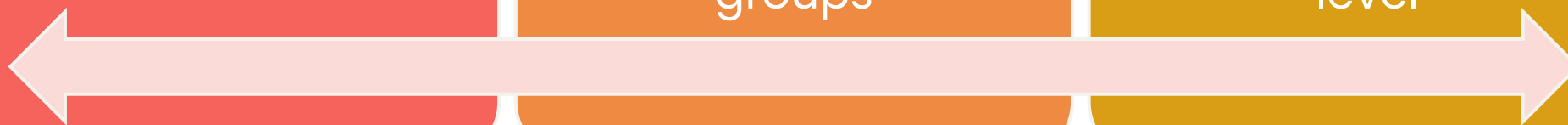
Enhance the ***diversity*** of the pediatric research workforce



Improve the ***inclusivity*** and acculturation of underrepresented groups



Promote ***equity*** and justice within academia and at the SPR organizational level



# Disclosure



While the work for the paper was conducted when we were members of the Justice, Equity, Diversity, and Inclusion committee of the Society for Pediatric Research, we do not represent the Society for Pediatric Research.





# Call to Action



# Justice, Equity, Diversity, and Inclusion in the Pediatric Faculty Research Workforce: Call to Action

## Justice, Equity, Diversity, and Inclusion in the Pediatric Faculty Research Workforce: Call to Action

Danielle E. Soranno, MD,\* Tamara D. Simon, MD, MSPH,<sup>†</sup> Samudrajupta Bora, PhD,<sup>‡§</sup> Jamie L. Lohr, MD,\* Bindya Bagga, MD,<sup>¶</sup> Kacia Carroll, MD,<sup>¶</sup> Stephen R. Daniels, MD, PhD,<sup>¶</sup> Stephanie D. Davis, MD,<sup>¶</sup> Erik Fernandez y Garcia, MD, MPH,<sup>¶</sup> Jordan S. Orange, MD, PhD,<sup>¶</sup> Barbara Overholser, MA,<sup>¶</sup> Sabrina Sedano, BS,<sup>¶</sup> Beth A. Terini, MD, MS, MBA,<sup>¶</sup> Michelle J. White, MD, MPH,<sup>¶</sup> Nancy D. Spector, MD,<sup>¶\*</sup> on behalf of the Justice Equity Diversity and Inclusion Committee for the Society for Pediatric Research\*

Compelled by the growing recognition of the burden and harm perpetrated by sustained inequality and explicit and implicit biases on our patients, trainees, and colleagues, the Society for Pediatric Research's (SPR) Justice, Equity, Diversity, and Inclusion (JEDI) Committee was tasked by the society leadership to develop an actionable framework and iterative toolkit comprising a set of scholarly resources, including readily implementable actions at the individual, department, school, and national organizational levels to promote JEDI principles within the pediatric scientific faculty workforce.<sup>1-3</sup> SPR created the Diversity, Equity, and Inclusion Committee in 2016. The committee's initial purpose was to increase the diversity of SPR membership. In 2021, the committee changed its name to JEDI to reflect the underlying need for justice to bolster diversity, inclusion, and equity. The committee has worked to enhance the diversity of the pediatric research workforce, improve the inclusivity and acculturation of underrepresented groups, and promote equity and justice within academia and at the SPR organizational level. We recognize inequities within academia experienced broadly by faculty and trainees by gender, by those who identify as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and more), and/or have a background that is historically excluded and underrepresented in medicine (URIM) and more so by those at the intersections (ie, individuals who identify with >1 underrepresented group).<sup>4-7</sup> We use the National Institutes of Health's (NIH) definition of groups underrepresented in the scientific workforce which includes standards for race, ethnicity, sex, primary language, and disability, as well as criteria for individuals from disadvantaged backgrounds (NOT-OD-20-031). Although this is a US-based definition, we hope our recommendations can be broadly used internationally and can also be applied beyond pediatrics. Other groups have similarly commented on the challenges faced by women, URIM, and research-focused faculty; however, fewer data exist on the effects of intersectionality within academic medicine.<sup>8-15</sup> Our recommendations are specific to the additional unique challenges faced by academic pediatric faculty researchers, which we broadly define as MD, DO, MD/PhD, PhD, biomedical scientists, clinical investigators, and health policy experts performing research in child health across the entire discovery spectrum.

The diminishing pathway of physician-scientists is a major concern to the future of medical research.<sup>16</sup> In the first pediatric-focused data

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\*A complete list of group members appears in the Acknowledgments

Dr Soranno wrote the original draft of the manuscript and responded to reviewers' critiques; Dr Simon participated in data curation and project administration of the Web pages, referenced and completed original drafts of the Web pages, reviewed and edited the manuscript, and referenced and responded to reviewers' critiques; Drs Bora and Lohr completed original drafts of the Web pages referenced, reviewed and edited the manuscript, and participated in data curation and project administration of the Web pages referenced; Ms Sedano participated in data curation and project administration of the Web pages

**Topic:** Soranno DE, Simon TD, Bora S, et al. Justice, Equity, Diversity, and Inclusion in the Pediatric Faculty Research Workforce: Call to Action. *Pediatrics*. 2023;152(5):e2022060841

[Click Here to Read the Article.](#)



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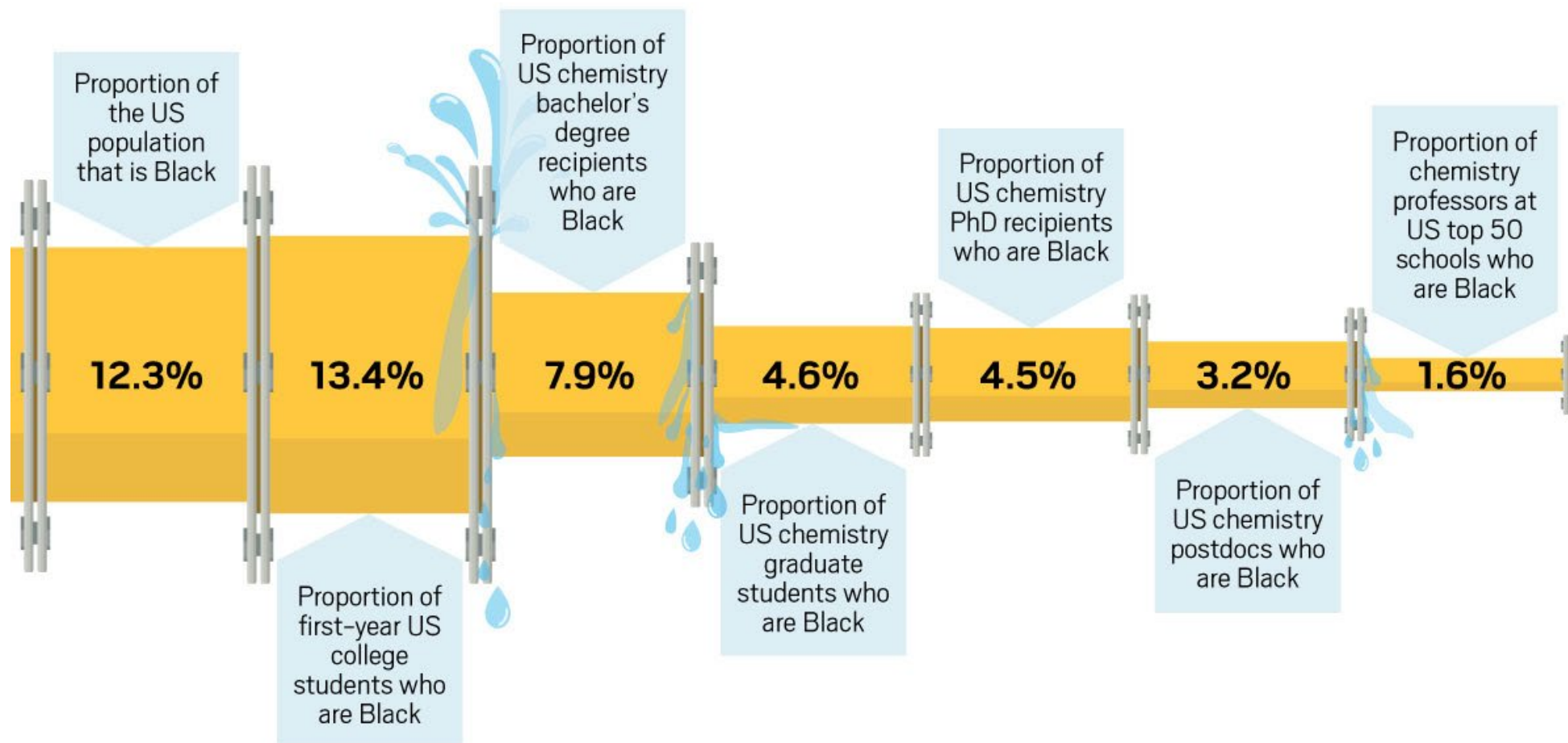
## Co-Authors

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# Leaky Pathway





# Underrepresented in Medicine (URiM)\*

Women

LGBTQ+

Disabled

Disadvantaged  
Backgrounds

Blacks and  
African  
Americans

Hispanics and  
Latinos

American  
Indians and  
Alaska Natives

Native  
Hawaiians and  
Other Pacific  
Islanders



# Sources of Support to Empower a Diverse Pediatric Scientific Workforce



## Medical Schools and Universities

- Formalize mentor-mentee training programs.
- Foster pipeline for URiM & research exposure.
- Set and standardize fair and equitable policies surrounding Justice, Equity, Diversity, and Inclusion (JEDI).



## Departments that employ pediatric researchers

- Set fair and transparent expectations for external funding, salary metrics, clinical revenue, promotion, and tenure.
- Ensure effective implementation of best practices of policy and JEDI practices throughout the faculty life-cycle.

## Sources of Support to Empower a Diverse Pediatric Scientific Workforce



## Allies

- Provide fair and equitable support, mentorship, and sponsorship to colleagues & trainees.
- Self-reflect, self-educate, and actively pursue allyship opportunities.
- Participate in implicit bias training and self-reflection.



## Medical Organizations

- Define and advocate for best practices.
- Collect and track member demographic data.
- Provide pathway, mentoring, and career development opportunities.



# Specific Domains

1

## **INSTITUTIONAL RESOURCE DISTRIBUTION**

Equitable distribution  
of institutional  
resources

2

## **SALARY CONSIDERATIONS**

Equitable and  
transparent salary  
structures

3

## **SUPPORT AND ALLYSHIP**

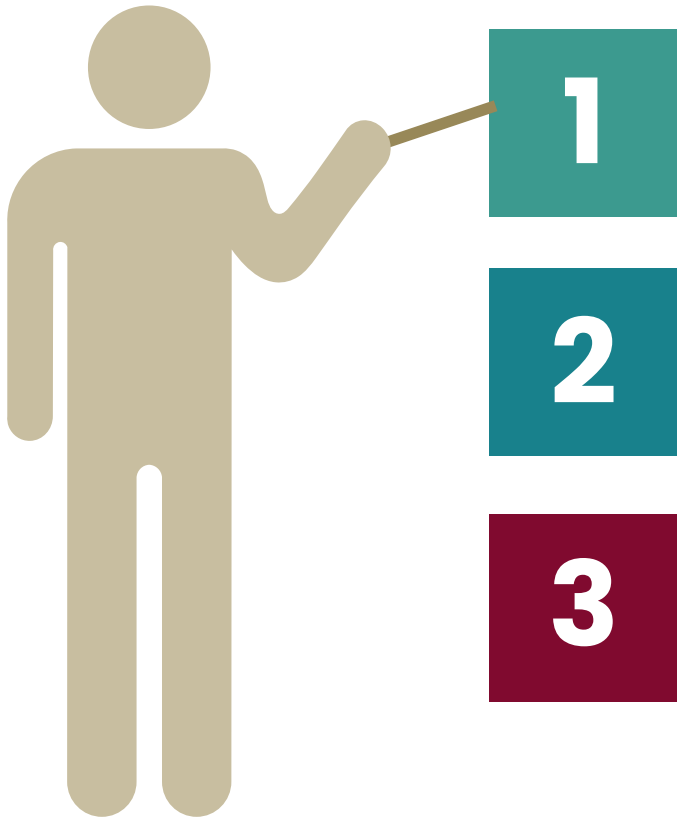
Increased support and  
allyship for pediatric  
scientists belonging to  
URiM



# **INSTITUTIONAL RESOURCE DISTRIBUTION** Equitable Distribution of Institutional Resources



# Equitable Distribution of Institutional Resources and Key Issues



1

## **INSTITUTIONAL DISPARITIES**

Significant inter- and intra-institutional disparities in the distribution of resources and expectations of research efforts.

2

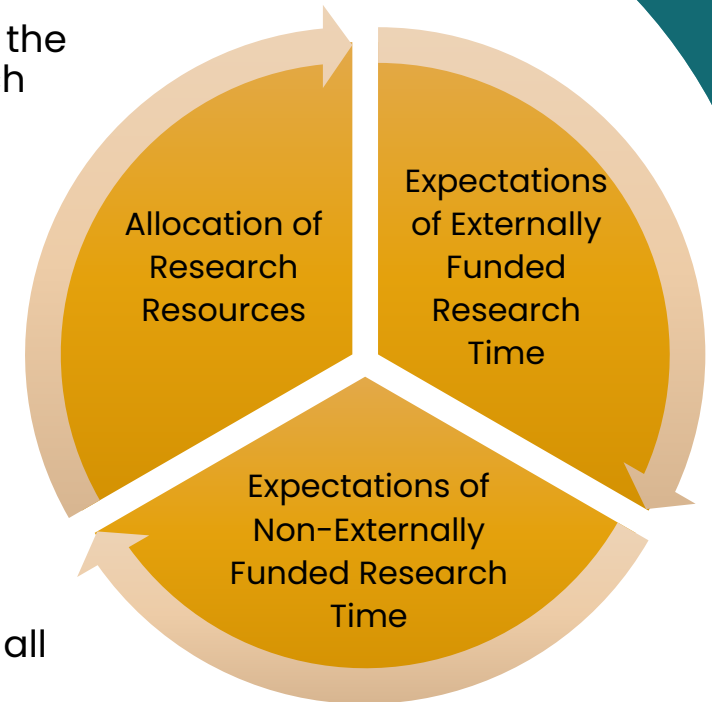
## **WOMEN FACULTY**

Women faculty often receive fewer financial resources and less access to non-formally negotiated resources than their counterparts who are men.

3

## **STRUCTURAL RACISM**

Structural racism and bias result in a lack of appropriate mentorship, fewer opportunities for networking and collaboration, less interest from trainees, and more non-compensated service tasks, all of which increase barriers to the research career advancement of faculty belonging to underrepresented in medicine groups.





# Equitable Distribution of Resources

What Can National Organizations Do?	What Can Institutions Do?	What Can Allies Do?	What Can Individual Faculty Members Do?
Establish norms on transparent and equitable allocation of diverse resources	Standardize research support packages	Acknowledge privilege and advocate for anti-bias behavior	Promote safe reporting of observed bias and racism in faculty resource allocation
Develop strategic schemes	Increase the scope of the institutional Equity, Diversity, and Inclusion committee	Utilize corporate knowledge of established faculty	Establish a formal or informal mentoring committee with diverse
Collect high-quality data and monitor time trends concerning institutional distributions of faculty resource allocations	Implement a safe reporting system for bias and racism in faculty resource allocation	Promote diverse opportunities for strategic mentoring, collaboration, and networking	Initiate yearly meetings with section, division, and department leadership to assess current resource allocation



**SALARY CONSIDERATIONS**  
Equitable and Transparent  
Salary Structures



# Equitable and Transparent Salary Structures

We advocate for schools/universities to set clear and transparent guidelines for remuneration throughout their departments, ideally tied to national standards.

We favor pay equity between clinical and research tracks.

Review of pay equity, controlling for rank and time at rank, should be performed routinely, and discrepancies noted regarding gender, URiM, LGBTQ1, and intersectionality should be corrected.

The NIH salary cap can create a discrepancy between the allocated effort and the grant dollars provided to support this effort; institutions need to allocate funds to address this "cap gap."

These costs are somewhat offset at the institutional level by the indirect costs generated by federal awards, as well as the prestige generated by the conduct of high-quality research.

Institutional leadership is needed to overcome these challenges and ensure salary equity for pediatric scientists.



## **SUPPORT AND ALLYSHIP**

Increased Support and Allyship  
for Pediatric Scientists  
Belonging to URiM



# Increased Support and Allyship for Pediatric Scientists Belonging to URiM



## Ongoing Learning – Subsidized and Focused on Needs

- Managing personnel and finances
- Leadership and mentoring
- Communication skills



## Mitigation of Barriers to Success

- Opportunity
- Flexibility
- Focus – limit "minority tax" and work that is not goal oriented



## Mentorship and Sponsorship

- Establish meaningful productive relationships
- Provide opportunities that stretch and reward individuals



## Advocate for Individuals and Groups at all Career Levels

- Recognize systemic and personal barriers
- Use power and position to help overcome those barriers



## Accountability

- Individuals, leaders and institutions provide opportunity and transparency
- Promote a culture of respect, mentorship and sponsorship that helps eliminate barriers to success





# Additional Resources



# Justice, Equity, Diversity, Inclusion Toolbox

## For the Pediatric Scientific Workforce

### ACTION

#### Institutional Resource Distribution

- [Expectations of Externally Funded Research Time](#)
- [Expectations of Non-Externally Funded Research Time](#)
- [Allocation of Research Resources](#)

#### Salary Considerations

- [Salary Equity](#)

#### Support and Allyship

- [Identity Tax](#)
- [Faculty Mentoring](#)
- [Faculty Recruitment, Implicit Bias Training, and Diversity Policies](#)
- [Social Isolation and Acculturation](#)

*Click on a Specific Topic to View More Information.*

Click Here to  
Access the SPR  
JEDI Toolbox





# Justice, Equity, Diversity, Inclusion Toolbox

## For the Pediatric Scientific Workforce

### Knowledge

- [Comprehensive List of References](#)
- [Key Terms & Definitions](#)

### Examples of Programs

- [By Institution](#)
- [By JEDI Webpage Topic](#)
- [Additional Program Examples](#)

### Additional Resources

- [Diversity-Specific Grants](#)
- [Related Toolkits from Relevant Professional Organizations](#)

*Click on a Specific Topic to View More Information.*

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# Additional Members of the JEDI Committee for the Society of Pediatric Research

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Stephan J. Nemeth IV*



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