



FRAMING DIVERSITY AS AN EQUITY PROJECT

Raquel Aldana

Associate Vice Chancellor for Academic Diversity

Professor of Law

UC Davis

Organization of My Talk

- Framing the diversity project at UC Davis
 - Defining diversity
 - Identifying the justification for diversity
 - Identifying the justifications for equity
 - Connecting diversity to equity
- Two UC Davis Case Studies: 40 years apart
 - Regents of the University of California v. Bakke (US 1978)
 - Hispanic Service Institution

Defining Diversity at UC Davis

- “DIVERSITY—a defining feature of California’s past, present and future — refers to the variety of personal experiences, values and worldviews that arise from differences of culture and circumstance. Such differences include race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, gender identity, socioeconomic status, geographic region and more.
- University of California Diversity Statement

The Diversity Rationale

- Diversity spaces as a “public good” in a multicultural society
 - Co-existence of multiple ideas, values, experiences as inherently good (i.e., opportunities for learning across difference; potential for improved understanding of our differences, etc.)
- Diversity as inclusive excellence
 - Team Science
 - Innovation in problem-solving
 - New ideas

The Equity Rationale

- Diversity as connected to fairness/social justice project
 - Repairing historical exclusion of certain groups
 - Ensuring proportional or equal representation of groups still excluded (equalize economic mobility and access to and the production of knowledge)
- Contesting the alleged fairness of exclusion
 - E.g., Assessments of excellence as inherently biased (e.g., standardized tests for admissions; measurements of research excellence)
- Linking diversity to “reparatory” outcomes -- harms of exclusion
 - E.g. Linking diversity to student outcomes
“You can’t be what you can’t see.” Mary Wilson

Different justifications for the Diversity Project



Implications of the Different Justification to the UC Davis Diversity Project

- How should we prioritize among different types of diversity?
- What values – equity, inclusive excellence, other— should drive the agenda?
- How do we reconcile “conflicts” between the diversity rationale and the inclusive excellence rationale?
- Can we achieve both equity and inclusive excellence?
- How can our definitions of inclusive excellence be more equitable?
- How should we measure diversity success at UC Davis?



**CONNECTING DIVERSITY
AND EQUITY: LESSONS
FROM *BAKKE***

Broad Strokes

- *Bakke (5-4)* both
 - invalidated UC Davis' medical school equity minded dual admissions program
 - while validating the use of race as a factor in a “holistic” admissions process
- *Bakke* adopts a color blind approach to equality and embraces a diversity rationale while rejecting diversity as an equity project largely based on
 - concerns over fairness over the fate of Bakke and others like him
 - concerns over stigma for minority applicants to UC Davis Medical School
 - skepticism that equitable diversity yields promotes the public good or that it is necessary for the public good
- The equity critique of *Bakke*
 - questions the assumption of fairness of a color blind approach
 - challenges the stigma rationale
 - laments the effects of *Bakke* on the public good– i.e., the entrenched exclusion of doctors of color – and particularly URM – and its implications on health disparities

The Personal Story: Allan Bakke



General Admissions

- Submit application in early July
- Pre-screening (automatic exclusion GPA 2.5 or below)
- Those selected (about 1 in 6), invited to interview
- Interviewees ranked scale 1-100 by 5 committee members (overall GPA, GPA in science courses, Medical College Admissions Test (MCAT), letters of recommendation, extracurricular activities, and other biographical data).
- Scores “benchmarked” by adding all scores together
- Applicants then reviewed by whole committee
- Admissions offered according to rank on a rolling basis

Special Admissions

- Candidates asked to self-identify as:
 - 1973: economically and/or educationally disadvantaged" applicants
 - 1974: member of a “minority group” (“Blacks, Chicanos, Asians, and American Indians”)
- Referred to separate committee made up largely of minority evaluators
- No automatic disqualification based on GPA
- Selected for interview (1 in 5)
- Scored similarly as general admission
- Not compared to general admission pool
- Committee referred up to a recommended 16 for admission

The UC Davis Medical School Admissions Program and Bakke’s Admission Story

GPA/MCAT Chart

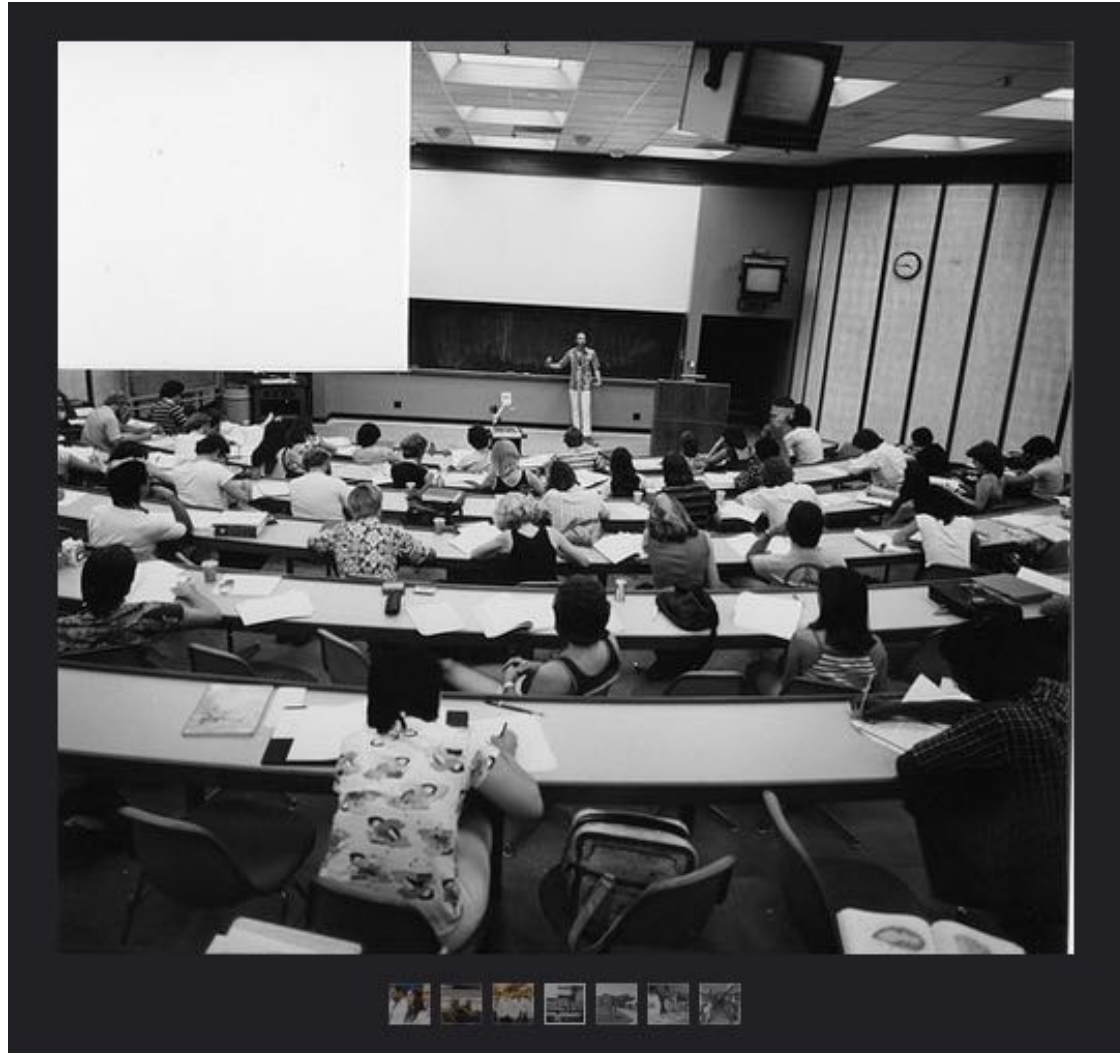
Class Entering in 1973

	SGPA	OGPA	Verbal	MCAT		Gen. Infor.
				(Percentiles)		
				Quantitative	Science	
Bakke.....	3.44	3.46	96	94	97	72
Average of regular admittees.....	3.51	3.49	81	76	83	69
Average of special admittees.....	2.62	2.88	46	24	35	33

Class Entering in 1974

	SGPA	OGPA	Verbal	MCAT		Gen. Infor.
				(Percentiles)		
				Quantitative	Science	
Bakke.....	3.44	3.46	96	94	97	72
Average of regular admittees.....	3.36	3.29	69	67	82	72
Average of special admittees.....	2.42	2.62	34	30	37	18

The Broader Context



Race, Ethnicity and Sex in US Occupations, 1970-2010

Table 1

Effect sizes for race/ethnicity \times sex representation in 35 occupations in 1970 and 2010.

Occupation	Race/ethnicity & sex	1970			2010		
		Total	Percent of occupation	Percent of labor force	Total	Percent of occupation	Percent of labor force
Physicians	White male	235,100	81.58	54.89	403,488	48.47	38.08
	White female	20,700	7.18	31.43	183,685	22.07	35.08
	Black male	5800	2.01	5.28	22,939	2.76	3.80
	Black female	1000	0.35	4.19	18,843	2.26	4.92
	Native Am male	100	0.03	0.15	1527	0.18	0.30
	Native Am female	0	0.00	0.09	440	0.05	0.33
	Hispanic male	10,800	3.75	2.08	24,726	2.97	6.89
	Hispanic female	1100	0.38	1.07	15,155	1.82	5.51
	Asian male	9900	3.44	0.49	96,839	11.63	2.60
Asian female	3700	1.28	0.33	64,739	7.78	2.49	
Effect size						0.77	0.75



UC DAVIS MEDICAL SCHOOL ON TRIAL

UC Davis Medical School-joined by dissenting Justices

1. Race-consciousness
 - Equity vs. formal equality
2. Benign distinctions
3. Compelling state interest
 - a. Public interest rationale (effect of lack of doctors of color on access to health for communities of color)
 - b. Diversity rationale (inclusive excellence)

The Court—a divided majority

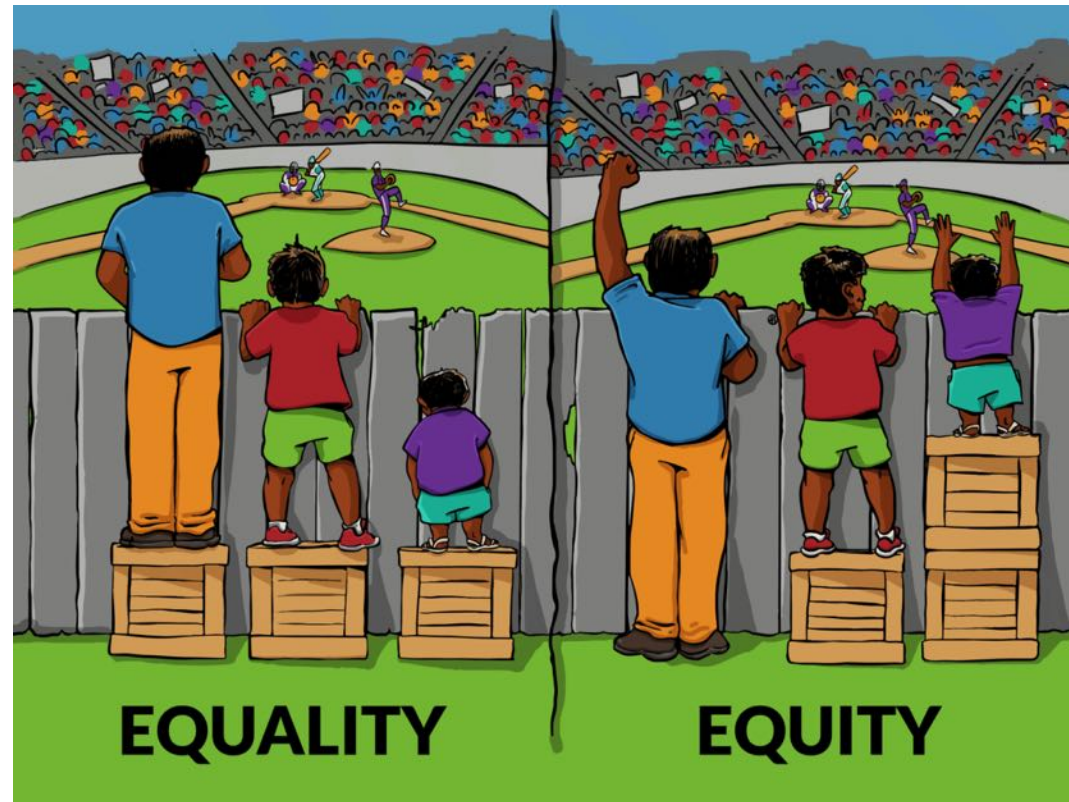
1. Color blindness
 - Formal equality as fairness
2. “Odious” discrimination
 - Innocent victimization (i.e., Bakke’s displacement)
 - Stigmatization
3.
 - a. No deference (UC Davis failed to prove that doctors of color are more prone to address health disparities than others)
 - b. Deference (UC Davis deserves deference, based on academic freedom, to the diversity rationale but “race as a factor” can satisfy that interest)

The *Bakke* Decision

Justifying Race-Consciousness

- Classifications that advantage “discrete and insular minorities” do not violate equal protection when they repair past and current discrimination
- Classifications that disadvantage the white majority cannot be suspect if their purpose is benign

Race-consciousness as Equity



“Bakke’s” Victimization

- “[T]here is a measure of inequity in forcing innocent persons in respondent's position to bear the burdens of redressing grievances not of their making.”

Stigmatization

- “State programs designed ostensibly to ameliorate the effects of past racial discrimination obviously create the same hazard of stigma, since they may promote racial separatism and reinforce the views of those who believe that members of racial minorities are inherently incapable of succeeding on their own”

Color Blindness as Fairness

Lingering Questions on *Bakke*

- Was Bakke **entitled** to admission to UC Davis medical school?
 - Should public universities guarantee admission to all “qualified” candidates? i.e. a substantive right to access education vs. equality
 - If admission must necessarily be selective:
 - Was Bakke more entitled to admission than other qualified students with lower GPA or MCAT scores? Why or why not?
 - Should other considerations other than “individual merit” weigh into the priorities of selectivity? Which ones?

Lingering Questions on *Bakke*

- Rethinking Merit
 - Based on what we know from the facts, is it your assessment that the candidates who were admitted based on the “special admissions”
 - unqualified?
 - less qualified than Bakke?
 - potentially more qualified than Bakke?
- What is missing from the stories of the special admittees or those denied admission that potentially distort narratives of merit?
- Based on your answers above, do you still find the UC Davis Medical School Special admissions program problematic? Are your reasons the same or different from the majority in *Bakke*?

Equity Reflections post-Bakke for UC Davis – The Context

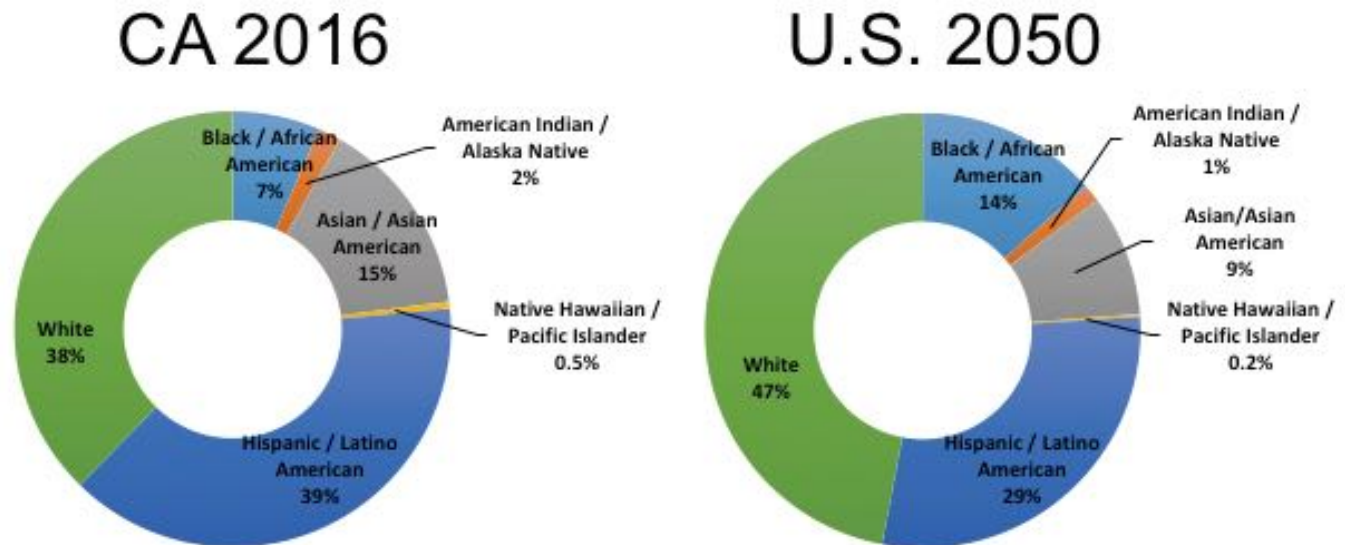
- A different landscape
 - Proposition 209 [next slide]
 - Changing demographics in California [slide 22]
 - Student demographics at UC Davis– at many but not all levels – are starting to reflect the diversity of the state [slide 23]
 - The Medical School is a lot more diverse than 40 years ago[slide 24]
 - Holistic admissions remains (minus consideration of race) with great emphasis on non-cognitive skills but with reliance on grades and standardized tests
- The status quo
 - Persistent gaps in workforce diversity to the medical profession [slide 25]
 - Persistent gaps in health disparities
 - e.g., Ortega, Alexander N et al. “Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California.” *Medical care* vol. 56,11 (2018): 919-926. doi:10.1097/MLR.0000000000000985
 - UC Davis as an institution (make up of administrators, faculty, and staff) does not reflect the diversity of its student body [slide 26]

A few words on Prop 209

- The state **shall not discriminate against, or grant preferential treatment to**, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting...
- Not as simple as color blindness if the proscription of “grant[ing] preferential treatment to” is infused with equity
- Has led to innovations on equity approaches that do not rely on the proscribed classifications as proxies
- Consider [Guidelines For Addressing Race and Gender Equity In Academic Programs in Compliance with Proposition 209 July 2015](#)

California is now a “minority-majority” state

Changing Demographics: California vs. U.S.

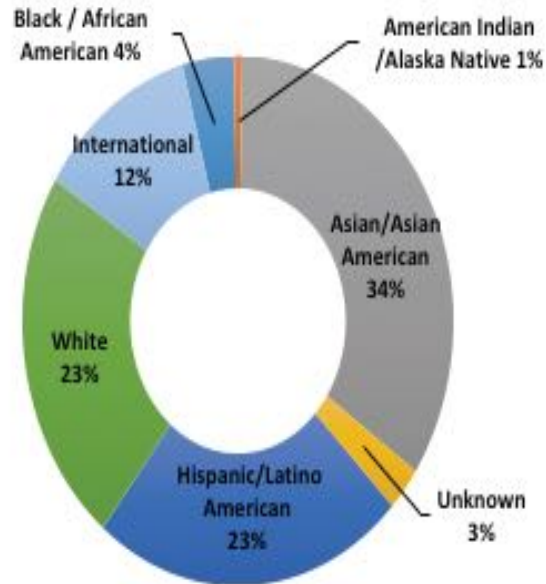


Source: United States Census Bureau Quick Facts
Accessed, August 10, 2017.

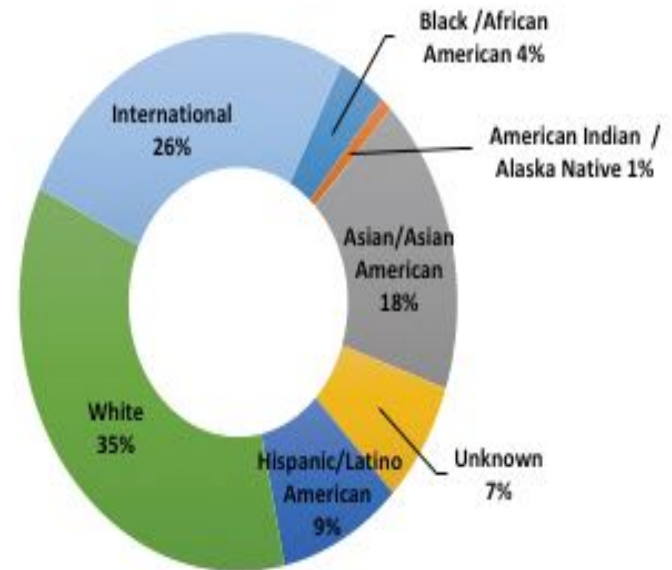
Source: United States Census Bureau 2014 National Population Projections Tables
Accessed, August 10, 2017.

Demographics: UC Davis 2016

Undergraduate

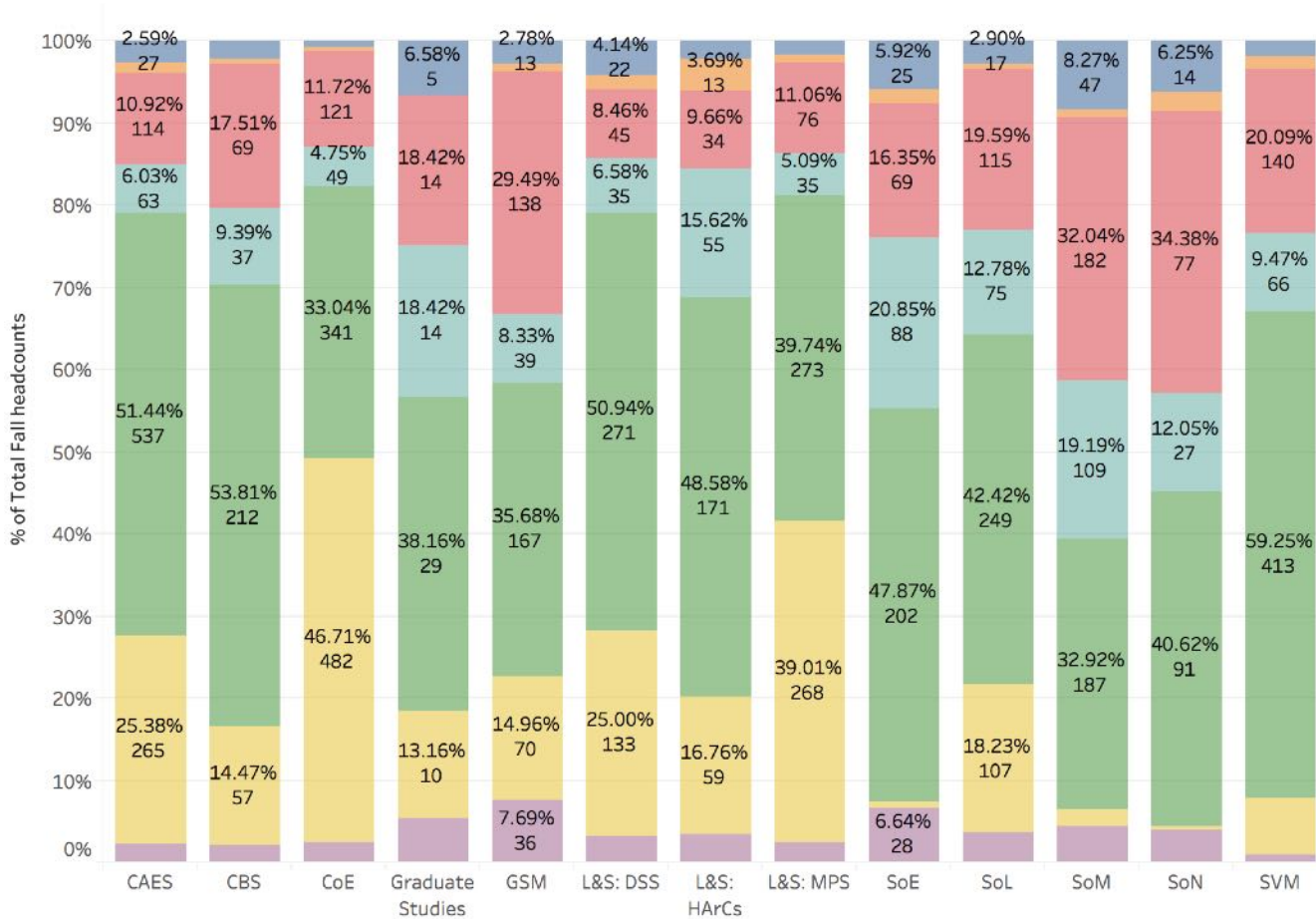


Graduate



Source: UC Fall Enrollment Headcount by Level and Ethnicity, 2016

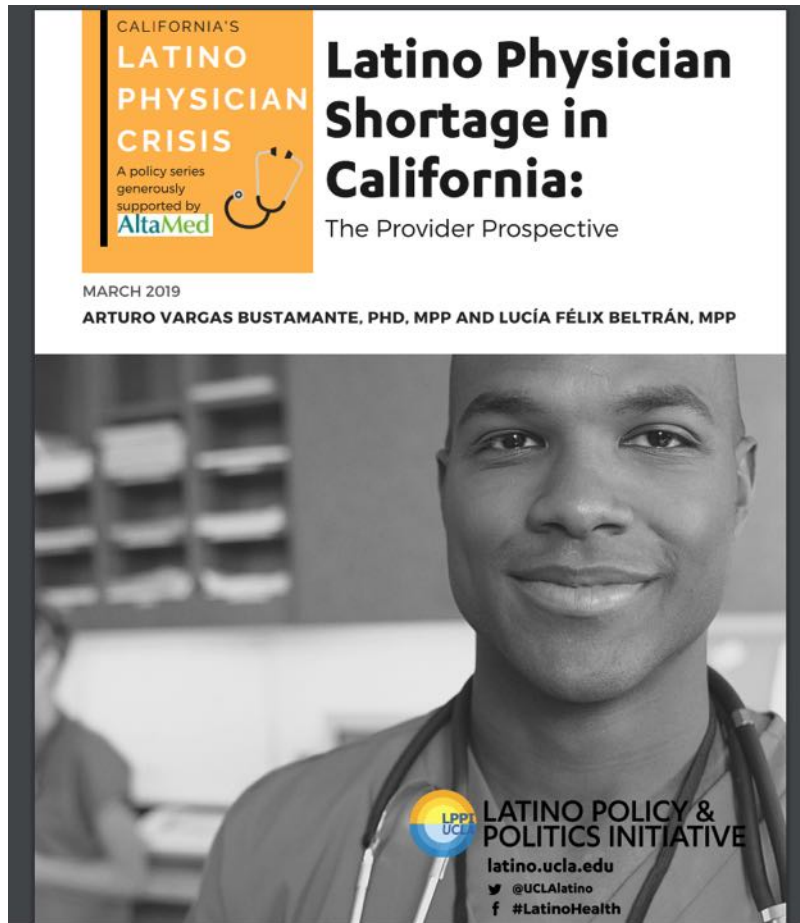
Graduate and professional enrollment, by race/ethnicity and college/school, 2016-2017.



Demographics

- African-American/Black
- American Indian/Alaska Native
- Asian/Pacific Islander
- Hispanic/Latino/Chicano
- White/Caucasian
- International
- Other or left blank

Persistent Physician Shortages



CALIFORNIA'S
**LATINO
PHYSICIAN
CRISIS**
A policy series
generously
supported by
AltaMed

**Latino Physician
Shortage in
California:**
The Provider Perspective

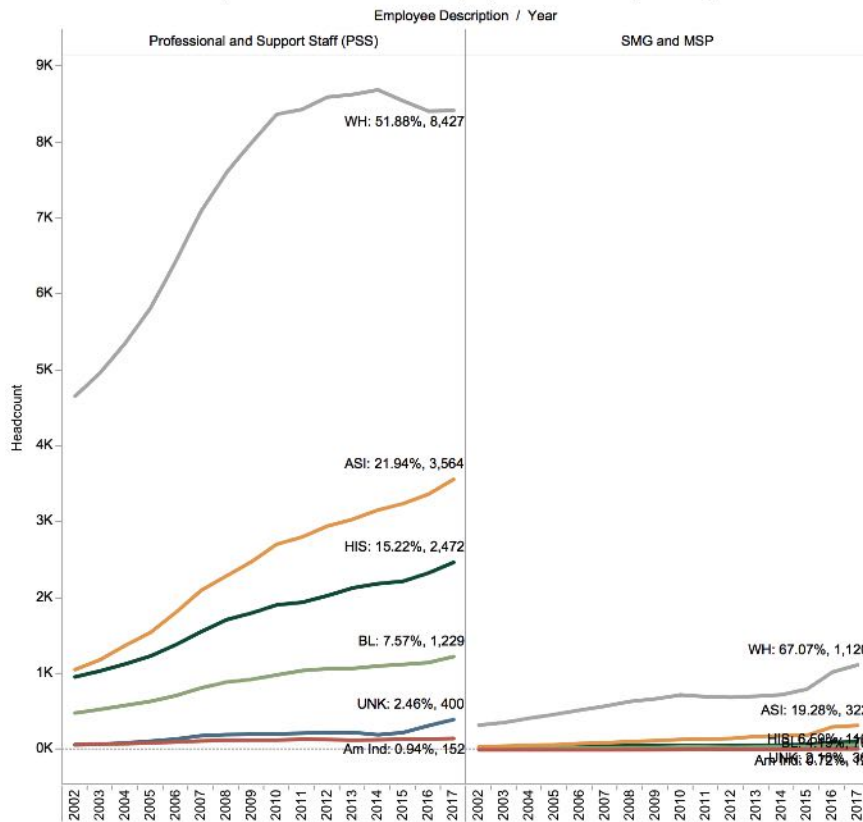
MARCH 2019
ARTURO VARGAS BUSTAMANTE, PHD, MPP AND LUCÍA FÉLIX BELTRÁN, MPP

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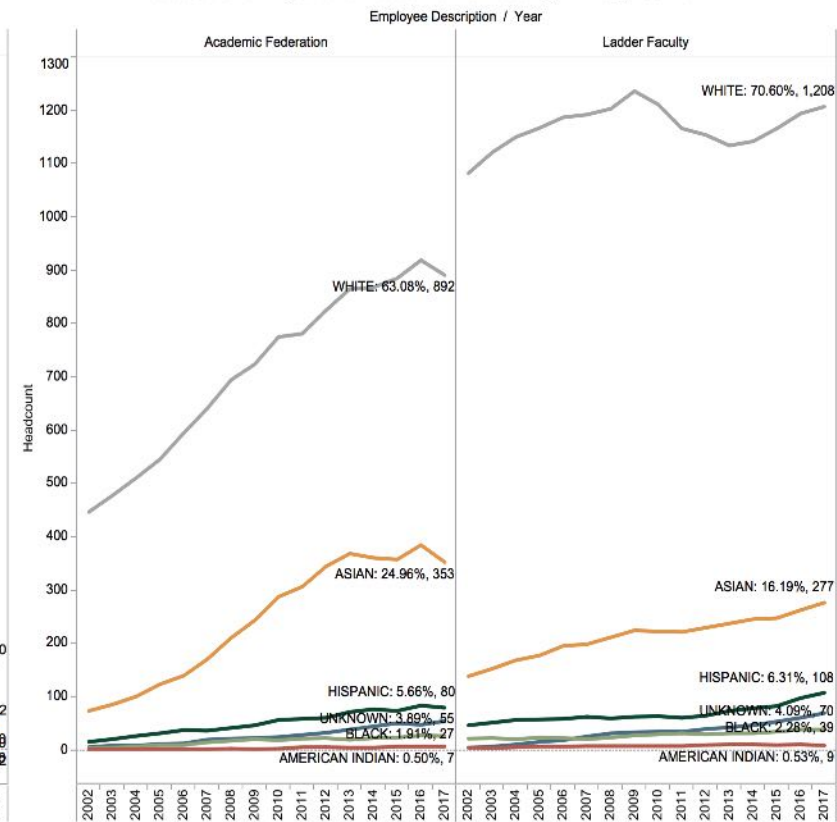
- “In 2014, Latino physicians comprised 4.7% of all physicians in California, while Latinos represented 38.4% of the state’s population (Mertz et al, 1999; Hayes-Bautista et al, 2000). The scarcity of Latino physicians in California has led to a deficit of 54,655 Latino physicians that are required to achieve parity with Non-Hispanic Whites (Hsu et al., 2018).”

UC Davis Workforce Diversity at a Glance

Headcount and Proportion of Administrative Employees Workforce by Ethnicity 2002-2017



Headcount and Proportion of Academic Workforce by Ethnicity 2002-2017



Equity Reflections Post-Bakke— Implications in a New Context

- Contesting meritocracy: e.g., Questioning whether standardized tests should be used in admissions or licensing decisions into the professions?
- Proving the compelling state interest: e.g. Linking the racial/ethnic diversity of the medical profession to addressing health disparities
 - Jackson, Chazeman S, and J Nadine Gracia. “Addressing health and health-care disparities: the role of a diverse workforce and the social determinants of health.” *Public health reports (Washington, D.C. : 1974)* vol. 129 Suppl 2, Suppl 2 (2014): 57-61. doi:10.1177/00333549141291S21
- Identifying new “compelling state interests” that reimagine the role of higher education:” i.e., Values-Based HSI Framework

A Primer on Hispanic Serving Institution

- The Hispanic-Serving Institution (HSI) moniker comes from Title V of the Higher Education Act of 1965, 1992 reauthorization.
- It is a federal response to the historic underfunding of education for “Hispanic” students, especially those experiencing de facto high concentrations in higher education (25%+)
- HSI’s over over 500 today and education over 65% of Chicanx/Latinx students
- The Act directs the federal government to “provide grants and related assistance to Hispanic-serving institutions to enable such institutions to improve and expand their capacity to serve Hispanic students and other low-income individuals.”
- Focus has traditionally been in undergraduate education and low-ranked schools
- UC Davis joins only 15 other R1 institutions that are also HSIs and only three others that are also land grant –An Opportunity for Bold Vision

Values-based HSI Framework

Equity Project:
achieving racial and
cultural equity in
higher education

Sense of Belonging:
addressing implicit
bias, racial conflict,
and identity threat
in learning
environments

RI/Master Plan for
Education: building
on the assets that
Rising Scholars
bring to an RI
institution

practice inclusive
excellence and strive for
equity. Make UC Davis a
place of excellence for
learning and working by
supporting a culture that
values the contributions
and aspirations of all our
students, staff and faculty;
promotes wellness and a
culture of sustainability;
and cultivates the open
interchange of ideas

Land Grant: the
capacity to meet
the research,
workforce, and
educational needs
of California

Rising Scholars Success

- Prepare and Attract Rising Scholars
 - Family Background
 - Preparation
 - Recruitment and Retention
 - Transfer Pathways
 - Transitions
 - Graduate Pathways

- Empower Rising Scholars
 - Financial Wellness
 - Physical Health
 - Mental Health
 - Housing Security
 - Food Security
 - Holistic Support Services

- Build Positive Campus Climate and Learning Environments
 - Academic Experience
 - Curriculum
 - Co-curricular Experiences
 - Role Models and Mentors
 - Representational Diversity at all levels
 - Campus Climate
 - Sense of Belonging

- Fulfill Our Hispanic Serving Mission
 - Major Choices
 - Research
 - Public Engagement
 - Careers
 - Graduate Admissions
 - Pathways to the Professoriate

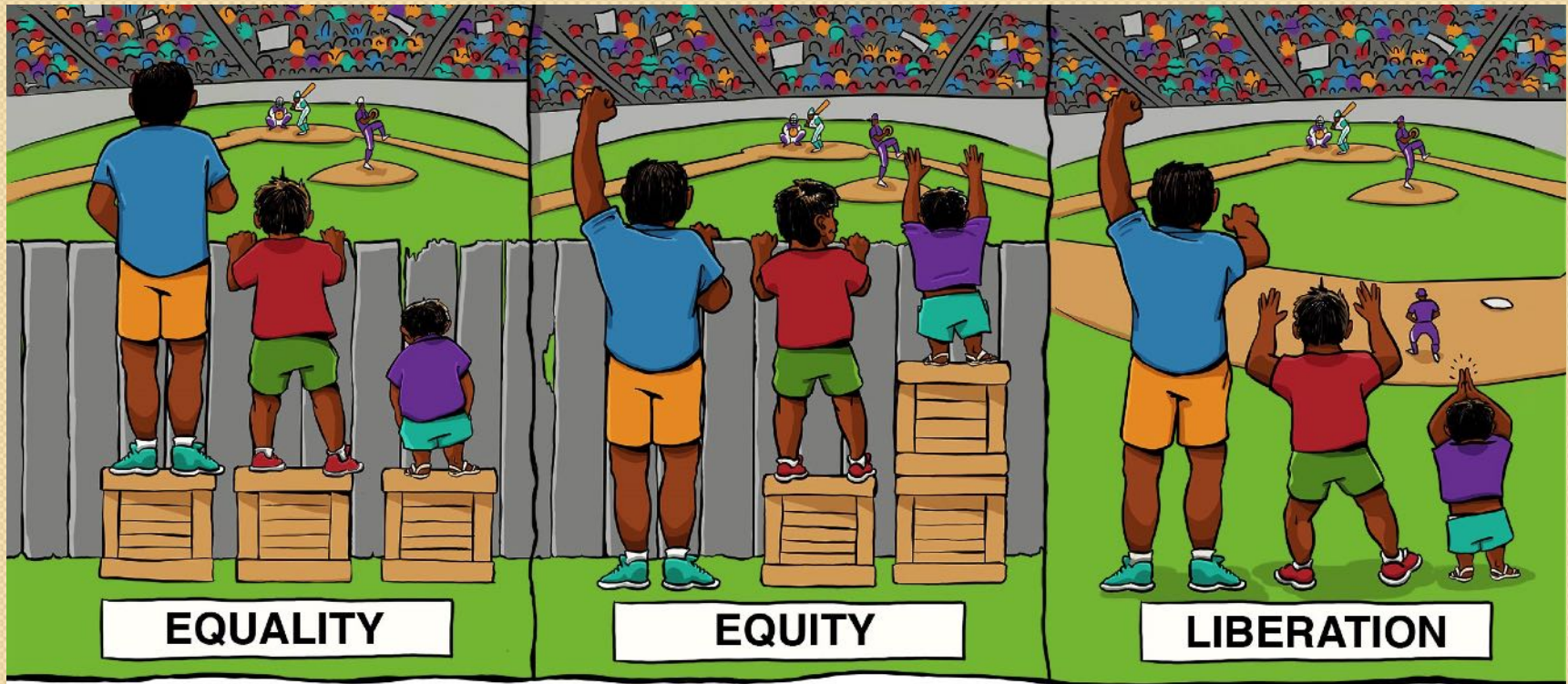
Rising Families and Communities
Toward a Better
and More Equitable
California

Touchpoints for Institutional Transformation

THANK YOU

realdana@ucdavis.edu

(530) 752-8499



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Interaction Institute
for Social Change

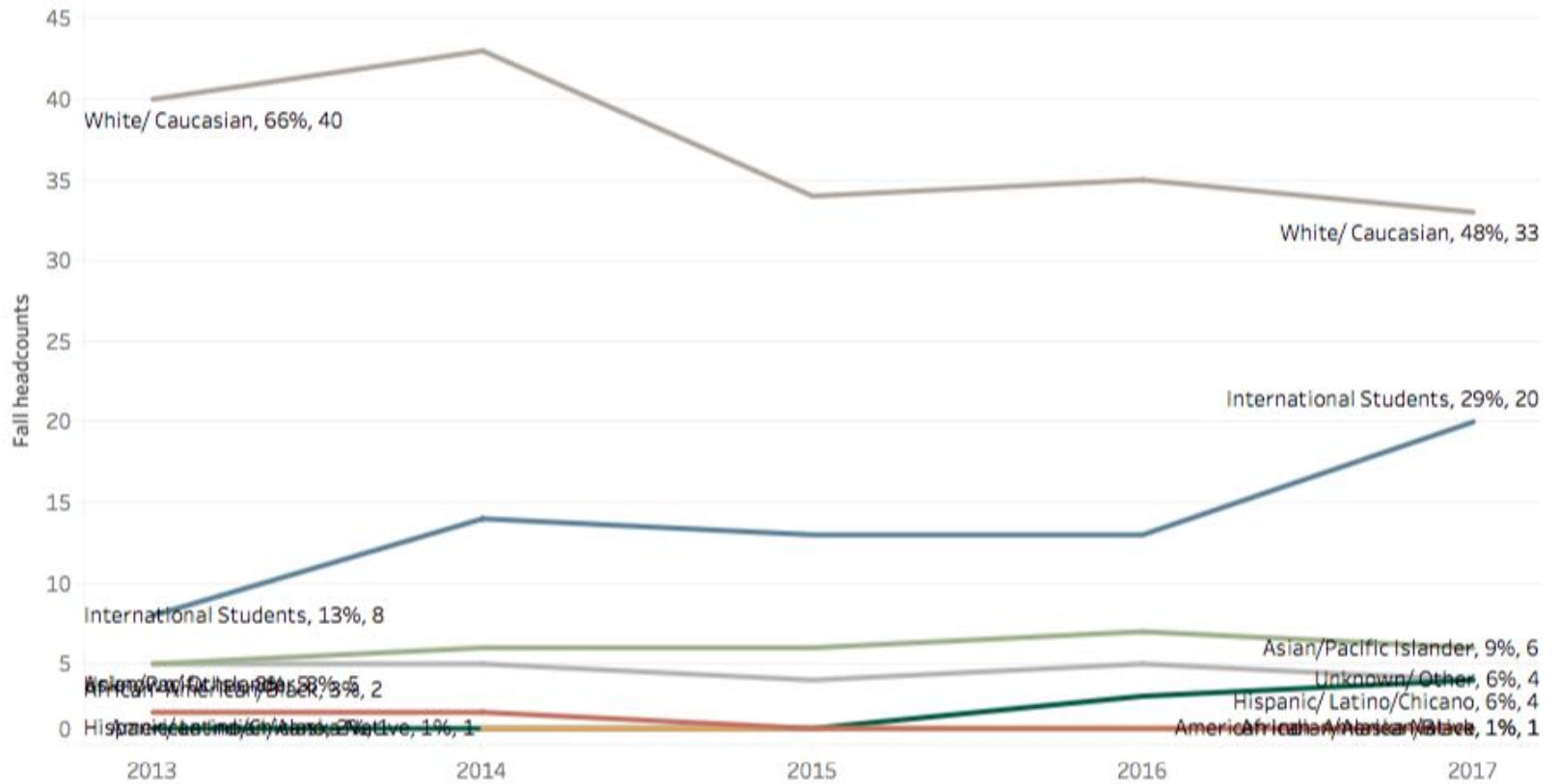


Original illustration
by Angus Maguire

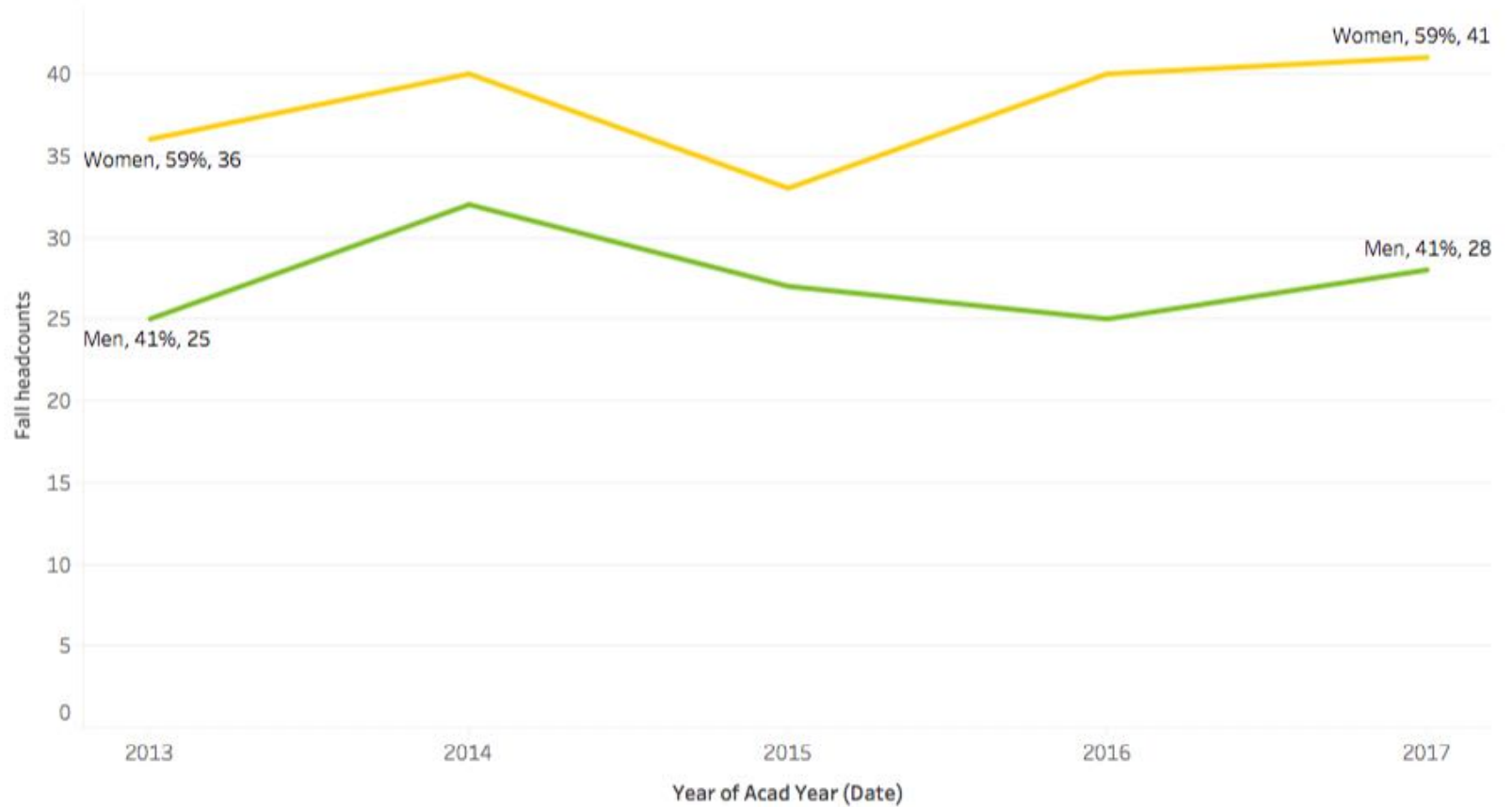


APPENDIX: DIVERSITY DATA FOR ANTHROPOLOGY

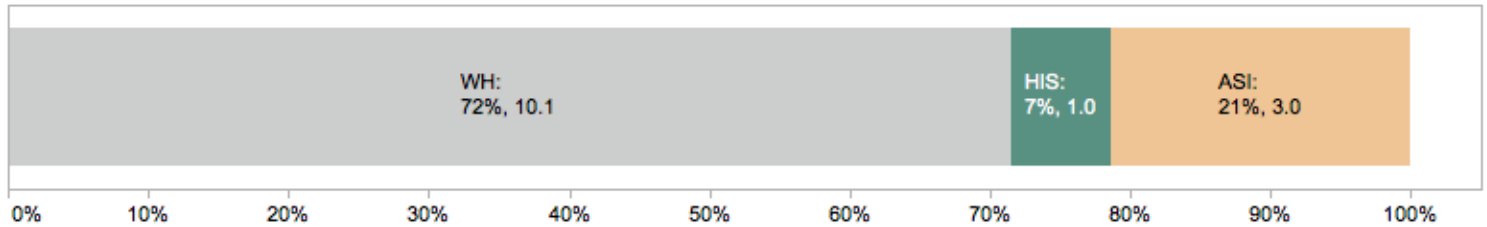
Anthropology Department Doctoral Graduate Program



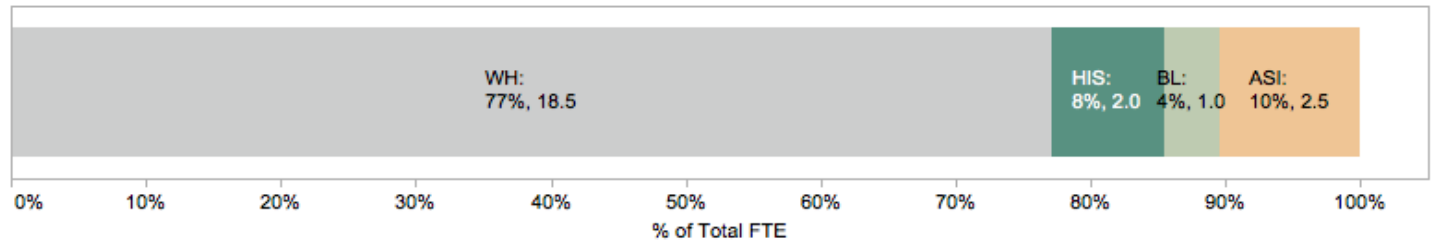
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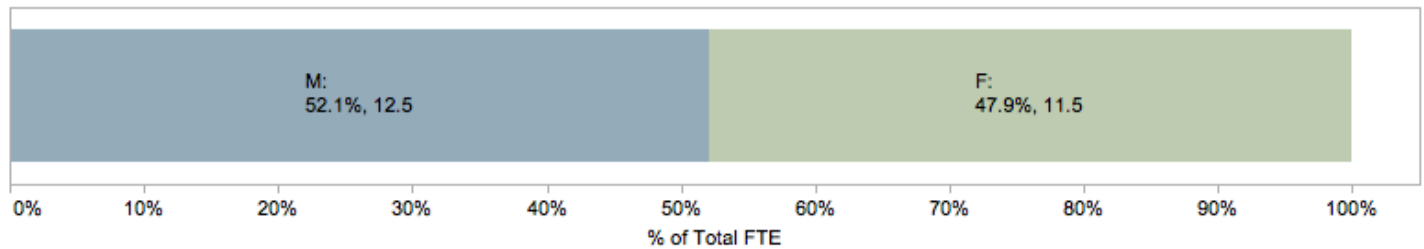
ANTHROPOLOGY & SOCIOLOGY-ANTHROPOLOGY GREEN ADMINISTRAT
Headcount and Proportion of Administrative Employees Workforce by Ethnicity 2017



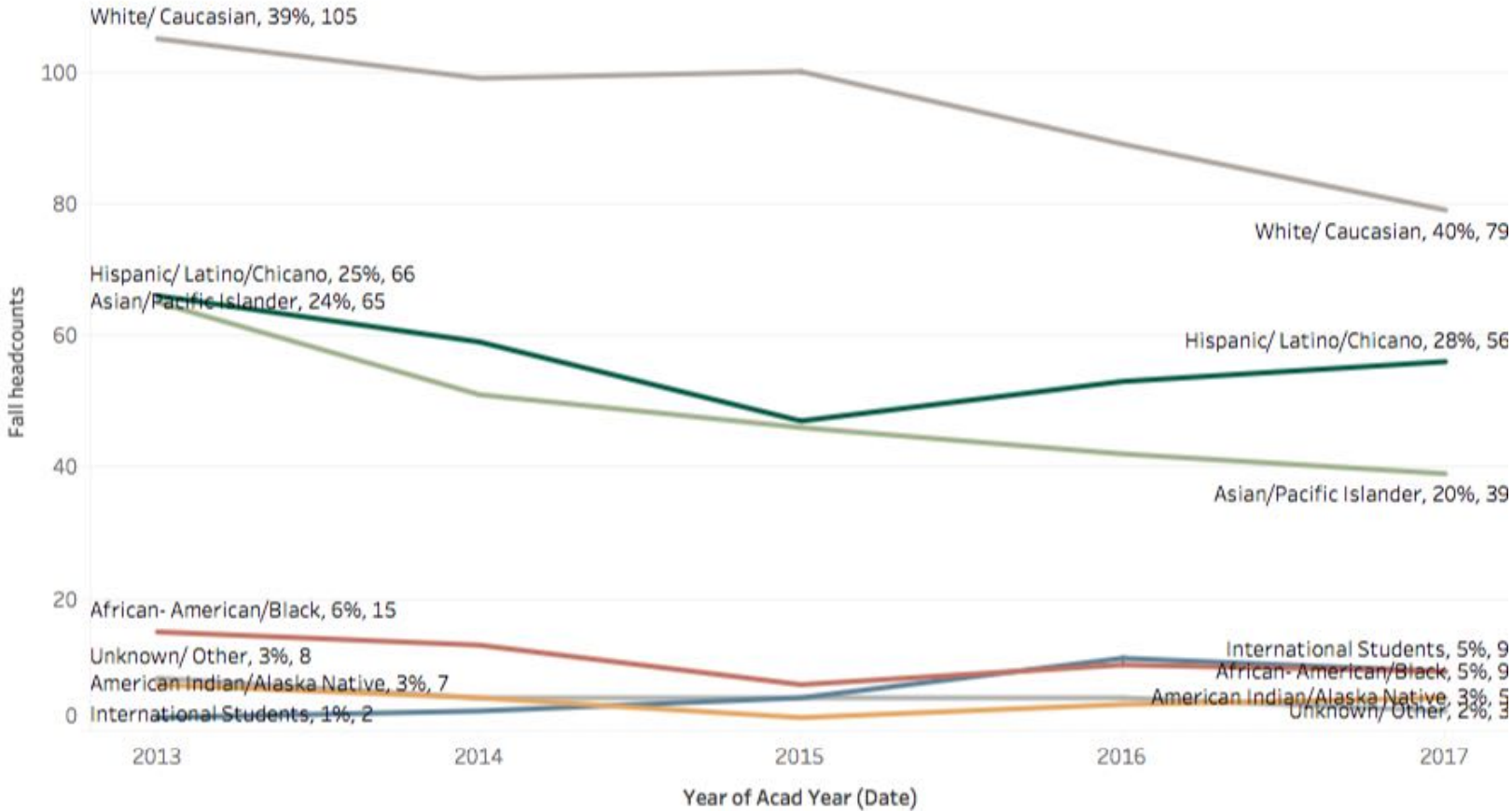
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Headcount and Proportion of Academic Workforce by Ethnicity 2017



ANTHROPOLOGY & SOCIOLOGY-ANTHROPOLOGY GREEN ADMINISTRAT
Headcount and Proportion of Academic Workforce by Gender 2017



Anthropology Department Undergraduate Major



Anthropology Department Undergraduate Major

