INTRODUCTION

The Duke Health Affirmative Action Plan (Executive Order 11246) (the Plan) is a compliance document fulfilling part of the responsibilities of Duke as a federal contractor. In addition to complying with federal regulations, the Plan describes an affirmative action program as a management tool. It includes those policies, practices and procedures that we implement to ensure equal employment opportunity. The Plan serves as a guide in monitoring progress and developing initiatives to enhance equal opportunity, and sustaining diversity and equity efforts in all sectors of employment at Duke Health. The process for developing the Plan allows us to engage in self-analysis for discovering any barriers to equal employment opportunity.

PLAN DESCRIPTION

An affirmative action plan includes certain elements that require annual updates to incorporate current data. The first is the workforce analysis, a tabulation of Duke Health’s workforce by race/ethnicity and sex within job group categories (type of work) and organizational units. The second is the utilization analysis which compares Duke Health’s current workforce with workforce availability estimates in the relevant labor markets to determine whether women and minorities are underutilized within Duke Health’s workforce. When underutilization of women or minorities is identified in specific job groups, a placement goal is set to move towards adequate representation. The 2018 updates of the workforce and utilization analyses are provided in the Staff section of the Plan.

Two supporting sections follow these updates. Initiatives to Alleviate Underutilization discusses areas of improvement and describes strategies and corrective actions. Process and guidelines for assessing progress and effectiveness of the affirmative action program are described in the Monitoring and Reporting section. Additional information is included in the appendices. The Plan includes staff at the following entities: Duke Health Administration, Duke HomeCare and Hospice, Patient Revenue Management Organization, Clinical Labs, Duke University Hospital, Duke Primary & Specialty Clinics, Duke Health and Wellness, Duke Regional Hospital, and Duke Raleigh Hospital.

STAFF PROFILE & UTILIZATION ANALYSIS

Duke Health’s Plan includes a demographic profile and utilization analyses for full-time staff. Full-time staff includes all employees who work at least 20 hours per week and 39 weeks per year. House staff, student, temporary, contract, and part-time employees, defined as those working less than 20 hours per week or less than 39 weeks per year, are not included in this Plan. Analysis and data for these groups are available upon request from the Office for Institutional Equity. Staff data are derived from the payroll system and reflect a January 2018 snapshot.

For the 2018 Plan, we report 16,625 staff in Duke Health, an increase of 768 over last year. The representation of women and minorities held steady compared to last year remaining at 76% and 41%, respectively. Registered Nurses (RNs) are the largest group
among the Duke Health staff, the 5,370 nurses comprise 32% of the total Duke Health staff. Registered nurses fall in both Exempt and Non-exempt categories.

Figure 1 displays demographic profile of exempt staff, non-exempt staff, and registered nurses. The “women” category includes women of all races, and the “minorities” category includes both men and women who self-identify as Hispanic, American Indian, Asian, Black, Native Hawaiian/Pacific Islander, or two or more races. Note: RNs are shown separately, and are also included in both exempt and non-exempt staff.

Table 1 presents the demographic representation of staff within job categories, noting the percent of staff by sex and race groups in each category. The data are obtained from the Duke University payroll system and reflect a January 1, 2018 snapshot.
Table 1. Distribution of Staff by Job Category

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>Exempt Staff</th>
<th>Nonexempt Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>1%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Black</td>
<td>1%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>83%</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>Other Races</td>
<td>11%</td>
<td>82%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Note: The “Other Races” category includes two or more races, American Indian, and Native Hawaiian/Pacific Islander. This category represents 2% of the total staff and also is included in the “All Minorities” category.

**Utilization Analysis**

Utilization analyses compare the representation of women and minorities within the Duke Health workforce with the estimated availability of these groups in the appropriate labor market. Statistically significant differences between representation and estimated availability indicate underutilization. Underutilization is defined as having fewer women or minorities in a particular staff group than would be expected based on their availability in the relevant market. In areas where underrepresentation of women or minorities is identified, a placement goal is set equal to availability to move toward adequate representation. The placement goals are considered to be met if the hiring rate for that group is greater than or equal to the placement goal.

We continue to struggle with representation of minorities among senior level Executive/Administrative positions. Despite an increase among total executive and administrative staff, the underutilization persists. Minorities are also underrepresented in the Pharmacists and Health Care (among certain pay levels) job groups in the exempt pay group.

Among the non-exempt staff categories, underrepresentation of women and minorities among skilled craft positions has persisted for several years. The Skilled Crafts category includes steam plant HVAC mechanics, machinists, carpenters, painters, optical repair mechanics, general maintenance mechanics, foremen, auto mechanics, and laboratory apparatus designers. In the 2018 Plan, we report 224 employees in this category. Overall, both women and minorities are underutilized. This imbalance has persisted over several
years. It has been difficult to effect change in this area because of the size of the workforce, low turnover, and limited hiring opportunities. It will take a concerted effort and commitment to enhance representation of women and minorities in the Skilled Craft positions.

In addition to Skilled Crafts, women are also underrepresented in the Health Care support and Service job groups in certain pay levels. Minorities are underrepresented in the Clinical Health Care (among certain pay levels) job group.

MOVING FORWARD

Duke Health is committed to building an environment that offers equal opportunity for all individuals and has created programs to meet this commitment. Several initiatives for 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. Specific information regarding initiatives is noted in the Initiatives to Alleviate Underutilization sections of the Plan. Institutional initiatives focus on the following:

- Expanding the scope of recruitment and retention efforts;
- Offering coaching, professional development and mentoring opportunities;
- Promoting and sustaining a respectful and inclusive workplace;
- Improving accountability measures for diversity and work culture initiatives; and
- Enhancing internal monitoring and reporting systems.

The Office for Institutional Equity, in collaboration with the offices of Human Resources, Provost, deans and department heads, has initiated several programs to address the underrepresentation of women of all races and all minorities in selected job groups and to create awareness of best practices in sustaining a more diverse and equitable workplace. In addition to good faith efforts and aggressive monitoring the methodology for utilization analyses is continuously reviewed. During the past three 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. The Office for Institutional Equity staff visit search committees for faculty and senior staff position to share best practices, and to offer support for conducting a compliant and equitable search process. Human Resources and Office for Institutional Equity staff monitor recruitment patterns and employment transactions, especially in areas where placement goals have been identified.

While initiatives described above are incorporated into Duke Health’s policies and practices, there is still much work to be done in enhancing the effectiveness of these efforts by ensuring consistency in implementation across Duke Health. A concerted and sustained effort is necessary to incorporate the fundamental principles of equal opportunity, diversity and inclusiveness in all aspects of the Duke experience.