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
Different justifications for the Diversity Project

**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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakke............</td>
<td>3.44</td>
<td>3.46</td>
<td>96</td>
<td>94</td>
<td>97</td>
<td>72</td>
</tr>
<tr>
<td>Average of regular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>admittees........</td>
<td>3.51</td>
<td>3.49</td>
<td>81</td>
<td>76</td>
<td>83</td>
<td>69</td>
</tr>
<tr>
<td>Average of special</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>admittees........</td>
<td>2.62</td>
<td>2.88</td>
<td>46</td>
<td>24</td>
<td>35</td>
<td>33</td>
</tr>
</tbody>
</table>

### Class Entering in 1974

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakke............</td>
<td>3.44</td>
<td>3.46</td>
<td>96</td>
<td>94</td>
<td>97</td>
<td>72</td>
</tr>
<tr>
<td>Average of regular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>admittees........</td>
<td>3.36</td>
<td>3.29</td>
<td>69</td>
<td>67</td>
<td>82</td>
<td>72</td>
</tr>
<tr>
<td>Average of special</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>admittees........</td>
<td>2.42</td>
<td>2.62</td>
<td>34</td>
<td>30</td>
<td>37</td>
<td>18</td>
</tr>
</tbody>
</table>
# Race, Ethnicity and Sex in US Occupations, 1970-2010

**Table 1**


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

**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
  - 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
Demographics: UC Davis 2016

Undergraduate
- Black / African American: 4%
- American Indian / Alaska Native: 1%
- International: 12%
- Asian/Asian American: 34%
- White: 23%
- Hispanic/Latino American: 23%
- Unknown: 3%

Graduate
- Black / African American: 4%
- American Indian / Alaska Native: 1%
- International: 26%
- Asian/Asian American: 18%
- White: 35%
- Hispanic/Latino American: 9%
- Unknown: 7%

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

• “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
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

- Identifying new “compelling state interests” that reimagine the role of higher education:” i.e., Values-Based HSI Framework
A Primer on Hispanic Serving Institution


- 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 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

Embrace diversity, 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.

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 R1 institution

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

Values-based HSI Framework
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

Touchpoints for Institutional Transformation

Rising Families and Communities Toward a Better and More Equitable California
THANK YOU
realdana@ucdavis.edu
(530) 752-8499
APPENDIX: DIVERSITY DATA FOR ANTHROPOLOGY
Anthropology Department
Doctoral Graduate Program

Fall headcounts

2013 2014 2015 2016 2017

White/Caucasian, 66%, 40
White/Caucasian, 48%, 33
International Students, 29%, 20
International Students, 13%, 8
Asian/Paciﬁc Islander, 9%, 6
Unknown/Other, 6%, 4
Hispanic/Latino/Chicano, 6%, 4
American Indian/African Native, 1%, 1
Anthropology Department
Doctoral Graduate Program

Year of Acad Year (Date)

Fall headcounts

Men, 41%, 25

Women, 59%, 36

Women, 59%, 41

Men, 41%, 28
Anthropology Department
Undergraduate Major

Women, 76%, 205

Men, 24%, 63

Year of Acad Year (Date)