



EDI Survey 2023 Report

UW Medicine

OFFICE OF HEALTHCARE EQUITY

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EXECUTIVE SUMMARY

In January 2023, UW Medicine launched its first ever Equity, Diversity, and Inclusion (EDI) Survey. The purpose of the survey is to obtain baseline measurements of perceptions and experiences of EDI across the UW Medicine workforce and to help prioritize areas for action at the entity and departmental levels. The survey focuses on how various personal characteristics (such as race, ethnicity, sex, gender, and disability) shape the employee experience at UW Medicine.

The survey was distributed to a total of 26,473 UW Medicine staff, faculty, residents, fellows, and postdoctoral fellows (i.e., post docs). We received 10,246 responses (39% response rate). The findings in this report are mixed. While many employees' overall experiences of the climate are positive—for example, many feel valued and supported by their direct team members and supervisors—there are important inequities in these experiences by demographic groups and these problems compound for those with intersectional identities. This report provides further exploration of these inequities.

Four major recommendations were developed from survey findings:

1. Earn trust by demonstrating leadership accountability and follow-through on reported incidents of bias.
2. Address disparities of belonging and psychological safety, so that our workforce is able to raise concerns of bias without fear of retaliation.
3. Develop and support multiple systemwide efforts to reduce the frequency of bias and discrimination.
4. Increase leadership diversity through formal recruitment, hiring, retention, promotion and development opportunities for our workforce.

UW Medicine leaders – including executives, deans, chairs, division heads, managers, and supervisors – must assume primary responsibility for acting on these recommendations, with the whole UW Medicine community actively engaged. We must work together to support each other and to change. We invite all of UW Medicine's workforce, patients, families, and the community to join us in this necessary effort.

Humbly, and with deep gratitude,

UW Medicine Office of Healthcare Equity

UW Medicine

OFFICE OF HEALTHCARE EQUITY

EQUITY, DIVERSITY, INCLUSION SURVEY RESULTS

The following primary themes were explored by the survey.

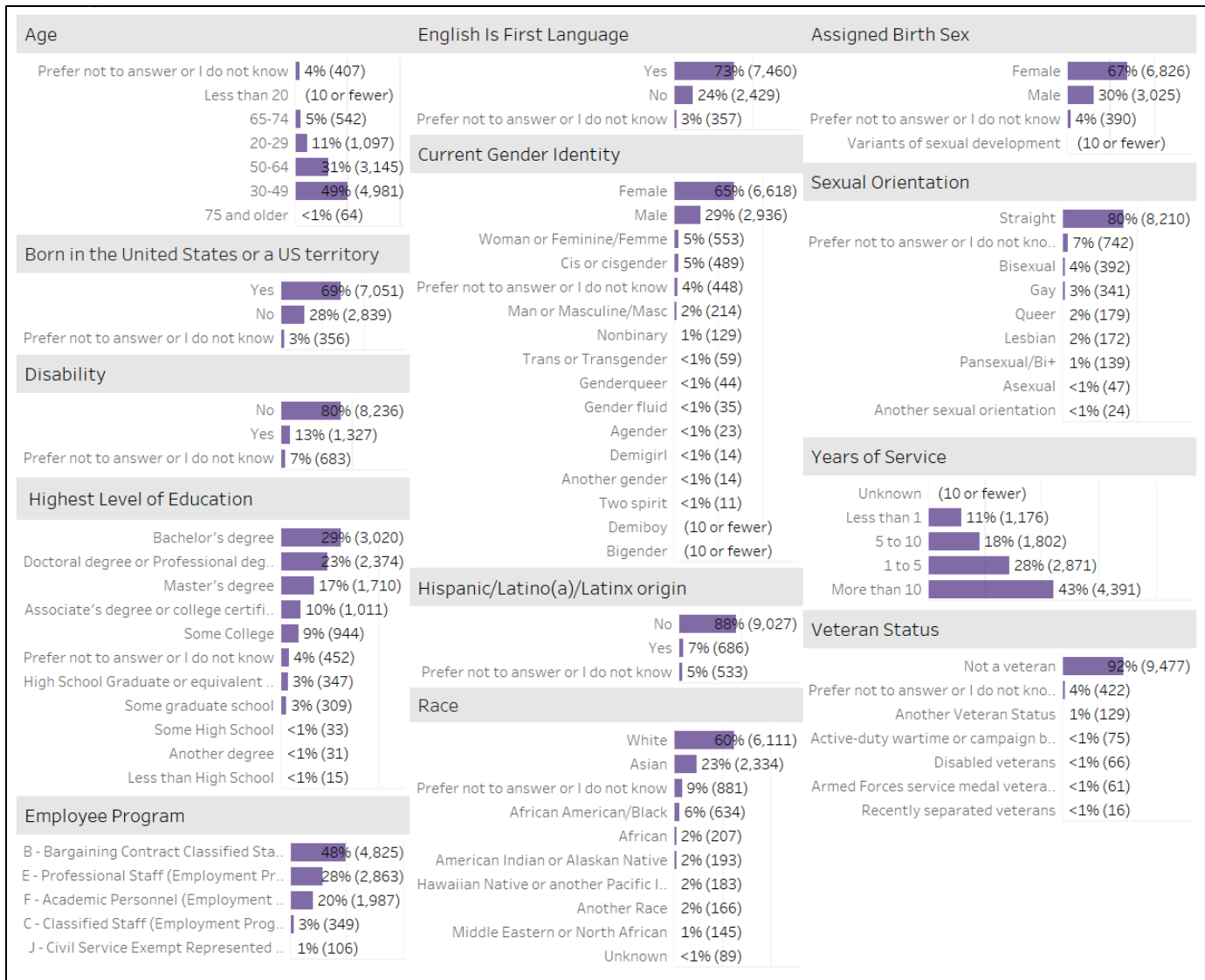
1. **Diversity** - What are the demographic characteristics of those who completed the survey?
2. **Bias** - How have individuals experienced acts of bias or prejudice?
3. **Recruitment** – What are the perceptions of our success in recruiting a diverse workforce?
4. **Retention** – What are the perceptions of our success in retaining a diverse workforce?
5. **Belonging**- How do we feel connected to our peers, leaders, and the overarching UW Medicine mission?
6. **System Progress** - What are the perceptions of EDI progress at UW Medicine? Does the system support engagement with EDI?
7. **Health** - What is the overall health and level of burnout among our workforce?
8. **Workplace Climate** - What are the perceptions of the social environment (attitudes, beliefs, behaviors) in relation to multiple forms of oppression?

Response Rates

10,246 Surveys were completed, a completion rate of 38.7%

Entity	Surveys Sent	Surveys Completed	Response Rate
Airlift Northwest	150	72	48.0%
Harborview Medical Center	5002	1737	34.7%
Primary Care & Population Health	445	243	54.6%
School of Medicine	11146	4176	37.5%
UW Med Shared Services & HR	1901	1083	57.0%
UW Medical Center	7559	2767	36.6%
Faculty Practice Plan Services (staff)	270	168	62.2%
Grand Total	26473	10246	38.7%

Diversity – Demographic Characteristics of Survey Respondents ¹



Additional demographic characteristics of survey respondents:

- 188 languages spoken fluently
- 42 Asian heritages
- 77 religious or spiritual beliefs
- 37 unique conditions or disabilities that impact living, learning, or working conditions
- 6,058 (59.1%) with parenting or caregiving responsibilities (including adult children, non-family members, and other unique situations)
- 867 (8.5%) have held worries about their ability to afford rent/mortgage in past year
- 1,117 (10.9%) have held worries about their ability to afford monthly groceries in past year

¹ Detailed demographics available in Appendix 1: Tables

Bias

Our survey asked respondents to report how frequently they experience a wide variety of potentially discriminatory actions, ranging from various microaggressions, to unfair performance evaluations, to explicitly hostile remarks (see Appendix for detailed item descriptions). Results indicate that experiences of bias continue to be a problem within the UW Medicine community.

Of the 10,242 responses received, 2,232 respondents (22%) reported not just isolated experiences of bias but multiple experiences of bias, with varying degrees of frequency, varying substantially by demographic groups. In addition, a sizable number of employees –1,275 (12%) - reported that they have “seriously considered leaving UW Medicine” due to experiences of bias.

Research shows that multiple experiences may produce a form of chronic and unpredictable stress that has significant impacts on mental health, physical health, and cognitive functioning.⁵ We view bias as a public health crisis that is affecting individuals within our community and addressing it is one of our top-line priorities.

Percentage of respondents that have experienced bias		
Group ²	1+ Times in Past Year	4+ Times in Past Year
UW Medicine	5,694 (55.57%)	2,232 (21.79%)
African American/Black	398 (66.22%)	215 (35.77%)
American Indian or Alaska Native	102 (71.83%)	52 (36.62%)
Another Race	48 (60.00%)	20 (33.33%)
Hispanic (Any Race)	401 (58.45%)	174 (25.36%)
Trans- Man or masculine	12 (85.71%)	6 (42.86%)
Trans-Woman or feminine	12 (75.00%)	8 (50.00%)
Non-Binary ³	164 (82.41%)	102 (51.00%)
LGBQA+ ⁴	848 (64.88%)	382 (29.23%)
Disabled	936 (70.54%)	486 (36.62%)

² Groups were selected to highlight disparities in the data, however additional disparities exist as well. See Appendix for more detailed breakdowns and descriptions.

³ Gender fluid, bigender, genderqueer, non-binary, agender, demiboy, demigirl, two-spirit

⁴ Lesbian, Gay, Bisexual, Queer, Asexual, + (Transgender is pulled out because it is represented above)

⁵ Williams DR, Lawrence JA, Davis BA, Vu C. Understanding how discrimination can affect health. Health Serv Res. 2019 Dec; Epub 2019 Oct 29. PMID: 31663121; PMCID: PMC6864381.

UW Medicine Composite Scores Table

The table below represents composite scores for the next four primary themes explored in the survey, broken down by the demographic groups discussed above. These composite scores were reached by calculating the average of responses across the multiple items that comprised each theme. Detailed item descriptions and tables of results are available in the [Appendix](#) and Dashboard.

Group	Recruitment	Retention	Belonging	System Progress
	Items are scored 1-5, with 5 being the best score possible.			
UW Medicine	3.9 (0.8)	3.8 (1.0)	4.1 (0.6)	3.8 (0.8)
African American/Black	3.7 (1.0)	3.7 (1.0)	4.1 (0.7)	3.7 (0.9)
American Indian or Alaska Native	3.9 (0.9)	3.7 (1.0)	4.1 (0.7)	3.8 (0.8)
Another Race	3.7 (1.0)	3.7 (1.1)	4.0 (0.6)	3.7 (0.9)
Hispanic (Any Race)	3.9 (0.9)	3.8 (1.0)	4.2 (0.6)	3.8 (0.9)
Trans- Man or Masculine	3.4 (0.6)	3.2 (1.2)	3.8 (0.5)	2.5 (0.8)
Trans- Woman or Feminine	2.5 (NA)	3.9 (0.7)	4.5 (0.3)	2.4 (NA)
Non-Binary	3.6 (0.8)	3.5 (1.0)	4.0 (0.6)	3.3 (0.8)
LGBQA+	3.8 (0.8)	3.7 (1.0)	4.1 (0.6)	3.7 (0.8)
Disabled	3.7 (0.9)	3.5 (1.1)	4.0 (0.6)	3.6 (0.8)
Standard deviation in parentheses				

Recruitment & Retention

Consistent with other themes in this survey, perceptions of UW Medicine’s recruitment and retention environment demonstrate disparities. Among the seven items that comprised the themes of recruitment and retention, the overall highest scoring item asked respondents if they understood how their job was connected to UW Medicine’s mission (mean = 4.24), and the lowest scoring item asked about access to mentors (mean = 3.68).

Access to mentors is of interest to many groups in our system, as many believe it is crucial for success at UW Medicine, including growth into leadership positions. Disparities were evident for

this issue. Over 67% of respondents who identified as white or Asian reported that they had good access, while 59% of respondents who identified as African American/Black felt this way.

As our community explores these items with our dashboard, it is important to keep in mind that these items represent self-reported perceptions of UW Medicine’s hiring and retention practices, not objective data on actual practices. Objective data on who we successfully hire and who we successfully retain, split by the important demographic groups centered in this report, is simply not available system-wide. This, in our opinion, is a priority problem that must be solved so that we can target improvements appropriately. In the meanwhile, our community’s perceptions matter and it is crucial to address the disparities observed in these data such that all our employees can trust our efforts on these matters.

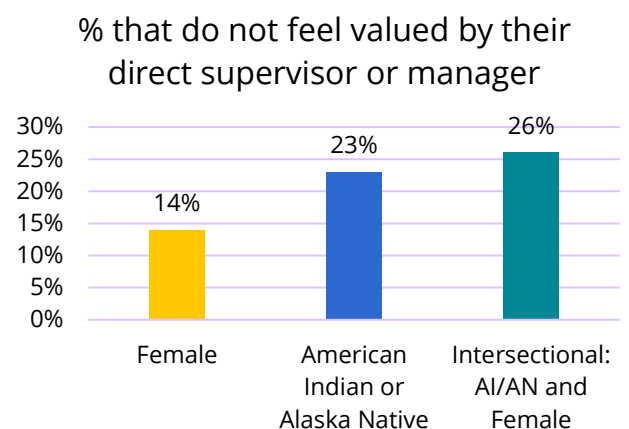
Belonging

Belonging is a broad theme, comprising items such as:

- Feeling one’s work is connected to UW Medicine’s mission
- Feeling a part of the UW Medicine community
- Feeling valued by one’s coworkers and supervisors/managers
- Comfortable being one’s self at work.
- Getting to know and appreciating others’ diverse backgrounds

Our survey found that, on average, respondents’ belonging scores are relatively high, about 4.1 out of 5. But there is a great deal of variability in these scores, and specific groups and individuals with a lower reported sense of belonging can be identified with a closer analysis.

For example, research on inclusion and belonging at work strongly suggests that an important factor is the quality of one’s relationship with one’s direct supervisor or manager. Exploration of our dashboard reveals that 26% of respondents who identify as female and American Indian/Alaska Native do not feel valued by their direct supervisor or manager. Our high-level summary report does not allow detailed investigation of all intersectional groups as in this example, but it is imperative that leaders (including local leaders) heighten their awareness of how to address situations that give rise



to lack of inclusion and sense of belonging and take responsibility for change.

System Progress

The System Progress theme was measured by asking respondents if they perceive leadership to be investing enough resources into EDI and if various EDI resources (such as training) are supported, accessible, and helpful. Included in this category are questions that address how well respondents feel that bias incidents are handled at UW Medicine and if they fear retaliation if they report bias.

Survey Question	Mean Score
My department/division/unit's leadership reflects the communities we serve	3.68
UW Medicine leadership and management is investing enough resources into its equity, diversity, and inclusion initiatives and programs	3.85
Employee participation in equity, diversity, and inclusion training and activities is encouraged and supported at UW Medicine.	4.12
UW Medicine's equity diversity and inclusion trainings are improving in the workplace culture.	3.78
UW Medicine is taking concrete and specific actions to reduce inequity in the workplace.	3.87
It easy for me to find equity, diversity and inclusion resources at UW Medicine.	3.96
I am confident that If I reported an incident of bias or discrimination at UW Medicine appropriate action would be taken in response.	3.76
I am (not) fearful of retaliation from my coworkers or supervisor if I report an incident of bias or discrimination	3.55

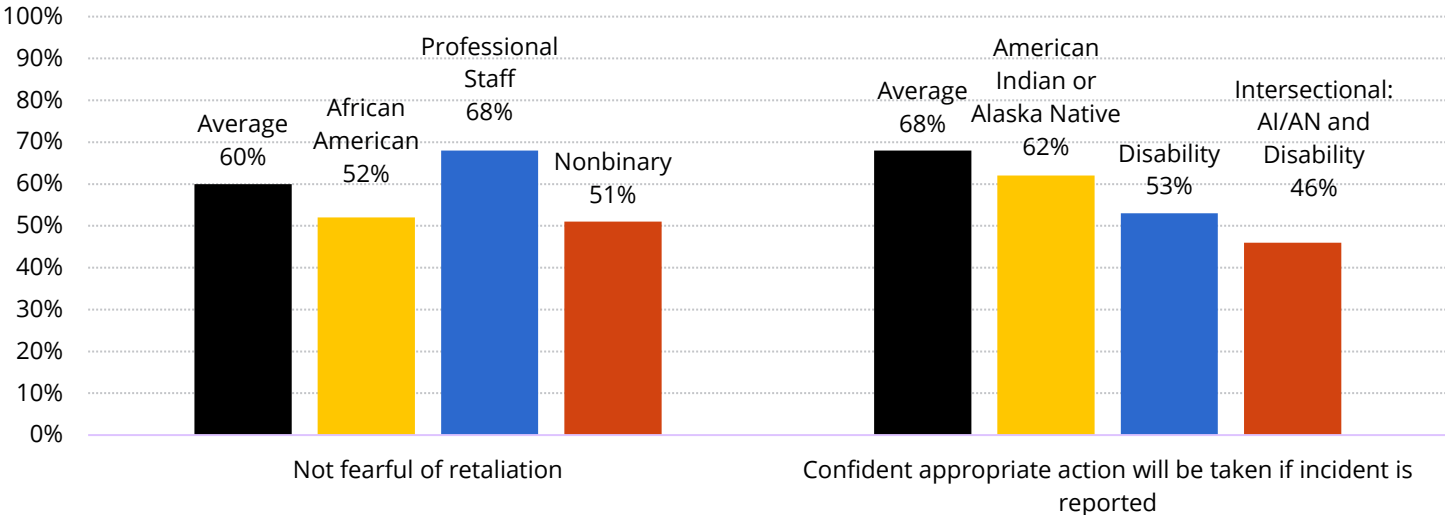
This section reflected some of the lowest scores overall, across many different personal identities. This is crucial to highlight because our system’s EDI efforts, essentially, are for all individuals with minoritized identities. For example, on average, the majority (64%) of our respondents feel that UW Medicine is taking specific and concrete actions to address inequity in the workplace, but only 47% of those who identify as trans/genderqueer/non-binary feel this way.

A substantial minority of respondents (41%) feel that UW Medicine’s EDI trainings are not improving the workplace climate. We understand that EDI trainings can be improved, and we also know that training alone is not a cure-all to our equity challenges.

Perception of our response to bias incidents is particularly problematic. The lowest scoring item (on the survey as a whole) asked about fear of retaliation when reporting bias. Results indicate that fewer than half (46%) of our respondents are NOT fearful of doing this. Who, then, feels they can make a bias report without fear? Our survey suggests that those with the least fear include respondents who identify as white (67% are not fearful), cisgender (65% not fearful), and professional staff (68% not fearful), but even these numbers suggest a large problem. We recommend that UW Medicine make improvements to proactively protect against retaliation and respond better to reports such that individuals are willing to report bias when it occurs. Another way to approach this issue is to recognize that making a bias report is inherently a vulnerable thing to do, and those who are most minoritized may experience the most vulnerability. For example, 30% of respondents who identify as Asian reported being fearful of making a bias report, as did 32% of respondents who identify as having a disability. However, when these two categories intersect – identifying as both Asian and having a disability – the rate increases to 37%.

Similar concerns are raised when exploring how confident respondents are that the system will respond appropriately if they report an incident of bias. Confidence varies widely across gender (e.g., only 35% of those who identify as transgender expressed confidence), race (e.g., 61% of those who identify as African American/Black), sexual orientation (e.g., 57% of those who identify as bisexual), and other identity categories (e.g., 53% of those who identify as having a disability). Again, intersectionality matters here: Only 36% of those who identify as both African American/Black and bisexual expressed confidence that the system would appropriately respond to their bias report.

Percentage of Staff that Strongly Agree or Agree that they are...



Health and Well-Being

To assess health and well-being in our survey, we included a screening measure of depression (PHQ-2)⁶, and a question about workplace burnout. The primary purpose for including these measures was to better understand the self-reported health status of all surveyed individuals, but particularly minoritized groups in our work environments.

Our findings indicate significantly elevated rates of mental health distress – as indicated by screening positive for depression – among individuals identifying as trans-men (57.2%), trans-women (43.7%), and non-binary (34.7%) compared to the overall rate of 11.5% within UW Medicine.

Burnout is a pressing issue within UW Medicine as research⁷ has consistently demonstrated its correlation with adverse effects on physical and mental health, decreased job performance, interpersonal challenges, heightened risk of errors, job dissatisfaction, increased turnover, and negative impacts on personal life. Burnout results are similar to those above for depression. We observed particularly elevated burnout rates among American Indians/Alaska Natives, transgender/non-binary individuals, and individuals with disabilities.

The high rates of mental health distress and burnout reported by individuals in these groups underscore the need for attention. The causes of burnout and depression are complex. We recommend that UW Medicine prioritize efforts aimed to address the root causes of burnout and increase our support for their mental health and well-being.

⁶ Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care*. 2003;41:1284-92.

⁷ Salvagioni DAJ, Melanda FN, Mesas AE, González AD, Gabani FL, Andrade SMd (2017) Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS ONE* 12(10): e0185781. <https://doi.org/10.1371/journal.pone.0185781>

Russell, M. B., Attoh, P. A., Chase, T., Gong, T., Kim, J., & Liggans, G. L. (2020). Examining Burnout and the Relationships Between Job Characteristics, Engagement, and Turnover Intention Among U.S. Educators. *SAGE Open*, 10(4). <https://doi.org/10.1177/2158244020972361>

Abramson, A. (2022, January 1). Burnout and stress are everywhere. *Monitor on Psychology*, 53(1). <https://www.apa.org/monitor/2022/01/special-burnout-stress>

Group	PHQ-2 (% scores 3+ indicate major depressive disorder likely)	Burnout (% score=3+)
UW Medicine	11.5% (1,177)	36.1%
African American/Black	13.5% (81)	32.3%
American Indian or Alaska Native	20.4% (29)	45.6%
Another Race	12.50% (10)	38.6%
Hispanic (Any Race)	15.0% (103)	38.6%
Trans- Man or Masculine	57.1% (8)	57.2%
Trans- Woman or Feminine	43.7% (7)	68.8%
Non-Binary	34.7% (69)	58.3%
Disabled	23.0% (306)	53.4%

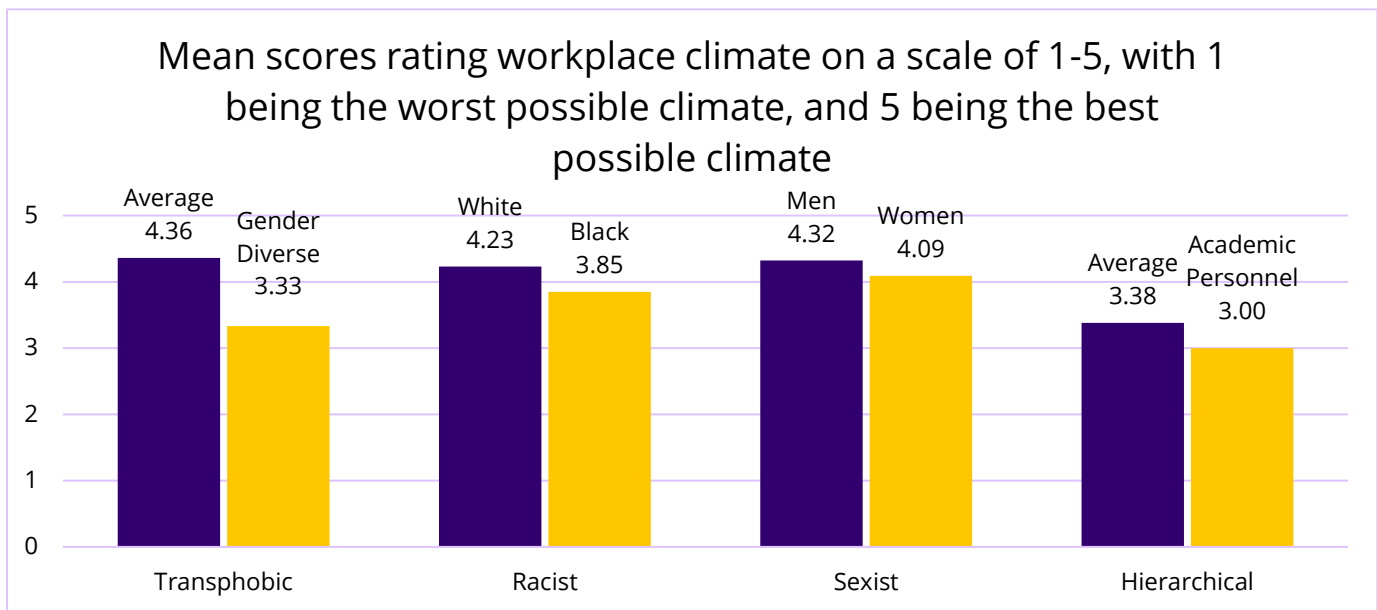
Workplace Climate

To assess the workplace climate within UW Medicine, we asked survey respondents to rate the climate along eleven dimensions including friendly/hostile, supportive/not supportive of veterans, not hierarchical/hierarchical, not sexist/sexist) on a scale from 1 to 5, where 5 was the best possible score. Mean scores for these questions were relatively high (all above 4.0) with the one exception of hierarchy that had a mean score of 3.38.

Mean scores, however, do not tell the whole story. Important differences exist between groups on many climate dimensions. Unsurprisingly, members of marginalized groups have very different experiences of specific aspects of the climate than do others: Respondents who identify as transgender report the worst perceptions of the degree of transphobia in our system

(2.48), Black respondents report worse perceptions of the degree of racism in the system (3.85), and disabled veterans report worse perceptions of the degree of poor treatment of veterans in our system (3.82), and so on.

We believe these findings may represent a potential lack of perspective-taking among many members of our community, particularly those who are not personally impacted by specific workplace climate dimensions. We need to continue to educate our system about the experiences of our colleagues with multiple minoritized identities, as a first step towards improvement. While this report cannot provide all necessary details with this in mind, we strongly encourage readers of this report to explore the data using the dashboard, which can produce a more nuanced understanding of the experiences of different subgroups within the workplace.



RECOMMENDATIONS & ACTION STEPS

UW Medicine has committed to becoming an antiracist organization, one that represents the populations it serves, and one in which all members of our community come to work feeling a sense of inclusion and belonging and justice when harm occurs. Based upon the findings of the EDI Survey, four themes emerged, from which the following recommendations were developed. These four recommendations will guide concrete accountability to our Equity, Diversity and Inclusion work across UW Medicine. We will engage leadership and EDI committees across our system to review their specific results and collaborate on overarching action plans.



Action Steps

- Leadership from each organization will commit to improving, centering the above themes
- Develop a common set of metrics for measuring progress
- Establish additional UW Medicine wide targets for improvement
- Establish additional local targets for improvement at each organization
- Create Action Planning resources to support individuals and leaders of all levels to align their efforts to the themes above
- Integrate restorative practices for community building and conflict resolution
- Share best practices and resources in order to learn from each other and improve our efforts

UW Medicine is an integrated clinical, research, and learning health system. We recognize that each organization has its own unique challenges. That's why we'll be asking each leadership team to commit to the same recommendations listed above. One of the keys to success is ensuring that all our organizations are aligned. While the specific goals and strategies may differ, it is important that we all work towards the same overall objectives. By working together, we can achieve our mission of improving the health of the public.

FEEDBACK

What We Will Do Differently Next Time

Here we highlight mistakes we made and areas for improvement we have discovered from administering this inaugural survey. Our goal in sharing the information below is to hold ourselves accountable for our actions (or lack thereof). We are committed to spending more time and resources improving this survey for FY25.

- **Accessible Survey Platform:** Redcap, the survey platform used, was not accessible for our visually impaired respondents.
- **Stronger Translations:** We received feedback that several language translations of our survey were not up to standards.
- **Demographic Data:** Our language describing response options for some demographic categories (e.g., gender, sexual orientation, religion, race, ethnicity) was at times incorrect, incomplete, confusing or missing. This resulted in imprecise or inaccurate identification of some of our respondents' personal characteristics.
- **Survey Communications:** Based on feedback and our response rate, survey communications needed to reach a broader audience and be more consistent.
- **Integration with Other Workforce Surveys:** Due to our workforce being asked to take multiple surveys in a short period of time, there was significant survey fatigue. Deeper collaboration and partnership will be critical in the future.

UW Medicine and the Office of Healthcare Equity welcome your feedback.

Thank you for taking the time to read our narrative on the results of the EDI Survey. We believe that creating a more inclusive and equitable workplace is essential to our success as an organization.

We are always looking for ways to improve our efforts to create a more inclusive workplace. If you have feedback on the report, the actions and recommendations, or on our equity journey as a whole, please email us at ohce@uw.edu.

ACKNOWLEDGEMENTS

This work was supported by the Office of Healthcare Equity. Special thanks to the following personnel for contributing to the survey.

- Michelle Harvey, RedCap Programmer
- AWS Server Team, Secure Data server
- Courtney Drake, Dashboard Developer
- Nancy Gomez Juarez, Data Analysis
- Angela Moore and Morgan Lang, Promotional Video creation
- [EDI Survey Task Force](#), Survey Design and Communications
- OHCE Steering Committee, Championing EDI Survey
- Steve Butler and Heidi Singh, Communications
- Bill Wardlow, Mark Kim, Michael Hendrickson, Digital Assets
- Survey testers from patient care services, biomedical researchers, environmental services, faculty and professional staff.

APPENDICES

Appendix 1: Tables

Table 1: Survey Respondents

	Number	Percent
Total Number	10,246	100
AGE		
<30 years	1,107	10.80%
30-49 years	4,981	48.61%
50-64 years	3,145	30.69%
65+ years	606	5.91%
Prefer not to answer or Don't Know	407	3.97%
GENDER		
Male	2,936	28.66%
Female	6,618	64.59%
Man or Masculine	214	2.09%
Woman or Feminine	553	5.40%
Trans or Transgender	59	0.58%
Cis	489	4.77%
Genderqueer	44	0.43%
Nonbinary	129	1.26%
Two spirit	11	0.11%
Gender fluid	35	0.34%
Bigender	5	0.05%
Agender	23	0.22%
Demigirl	14	0.14%
Demiboy	10	0.10%
Another Gender	14	0.14%
Multiple gender identities	1428	13.94%
Prefer not to answer or Don't Know	448	4.37%
SEX ASSIGNED AT BIRTH		
Female	6,826	66.62%
Male	3,025	29.52%
Variants of Sexual Development	5	.05%
Prefer not to answer or Don't Know	390	3.81%
SEXUAL ORIENTATION		

Straight	8,210	80.13%
Gay	341	3.33%
Lesbian	172	1.68%
Queer	179	1.75%
Bisexual/Pansexual /Bi+	531	5.18%
Asexual	47	0.46%
Another Sexual Orientation	24	0.23%
Prefer not to answer or Don't Know	742	7.24%
RACE ALONE		
Black/African American	634	6.19%
African American	207	2.02%
American Indian/Alaska Native	193	1.88%
Asian	2,334	22.78%
White	6,111	59.64%
Native Hawaiian/Other Pacific Islander	183	1.79%
Middle Eastern or North African	145	1.42%
Another Race	166	1.62%
Multiple Races	615	6.00%
Unknown	89	0.87%
Prefer not to answer or Don't Know	881	8.60%
RACE AND ETHNICITY		
Hispanic (Any Race)	686	6.70%
NH Black/African American	601	5.87%
NH African American	198	1.93%
NH American Indian/Alaska Native	142	1.39%
NH Asian	2,263	22.09%
NH White	5,698	55.61%

NH Native Hawaiian/Other Pacific Islander	168	1.64%
NH Middle Eastern or North African	141	1.38%
NH Another Race	80	0.78%
NH Multiple Races	557	5.44%
NH Unknown	41	0.40%
NH Prefer not to answer or Don't Know	316	3.08%
NATIVITY		
US Born	7,051	68.82%
Foreign Born	2,839	27.71%
Prefer not to answer or Don't Know	356	3.47%
SELF-IDENTIFIED DISABILITY		
Yes	1,327	12.95%
No	8,236	80.38%
Prefer not to answer or Don't Know	683	6.67%
EDUCATIONAL ATTAINMENT		
High School or Less	395	3.86%
Some College	944	9.21%

Associates Degree or Certification	1,011	9.87%
Bachelor's Degree	3,020	29.47%
Some Graduate School or Master's Degree	2,019	19.71%
Doctorate or Professional Degree	2,374	23.17%
Other Degree or Certificate	31	0.30%
Prefer not to answer or Don't Know	452	4.41%
FLUENCY IN LANGUAGE OTHER THAN ENGLISH		
Yes	3,482	33.98%
No	6,321	61.69%
Prefer not to answer or Don't Know	443	4.32%
US VETERAN OR ACTIVE-DUTY MILITARY		
Yes	347	3.39%
No	9,477	92.49%
Prefer not to answer or Don't Know	422	4.12%

Note: Gender, race alone, & NH race and ethnicity will surpass 10,246 due to participants selecting multiple gender options.
NH = Non Hispanic

Table 2: Outcomes by Age

Scales according to REDCap and R (checked data for input)
 Belonging scale = 1 (Strongly Disagree) – 5 (Strongly Agree)
 Bias Frequency = n & % of population that have scored 1 or higher
 Health = n & % of population that have scored 3 or higher

Hiring = 1(Strongly Disagree) – 5(Strongly Agree)
 Leaders = 1 (Strongly Disagree) – 5 (Strongly Agree)
 Retention = 1 (Strongly Disagree) – 5 (Strongly Agree)
 System = 1(Strongly Disagree) – 5(Strongly Agree)

	Belonging	Health	Hiring	Leaders	Retention	Climate	System
Overall UW Medicine	4.11 (0.63)	1,177 (11.49%)	3.89 (0.87)	4.18 (0.79)	3.76 (1.00)	4.13 (0.83)	3.85 (0.80)
<30 years	4.22 (0.55)	230 (2.24%) 230 (20.78%)	4.04 (0.77) ¹	4.27 (0.71)	3.85 (0.91) ¹	4.25 (0.78) ¹	3.83 (0.81) ^{1,2}
30-49 years	4.17 (0.59)	624 (6.09%) 624 (12.53%)	3.93 (0.85) ^{1,2}	4.24 (0.75)	3.78 (0.99) ²	4.18 (0.78) ^{2,3}	3.86 (0.81) ^{3,4}
50-64 years	4.16 (0.61)	265 (2.59%) 265 (8.43%)	3.94 (0.83)	4.26 (0.75)	3.82 (0.96) ³	4.32 (0.77) ^{2,4}	4.00 (0.74) ^{1,3,5}
65+ years	4.19 (0.59)	32 (0.31%) 32 (5.28%)	4.00 (0.79) ²	4.32 (0.72)	4.00 (0.88) ^{1,2,3}	4.37 (0.72) ^{1,3,4}	4.16 (0.61) ^{2,4,5}
ANOVA	<i>p</i> = 0.056	--	<i>p</i> = 0.001	<i>p</i> = 0.108	<i>p</i> = <.001	<i>p</i> = <.001	<i>p</i> = <.001
Cohen's d		--					
Largest Mean Difference	--	--	0.13 ¹	--	0.22 ²	0.23 ³	0.41 ²
Smallest Mean Difference	--	--	0.08 ²	--	0.15 ¹	0.06 ⁴	0.20 ⁵

*all pairwise comparisons are different from each other
p < 0.05; significant ANOVA, at least one of the categories is different from each other
^{1,2,3,...} Tukey's significant pairwise comparisons
 Cohen's d = mean difference / overall SD

Bias/Health = overall UW medicine N does not include 999=Prefer not to answer since we do not have that category in the table; overall % N/10246
Percentage = N for that category /10246 overall population
Percentage = N for that category /Overall # for that category in the demographics; for example: <30 years 658/1107 (total individuals who reported being <30 years)

Table 3: Outcomes by Race/Ethnicity

	Belonging	Health	Hiring	Leaders	Retention	Climate	System
Hispanic (Any Race)	4.21 (0.65)	103(1.01%) 103(15.01%)	3.91 (0.90)	4.24 (0.78)	3.78 (1.02)	4.34 (0.77)	3.81 (0.89)
NH Black/African American	4.11 (0.67)	81(0.79%) 81(13.48%)	3.72 (1.03) ^{1,2}	4.15 (0.84) ¹	3.71 (1.05)	4.22 (0.84)	3.66 (0.92) ^{1,2,3}
NH African American	4.16 (0.69)	15(0.15%) 15(7.58%)	3.81 (1.00)	4.16 (0.84)	3.82 (1.04)	4.36 (0.71)	3.97 (0.80) ¹
NH American Indian/Alaska Native	4.05 (0.70)	29(0.28%) 29(20.42%)	3.81 (0.85)	4.12 (0.84)	3.70 (0.99)	4.00 (0.90)	3.81 (0.80)
NH Asian	4.17 (0.60)	232(2.26%) 232(10.25%)	3.97 (0.85) ¹	4.24 (0.74)	3.85 (0.93) ¹	4.33 (0.76) ^{1,2}	3.9 5(0.79) ^{2,4}
NH White	4.18 (0.57)	680(6.64%) 680(11.93%)	3.97 (0.79) ²	4.28 (0.73) ¹	3.81 (0.98)	4.20 (0.77) ^{1,3}	3.94 (0.74) ^{3,5}
NH Middle Eastern or North African	4.11 (0.66)	18(0.18%) 18(10.71%)	3.90 (0.93)	4.19 (0.81)	3.70 (1.08)	4.14 (0.91) ⁴	3.80 (0.94)
NH Native Hawaiian/Other Pacific Islander	4.21 (0.56)	21(0.20%) 21(14.89%)	4.00 (0.80)	4.23 (0.68)	3.92 (0.80)	4.33 (0.78) ^{3,4,5,6}	3.95 (0.69)
NH Another Race	4.04 (0.65)	10(0.10%) 10(12.50%)	3.73 (0.96)	4.08 (0.80)	3.67 (1.11)	4.13 (0.87) ⁵	3.68 (0.94)
NH Multiple Races	4.15 (0.64)	84(0.82%) 84(15.08%)	3.87 (0.90)	4.22 (0.75)	3.71 (1.05) ¹	4.12 (0.78) ^{2,6}	3.81 (0.82) ^{4,5}
ANOVA	p > .005	--	p < .001	p < .001	p < .001	p < .001	p < .001
Cohen's d		--					
Largest mean difference	--	--	0.29 ^{1,2}	0.16 ¹	0.14 ¹	0.25 ^{2,6}	0.39 ¹
Smallest mean difference	--	--	--	--	--	0.16 ¹	0.16 ⁵
RACE ALONE							
Black/African American	4.11 (0.67)	85(0.83%) 85(13.41%)	3.73 (1.02) ^{1,2}	4.16 (0.83) ¹	3.72 (1.05)	4.21 (0.84) ¹	3.66 (0.91) ^{1,2,3,4}
African American	4.16 (0.69)	17(0.17%) 17(8.21%)	3.80 (1.00)	4.15 (0.84)	3.82 (1.03) ¹	4.36 (0.71)	3.98 (0.79) ^{1,5}
American Indian/Alaska Native	4.11 (0.72)	41(0.40%) 41(21.24%)	3.86 (0.90)	4.16 (0.85)	3.73 (1.05)	4.11 (0.88)	3.81 (0.89)

Asian	4.17 (0.60) ¹	241(2.35%) 241(10.33%)	3.97 (0.85) ^{1,3}	4.23 (0.74) ²	3.85 (0.93) ^{2,3}	4.32 (0.77) ^{2,3,4}	3.95 (0.79) ^{2,6,7}
White	4.19 (0.58) ²	737(7.19%) 737(12.06%)	3.97 (0.80) ^{2,4}	4.28 (0.73) ^{1,2,3}	3.81 (0.98) ⁴	4.21 (0.77) ^{2,5}	3.94 (0.75) ^{3,8,9}
Middle Eastern or North African	4.13 (0.66)	19(0.19%) 19(10.38%)	3.91 (0.93)	4.18 (0.80)	3.72 (1.09)	4.16 (0.91) ⁶	3.82 (0.94)
Native Hawaiian/Other Pacific Islander	4.21 (0.56)	24(0.23%) 24(16.55%)	3.99 (0.80)	4.23 (0.68)	3.90 (0.80) ⁵	4.33 (0.77) ^{1,5,6,7,8}	3.94 (0.69) ^{4,10}
Another Race	4.01 (0.74) ^{1,2}	21(0.20%) 21(12.65%)	3.71 (0.99) ^{3,4}	4.06 (0.84) ³	3.59 (1.12) ^{1,2,4,5}	4.21 (0.88) ^{3,7}	3.63 (1.00) ^{5,6,8,10}
Multiple Races	4.16 (0.64)	96(0.94%) 96(15.61%)	3.87 (0.90)	4.22 (0.75)	3.72 (1.05) ³	4.13 (0.78) ^{4,8}	3.81 (0.84) ^{7,9}
ANOVA	p < .001	--	p < .001	p < .001	p < .001	p < .001	p < .001
Cohen's d		--					
Largest mean difference	0.29 ²	--	0.30 ³	0.28 ³	0.31 ⁵	0.24 ⁸	0.44 ⁵
Smallest mean difference	0.25 ¹	--	0.28 ²	0.06 ²	0.13 ³	0.13 ²	0.16 ⁹

Bias/Health = overall UW medicine N does not include 999=Prefer not to answer since we do not have that category in the table; overall % N/10246

Percentage = N for that category /% overall population

Percentage = N for that category /Overall # for that category in the demographics; for example: NH Black/AA 398/601 (total individuals who reported being NH Black/AA)

Note: percentages will not add since some individuals selected multiple options

Table 4: Gender and Sexual Orientation

	Belonging	Health	Hiring	Leaders	Retention	Climate	system
Overall UW Medicine	4.11 (0.63)	1,143 (11.16%)	3.89 (0.87)	4.18 (0.79)	3.76 (1.00)	4.13 (0.83)	3.85 (0.80)
GENDER							
Male Matches Sex Birth AND Cis Male	4.22 (0.49)	318(3.10%) 318(10.92%)	4.03 (0.83)	4.36 (0.61)	3.75 (1.05)	4.23 (0.68)	3.86 (0.81)
Female Matches Sex Birth AND Cis Female	4.26 (0.54)	741(7.23%) 741(11.27%)	3.81 (0.86)	4.22 (0.79)	3.80 (0.98)	3.89 (0.81)	3.68 (0.81)
Trans – Man or masculine	3.84 (0.49)	8(0.08%) 8(57.14%)	3.42 (0.63)	3.67 (0.88)	3.25 (1.19)	3.32 (1.06)	2.52 (0.81)
Trans – Woman or feminine	4.50 (0.32)	7(0.07%) 7(43.75%)	2.50 (NA)	4.11 (0.96)	3.90 (0.74)	5.00 (NA)	2.43 (NA)
Non-binary	4.03	69(0.67%)	3.61	3.94	3.50	3.68	3.28

	(0.58)	69(34.67%)	(0.81)	(0.88)	(0.98)	(0.88)	(0.83)
ANOVA	--	--	--	--	--	--	--
Cohen's d	--	--	--	--	--	--	--
Largest mean difference	--	--	--	--	--	--	--
Smallest mean difference	--	--	--	--	--	--	--
SEXUAL ORIENTATION							
Straight	4.18 (0.59) ¹	837(8.17%) 837(10.19%)	3.97 (0.83) ^{1,2,3}	4.27 (0.73) ^{1,2}	3.84 (0.96) ^{1,2,3}	4.28 (0.76) ^{1,2,3,4}	3.96 (0.76) ^{1,2,3,4,5}
Gay	4.17 (0.59) ²	39(0.38%) 39(11.44%)	3.88 (0.85) ⁴	4.28 (0.72) ^{3,4}	3.74 (0.92) ⁴	4.18 (0.75) ^{5,6,7}	3.84 (0.75) ^{6,7}
Lesbian	4.16 (0.60) ³	23(0.22%) 23(13.37%)	3.87 (0.77)	4.19 (0.79) ^{5,6}	3.90 (1.01) ^{5,6,7}	4.09 (0.85) ^{1,8}	3.74 (0.79) ^{1,8}
Queer	4.00 (0.57) ^{1,2,3,4}	56(0.55%) 56(31.28%)	3.60 (0.79) ^{1,4,5}	3.93 (0.89) ^{1,3,5,7}	3.39 (1.06) ^{1,4,5,8}	3.58 (0.80) ^{2,5,8,9}	3.25 (0.89) ^{2,6,8,9}
Bisexual/Pansexual/Bi+	4.14 (0.61) ⁴	119(1.16%) 119(22.41%)	3.84 (0.88) ^{2,5}	4.14 (0.81) ⁷	3.64 (1.05) ^{2,8}	4.01 (0.84) ^{3,6,9}	3.66 (0.87) ^{3,7,9}
Asexual	3.97 (0.63)	17(0.17%) 17(36.17%)	3.76 (0.76) ³	3.83 (0.95)	3.43 (1.18) ^{3,6}	3.94 (0.82)	3.53 (0.92) ⁴
Another Sexual Orientation	4.40 (0.45)	7(0.07%) 7(29.17%)	3.82 (1.07)	4.23 (0.90) ^{2,4,6}	3.33 (1.26) ⁷	3.66 (1.36) ^{4,7}	3.39 (1.02) ⁵
LGBQA+	4.14 (0.59)	261(2.55%) 261(20.17%)	3.83 (0.83)	4.17 (0.79)	3.68 (1.01)	4.03 (0.83)	3.68 (0.84)
ANOVA	p = 0.001	--	p = <.001	p = <.001	p = <.001	p = <.001	p = <.001
Cohen's d		--					
Largest mean difference	0.29 ¹	--	0.43 ¹	0.44 ³	0.57 ⁷	0.84 ²	0.89 ²
Smallest mean difference	0.22 ⁴	--	0.15 ²	0.26 ⁷	0.20 ²	0.21 ⁶	0.23 ⁷

LGBQA+ = Lesbian, Gay, Bi, Queer, Asexual, Another sexual orientation) combined

Bias/Health = overall UW medicine N does not include 999=Prefer not to answer since we do not have that category in the table; overall % N/10246

Percentage = N for that category /% overall population

Percentage = N for that category /Overall # for that category in the demographics; for example: NH Black/AA 398/601 (total individuals who reported being NH Black/AA)

Note: percentages will not add since some individuals selected multiple options

Table 5: Nativity, Disability, Veteran Status, Education, and Fluency in Language Other Than English

	Belonging	Health	Hiring	Leaders	Retention	Climate	System
Overall UW Medicine	4.11 (0.63)	1,155 (11.27%)	3.89 (0.87)	4.18 (0.79)	3.76 (1.00)	4.13 (0.83)	3.85 (0.80)
NATIVITY							
US Born	4.17 (0.58)	875(8.54%) 875(12.41%)	3.92 (0.82)	4.25 (0.74)	3.79 (0.98)	4.19 (0.78)	3.88 (0.78)
Foreign Born	4.20 (0.62)	280(2.73%) 280(9.86%)	4.01 (0.86)	4.28 (0.75)	3.89 (0.94)	4.39 (0.76)	4.03 (0.77)
ANOVA	$p = 0.098$	--	$p = <.001$	$p = 0.655$	$p = <.001$	$p = <.001$	$p = <.001$
Cohen's d	--	--	0.10	--	0.10	0.24	0.19
SELF-IDENTIFIED DISABILITY							
Disabled	4.04 (0.65)	306(2.99%) 306(23.06%)	3.75 (0.89)	4.07 (0.88)	3.51 (1.12)	3.95 (0.86)	3.65 (0.86)
Not Disabled	4.20 (0.58)	771(7.52%) 771(9.36%)	3.98 (0.82)	4.29 (0.72)	3.86 (0.93)	4.28 (0.76)	3.96 (0.76)
ANOVA	$p = <.001$	--	$p = <.001$	$p = <.001$	$p = <.001$	$p = <.001$	$p = <.001$
Cohen's d	0.25	--	0.27	0.28	0.35	0.40	0.39
VETERAN STATUS							
Veteran	4.19 (0.64)	33(0.32%) 33(9.51%)	3.96 (0.95)	4.24 (0.82)	3.88 (1.05)	4.30 (0.76)	4.03 (0.81)
Not Veteran	4.18 (0.59)	1,110(10.83%) 1,110(11.71%)	3.95 (0.83)	4.26 (0.74)	3.81 (0.96)	4.24 (0.78)	3.92 (0.78)
ANOVA	$p = 0.494$	--	$p = 0.927$	$p = 0.879$	$p = 0.791$	$p = 0.717$	$p = 0.166$
Cohen's d	--	--	--	--	--	--	--

Bias/Health = overall UW medicine N does not include 999=Prefer not to answer since we do not have that category in the table; overall % N/10246

Percentage = N for that category /10246 overall population

Percentage = N for that category /Overall # for that category in the demographics; for example: Nativity – US Born 4042/7051 (total individuals who reported being a US native)

Table 6. Educational Attainment, Fluency in Language Other Than English

	Belongin g	Health	Hirin g	Leaders	Retention	Climate	System
Overall UW Medicine	4.11 (0.63)	1,147 (11.19%)	3.89 (0.87)	4.18 (0.79)	3.76 (1.00)	4.13 (0.83)	3.85 (0.80)
EDUCATIONAL ATTAINMENT							

High School or Less	4.21 (0.52)	52(0.51%) 52 (13.16%)	4.05 (0.70) ¹	4.22 (0.72)	3.99 (0.82) ^{1,2}	4.60 (0.68) ^{1,2,3,4}	4.07 (0.69) ^{1,2,3}
Some College	4.17 (0.65)	138 (1.35%) 138 (14.62%)	4.01 (0.89) ²	4.26 (0.79)	3.87 (0.94) ³	4.45 (0.74) ^{5,6,7}	4.00 (0.78) ^{4,5}
Associates Degree or Certification	4.18 (0.60)	148 (1.44%) 148 (14.64%)	4.03 (0.83) ³ .4	4.23 (0.79)	3.86 (0.97) ⁴	4.46 (0.74) ^{8,9,10,11}	4.04 (0.79) ^{6,7}
Bachelor's Degree	4.19 (0.58)	387 (3.78%) 387 (12.81%)	3.97 (0.81) ⁵	4.26 (0.73)	3.78 (0.98) ^{1,5,6}	4.30 (0.73) ^{1,8,12,13}	3.93 (0.79) ^{1,8,9}
Some Graduate School or Master's Degree	4.18 (0.59)	219 (2.14%) 219 (10.85%)	3.87 (0.85) ¹ .2,3,5	4.26 (0.75)	3.70 (0.99) ^{2,3,4,5,7}	4.05 (0.81) ^{2,5,9,12}	3.86 (0.79) ^{2,4,6,8}
Doctorate or Professional Degree	4.15 (0.60)	191 (1.86%) 191 (8.05%)	3.91 (0.83) ⁴	4.26 (0.73)	3.89 (0.95) ^{6,7}	4.09 (0.77) ^{3,6,10,13}	3.86 (0.78) ^{3,5,7,9}
Other Degree or Certificate	4.22 (0.47)	12(0.12%) 12 (38.71%)	4.12 (0.75)	4.25 (0.70)	3.88 (0.82)	4.24 (1.07) ^{4,7,11}	4.04 (0.69)
ANOVA	$p = 0.318$	--	$p = <.001$	$p = 0.142$	$p = <.001$	$p = <.001$	$p = <.001$
Cohen's d		--					
Largest Mean Difference	--	--	0.21 ¹	--	0.29 ²	0.43 ⁴	0.26 ²
Smallest Mean Difference	--	--	0.12 ⁵	--	0.08 ⁵	0.19 ⁸	0.09 ⁹
FLUENCY IN LANGUAGE OTHER THAN ENGLISH							
Yes	4.18 (0.62)	376 (3.67%) 376 (10.80%)	3.97 (0.87)	4.24 (0.76)	3.86 (0.96)	4.33 (0.80)	3.96 (0.81)
No	4.17 (0.58)	762(7.44%) 762(12.06 %)	3.94 (0.81)	4.26 (0.74)	3.79 (0.97)	4.20 (0.76)	3.90 (0.77)

ANOVA	$p = 0.384$	--	$p = 0.284$	$p = 0.005$	$p = 0.007$	$p = <.001$	$p = 0.003$
Cohen's d	--	--	--	0.03	0.07	0.16	0.07

Bias/Health = overall UW medicine N does not include 999=Prefer not to answer since we do not have that category in the table; overall % N/10246

Percentage = N for that category /10246 overall population

Percentage = N for that category /Overall # for that category in the demographics; for example: education - HS or less 178/395 (total individuals who reported HS or less)

Table 6: Bias

	Bias 1+
Overall UW Medicine	5,694(55.57%)
AGE	5,474(53.43%)
<30 years	658(6.42%) 658(59.44%)
30-49 years	2,886(28.17%) 2,886(57.94%)
50-64 years	1,638(15.99%) 1,638(52.08%)
65+ years	292(2.85%) 292(48.18%)
RACE/ETHNICITY	5,509(53.77%)
Hispanic (Any Race)	401(3.91%) 401(58.45%)
NH Black/African American	398(3.88%) 398(66.22%)
NH African	111(1.08%) 111(56.06%)
NH American Indian/Alaska Native	102(1.00%) 102(71.83%)
NH Asian	1,197(11.68%) 1,197(52.89%)
NH White	3,119(30.44%) 3,119(54.74%)
NH Middle Eastern or North African	94(0.92%) 94(55.95%)
NH Native Hawaiian/Other Pacific Islander	88(0.86%) 88(62.41%)

NH Another Race	48(0.47%) 48(60.00%)
NH Multiple Races	352(3.44%) 352(63.20%)
RACE ALONE	Overall: 5,905(57.63%)
Black/African American	424(4.14%) 424(66.88%)
African	118(1.15%) 118(57.00%)
American Indian/Alaska Native	135(1.32%) 135(69.95%)
Asian	1,242(12.12%) 1,242(53.21%)
White	3,350(32.70%) 3,350(54.82%)
Middle Eastern or North African	95(0.93%) 95(51.91%)
Native Hawaiian/Other Pacific Islander	98(0.96%) 98(67.59%)
Another Race	101(0.99%) 101(60.84%)
Multiple Races	392(3.83%) 392(63.74%)
GENDER	5,388(52.59%)
Male Matches Sex Birth AND Cis Male	1,458(14.23%) 1,458(50.07%)
Female Matches Sex Birth AND Cis Female	3,742(36.52%) 3,742(56.91%)
Trans – Man or masculine	12(0.12%) 12(85.71%)

Trans – Woman or feminine	12(0.12%) 12(75.00%)
Non-binary	164(1.60%) 164(82.41%)
SEXUAL ORIENTATION	5,288(51.61%)
Straight	4,440(43.33%) 4,440(54.08%)
Gay	195(1.90%) 195(57.18%)
Lesbian	100(0.98%) 100(58.14%)
Queer	137(1.34%) 137(76.54%)
Bisexual/Pansexual/Bi+	360(3.51%) 360(67.80%)
Asexual	35(0.34%) 35(74.47%)
Another Sexual Orientation	21(0.20%) 21(87.50%)
LGBQA+	848(8.28%) 848(65.53%)
NATIVITY	5,498(53.66%)
US Born	4,042(39.45%) 4,042(57.33%)
Foreign Born	1,456(14.21%) 1,456(51.29%)
SELF-IDENTIFIED DISABILITY	5,282(51.55%)
Disabled	936(9.14%) 936(70.54%)

Not Disabled	4,346(42.42%) 4,346(52.77%)
VETERAN STATUS	5,470(53.39%)
Veteran	204(1.99%) 204(58.79%)
Not Veteran	5,266(51.40%) 5,266(55.57%)
EDUCATIONAL ATTAINMENT	5,466(53.35%)
High School or Less	178(1.74%) 178(45.06%)
Some College	448(4.37%) 448(47.46%)
Associates Degree or Certification	502(4.90%) 502(49.65%)
Bachelor's Degree	1,645(16.06%) 1,645(54.47%)
Some Graduate School or Master's Degree	1,188(11.59%) 1,188(58.84%)
Doctorate or Professional Degree	1,483(14.47%) 1,483(62.47%)
Other Degree or Certificate	22(0.21%) 22(70.97%)
FLUENCY IN LANGUAGE OTHER THAN ENGLISH	5,438(53.07%)
Yes	1,925(18.79%) 1,925(55.28%)
No	3,513(34.29%) 3,513(55.58%)

Percentage = N for that category /10246 overall population

Percentage = N for that category /Overall # for that category in the demographics

Table 7: Measures of Health

	SF1 (mean (SD); 5=Excellent)
Overall	2.54(0.96)

AGE	
<30 years	2.59(0.94)
30-49 years	2.47(0.94)
50-64 years	2.50(0.94)

65+ years	2.37(0.89)
RACE ALONE	
Black/African American	2.61(1.01)
African	2.18(0.90)
American Indian/Alaska Native	2.79(0.75)
Asian	2.60(0.93)
White	2.43(0.93)
Middle Eastern or North African	2.35(0.91)
Native Hawaiian/Other Pacific Islander	2.86(0.91)
Another Race	2.52(0.96)
Multiple Races	2.59(0.99)
RACE/ETHNICITY	
Hispanic (Any Race)	2.57(0.93)
Black/African American	2.61(1.00)
African	2.18(0.90)
American Indian/Alaska Native	2.80(0.66)
Asian	2.61(0.93)
White	2.42(0.93)
Middle Eastern or North African	2.35(0.91)
Native Hawaiian/Other Pacific Islander	2.83(0.91)
Another Race	2.59(1.10)
Multiple Races	2.58(0.99)
SEXUAL ORIENTATION	
Straight	2.45(0.93)
Gay	2.51(0.91)
Lesbian	2.57(0.96)
Queer	2.82(1.03)
Bisexual/Pansexual/Bi+	2.84(0.93)
Asexual	3.03(1.01)
Another Sexual Orientation	3.06(1.00)

LGBQA+	2.72(0.96)
NATIVITY	
US Born	2.48(0.94)
Foreign Born	2.51(0.95)
SELF-IDENTIFIED DISABILITY	
Disabled	3.09(0.93)
Not Disabled	2.39(0.91)
VETERAN STATUS	
Veteran	2.54(1.02)
Not Veteran	2.49(0.94)
EDUCATIONAL ATTAINMENT	
High School or Less	2.73(0.98)
Some College	2.92(0.93)
Associates Degree or Certification	2.80(0.93)
Bachelor's Degree	2.59(0.89)
Some Graduate School or Master's Degree	2.43(0.90)
Doctorate or Professional Degree	2.10(0.88)
Other Degree or Certificate	2.79(0.98)
FLUENCY IN LANGUAGE OTHER THAN ENGLISH	
Yes	2.50(0.95)
No	2.48(0.93)
GENDER	
Male Matches Sex Birth AND Cis Male	2.41(0.96)
Female Matches Sex Birth AND Cis Female	2.30(0.93)
Trans – Man or masculine	3.30(0.82)
Trans – Woman or feminine	3.83(0.83)
Non-binary	3.03(0.93)

Table 8: Burnout Scale

Overall, based on your own definition of burnout, how would you rate your level of burnout?

1	1 = I enjoy my work. I have no symptoms of burnout
2	2 = Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
3	3 = I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion

4	4 = The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot
5	5 = I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
999	Prefer not to answer or I do not know

	1	2	3	4	5	999
Overall by UW Medicine	1,565(15.27%)	4,429(43.23%)	2,551(24.90%)	826(8.06%)	326(3.18%)	549(5.36%)
AGE						
<30 years	91(0.89%)	487(4.75%)	354(3.46%)	117(1.14%)	38(0.37%)	20(0.20%)
	91(8.22%)	487(43.99 %)	354(31.98%)	117(10.57%)	38(3.43%)	20(1.81%)
30-49 years	629(6.14%)	2,148(20.96%)	1,382(13.49%)	470(4.59%)	199(1.94%)	153(1.49%)
	629(12.63%)	2,148(43.12%)	1,382(27.75%)	470(9.44%)	199(4.00%)	153(3.07%)
50-64 years	585(5.71%)	1,453(14.18%)	678(6.62%)	193(1.88%)	71(0.69%)	165(1.61%)
	585(18.60%)	1,453(46.20%)	678(21.56%)	193(6.14%)	71(2.26%)	165(5.25%)
65+ years	210(2.05%)	267(2.61%)	72(0.70%)	22(0.21%)	7(0.07%)	28(0.27%)
	210(34.65%)	267(44.06%)	72(11.88%)	22(3.63%)	7(1.16%)	28(4.62%)
I do not know or prefer not to answer	50(0.49%)	74(0.72%)	65(0.63%)	24(0.23%)	11(0.11%)	183(1.79%)
	50(8.25%)	74(12.21%)	65(10.73%)	24(3.96%)	11(1.82%)	183(30.20%)
RACE ALONE						
Black/African American	154(1.50%)	241(2.35%)	154(1.50%)	31(0.30%)	20(0.20%)	34(0.33%)
	154(24.29%)	241(38.01%)	154(24.29%)	31(4.89%)	20(3.15%)	34(5.36%)
African	77(0.75%)	65(0.63%)	40(0.39%)	5(0.05%)	6(0.06%)	14(0.14%)
	77(37.20%)	65(31.40%)	40(19.32%)	5(2.42%)	6(2.90%)	14(6.76%)
American Indian/Alaska Native	18(0.18%)	75(0.73%)	58(0.57%)	20(0.20%)	10(0.10%)	12(0.12%)
	18(9.33%)	75(38.86%)	58(30.05%)	20(10.36%)	10(5.18%)	12(6.22%)
Asian	484(4.72%)	1,067(10.41%)	508(4.96%)	134(1.31%)	52(0.51%)	89(0.87%)
	484(20.74%)	1,067(45.72%)	508(21.77%)	134(5.74%)	52(2.23%)	89(3.81%)
White	700(6.83%)	2,853(27.85%)	1,623(15.84%)	593(5.79%)	204(1.99%)	138(1.35%)
	700(11.45%)	2,853(46.69%)	1,623(26.56%)	593(9.70%)	204(3.34%)	138(2.26%)
Middle Eastern or North African	19(0.19%)	57(0.56%)	47(0.46%)	13(0.13%)	6(0.06%)	3(0.03%)
	19(10.38%)	57(31.15%)	47(25.68%)	13(7.10%)	6(3.28%)	3(1.64%)
Native Hawaiian/Other Pacific Islander	28(0.27%)	83(0.81%)	39(0.38%)	10(0.10%)	7(0.07%)	16(0.16%)
	28(19.31%)	83(57.24%)	39(26.90%)	10(6.90%)	7(4.83%)	16(11.03%)
Another Race	34(0.33%)	62(0.61%)	48(0.47%)	10(0.10%)	6(0.06%)	6(0.06%)
	34(20.48%)	62(37.35%)	48(28.92%)	10(6.02%)	6(3.61%)	6(3.61%)
Multiple Races	65(0.63%)	274(2.67%)	169(1.65%)	66(0.64%)	26(0.25%)	15(0.15%)

	65(10.57%)	274(44.55%)	169(27.48%)	66(10.73%)	26(4.23%)	15(2.44%)
Unknown	14(0.14%)	22(0.21%)	28(0.27%)	9(0.09%)	10(0.10%)	6(0.06%)
	14(15.73%)	22(24.72%)	28(31.46%)	9(10.11%)	10(11.24%)	6(6.74%)
Prefer not to answer	106(1.03%)	215(2.10%)	199(1.94%)	77(0.75%)	35(0.34%)	249(2.43%)
	106(12.03%)	215(24.40%)	199(22.59%)	77(8.74%)	35(3.97%)	249(28.26%)
RACE/ETHNICITY						
Hispanic (Any Race)	100(0.98%)	297(2.90%)	183(1.79%)	52(0.51%)	30(0.29%)	24(0.23%)
	100(14.58%)	297(43.29%)	183(26.68%)	52(7.58%)	30(4.37%)	24(3.50%)
NH Black/African American	145(1.42%)	231(2.25%)	145(1.42%)	29(0.28%)	19(0.19%)	32(0.31%)
	145(24.13%)	231(38.44%)	145(24.13%)	29(4.83%)	19(3.16%)	32(5.32%)
NH African	76(0.74%)	63(0.61%)	38(0.37%)	4(0.04%)	5(0.05%)	12(0.12%)
	76(38.38%)	63(31.82%)	38(19.19%)	4(2.02%)	5(2.53%)	12(6.06%)
NH American Indian/Alaska Native	13(0.13%)	56(0.55%)	41(0.40%)	17(0.17%)	6(0.06%)	9(0.09%)
	13(9.15%)	56(39.44%)	41(28.87%)	17(11.97%)	6(4.23%)	9(6.34%)
NH Asian	471(4.60%)	1,042(10.17%)	496(4.84%)	129(1.26%)	48(0.47%)	77(0.75%)
	471(20.81%)	1,042(46.05%)	496(21.92%)	129(5.70%)	48(2.12%)	77(3.40%)
NH White	641(6.26%)	2,668(26.04%)	1,517(14.81%)	559(5.46%)	185(1.81%)	128(1.25%)
	641(11.25%)	2,668(46.82%)	1,517(26.62%)	559(9.81%)	185(3.25%)	128(2.25%)
NH Middle Eastern or North African	18(0.18%)	55(0.54%)	47(0.46%)	12(0.12%)	6(0.06%)	3(0.03%)
	18(10.71%)	55(32.74%)	47(27.98%)	12(7.14%)	6(3.57%)	3(1.79%)
NH Native Hawaiian/Other Pacific Islander	26(0.25%)	77(0.75%)	35(0.34%)	10(0.10%)	5(0.05%)	15(0.15%)
	26(18.44%)	77(54.61%)	35(24.82%)	10(7.09%)	5(3.55%)	15(10.64%)
NH Another Race	15(0.15%)	31(0.30%)	23(0.22%)	6(0.06%)	3(0.03%)	2(0.02%)
	15(18.75%)	31(38.75%)	23(28.75%)	6(7.50%)	3(3.75%)	2(2.50%)
NH Multiple Races	57(0.56%)	255(2.49%)	150(1.46%)	60(0.59%)	21(0.20%)	14(0.14%)
	57(10.23%)	255(45.78%)	150(26.93%)	60(10.77%)	21(3.77%)	14(2.51%)
NH Unknown	9(0.09%)	7(0.07%)	10(0.10%)	6(0.06%)	6(0.06%)	3(0.03%)
	9(21.95%)	7(17.07%)	10(24.39%)	6(14.63%)	6(14.63%)	3(7.32%)
NH Prefer not to answer	51(0.50%)	93(0.91%)	89(0.87%)	28(0.27%)	13(0.13%)	42(0.41%)
	51(16.14%)	93(29.43%)	89(28.16%)	28(8.86%)	13(4.11%)	42(13.29%)
SEXUAL ORIENTATION						
Straight	1,340(13.08%)	3,729(36.39%)	2,031(19.82%)	619(6.04%)	212(2.07%)	279(2.72%)
	1,340(16.32%)	3,729(45.42%)	2,031(24.74%)	619(7.54%)	212(2.58%)	279(3.40%)
Gay	38(0.37%)	168(1.64%)	96(0.94%)	26(0.25%)	11(0.11%)	2(0.02%)
	38(11.14%)	168(49.27%)	96(28.15%)	26(7.62%)	11(3.23%)	2(0.59%)

Lesbian	19(0.19%)	90(0.88%)	39(0.38%)	12(0.12%)	9(0.09%)	3(0.03%)
	19(11.05%)	90(52.33%)	39(22.67%)	12(6.98%)	9(5.23%)	3(1.74%)
Queer	10(0.10%)	69(0.67%)	51(0.50%)	25(0.24%)	24(0.23%)	0
	10(5.59%)	69(38.55%)	51(28.49%)	25(13.97%)	24(13.41%)	0
Bisexual/Pansexual/Bi+	36(0.35%)	201(1.96%)	179(1.75%)	75(0.73%)	30(0.29%)	10(0.10%)
	36(6.78%)	201(37.85%)	179(33.71%)	75(14.12%)	30(5.65%)	10(1.88%)
Asexual	3(0.03%)	18(0.18%)	15(0.15%)	8(0.08%)	3(0.03%)	0
	3(6.38%)	18(38.30%)	15(31.91%)	8(17.02%)	3(6.38%)	0
Another Sexual Orientation	2(0.02%)	9(0.09%)	7(0.07%)	5(0.05%)	1(0.01%)	0
	2(8.33%)	9(37.50%)	7(29.17%)	5(20.83%)	1(4.17%)	0
LGBQA+	108(1.05%)	555(5.42%)	387(3.78%)	151(1.47%)	78(0.76%)	15(0.15%)
	108(8.35%)	555(42.89%)	387(29.91%)	151(11.67%)	78(6.03%)	15(1.16%)
Prefer not to answer	117(1.14%)	145(1.42%)	133(1.30%)	56(0.55%)	36(0.35%)	255(2.49%)
	117(15.77%)	145(19.54%)	133(17.92%)	56(7.55%)	36(4.85%)	255(34.37%)
NATIVITY						
US Born	797(7.78%)	3,201(31.24%)	1,941(18.94%)	671(6.55%)	252(2.46%)	189(1.84%)
	797(11.30%)	3,201(45.40%)	1,941(27.53%)	671(9.52%)	252(3.57%)	189(2.68%)
Foreign Born	734(7.16%)	1,186(11.58%)	559(5.46%)	130(1.27%)	61(0.60%)	169(1.65%)
	734(25.85%)	1,186(41.78%)	559(19.69%)	130(4.58%)	61(2.15%)	169(5.95%)
Prefer not to answer	34(0.33%)	42(0.41%)	51(0.50%)	25(0.24%)	13(0.13%)	191(1.86%)
	34(9.55%)	42(11.80%)	51(14.33%)	25(7.02%)	13(3.65%)	191(53.65%)
SELF-IDENTIFIED DISABILITY						
Disabled	104(1.02%)	474(4.63%)	381(3.72%)	210(2.05%)	117(1.14%)	41(0.40%)
	104(7.84%)	474(35.72%)	381(28.71%)	210(15.83%)	117(8.82%)	41(3.09%)
Not Disabled	1,414(13.80%)	3,798(37.07%)	2,002(19.54%)	554(5.41%)	183(1.79%)	285(2.78%)
	1,414(17.17%)	3,798(46.11%)	2,002(24.31%)	554(6.73%)	183(2.22%)	285(3.46%)
Prefer not to answer	47(0.46%)	157(1.53%)	168(1.64%)	62(0.61%)	26(0.25%)	223(2.18%)
	47(6.88%)	157(22.99%)	168(24.60%)	62(9.08%)	26(3.81%)	223(32.65%)
VETERAN STATUS						
Veteran	67(0.65%)	157(1.53%)	74(0.72%)	19(0.19%)	16(0.16%)	14(0.14%)
	67(19.31%)	157(45.24%)	74(21.33%)	19(5.48%)	16(4.61%)	14(4.03%)
Not Veteran	1,447(14.12%)	4,205(41.04%)	2,414(23.56%)	778(7.59%)	292(2.85%)	341(3.33%)
	1,447(15.27%)	4,205(44.37%)	2,414(25.47%)	778(8.21%)	292(3.08%)	341(3.60%)
Prefer not to answer	51(0.50%)	67(0.65%)	63(0.61%)	29(0.28%)	18(0.18%)	194(1.89%)
	51(12.09%)	67(15.88%)	63(14.93%)	29(6.87%)	18(4.27%)	194(45.97%)
EDUCATIONAL ATTAINMENT						
High School or Less	146(1.42%)	132(1.29%)	59(0.58%)	11(0.11%)	9(0.09%)	38(0.37%)
	146(36.96%)	132(33.42%)	59(14.94%)	11(2.78%)	9(2.28%)	38(9.62%)
Some College	211(2.06%)	381(3.72%)	189(1.84%)	58(0.57%)	35(0.34%)	70(0.68%)
	211(22.35%)	381(40.36%)	189(20.02%)	58(6.14%)	35(3.71%)	70(7.42%)

Associates Degree or Certification	189(1.84%)	434(4.24%)	239(2.33%)	73(0.71%)	37(0.36%)	39(0.38%)
	189(18.69%)	434(42.93%)	239(23.64%)	73(7.22%)	37(3.66%)	39(3.86%)
Bachelor's Degree	417(4.07%)	1,350(13.18%)	801(7.82%)	264(2.58%)	92(0.90%)	96(0.94%)
	417(13.81%)	1,350(44.70%)	801(26.52%)	264(8.74%)	92(3.05%)	96(3.18%)
Some Graduate School or Master's Degree	246(2.40%)	952(9.29%)	530(5.17%)	181(1.77%)	66(0.64%)	44(0.43%)
	246(12.18%)	952(47.15%)	530(26.25%)	181(8.96%)	66(3.27%)	44(2.18%)
Doctorate or Professional Degree	305(2.98%)	1,102(10.76%)	651(6.35%)	202(1.97%)	70(0.68%)	44(0.43%)
	305(12.85%)	1,102(46.42%)	651(27.42%)	202(8.51%)	70(2.95%)	44(1.85%)
Other Degree or Certificate	6(0.06%)	11(0.11%)	7(0.07%)	5(0.05%)	1(0.01%)	1(0.01%)
	6(19.35%)	11(35.48%)	7(22.58%)	5(16.13%)	1(3.23%)	1(3.23%)
Prefer not to answer	45(0.44%)	67(0.65%)	75(0.73%)	32(0.31%)	16(0.16%)	217(2.12%)
	45(9.96%)	67(14.82%)	75(16.59%)	32(7.08%)	16(3.54%)	217(48.01%)
FLUENCY IN LANGUAGE OTHER THAN ENGLISH						
Yes	799(7.80%)	1,459(14.24%)	743(7.25%)	196(1.91%)	92(0.90%)	193(1.88%)
	799(22.95%)	1,459(41.90%)	743(21.34%)	196(5.63%)	92(2.64%)	193(5.54%)
No	725(7.08%)	2,897(28.27%)	1,715(16.74%)	593(5.79%)	213(2.08%)	178(1.74%)
	725(11.47%)	2,897(45.83%)	1,715(27.13%)	593(9.38%)	213(3.37%)	178(2.82%)
Prefer not to answer	41(0.40%)	73(0.71%)	93(0.91%)	37(0.36%)	21(0.20%)	178(1.74%)
	41(9.26%)	73(16.48%)	93(20.99%)	37(8.35%)	21(4.74%)	178(40.18%)
GENDER						
Male Matches Sex Birth AND Cis Male	547(5.34%)	1,363(13.30%)	631(6.16%)	195(1.90%)	67(0.65%)	109(1.06%)
	547(18.78%)	1,363(46.81%)	631(21.67%)	195(6.70%)	67(2.30%)	109(3.74%)
Female Matches Sex Birth AND Cis Female	959(9.36%)	2,879(28.10%)	1,756(17.14%)	557(5.44%)	200(1.95%)	224(2.19%)
	959(14.59%)	2,879(43.79%)	1,756(26.71%)	557(8.47%)	200(3.04%)	224(3.41%)
Trans – Man or masculine	1(0.01%)	5(0.05%)	3(0.03%)	3(0.03%)	2(0.02%)	0
	1(7.14%)	5(35.71%)	3(21.43%)	3(21.43%)	2(14.29%)	0
Trans – Woman or feminine	3(0.03%)	2(0.02%)	3(0.03%)	2(0.02%)	6(0.06%)	0
	3(18.75%)	2(12.50%)	3(18.75%)	2(12.50%)	6(37.50%)	0
Non-binary	12(0.12%)	67(0.65%)	64(0.62%)	26(0.25%)	26(0.25%)	4(0.04%)
	12(6.03%)	67(33.67%)	64(32.16%)	26(13.07%)	26(13.07%)	4(2.01%)

Percentage = N for that category /10246 overall population

Percentage = N for that category /Overall # for that category in the demographics

Table 9: Overall Climate

	1	2	3	4	5
Overall by UW Medicine	215(2.10%)	445(4.34%)	1319(12.87%)	2883(28.14%)	4612(45.01%)
RACISM					
Black/AA	30(5%)	57(9%)	113(18%)	166(26%)	228(36%)
White	88(2%)	220(4%)	757(13%)	1880(33%)	2767(48%)
Overall by UW Medicine	242(2.36%)	596(5.82%)	1366(13.33%)	2714(26.49%)	4650(45.38%)
SEXISM					
Female	170(3%)	466(7%)	986(15%)	1864(29%)	2927(46%)
Male	48(2%)	102(4%)	330(12%)	789(28%)	1,592(56%)
Overall by UW Medicine	193(1.88%)	340(3.32%)	1130(11.03%)	2585(25.23%)	4269(41.67%)
XENOPHOBIA					
Foreign Born	83(3%)	100(4%)	291(12%)	661(27%)	1328(54%)
US Born	100(2%)	225(4%)	802(14%)	1876(32%)	2826(48%)
Overall by UW Medicine	210(2.05%)	505(4.93%)	1161(11.33%)	2076(20.26%)	4382(42.77%)
ABLEISM					
Disabled	72(6%)	174(15%)	235(21%)	247(22%)	410(36%)
Not Disabled	118(2%)	310(5%)	841(12%)	1731(26%)	3742(56%)

Percentage N for that cell/ n below for each corresponding category

Example: Black/AA [30/634; 57/634; 113/634; 166/634; and 228/634]

N's are excluding 999

Racism = racist, n=634 for black/AA; n= 5712 for whites

Sexism = sexist + birthsex, n=2861 for males; n=6413 for females

Xenophobia = immigrants, n=2463 for foreign born; n=5829 for US born

Ableism = ableist, n= 1138 for disabled; n=6742 for not disabled

Appendix 2: Survey Design

In 2018, the Healthcare Equity team conducted a brief EDI survey to 11,000 UW Medicine employees. In 2020, the Office of Healthcare Equity (OHCE) was created, led by Chief Equity Officer, Paula Houston. The OHCE steering Committee and OHCE leadership team recognized the need for a deeper dive into the workplace climate related to EDI and which initiated this survey. The purpose of the survey was to gather baseline data from all UW Medicine and create a survey that could be used on a every other year cadence.

UW Medicine Stakeholder Engagement

The OHCE Steering Committee were the first approval EDI Survey operations team shared survey updates and sought feedback from several senior leadership teams as well as entity and departmental management teams. Seeking to promote the survey, the operations team visited management meetings pre survey and plans to revisit with information on survey results and action planning. Creating the relationship with stakeholders to utilize and share action plans across the system establishing accountability and buy in from participants.

Task Force

The EDI Survey Taskforce was made up twenty-five members from different entities and roles at UW Medicine. They were then split up into two working groups, based on expertise and leadership. The design team's responsibilities included creating the survey questions, identifying key measures, as well as ensuring accessibility and compliance. The execution and communications team were tasked with developing the survey timeline, creating and communicating all EDI Survey messaging, including the report and follow up activities.

EDI Task Force Committee Member

Ada Cohen, EDI Program Manager, Valley Medicine

Allison Osenar, Sr. Director Patient Experience, UW Medicine

Andres Barria, Co-Chair EDI Committee, School of Medicine, Physiology & Biophysics

Angela Moore, Associate Dean, Administration and Operations, School of Medicine

Anne Browning, Assistant Dean of Well-being, School of Medicine

Aric Ho, Director of Operations, Office of Healthcare Equity

Bree Callahan, ADA Coordinator, UW

Callie Hunter, Project Manager, Office of Healthcare Equity

Chantal Cayo, Chief Nursing Officer, UW Medicine Primary Care

Cindy Sayre, UWMC Chief Nursing Officer, UW Medicine

Dan Cabrera, Dept. of Medicine EDI Chair

Darlin Lozano, LGBTQIA2S+ Program Manager, Office of Healthcare Equity
Elaine Acacio, EDI Director, UW Medical Center and Northwest
Heidi Singh, Communications Manager, Strategic Marketing and Communications
Jason Deen, Vice Chair of Pediatrics EDI, UW Medicine
Jennifer Best, Associate Dean for Graduate Medical Education, School of Medicine
Jonathan Kanter, Behavioral Scientist, Office of Healthcare Equity
Keri Nasenbeny, HMC Chief Nursing Officer, UW Medicine
Kim Blakeley, Director, Strategic Marketing and Communications, School of Medicine
Leo Morales, Assistant Dean, Office of Healthcare Equity
Maria Zontine, Director of HR, School of Medicine
Martine Pierre-Louis, EDI Director, Harborview Medical Center
Nicki McCraw, Associate VP of HR, UW Medicine
Sean Greenlee, EDI Program Manager, Dept of Medicine
Sean Johnson, TGNB Program Director, Office of Healthcare Equity
Sheryl Burgstahler, IT Accessibility, UW
Steve Butler, Senior Executive Writer and Editor, Strategic Marketing and Communications
Trish Kritek, Associate Dean, Faculty Affairs

Audience

The EDI Survey was administered broadly across UW Medicine. The survey was sent to 26,473 employees, based on the criteria below. Notably, this is one of the largest and most widely reaching surveys conducted at UW Medicine, in particular with its inclusion of the School of Medicine and Residents, Post-Docs, and Fellows.

Entities	Participants	Exclusions
<ul style="list-style-type: none"> • Harborview Medical Center • UW Medical Center • UW Medicine Primary Care • FPPS • UW School of Medicine • Airlift Northwest • *Valley Medical Center to participate in future years 	<ul style="list-style-type: none"> • All Staff • All Regular & Research Faculty • Faculty on other tracks paid by UW • Residents • Post-Docs / Fellows • Started prior to Oct 17, 2022 	<ul style="list-style-type: none"> • Excludes affiliate staff/faculty paid by other organizations exclusively. • Excludes students • Graduate students NOT IN SCOPE even if paid • Undergrad med students not in scope even if paid • Professional students not in scope even if paid

Initial Research

The Office of Healthcare Equity EDI Survey operations team began by looking at previous surveys administered by UW Medicine. The brief five question Equity Diversity and Inclusion survey in 2018 and the single module in the employee engagement survey. We decided to design a survey that would include all employees and take a deeper dive into Equity, Diversity, and Inclusion. The operations team started pulling information from different institutions, organizations, and companies who have integrated an EDI Survey into their workplace. We identified the focus areas and with the help of the taskforce we designed and delivered a survey would help identify a baseline measure of EDI for UW Medicine.

Privacy

The EDI survey was designed to collect baseline data about experiences that differ substantially based on the minoritized and intersectional identities of survey respondents while also protecting anonymity.

- Survey administered and distributed by the Institute for Translational Health Sciences (ITHS) under a third-party honest broker agreement.
- ITHS to maintain confidentiality of survey respondent names, only for use in distribution of survey.
 - Names of survey respondents never to be shared, including to the Office of Healthcare Equity
 - This information to be de-identified and destroyed once no longer necessary to be maintained for the implementation of the survey.
- Individual-level data will not be shared with anyone except as may be required by law, including the Public Records Act, Ch. 42.56 RCW.
- For a large number of departments and work units at UW Medicine, there were too few survey respondents, or the teams were too small to report findings broken out by department/unit level across identities while systematically maintaining the privacy of individual survey respondents.
- Reports and data on dashboard managed to protect participant's privacy
 - Results only presented in summary (aggregate) form so that no individual can be identified
 - Results only shared for groups with 10 or more respondents
 - For groups with 10 or fewer respondents, responses are suppressed
 - For fields that incorporate demographic information, a minimum of 100 survey responses required to display any information
 - Individual survey responses will not be made available to managers and leaders

Domains

Domain	
Diversity	Who are we at UW Medicine? Demographic breakdown.
Bias (Experiences of inequity)	How have individuals experienced acts of bias or prejudice? What have been the impacts of that? What actions have they taken?
Recruitment	Perception of UW Medicine in recruiting a diverse workforce?
Retention	Perception of UW Medicine in retaining a diverse workforce?
Belonging	How do we feel connected to our peers, leaders, and the overarching UW Medicine mission?
Health	What is the overall health and level of burnout among our workforce?
Workplace Climate	What is the perception of the social environment (attitudes, beliefs, behaviors) in relation to multiple forms of oppression?
System Progress	What is the perception of progress of Equity, Diversity, and Inclusion at UW Medicine? Does the system support my engagement with EDI?

The full list of survey questions is available on the OHCE website at the following link:
<https://equity.uwmedicine.org/wp-content/uploads/2023/06/EDI-Survey-Final-2023.pdf>

Mean Scores for Relevant Questions (scaled)

Domain / Composite	Survey Item	Mean Score
Likert Scale Questions (1 Strongly Disagree – 5 Strongly Agree)		
BELONGING	I understand how my job is connected to UW Medicine's mission	4.24
BELONGING	Getting to know people with backgrounds different from my own is easy.	3.99
BELONGING	Employees appreciate others with backgrounds, beliefs and experiences different from their own.	4.06

BELONGING	All ideas, opinions and beliefs are equally valued.	3.81
BELONGING	I feel like I belong to the UW Medicine community.	4.05
BELONGING	I feel valued by coworkers.	4.22
BELONGING	I feel valued by my direct supervisor or manager.	4.19
BELONGING	I feel comfortable discussing difficult issues and problems related to bias and equity	3.79
BELONGING	My coworkers welcome my ideas and give them time and attention	4.14
BELONGING	My coworkers care about my health and well-being	4.20
BELONGING	I feel comfortable being myself	4.15
BELONGING	My coworkers are willing to learn new things related to equity	4.12
HIRING	Hiring practices are fair.	3.90
HIRING	My supervisors/managers take active steps to recruit a diverse candidate pool when hiring.	4.01
HIRING	There is diversity among the people a job candidate meets when interviewing for a job.	3.83
HIRING	All employees, regardless of background, have equally good opportunities for advancement	3.84
RETENTION	I am satisfied with my career opportunities	3.83
RETENTION	I have access to suitable mentors to help me with my career development.	3.68
SUPERVISOR	My supervisors/managers are committed to meeting the needs of employees with disabilities.	4.15
SUPERVISOR	My supervisors/managers foster a workplace where all employees can be themselves at work without fear.	4.15
SUPERVISOR	My supervisors/managers understand that Equity, Diversity and Inclusion are critical to the advancement of UW Medicine's Mission and Vision.	4.26
SYSTEM	My department/division/unit's leadership reflects the communities we serve	3.68
SYSTEM PROGRESS	UW Medicine leadership and management is investing enough resources into its equity, diversity, and inclusion initiatives and programs	3.85
SYSTEM PROGRESS	Employee participation in equity, diversity, and inclusion training and activities is encouraged and supported at UW Medicine.	4.12
SYSTEM PROGRESS	UW Medicine's equity diversity and inclusion trainings are improving the workplace culture.	3.78
SYSTEM PROGRESS	UW Medicine is taking concrete and specific actions to reduce inequity in the workplace.	3.87
SYSTEM PROGRESS	It is easy for me to find equity, diversity and inclusion resources at UW Medicine.	3.96
SYSTEM PROGRESS	I am confident that if I reported an incident of bias or discrimination at UW Medicine appropriate action would be taken in response.	3.76
SINGLE	I am fearful of retaliation from my coworkers or supervisor if I report an incident of bias or discrimination	3.55

In the past year, how frequently have you experienced bias [a tendency to believe that some people, ideas, etc., are better than others that usually results in treating some people unfairly.] or unfair treatment in ways that made you feel...

((0 Never, 1 Infrequently (1-3 times), 2 Frequently (4-6), 3 Very Frequently (7-9), 4 Every Day (10+))

objectified, othered, or portrayed as exotic (such as being stared at or singled out, receiving comments or jokes about, or inappropriate touching of, my clothing, hair, skin, facial or bodily features)	0.329
prejudged or stereotyped(such as hearing offensive jokes about members of my group, others acting as if they were afraid or wary of me, people questioning my competence, knowledge, or how I got my position, people assuming I have a lesser status or role a	0.516

ignored, isolated, excluded, or overlooked (such as others being called on instead of me or getting credit for my work or ideas, social events being planned that did not seem to take my preferences or needs into consideration, or informal group discussion)	0.539
bullied, shunned, or intimidated (for example due to physical appearance, weight, height, gender presentation)	0.220
Ignored or invalidated due to an aspect of your identity (such as others expressing 'colorblind' attitudes about my ethnic identity, people denying or minimizing experiences of harm or mistreatment among my group, people repeatedly getting my pronouns wro	0.317
been denied or been overlooked for work opportunities that you feel that you deserved (such as committee membership, leadership opportunities, conference travel, mentorship, research or clinical opportunities, receiving other resources)	0.353
received an unfair performance evaluation, promotion/tenure process, disciplinary action, or compensation	0.245
been a target of explicitly hostile verbal or written remarks (such as explicitly hostile sarcasm, graffiti, vandalism, emails, or social media posts by members of the UW Medicine community)	0.167
been unfairly assigned undesirable or unimportant tasks or work schedules/shifts	0.237
been unfairly impacted by UW Medicine or department policies(such as being unable to attend religious events or observations without consequences, dress code issues, time off and scheduling considerations, unable to address needs of family members who are	0.170
been unfairly denied or delayed University services or resources(such as mental health services, delays in responding to problems or complaints from HR, payroll, or other administrative offices, accommodations, support for important life transitions or ch	0.139
Overall, how would you rate your primary worksite at UW Medicine in each of the following areas on a scale of 1–5, where 5 is best possible and 1 is worst possible.	
Hostile to Friendly	4.3
Exclusive to Inclusive	4.1
Disrespectful to Respectful	4.2
Racist to Not Racist	4.2
Sexist to Not Sexist	4.1
Homophobic to Not Homophobic	4.5
Transphobic to Not Transphobic	4.4
Ageist to Not Ageist	4.1
Ableist to Not Ableist	4.2
Hierarchical to Not Hierarchical	3.4
Not Supportive of Immigrants to Highly Supportive of Immigrants	4.2
Not Supportive of Limited English Speakers to Highly Supportive of Limited English Speakers	4.1
Not Supportive of Veterans to Highly Supportive of Veterans	4.3
Not Supportive of People with Religious/Spiritual Belief to Highly Supportive of People with Religious/Spiritual Beliefs	4.2

Redcap tool

The survey tool used was Redcap, a free, secure, web-based application designed to support data capture for research studies. The system was developed by a multi-institutional consortium initiated at Vanderbilt University. 1.

Translation

The final version of the EDI Survey was translated into six languages, Amharic, Chinese, Russian, Somali, Spanish, and Vietnamese, by the external company, MAGNUS.

Survey Administration

Prior to survey administration, the survey was tested in different areas of across the system, patient care services, biomedical researchers, accessibility, environmental services, faculty, and professional staff. Our testing included length of survey, comprehension, accessibility, and language. The survey was then administrated in January 2023 via email to 26,473 participants using their UW NetID email addresses.

Statistical Analysis

Our initial data analysis steps were to clean and recode the raw survey responses. Out of range scores were recoded and subsequently, new variables were created for analysis. For example, a new race and ethnicity variable was created that merged Hispanic ethnicity of any race, with single and multiple race categories. We also generated multiple-item composite scores summarizing thematically related outcome variables. Composite scores were computed by averaging the scores among related variables.

To ensure the validity of our composite scores, we evaluated their psychometric properties using two main metrics: Cronbach's alpha and item-scale correlations. Cronbach's alpha is a measure of internal consistency, providing an indication of how closely related the items within a composite score are. All our composite scores exhibited excellent internal consistency, with Cronbach's alpha values surpassing 0.90, signifying a degree of item interrelatedness. Additionally, we assessed the item-scale correlations to gauge the strength of the relationship between individual items and the overall composite score. Once again, all our composite scores displayed strong correlations, exceeding 0.70 in all cases.

Our final step was to compute mean multiple-item composite scores and single-item outcome scores by demographic groups of interest for inclusion in our report tables.

All statistical data analyses were conducted using R statistical software. Our data storage and data analyses were conducted on a secure Amazon Web Services server provided to us by UW IT Research Services/ UW Cloud and Data Solutions.