

Minutes from Diversity Taskforce meeting from CSNS meeting in Houston – 9/27/2024

Chair: Kristin Huntoon (SW Quad, Medicolegal, kristinhuntoon@gmail.com)

Attendees: Edie Zusman (AANS Caucus and NTENS, Edie.Zusman@neurosciencepartners.org), Laura Ngwenya (NW Quad and NTENS, laura.ngwenya@uc.edu) J Brett Fleming (NTENS and NW Quad, bfleming@me.com) Jeremy Amps (NW Quad and Patient Safety, ampsj@hotmail.com), Sarah Hodges (Workforce, YRNS, NTENS, NE Quad, sarah.hodges@yale.edu) Deb Benzil (NW Quad, benzild@ccf.org)

Data- should be done with a survey of CSNS members and also state societies but more important would be the CSNS body as the motivation of the resolution was to counter the loss of DEI and affirmative actions in colleges and universities, attendees believe CSNS provides a more level and accepting environment than other organized neurosurgery groups, and fosters DEI, that CSNS values these contributions and now that it leads to better practices

It was recommended that the data be obtained via a survey needs to be mindful of defining DEI and associated aspects. Dr. Benzil was going to share a questionnaire that she is using for another project that we can add to include. But some of the questions discussed are

- Gender Identity
- Race
- Ethnicity
- Sexual preferences
- Preference pronouns
- Socioeconomic status when growing up?
- 1st generation physician
- 1st generation college graduate
- 1st generation citizen

The ultimate goal of DEI efforts needs to be defined. Is CSNS or neurosurgery to mirror the makeup of the population or immediate community?

We as CSNS should try to mirror what happens at Neurotrauma where each session they try to have equity in race, gender, level of education ie med students, residents, fellows, and faculty at various levels of tenure. Thus our plenary sessions should try to have diverse speakers

Diversity brings more diversity

This meeting having first break out session for LGBTQI – may want to discuss our effort with this group as well as ASBN

Ongoing efforts and additions to minutes

at our upcoming meetings with intention to increase diversity of leadership and speakers for the CSNS first in the following domains:

1. Do the CSNS officers reflect diversity
2. Does the CSNS executive committee reflect diversity
3. Do the CSNS speakers/presenters reflect diversity at the two annual meetings
4. Do the CSNS Section events at AANS and CNS reflect diversity of moderators, speakers and topics
5. Do the attendees from the state societies, AANS and CNS caucuses reflect diversity

For the longer term strategy, we can look at a snapshot for where we are today -- understanding that diversity isn't just something one can see in a photo or note in a persons name.... and that more data may be required depending on the goals and aspirations we set to achieve diversity (how we define success of our committee's DEI work including the level and type of diversity we are seeking).

Once we know what our goals are and where we are against those goals today, we can have the next meeting about strategies to move toward the goals and set a timeline to achieve.

-would like to share that there are studies related to faculty and job recruitment that indicate that once 16-20% of applicants interviewed for a specific job are members of a "minority" group, bias was found to be removed such that for the interviewing committee, seeing lets say 20% of people from a specific diverse background actually was found to drop that bias in selection.

So in the absence of another threshold we can look at the current literature on this or use the old data to set 20% threshold as a target (or surrogate for a target) because of the data supporting the functional outcome, that whatever groups meet that threshold will be given the same job opportunities without bias.

Paper we can use for survey questions - <https://thejns.org/view/journals/j-neurosurg/137/3/article-p859.xml>