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Diversity, Equity and Inclusion Strategic Plan Five-Year Strategic Objectives, Measures and FY17 Actions

I. Diversity, Equity and Inclusion Strategic Plan: Overview

President Schlissel’s focus on Diversity, Equity and Inclusion (D E & I) supports his overall goal to position the University of Michigan for **perpetual excellence** and **public impact** in research, creative work, performance and education. The importance of D E & I to the University’s goals is evident in this quotation from President Schlissel:

“At the University of Michigan, our dedication to academic excellence for the public good is inseparable from our commitment to diversity, equity and inclusion. It is central to our mission as an educational institution to ensure that each member of our community has full opportunity to thrive in our environment, for we believe that diversity is key to individual flourishing, educational excellence, and the advancement of knowledge.”

The President’s stated goals for Diversity, Equity, and Inclusion are:

Diversity: *We commit to increasing diversity, which is expressed in myriad forms, including race and ethnicity, gender and gender identity, sexual orientation, socio-economic status, language, culture, national origin, religious commitments, age, (dis)ability status, and political perspective.*

Equity: *We commit to working actively to challenge and respond to bias, harassment, and discrimination. We are committed to a policy of equal opportunity for all persons and do not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status.*

Inclusion: *We commit to pursuing deliberate efforts to ensure that our campus is a place where differences are welcomed, different perspectives are respectfully heard and where every individual feels a sense of belonging and inclusion. We know that by building a critical mass of diverse groups on campus and creating a vibrant climate of inclusiveness, we can more effectively leverage the resources of diversity to advance our collective capabilities.”*



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Vital Strategies

In January of 2015, President Schlissel introduced additional guidance regarding framing of specific actions related to completion of the Diversity, Equity, and Inclusion strategic plan. Each unit’s specific actions were required to address at least one of the following six “**Vital Strategies**” for their key constituencies, as applicable:

- Climate enhancing activities
- D E & I skill-building
- Pathways to conflict resolution
- Hiring and selection
- Recruitment
- Career advancement

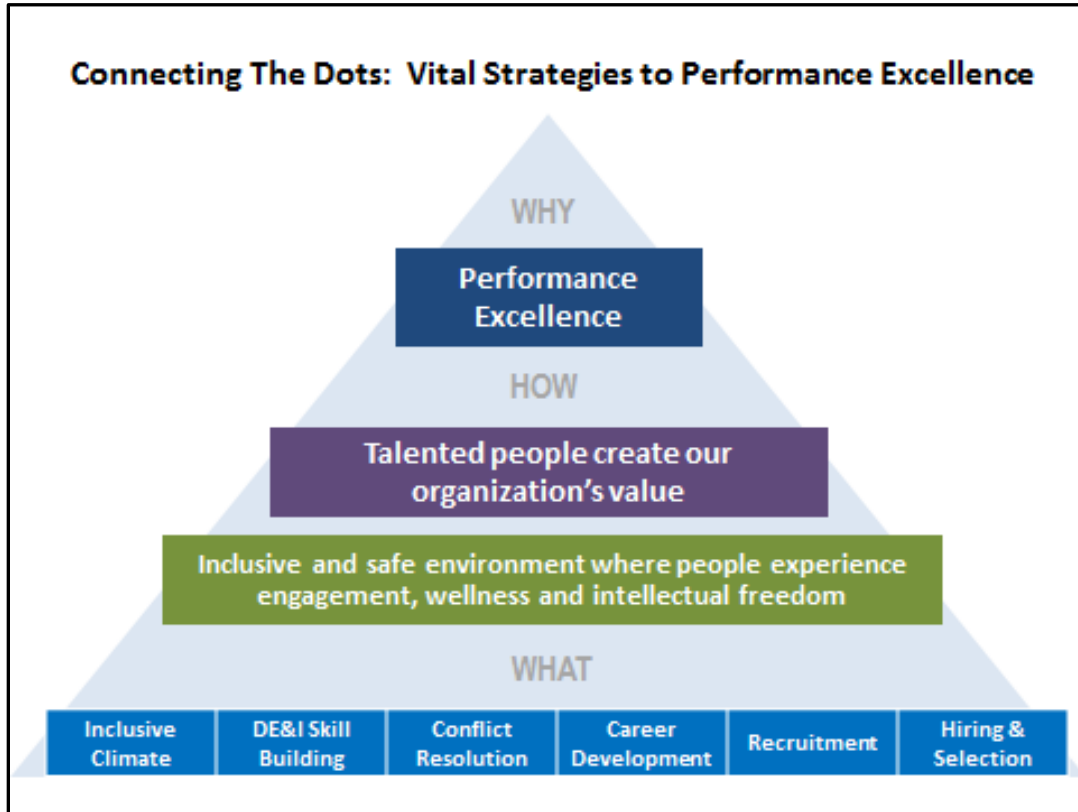
During our strategic planning process, the following definitions were adopted for each of the Vital Strategies:

Climate-Enhancing Activities	Fostering vibrant, safe, and positive environments that allow all staff, faculty, and learners to feel valued, thrive, and connect their work and personal purpose every day.
D E & I Skill Building	Equipping all with the real-time skills and confidence to expertly navigate challenging situations and discussions with compassion integrity, courage, trust, and empathy.
Pathways for Conflict Resolution	Creating healthy and robust discussion of differences that drive innovation, support process improvement, and unleash unique talent.
Recruitment	Discovering new sources of talent in diverse and different talent pools.
Hiring and Selection	Selecting the best possible candidates to join our workforce and help us create value.
Career Advancement	Developing and preparing our people to meet the challenges of a complex future.

The connection between the President’s Vital Strategies and UMHS performance excellence is outlined in the following graphic:



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The D E & I Vital Strategies provide a roadmap to organizational excellence, and support the UMHS becoming the best Academic Medical Center in the world in our three focal areas of patient care, research, and education.

By utilizing our highly gifted and talented workforce to the greatest extent possible, we leverage everyone's unique skills and experiences. Diversity brings more skills and talents into the workplace, and by fully leveraging talent we create value for those we serve and for each other.

However, one cannot fully leverage the talents of a workforce, nor can we attract the best to work and learn here, unless we promote an inclusive and safe environment where each of our people experiences full engagement in their work and purpose, optimum wellness in all its dimensions, and the ability to experience intellectual freedom that ignites innovation and creates transformation.

The hallmarks of an inclusive environment, characterized by the six Vital Strategies, include inclusion-promoting activities, diversity/equity/inclusion skill building that will enable us to expertly navigate challenging situations and discussions, pathways for effective conflict resolution that support process improvement, career development to ensure everyone's talents are utilized to their fullest, recruitment strategies that attract diverse and different applicant pools, and hiring and selection practices that ensure the best applicants come to work for UMHS.



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Marschall Runge, MD, PhD, Executive Vice President for Medical Affairs and Dean of the Medical School has noted the critical importance of promoting diversity, equity and inclusion to the future of UMHS, and that **“people create our value:”**, noting that:

“We will only reach our operational and financial goals if we foster a collaborative, inclusive work environment that welcomes new thinking and differing opinions.”

Dr. Runge has challenged us to address the following **“critical questions to create the best environment to deliver superior care”**:

1. **“How do we ensure that the best practices of D E & I and the Six Vital Strategies become part of our standard operations and daily work?”**
2. **How will we hold each other accountable for fostering inclusion and diversity?**
3. **What can we do differently in order to lead by example?”**

In June 2016, Dr. Spahlinger announced a renewed focus on patient experience in the context of the UMHS’s new performance improvement infrastructure. He noted that:

“We now need to assess our diverse programs... (supporting the patient care experience)..., refine where needed, and ensure best practices are leveraged across units, locations and settings. The objective is to consistently provide a superior patient experience to every patient, every time.”

These critical questions and priorities have guided our strategic planning process and our recommended actions.

Rationale: Mission, UMHS

Promoting diversity, equity and inclusion is central to UMHS’s success and the realization of its vision of being recognized by 2025 as one of the top academic medical centers in the world, based upon our contributions and service to the global community.

Our mission is to:

- Create the future of healthcare through the discovery of new knowledge for the benefit of patients and society;
- Educate the next generation of physicians, nurses, health professionals, and scientists;
- Serve the health needs of our citizens.



II. Planning Process Used

Project coordination responsibilities were assumed by the Office for Health Equity and Inclusion (OHEI,) under the leadership of Dr. David J. Brown, OHEI Associate Vice President and Associate Dean. Over 170 Planning Leads were designated by department Chairs and administrative leadership throughout UMHS to represent over 70 units. Mass orientations were held in February and March 2016 to acquaint our Planning Leads and leadership to the strategic planning process and requirements for plan submission. The majority of Planning Leads either utilized the assistance of existing diversity committees or created new committees to assist them with completion of unit-specific action plan submissions that were integrated into the UMHS strategic plan.



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Constituents from the following areas lent direct input to the UMHS strategic plan:

- A. Alfred Taubman Research Institute
- Adult/Pediatric Respiratory Care
- Ambulatory Care Enterprise (Ambulatory Care Services, University of Michigan Medical Group and all Ambulatory Care Units)
- Anesthesiology
- Biological Chemistry
- Biomedical Engineering and Vascular Surgery
- Biophysics
- Cancer Center
- Care Management
- Cell and Developmental Biology
- Community Programs and Services
- Compliance
- Computational Medicine and Bioinformatics
- Contracting Office
- CS Mott Children’s Hospital
- Dermatology
- Development and Fundraising
- Emergency Department
- Employee Assistance Program
- Environmental Services
- Executive VP for Medical Affairs
- Facilities Planning
- Faculty Affairs
- Family Medicine
- Finance
- Food Procurement/Production
- Frankel Cardiovascular Center
- Friends Gift Shop
- Gifts of Art
- Graduate and Post-Doctoral Studies
- Health Information Management
- HomeMed and Home Care
- Human Genetics
- Human Resources
- Information Technology (MCIT/MSIS)
- Internal Medicine
- Laundry and Linen Services
- Marketing and Communications
- MCIT/MSIS/Chief Information Officer
- MedEQUIP
- Medical School Administration
- MHealthy
- Michigan Institute for Clinical and Health Research (MICHR)
- Microbiology and Immunology
- Molecular and Integrative Physiology
- Nurse and Physician Assistant Recruitment and Retention
- Nursing
- Obstetrics and Gynecology
- Office of Medical Student Education
- Office of Research
- Operations
- Ophthalmology and Visual Sciences
- Otolaryngology
- Pathology
- Patient Financial Counseling and Registration
- Patient/Family Centered Care
- Pharmacology
- Pharmacy
- Physical Medicine and Rehabilitation
- Population Health Office
- Program and Operations Analysis
- Program in Biomedical Sciences (PIBS)
- Program Management Office
- Radiology
- Respiratory Care- Adult/Pediatric
- Risk Management
- Safety Management Services
- Security and Entrance Services
- Social Work
- Speech/Language Pathology
- Surgery
- Taubman Center
- Unit for Lab Animal Medicine
- Urology
- Visiting Nurse Association
- Von Voightlander Women’s Hospital

In addition, OHEI established the Health System Diversity Working Group (HSDWG,) comprised of several “Resource Teams” of subject matter experts throughout UMHS from the perspective of our principal constituent groups (staff, faculty, house officers, students,

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postdoctoral/trainee, other communities, and patients/families.) These groups researched best practices and recommended constituency-specific actions for the plan.

A Climate Task Force was also convened to support overall recommendations for climate improvement. The input of these teams is also incorporated into the recommended Central Actions described later in this document.

OHEI provided consultation and facilitation services to Planning Leads upon request as they completed their constituent involvement activities in February-June of 2016.

On April 11, 2016, over 600 Planning Leads, leadership, and central campus guests participated in a day-long D E & I kickoff session, where the Vital Strategies were cast as a priority for framing the planning process moving forward. A UMHS leadership panel and several speakers (Mr. Howard Ross, Dr. Scott Page, Ms. Maya Kobersy, and Dr. Lynn Wooten) shared information on a variety of related topics during the day. The kickoff session was well-received and significantly increased awareness of D E & I efforts across the medical campus. Feedback from participants indicated that the kick off increased understanding of why diversity, equity and inclusion contribute to organizational success. Understanding of the Vital Strategies was less universal, however, and there has been an intentional effort to continue clarifying communications regarding the Vital Strategies and their link to D E & I success following the April meeting.

In May 2016, Planning Leads submitted a plan for how they would gather feedback on current state of diversity/equity/inclusion efforts, as well as how they would solicit ideas from their constituents to guide the specific actions they would recommend in order to advance the six Vital Strategies.

As data were gathered, OHEI provided guidance and assistance on analysis and interpretation upon request. In July, Planning Leads submitted their Section 6 planning tables, which identified specific actions to support the Vital Strategies based on the feedback/ideas generated during the constituent involvement activities.

Planning Leads also used a variety of quantitative and qualitative data from other sources to guide their process, including constituent demographic data, employee/faculty engagement data, patient satisfaction data, and prior climate assessments facilitated by ADVANCE or conducted at the unit level.

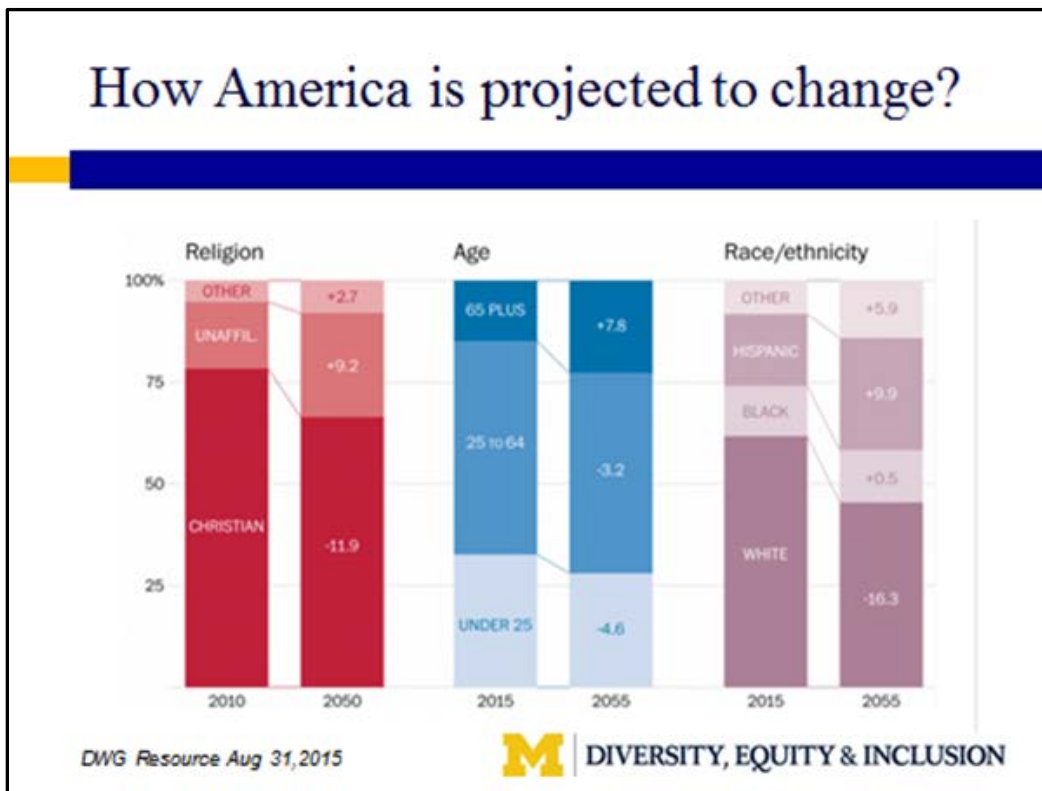
Once all data were submitted in July and received by the HSDWG, this group analyzed the data for dominant themes and produced a set of recommended Central Actions and priority strategies for Year One of the UMHS D E & I strategic plan. The Central Actions were shared with Planning Leads, Resource Teams, the Michigan Leadership Team (MLT), and a broader group of UMHS leaders (Executive Health System Diversity Working Group- EHSDWG) before being submitted to Drs. Runge, Spahlinger, and Bradford for final review.

III. Data and Analysis: Key Findings

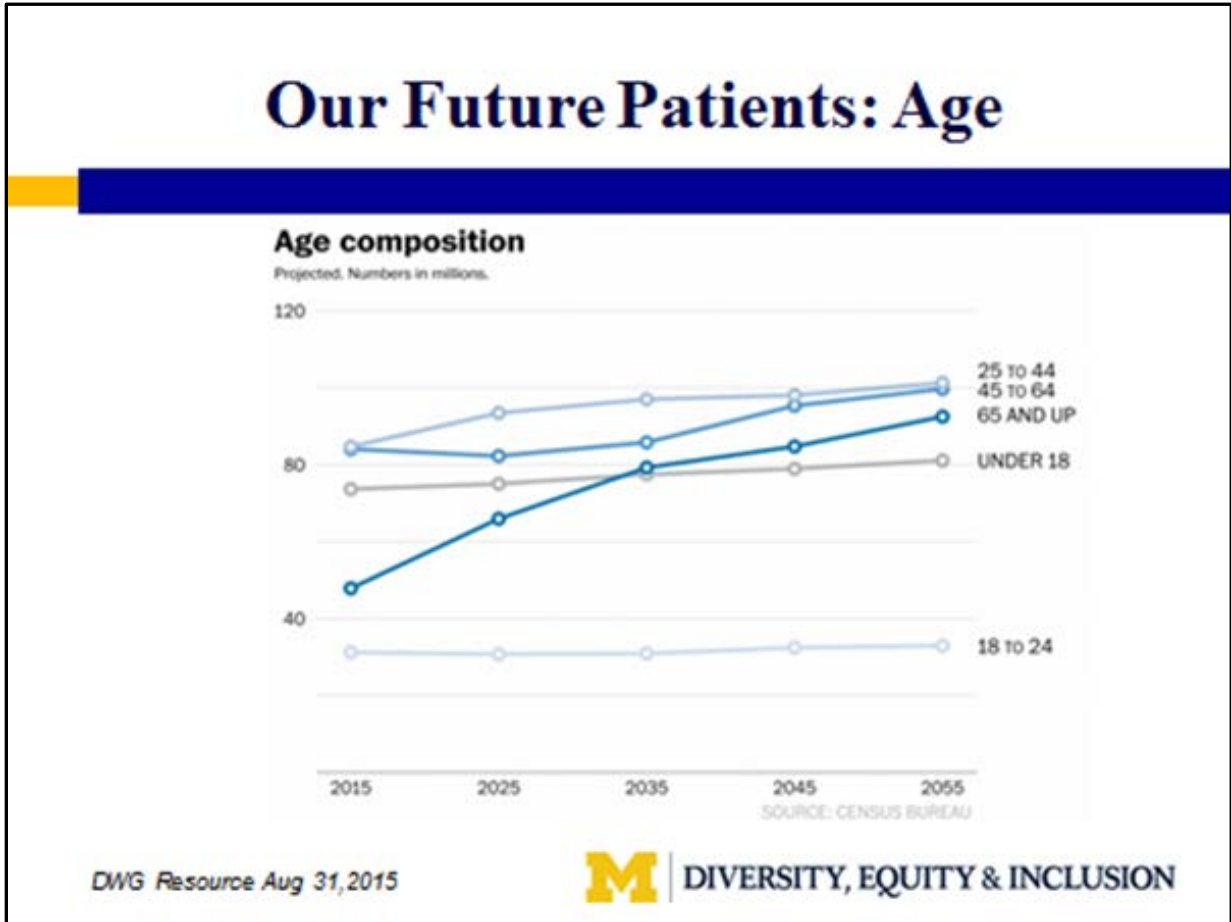
A large quantity of national, state, local and institutional data was reviewed to help us articulate UMHS’s current state regarding diversity, equity, and inclusion.

Background

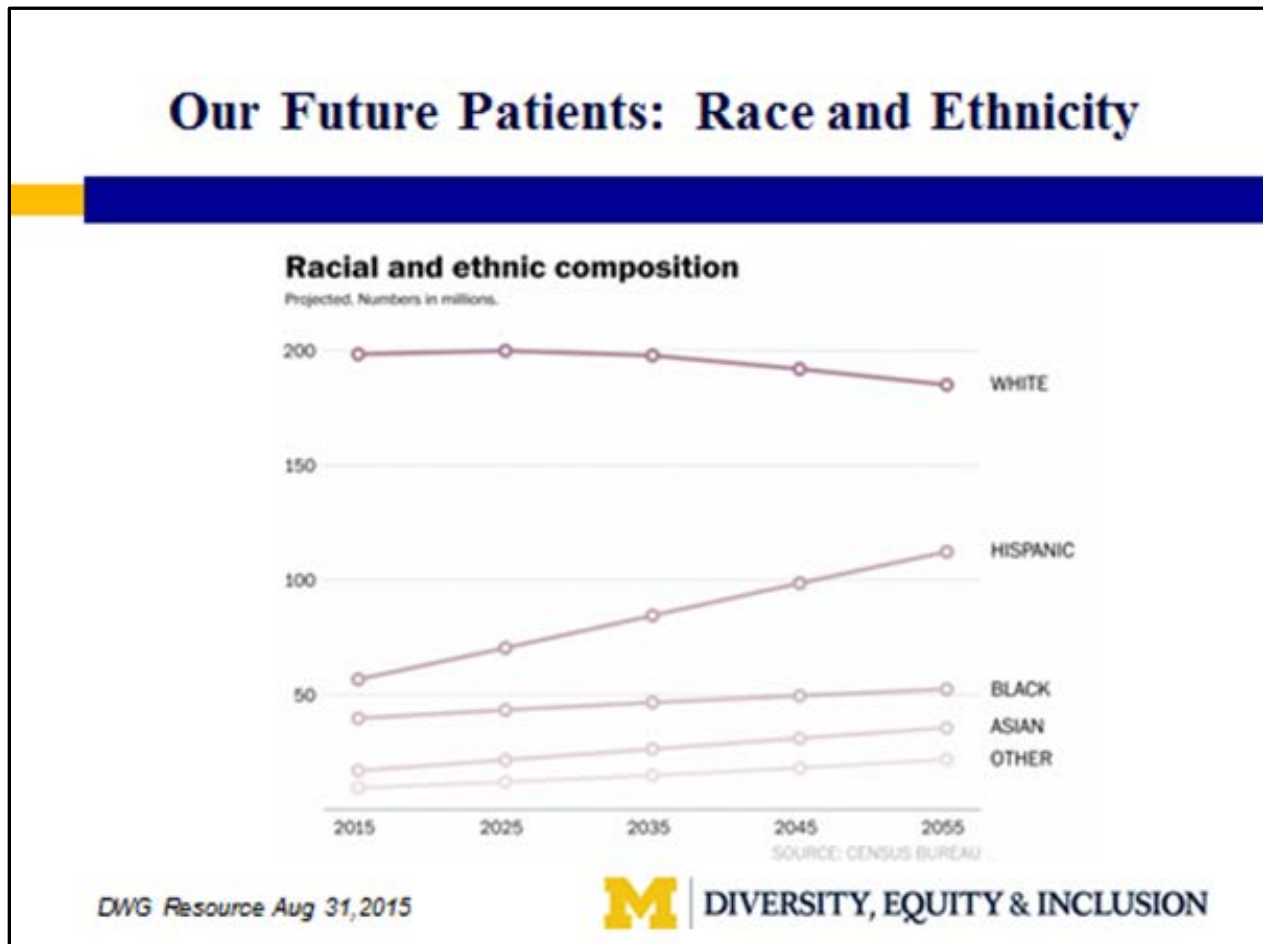
The demographic composition of the United States population—and patient population—is projected to undergo dramatic changes in the coming years, towards greater religious diversity, increasing age, and greater racial and ethnic diversity, where White patients will no longer comprise a majority in 2055. These shifts will frame the environment in which we work and deliver services and cause us to appropriately adapt our individual and collective behavior:



In the next 40 years, the cohort of patients aged 65 and older is predicted to dramatically increase:



The racial and ethnic composition of the future population is also undergoing change. In particular, the number of Hispanic patients is expected to increase significantly over the next 40 years, while the number of other patient populations is expected to decrease or remain steady.



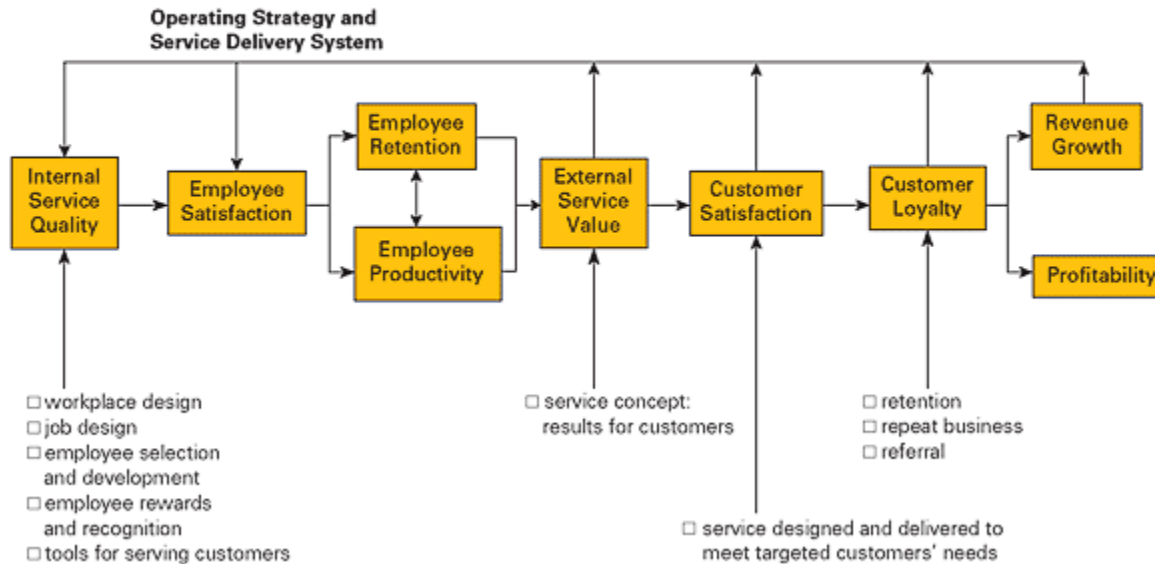
The Business Case for Diversity, Equity and Inclusion

In today’s competitive business environment, the achievement of “diversity” on one or more levels is necessary, but not sufficient, to advance critical strategic goals. “Diversity” in a business setting may be defined as a “collective mixture characterized by differences and similarities that are applied in pursuit of organizational objectives” (Thomas, 1999.)

It is only when diversity is leveraged or managed that tangible business benefits can accrue to an organization, via a “process of planning for, organizing, directing and supporting these collective mixtures in a way that adds a measurable difference to organizational performance. (Hubbard, 2009.)

For example, Haskett, Sasser, and Schlesinger’s (2008,) “Service Profit Chain” model, note how shifting organizational focus from market share to the welfare of current employees and customers directly influences loyalty. Specifically, employee loyalty is correlated with customer loyalty, which in turn is related to increased growth and success of a business. In order for customers to be satisfied with products and services, they must perceive value in such products and services. In turn, value is created by loyal, engaged and productive employees, and organizations that turn their attention to creating infrastructures and cultures that enable employees to create value increase customer loyalty.

The Links in the Service-Profit Chain



Promoting diversity, equity and inclusion creates an organizational climate that supports increased employee loyalty and capacity to better meet the needs of all customers and directly supports business goals.

Kotter and Heskett, in their book *Corporate Culture and Performance* (2011) cite that strong corporate cultures are characterized by the following elements:

- Emphasis on leadership as major curator of the organizational culture
- Goal alignment among all employees
- Shared values and behaviors among all employees
- Involvement of all members of the organization in decision-making
- Recognition of the contributions of all members of the organization

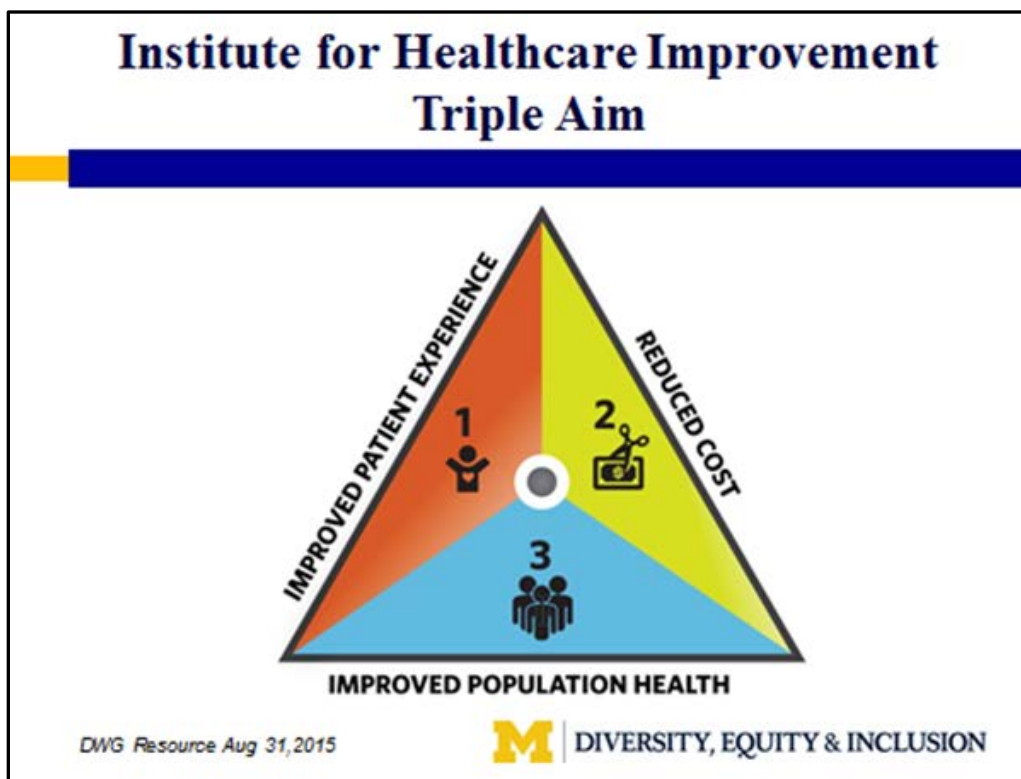
Kotter and Heskett found that over a twelve year period, companies with high-performance cultures outperformed their peers in all major measures of growth. Leveraging of diversity and advancement of equity and inclusion fosters the type of high performing workforce and culture that is positioned for organizational excellence.

The research of Dr. Scott Page, Professor of Complex Systems, Political Science, and Economics at the University of Michigan, uncovered the importance of cognitive diversity to achieve transformation in organizations due to the unlocking of innovative thinking and novel solutions to enduring problems. He cites the importance of basing future organizational success on the activities of diverse teams leveraging their individuality, rather than on heroic “lone thinkers” that act independently and often in deference to the status quo.

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Promotion of diversity, equity and inclusion at UMHS supports the achievement of the Institute for Healthcare Improvement’s “Triple Aim” of improved patient experience, cost reduction, and improved population health. Diversity, equity and inclusion in the healthcare workplace drives the achievement of the Triple Aim.

There is a significant movement currently to introduce a “fourth aim” of *improved clinician experience* to this model-- which we would suggest extending to “**improved staff, clinician, faculty, house officer, postdoc/trainee, student and patient/family experience**” to emphasize the importance of all who interact in our workplace. This “Quadruple Aim” cannot be achieved without close attention to the state of UMHS’s workplace climate.



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Figure 2. The Fourth (missing) Aim is improved clinician experience.

<http://ctofax.com/images/articles/2016-04/fig2.png>

This background compels us to consider how an intentional and integrated approach to organizational health improvement can propel UMHS towards its goals, and the role that promotion of diversity, equity and inclusion can contribute to the attainment of organizational health.

Demographics

Staff, Faculty, and Trainee Demographics- Ethnicity and Gender- All Job Classifications (data source—HR01 Data Warehouse):

In June 2016, about 75% of the overall faculty/staff/trainee population was White non-Hispanic, and about 8.8% were African-American. Asians were most highly represented within the Faculty and Trainee classifications, and Blacks/African-Americans were most highly represented within the Staff classification.

Gender/Ethnicity (8-2016 extract):

Among UMHS Staff, (faculty, staff, and trainees) females comprise about 71% and males comprise about 29% of the population overall. Whites comprise about 75% and Blacks comprise about 9% of the population overall.

M HUMAN RESOURCES UNIVERSITY OF MICHIGAN HEALTH SYSTEM HR Strategy

UMHS Demographic Counts by Job Classification*

Demographic Group 1	Demographic Group 2	Demographic Group 3	Age Grouping		Nurses / Others		Staff Managers / Others			
Gender	None	None	Generations		(All)		(All)			
Demographic Group 1	Demographic Group 2	Demographic Group 3	Faculty		Staff		UMHS Trainees**		Grand Total	
			Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Female	-	-	1,205	40.40%	16,628	78.22%	889	44.52%	18,722	71.36%
Male	-	-	1,778	59.60%	4,629	21.78%	1,108	55.48%	7,515	28.64%
Grand Total			2,983	100.00%	21,257	100.00%	1,997	100.00%	26,237	100.00%

* As of data extract ran on 8/19/2016. With the exception of nurses, does not include Temporary staff.

** UMHS Trainees includes: Clinical Intern/Fieldwork Student, Graduate Student Instructor, Graduate Student Research Assistant, Graduate Student Staff Assistant, House Officer, Professional Specialist, Research Fellows

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Ethnicity	None	None	Generations		(All)		(All)			
Demographic Group 1	Demographic Group 2	Demographic Group 3	Faculty		Staff		UMHS Trainees**		Grand Total	
			Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
American Indian/Alaskan Native	-	-	7	0.23%	50	0.24%	3	0.15%	60	0.23%
Asian	-	-	640	21.45%	1,232	5.80%	588	29.44%	2,460	9.38%
Black/African American	-	-	80	2.68%	2,194	10.32%	50	2.50%	2,324	8.86%
Hispanic/Latino	-	-	89	2.98%	582	2.74%	59	2.95%	730	2.78%
Native Hawaiian/Oth Pac Island	-	-			27	0.13%	1	0.05%	28	0.11%
Not Indicated	-	-	42	1.41%	487	2.29%	78	3.91%	607	2.31%
Two or More Races	-	-	41	1.37%	391	1.84%	40	2.00%	472	1.80%
White, Not of Hispanic Origin	-	-	2,084	69.86%	16,294	76.65%	1,178	58.99%	19,556	74.54%
Grand Total			2,983	100.00%	21,257	100.00%	1,997	100.00%	26,237	100.00%

* As of data extract ran on 8/19/2016. With the exception of nurses, does not include Temporary staff.

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Retirement Eligibility (Staff only)

In fiscal year 2016, nearly 2,700 Staff are eligible to retire, with 82% of these employees being White non Hispanic, and 11.4% being Black/African-American.

Retirement Eligibility* by Demographics

* Staff Only

Demographic Group 1	Demographic Group 2	Demographic Group 3	Staff	
			Currently Eligible to Retire	% of Total (of those Eligible to Retire)
American Indian/Alaskan Native	-	-	9	0.34%
Asian	-	-	101	3.79%
Black/African American	-	-	303	11.37%
Hispanic/Latino	-	-	37	1.39%
Native Hawaiian/Oth Pac Island	-	-	3	0.11%
Not Indicated	-	-	4	0.15%
Two or More Races	-	-	25	0.94%
White, Not of Hispanic Origin	-	-	2,182	81.91%
Grand Total			2,664	100.00%

In another view, when comparing the race/ethnicity of individuals in selected UMHS job classifications compared to the State of Michigan and our inpatient population (2014 data,) one can observe that approximately 12% of our patient population identified as African-American, and about 3% of our Nursing and House Officer populations identify as African-American.

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**Race/Ethnicity: Selected UMHS EVPMA Department Groups
Compared to Inpatients and Michigan Population**

Race/ Ethnicity	State of Michigan (n=9.9 million)	UH Inpatients N=48,253	UMHS Staff (n=19,859)	Nursing (n=4,860)	Caregiver (n=11,077)	House Officer (n=1,190)	Manager Lead (n=1,046)
White, not Hispanic/Latino	75.7%	79.3%	77.3%	86.0%	81.8%	71.4%	84.3%
Two or more races	2.2%	0.0%	1.6%	1.2%	1.5%	1.8%	1.1%
Not Indicated/Other	0.0%	5.2%	2.8%	2.7%	3.2%	1.1%	0.9%
Native Hawaiian/Pacific Islander	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%
Hispanic/Latino	4.6%	0.1%	2.4%	1.9%	2.2%	1.3%	2.1%
Black/African American	14.2%	12.1%	9.9%	3.3%	7.0%	2.7%	8.5%
Asian	2.6%	2.8%	5.4%	4.5%	3.8%	21.6%	3.0%
American Indian/Alaska Native	0.7%	0.4%	0.3%	0.5%	0.3%	0.1%	0.1%

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Students, Medical School
Medical School Student Enrollment and Applicant Pool, 2003-2015:

Over the last ten years, African-American and Hispanic medical school student representation has remained low and somewhat flat. In some years, there were no male African-American students in the cohort. An analysis of the matriculation sequence for URM (Under-Represented in Medicine) Medical School applicants between 2003 and 2015 showed that only about 39% of URM applicants receiving an offer of acceptance eventually matriculated, versus about 47% of non-URM applicants:

Medical School Applicants (URMs) 2003 - 2015	
	2013-2015 Average
Grand Total	5648
URM	625
URM % of total	11.1%
Interviewed 2003 - 2015	
	2013-2015 Average
Grand Total	568
URM	92
URM % of total	16.2%
% of URM applicants who received an interview	14.7%
Offered Acceptance 2003 - 2015	
	2013-2015 Average
Grand Total	382
URM	63
URM % of total	16.6%
% URM interviewed who received an offer	69.3%
Matriculated 2003 - 2015	
	2013-2015 Average
Grand Total	172
URM	25
URM % of total	14.5%
% URM who received an offer and matriculated	39.4%

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Faculty, Medical School(2008-2014)

Medical School faculty representation among African-Americans, Hispanics, and among women in some disciplines, remained low.

STEM Faculty Composition: Academic Years 1979-2015

According to the University of Michigan Institutional Data for Tenure-Track Faculty (2015,) STEM Tenure-Track Faculty composition for women and URMs has increased between 1979 and 2015.

Medical School Staff

The demographic composition of the Medical School staff is predominantly White and female in all job categories.

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Patients

In 2015, about 70% of the UMHS patient population identified as Caucasian, about 10% as African-American.

2015 Patient Demographics, UMHS (Adult and Pediatric)				
	Adult		Pediatric	
	Total Patients	Percentage	Total Patients	Percentage
Gender				
Male	226,549	40.80%	84,396	49.90%
Female	328,129	59.20%	84,734	50.10%
Race				
Asian	26,632	4.80%	8,726	5.20%
African-American	49,094	8.90%	17,418	10.30%
American Indian	1,653	0.30%	438	0.30%
Caucasian	443,128	79.90%	118,931	70.30%
Native Hawaiian, Pacific Islander	474	0.10%	235	0.10%
Refused	2,621	0.50%	779	0.50%
Unknown	10,330	1.90%	6,446	3.80%
Other	20,754	3.70%	4,457	2.60%
Ethnicity				
Hispanic	13,489	2.40%	2,151	1.30%
Non-Hispanic	503,333	90.70%	44,130	26.10%
Unknown	33,749	6.10%	122,658	72.50%
Refused	4,115	0.70%	244	0.10%
Language				
English	543,024	97.90%	164,975	97.50%
Spanish	2,177	0.40%	1,374	0.80%
Japanese	1,766	0.30%	826	0.50%
Arabic	1,684	0.30%	561	0.30%
Mandarin	1,989	0.40%	323	0.20%
Other	4,045	0.70%	0	0.00%

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Perceptions of Climate
Perceptions of Climate: Staff
Analysis of Employee Engagement Data for Patterns Relating to D E & I

An area of opportunity for UMHS is to analyze existing data sets for new insights. To this end, employee engagement survey responses for 2014 were analyzed for variation from the mean by gender and race/ethnicity. If responses varied based on these variables, such variation might suggest possible tailored interventions to employ in the workplace.

The Press-Ganey question set overall was reviewed by statisticians and the following subset of questions was proposed that relate to the constructs of “engagement” and “climate:”

Questions from UMHS 2014 Engagement Survey Related to Diversity, Equity and Inclusion
My work unit works well together.
The person I report to treats me with respect.
My ideas and suggestions are seriously considered.
I am satisfied with the recognition I receive for doing a good job.
The person I report to treats employees in my work unit fairly.
I can freely express my opinions and concerns to management at this organization.
The person I report to encourages teamwork.
The person I report to is a good communicator.
This organization values employees from different backgrounds.
This organization values diversity in its staff, faculty, patients and learners.
I am proud to tell people I work for this organization.
I would like to be working at this organization three years from now.
I would recommend my work unit as a good place to work.
Overall, I am a satisfied employee.
There is a climate of trust within my work unit.
This organization conducts business in an ethical manner.

Responses to this subset of questions were then compared by gender (male versus female) and race (black versus other— sample sizes for other ethnicities were too small to be considered for analysis and were included with whites.)

The following differences were found to be statistically significant, after controlling for demographics and work unit:

1. Female respondents were statistically **less** likely than male respondents to report that:
 - a. The respondent’s work unit team works well together
 - b. The person the respondent reports to treats them with respect

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- c. Their ideas and suggestions are seriously considered
 - d. The respondent is satisfied with the recognition they receive for doing a good job
 - e. The person the respondent reports to treats employees in the work unit fairly
 - f. The respondent can freely express their opinions to management in this organization
 - g. The person the respondent reports to encourages teamwork.
 - h. The person the respondent reports to is a good communicator.
2. Black respondents were statistically **less** likely than other respondents to report that:
- a. This organization values employees from different backgrounds
 - b. This organization values diversity in its staff, faculty, patients, and learners
 - c. The respondent is proud to tell people they work for this organization
 - d. The respondent would like to be working at this organization three years from now
 - e. The respondent would recommend their work unit as a good place to work
 - f. Overall, the respondent is a satisfied employee
3. **Both females and blacks** were statistically **less** likely than other respondents to report that:
- a. There is a climate of trust within the respondent's work unit
 - b. This organization conducts business in an ethical manner.

These preliminary findings shed light on possible interventions to increase engagement relative to DE&I for these groups. Additional analyses could serve to further specify areas or groups of employees that consistently demonstrate low engagement scores, relative to others.

Demographics of employees who participated in both Engagement Surveys may also be informative when compared to the demographics of those employees who did not participate. There may be skew in one or both populations to consider differently when designing and delivering interventions.

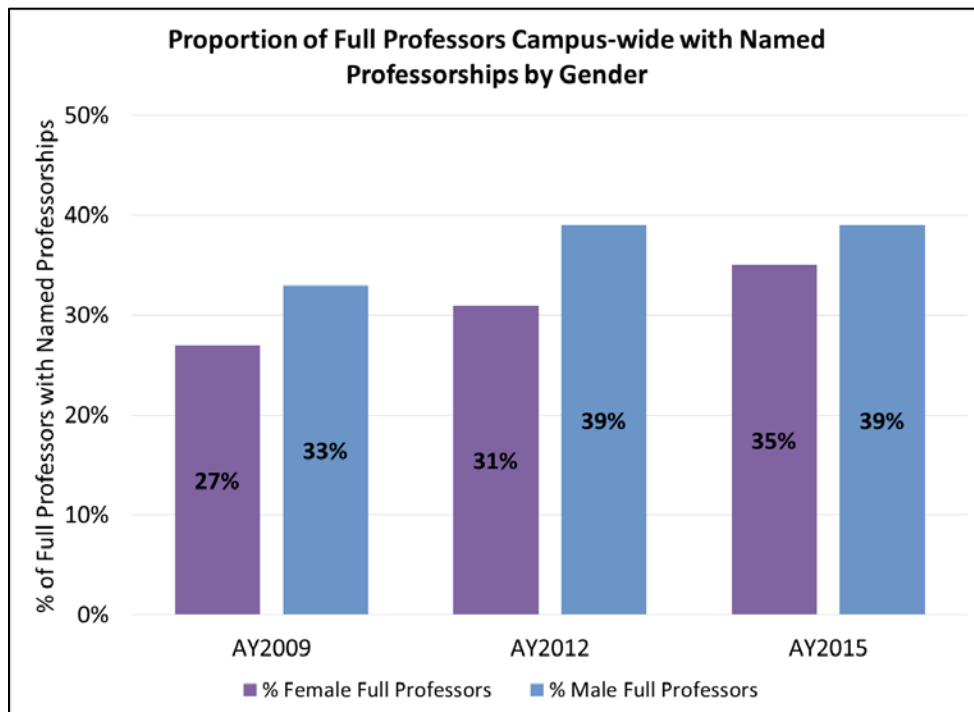
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Perceptions of Climate: Faculty

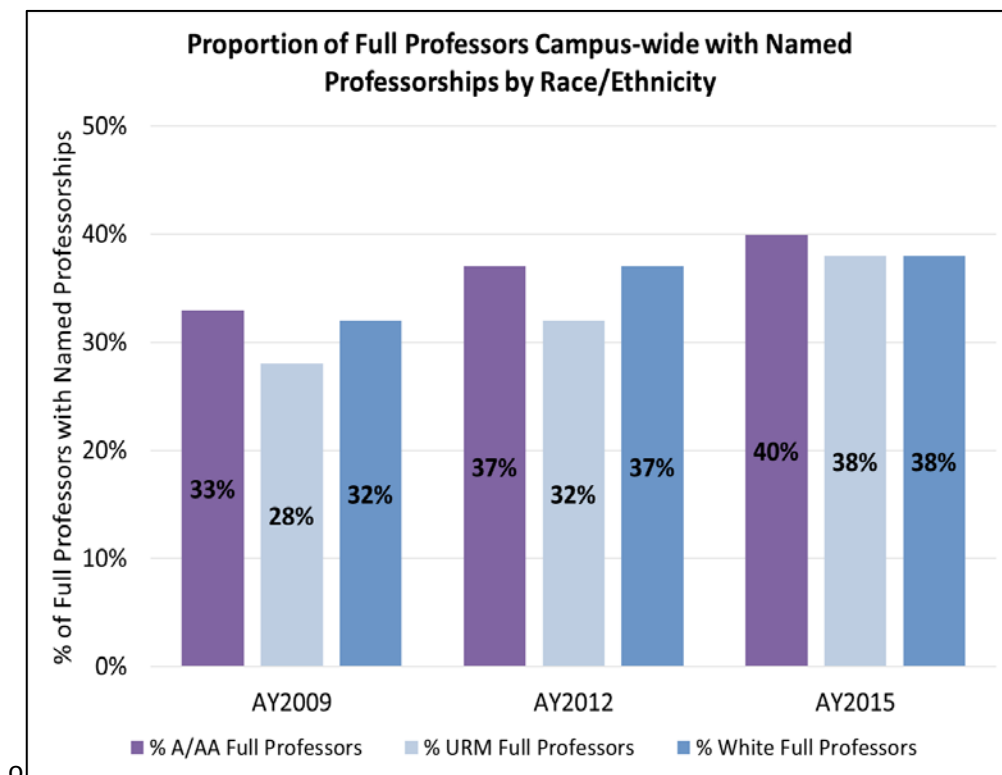
ADVANCE’s “University of Michigan 2015 Institutional Data for Tenure Track Faculty: Campus-Wide and STEM, found that females (both white and URM) reported more bias/exclusion experiences than males (both white and URM,) and non-URMs (both male and female,) had more positive influence/voice experiences than URM (both male and female).

In the area of named professorships, in academic year 2009, 23 more women would have needed to be awarded named professorship to achieve the same award rate as men; in academic year 2015, 19 more women would have needed to have been awarded named professorship to achieve the same award rate as men.

In academic year 2009, 4 more URM faculty would have needed to be awarded named professorship to be at the same rate as white faculty; while no deficit existed for URM or Asian/American faculty in academic year in academic year 2015.



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The researchers made the following conclusions regarding their findings in terms of implications for climate and retention:

- Increased Chair and Dean involvement in leadership training opportunities in climate assessment and providing unit-level supportive interventions (PCLP, Faculty Leading Change, and others)
- Increase support for child care, which disproportionately impacts female faculty
- Require all schools and colleges to have mentoring programs.

Perception of Climate: Students

The Michigan Student Study Reports sought to track the influence of diversity issues on students through their undergraduate and graduate experience. Analysis included the relationship of student experiences with racial/ethnic diversity to overall educational outcomes.

Analysis of survey data of the Michigan senior classes of 1994, 2004, and 2014 yielded the following broad findings:

- Approximately half of 2014 seniors noted that Michigan’s diversity positively influenced their undergraduate experience. Such influence was noted more frequently on under-represented minority seniors. There has, however, been a noticeable decline in this positive view in the past ten years among African-American seniors.

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- African-American seniors were far less likely to express feelings of “belonging” in the U-M community than other seniors, and the difference has been increasing over the duration of the study.
- Only half of the African-American seniors feel respected and taken seriously by their Michigan professors, a lower rate than other seniors.
- About half of the African-American seniors reported having experienced micro-aggressions, harassment and/or discrimination while at Michigan, a higher rate than other seniors.

Patients

According to the Hospital Consumer Assessment of Healthcare Providers and System Hospitals Surveys (HCAHPS.) HCAHPS is a joint project from the Centers for Medicare and Medicaid Services (CMS) and the Agency for Health Care Research and Quality (AHRQ.) A sample of patients are contacted after their hospital visit and asked to provide feedback on certain aspects of their care. Most recent overall UMHS responses (12 month average scores) included:

Measure (higher values = better performance)	UMHS	Comparison Group
How often did nurses communicate well with patients?	90.2%	90.4%
How often did doctors communicate well with patient?	89%	88.1%
How often were patients’ rooms and bathrooms kept clean?	84%	86%
How often was the area around the patients’ room kept quiet at night?	75%	78%
How often was patients’ pain well controlled?	87%	88%
Were patients given information about what to do during their recovery at home?	87%	88%

Demographic data is now being made available by Press-Ganey; analyses have been requested to add to this plan.

Key Findings:

In order for UMHS to be optimally positioned to operationalize the Vital Strategies, it is important to engage the entire population in an aligned and clear manner, and build accountabilities and structures throughout our environment to drive continuous climate improvement.

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IV. Strategic Objectives, Measures of Success and Action Plans*

**All strategic objectives and related actions will be pursued in accordance with the law and University policy.*

Guided by our constituent involvement activities and assessment of current state data, recommended specific actions were analyzed by Vital Strategy and constituency (Appendix) and were then classified into several broad “Central Actions” for UMHS at large. “Central Actions” are defined as those actions that may be implemented on an institution-wide level to support the Vital Strategies. There was significant feedback at all levels regarding the need to build infrastructure to ensure that the Central Actions can be carried out.

Year One (FY 2017) Priority Actions

The recommended Central Actions support the following priority actions for UMHS for Year One of the strategic plan in each of the six Vital Strategies; as well as critical “Supporting Infrastructures” which must be identified, coordinated, integrated, assessed, modified, and/or created to support such actions, follow:

SUPPORTING INFRASTRUCTURE #1: Branding and Communications Strategy

Planning Leads and leadership alike have consistently noted the need for, and importance of, a comprehensive branding and communications strategy and plan that helps integrate and unify understanding of the purpose of the DE&I initiative and its link to UMHS excellence, including but not limited to:

- Clear and aligned definitions of the terms “Diversity”, “Equity” and “Inclusion” and the connection between the UM-wide definitions set forth by the President and how these terms are operationalized throughout UMHS,
- Clear, compelling and focused thematic goal and branding of the DE&I initiative that serves as a unifying “rallying cry” that connects DE&I with other UMHS activities
- Clear messaging regarding the business case for DE&I and its direct connection to, and support of, the UMHS-wide (and local) strategic mission, vision, values, goals and initiatives
- Strong and unified messaging regarding expectations, accountability, and standards of behavior and conduct for those at all levels of the organization
 - Embedding of such messaging throughout all aspects of the employee/faculty, student, and patient experience
 - Embedding of messaging in pipeline materials and other public-facing materials
- Positioning of leaders in particular, via training, education, and ongoing organizational supports, to model desired behaviors and to set the tone for the institution.
 - Constituents feel we must continue to create an environment where all members of the UMHS community feel they belong, where they are actively involved in the priority work, and where they feel they are part of effective and inclusive teams..



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SUPPORTING INFRASTRUCTURE #2: Comprehensive, Effective Educational Program Delivery System

Many Planning Leads and leaders noted that we currently have a variety of educational offerings relating to DE&I, but they appear to be decentralized and uncoordinated. In order to accelerate and drive the learning required for significant culture change throughout UMHS, constituents believe that an coordinated educational program delivery system is required to facilitate the visibility of, and accessibility to, such learning. Current educational program delivery systems (such as MLearning, HR Planning and Development, Faculty Development, Leadership/Executive Education, Interprofessional Education, Nursing Shared Governance, Human Subjects Training, Medical Education, and others) as well as future concepts (HR Learning Academy) should be fully explored for relevance to this infrastructure requirement. This delivery system is seen as enabling the dissemination of a variety of multi-level educational offerings throughout UMHS, including but not limited to:

- “universal” baseline educational content provided to each member of the UMHS community via orientation, onboarding, and annual refresher courses.
- educational tracks for particular subject matter interests related to DE&I
- deeper-dive content for special topics, leadership, clinical staff, research staff, and others
- toolkits and other supportive content to help drive continued education at all levels (such as periodic pushes of content to leadership to cascade to staff)

SUPPORTING INFRASTRUCTURE #3: DE&I Analytics-- Data Collection, Analysis and Metrics

During the planning process, we heard clearly from our faculty that they felt more time and effort must be expended to fully understand UMHS’s current state from a data standpoint. Thus, we recommend collaborating with other data collection/analysis and research groups throughout UMHS to ensure that there is a clearinghouse focusing on DE&I analytics so that we can understand whether and how DE&I activities influence organizational climate and lend value to the achievement of major UMHS strategic goals. Suggested actions include, but are not limited to, the following:

1. Convene an interdisciplinary team of faculty and staff in the analytics area charged with developing the DE&I analytics strategy
 - a. Existing research teams that have convened for the DE&I strategic plan could be engaged for this work and are positioned to assist
2. Conduct a comprehensive inventory of current data sets and data collection activities and explore how DE&I influences the data
3. Explore and implement methods of leveraging existing data (engagement, quality, safety, etc.) to uncover opportunities to improve UMHS’s climate and collective DE&I skills
4. Provide specific consultation and/or training in DE&I-focused data analysis
5. Determine how to collect and analyze existing and new data with a DE&I perspective
6. Assess whether current survey questions appropriately capture information about climate and DE&I and incorporate modifications as appropriate into such survey tools (patient satisfaction, employee engagement, culture of safety data, quality improvement data, etc.)

SUPPORTING INFRASTRUCTURE #4: Interdisciplinary D E & I Resource Groups

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During the engagement process, many Planning Leads noted an interest in coming together in groups to discuss vitally important D E & I issues, advise on climate, and collectively seek and implement strategies to build skills and problem-solve around complex D E & I challenges. Currently, UMHS does not have a robust, coordinated resource group structure in place.

We suggest implementing, in collaboration with Human Resources, Faculty Development, the Office for Medical Student Education, Office of Postdoctoral Studies, and other stakeholders, a structure and process to convene, and support the development/growth of, a variety of resource groups to advise the D E & I project. Such resource groups can help drive transformation of the UMHS culture by supporting successful implementation of specific actions related to the six Vital Strategies. Proposed activities include:

1. Convene advisory/sponsor body to develop the implementation plan
2. Ensure that current activities related to resource groups are included and leveraged in the implantation plan.
3. Ensure collaboration between resource groups and other liaisons (D E & I Planning/Implementation Leads, Culture Coaches, Faculty Development Liaisons, others)
4. Research best practices and conduct internal assessment
5. Create process to recruit diverse and inclusive membership both for those representing the identity of each resource group and those who are allies and advocates
6. Create process for onboarding, training, and ongoing professional development for resource group members
7. Create process to ensure resource group involvement is visibly welcomed and embedded in decision-making processes throughout UMHS
8. Link support for resource groups to existing structures to assure continuity and reach.

Proposed Actions Supporting Vital Strategies of CLIMATE IMPROVEMENT, CONFLICT RESOLUTION, and DE&I SKILL-BUILDING:

1. Facilitate, in collaboration with stakeholders and constituents of UMHS, a robust and comprehensive strategy and accompanying delivery system(s) for effectively and efficiently providing key education, training and ongoing professional development programs to staff, faculty, house officers/trainees, students, and other communities, including but not limited to:
 - Unconscious/everyday bias and its influence on decision-making and relationships
 - Conflict resolution and de-escalation strategies
 - Problem-solving and effective communication techniques
 - Bystander training
 - Intergroup Relations (IGR) techniques
 - Liberating Structures (LS) techniques
 - Interdisciplinary team effectiveness
 - Change management
 - Mentor and Sponsor readiness

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- a. Investigate and implement strategies to provide wide access to educational content, and integrate content into other existing and future training and organizational improvement efforts
 - b. Implement integrated and coordinated processes to accelerate learning and skill acquisition via train-the-trainer strategies, creation of internal D E & I “certification” program, and other activities.
2. Facilitate the creation of, in collaboration with stakeholders and constituents of the UMHS, a robust and comprehensive strategy and accompanying delivery system(s) for effectively and efficiently providing key education, training and ongoing professional development programs to staff, faculty, house officers/trainees, students, and other communities, including but not limited to:
- Cultural sensitivity in healthcare (with “culture” defined in all its myriad forms)
 - Convene interdisciplinary task force to develop and implement cultural sensitivity curriculum to the UMHS community. The curriculum would support and wrap around Culture Vision, a web-based information portal designed to increase cultural awareness among health professionals, and leverage free and low-cost educational offerings already available via AAMC and other organizations.
 - Integrate the cultural sensitivity curriculum with other existing training and education strategies.
 - Conflict resolution skills, via Influencer model or similar approach that is already well-established in UMHS
 - Increased understanding of the specific needs of patients and families with non-medical barriers that may interfere with optimal communication and care delivery
 - Understanding of the unique concerns of end-of-life and other health crises for patients and families, and skill-building among the interdisciplinary care team to effectively and proactively address conflicts that may arise from such situations
3. Implement #123 for Equity Pledge throughout UMHS, with accompanying supports

Proposed Actions Supporting Vital Strategies of RECRUITMENT, HIRING/SELECTION, and CAREER DEVELOPMENT and ADVANCEMENT:

1. Broaden advertising of all positions throughout UMHS to include non-traditional or overlooked venues
2. Build stronger connections with educational institutions with diverse student populations
3. Develop education and toolkits for:
 - a. Collaborative recruitment efforts
 - b. Recruitment and selection committee guidance, including consultation, training, and toolkits for selection/hiring and holistic review where applicable
4. Embed DE&I as core value in all recruitment materials
5. Ensure that all search and selection committees receive training in unconscious bias and its influence on decision-making
6. Provide DE&I-focused admissions review skill building for academic units, leveraging existing efforts
7. Develop exit interview strategy to learn about why incumbents leave UMHS and/or why staff, faculty, and students decide not to choose the University of Michigan



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- 8. Facilitate establishment of clear and visible pathways for career advancement for staff and faculty at all levels
- 9. Broaden educational/tuition assistance
- 10. Consider novel strategies to address recruitment issues, such as Magnet status requirement for bachelor degrees
- 11. Provide opportunities for support of professional development in DE&I skill-building, health disparities research, and related competencies in candidate selection, performance review, recognition, and promotion/tenure
- 12. Align incentive strategies at every phase of the performance evaluation cycle, for all levels that support DE&I skills, competencies, and behaviors

We consistently heard from our populations that they feel there is a great deal of excellent work already being conducted in these areas, but that this work is decentralized and insufficiently leveraged. Actions related to the Vital Strategies touch every aspect of UMHS’s work, and our collective commitment will effectively and efficiently create significant value and advance all of our strategic goals and objectives. It is important, therefore, to integrate with and expand upon existing service delivery systems, communication pathways, educational programs, and operational activities to advance the Vital Strategies. Reduction of redundancy and elimination of suboptimal silo activities will increase effectiveness, maximize resources and minimize additional resource expenditure.

IV. Proposed Objectives and Actions

IV. A. Recruitment, Retention and Development

Constituency:

Staff and Faculty

Five-Year Strategic Objective:

Recruit for all positions within UMHS from the most diverse applicant pool possible.

Measures of Success:

- 1) **Measures of diversity of applicant pools**
- 2) **Applicant pools for positions with federally-mandated affirmative action goals**

FY17 Actions:

- **Create and disseminate guidance for recruitment, hiring, and selection activities that support inclusion and diversification of applicant pools.**
 - **Continue Faculty Search Committee Committee (FSCC) charge, membership, and activities**
 - **Upon advice of FSCC, develop comprehensive and consistent recruitment/selection toolkit**
 - **Develop UMHS-wide D E & I training program (unconscious bias in decision-making) for members of recruitment and search committees (IN PROCESS)**

Primary DE&I Goal: Diversity

Other applicable domain: Promoting a diverse and inclusive community

IV. B. Education and Scholarship

Constituency:



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Faculty, House Officers, Postdocs/Trainees, Students, Staff

Five-Year Strategic Objective:

Develop and implement plan for creation and dissemination of educational content supporting D E & I Vital Strategies.

Measures of Success:

- 1) Presence of D E & I content in existing curricula
- 2) Research and service projects related to D E & I and/or health disparities topics
- 3) D E & I activities included in promotion/tenure considerations
- 4) D E & I competencies/"certifications" for faculty, staff, and house officers

FY17 Actions:

- Convene interdisciplinary task force to support creation and implementation of D E & I skill building and learning/development program, including a cultural sensitivity curriculum
- Develop multi-level offerings of varying levels of sophistication, including:
 - Baseline generalist education for all staff/faculty
 - Specialized education on specific subtopics supporting Vital Strategies, and
 - Educational tracks for different constituencies (faculty, staff, leadership, etc.)
- Develop toolkit of resources, materials, train-the-trainer tools, and educational templates to be used by units.
- Develop internal UMHS "certification" options in D E & I and strategies to obtain and reward such certification.

Primary DE&I Goal: Inclusion

Other applicable domain: Service

IV. C. Promoting an Equitable and Inclusive Community

Constituency

Faculty, House Officers, Postdocs/Trainees, Students, Staff

Five-Year Strategic Objective:

Create plan and implementation framework to establish D E & I Resource Groups (with diverse representation from employees, faculty, house officers, postdocs/trainees, students, and patient/family advisors) to advise UMHS leadership regarding climate improvement and promotion of diversity, equity, and inclusion in the healthcare workspace.

Measures of Success:

- 1) UM Climate Survey scores
- 2) Faculty and Employee Engagement Scores
- 3) Patient Satisfaction Scores
- 4) Performance Review Ratings on D E & I Competencies

FY17 Actions:

- Convene interdisciplinary task force to support creation and implementation of D E & I Resource Groups that represent staff, faculty, students, house officers, postdocs/trainees, and patient/family advisors.
- Develop framework for creation and ongoing support of resource teams, including charge, roles, objectives, expectations, measurement, member selection, onboarding, ongoing training, etc.
- Develop communication strategy and process for selection of resource group members.



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Primary DE&I Goal: **Diversity**

Other applicable domain: **Promoting an equitable and inclusive community**

IV. D. Service (as applicable)

Constituency

Patients, House Officers, Students

Five-Year Strategic Objective:

Increased involvement of Patient/Family Advisors in unit committees and as “adjunct faculty” for D E & I education.

Measures of Success:

- **Units with Patient/Family Advisor groups**
- **Membership of Patient/Family Advisors in unit committees, project teams, etc.**
- **Involvement of Patient/Family Advisors in educational programs**

FY17 Actions:

- **Develop planning framework to:**
 - **Collaborate with Patient-Family Centered Care and other stakeholders to establish Patient/Family advisory groups in units where none exist.**
 - **Build greater diversity (in all its myriad forms,) into existing and future Patient-Family advisory groups, and eliminate any barriers to membership for those interested in serving as advisors.**
 - **Support training and skill-building of Patient-Family Advisors in D E & I awareness and skill-building as part of their onboarding and ongoing training.**
 - **Support process for interested Patient-Family Advisors to join program development and delivery teams as “adjunct faculty,” including “certification.”**

Primary DE&I Goal: **Equity**

Other applicable domain: **Promoting an equitable and inclusive community**

V. Goal-related Metrics – School, college or unit measures tracked over time

Diversity

- **Demographic makeup of faculty, staff, student populations**
- **Climate survey scores**

Equity

- **Promotion data**
- **Tenure data**

Inclusion

- **Staff, faculty, house officer engagement scores**
- **Climate survey scores**
- **Patient satisfaction scores**
- **Performance Review ratings on D E & I competencies**
- **Participation in D E & I training and education programs**

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- **Number of diversity committees in local units and the UMHS level**
- **Completion of search committee training**

VI. Action Planning Tables with Details and Accountabilities

VI. A. Recruitment, Retention and Development

Key Constituency	Strategic Objective	Measures Of Success	Detailed Actions Planned (measurable, specific)	Group/ persons accountable (not exhaustive)	Resources needed (if applicable)
Faculty Staff House Officers Postdocs and Trainees	Develop aligned criteria and guidance for recruitment, hiring and selection that support diverse applicant pools.	<ul style="list-style-type: none"> • Completion of guidance toolkit • Number of units utilizing provided resources • Diversity of applicant pools • Diversity of applicants hired 	<ul style="list-style-type: none"> • Gather data on all existing criteria and guidance used throughout UMHS • Select best practices for diverse and inclusive recruitment, hiring, and selection • Develop comprehensive and consistent recruitment resource kits that can be used by all units and that fully acquaint applicants with all benefits of joining the UMHS/UM community, including diverse/inclusive community resources and supports in Ann Arbor and surrounding areas. • Develop centralized recruitment resource list for students/faculty • Develop toolkit of recruitment strategies, guidelines for inclusive search and hiring activities, behaviorally based interview questions, suggested assessment tools, etc. • Develop D E & I training program for members of recruitment and search teams. 	<ul style="list-style-type: none"> • OHEI • Faculty Development • Department Chairs • Human Resources • Search and Selection Committee Chairs • Unit Administrator Leadership • Nurse and PA Recruitment • Health Sciences Library 	<ul style="list-style-type: none"> • Development of toolkit content in a variety of forms (online and web-based, paper, etc.) for various distribution needs • Web-site support • Instructional design • Simulation center • Training for search and selection committee members and recruiter • Evaluation

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IV. B. Education and Scholarship

Key Constituency	Strategic Objective	Measures Of Success	Detailed Actions Planned (measurable, specific)	Group/ persons accountable (not exhaustive)	Resources needed (if applicable)
Faculty Staff House Officers Postdocs and Trainees	D E & I Learning and Development Project	<ul style="list-style-type: none"> • Number of programs offered • Faculty, staff engagement results • Climate survey results • Employee performance evaluation ratings on D E & I skills and competencies 	<ul style="list-style-type: none"> • Convene interdisciplinary task force to support creation and implementation of D E & I skill-building education programs, including cultural sensitivity curriculum • Develop multi-level offerings of varying levels of sophistication, including: <ul style="list-style-type: none"> ○ Baseline generalist education for all staff/faculty ○ Specialized education on specific subtopics ○ Educational tracks for different constituencies (faculty, staff, leadership, unit/group-specific, etc.) • Develop toolkit of resources, materials, train the trainer tools, and educational templates. • Develop internal UMHS “certification” options in D E & I and strategies to obtain and reward such certification. 	<ul style="list-style-type: none"> • D E & I Implementation Core Team • OHEI • Human Resources • Faculty Nursing • Department Chairs Development and Administrative Leadership • Service Excellence • Patient Experience • Patient-Family Centered Care • Community Health Services • Care Management • Office for Medical Student Education • Health Sciences Library • UM Schools and Colleges 	<ul style="list-style-type: none"> • Development of toolkit content in a variety of forms (online and web-based, paper, etc.) for various distribution needs • Web-site support • Instructional design • Simulation center • Train the trainer activities • Evaluation

IV. C. Promoting an Equitable and Inclusive Community

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Key Constituency	Strategic Objective	Measures Of Success	Detailed Actions Planned (measurable, specific)	Group/ persons accountable (not exhaustive)	Resources needed (if applicable)
Faculty Staff House Officers Postdocs and Trainees Students Patient/Family Advisors	Create plan and implementation framework to establish D E & I resources groups (representing staff, faculty, students, and trainees) to advise UMHS leadership regarding climate improvement and promotion of diversity, equity and inclusion in the healthcare workspace	<ul style="list-style-type: none"> Number of resource groups established Number of suggestions and actions on suggestions Employee/faculty engagement results Climate survey results 	<ul style="list-style-type: none"> Convene interdisciplinary task force to support creation and implementation of D E & I Resource Groups that are interdisciplinary in nature, representing staff, faculty, students, house officers, postdocs/trainees and patients/families Develop framework for creation and ongoing support of resource teams, including charge, roles, objectives, expectations, measurement, member selection, onboarding, ongoing training, etc. Develop communication strategy and process for selection of resource group members. 	<ul style="list-style-type: none"> D E & I Implementation Core Team OHEI Human Resources Faculty Development Department Chairs and Administrative Leadership Nursing Service Excellence Patient Experience Patient-Family Centered Care Community Health Services Care Management Office for Medical Student Education UM Schools and Colleges 	<ul style="list-style-type: none"> Development of toolkit content in a variety of forms (online and web-based, paper, etc.) for various distribution needs Web-site support Instructional design Simulation center Train the trainer activities Evaluation

IV. D. Service

Key Constituency	Strategic Objective	Measures Of Success	Detailed Actions Planned (measurable, specific)	Group/ persons accountable (not exhaustive)	Resources needed (if applicable)
Patients	Increased involvement of Patient-Family Advisors in unit committees and as partners for D E & I education.	<ul style="list-style-type: none"> Units with Patient/Family Advisor groups Membership of Patient/Family Advisors in unit committees, 	<p>Develop planning framework to:</p> <ul style="list-style-type: none"> Collaborate with Patient-Family Centered Care and other stakeholders to Establish Patient/Family advisory groups in units where none exist. Build greater diversity (in all its myriad forms,) into existing and future Patient-Family advisory groups, and eliminate any barriers to membership for those interested in serving as advisors. 	<ul style="list-style-type: none"> D E & I Implementation Core Team OHEI Human Resources Faculty Development Department Chairs and Administrative Leadership Nursing Social Work Psychiatry Spiritual Care 	<ul style="list-style-type: none"> Removal of barriers for involvement of Patient-Family advisors in projects (transportation or child care related, etc.)

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Key Constituency	Strategic Objective	Measures Of Success	Detailed Actions Planned (measurable, specific)	Group/ persons accountable (not exhaustive)	Resources needed (if applicable)
		<ul style="list-style-type: none"> project teams, etc. • Involvement of Patient/Family Advisors in educational programs 	<ul style="list-style-type: none"> • Support training and skill-building of Patient-Family Advisors in D E & I awareness and skill-building as part of their onboarding and ongoing training. • Support process for interested Patient-Family Advisors to join program development and delivery teams as partners, including D E & I “certification.” 	<ul style="list-style-type: none"> • Security and Guest Services • Service Excellence • Patient Experience • Patient-Family Centered Care • Community Health Services • Care Management • Office for Medical Student Education • UM Schools and Colleges 	

September 16, 2016**VII. Plans for Supporting, Tracking and Updating the Strategic Plan**

As UMHS transitions into the implementation phase of the D E & I strategic plan this fall, discussion must continue regarding the most efficient and effective structure for ensuring success of the plan,

The Office for Health Equity and Inclusion (OHEI) has served thus far as the coordinating and facilitating body for this work, as well as a central repository for gathering of data, feedback, best practices, and project information on diversity/equity/inclusion efforts.

Moving forward, UMHS must continue its process to transition from the “planning” phase to the “implementation” phase, and ensure that structures, frameworks, processes, and measurement systems are developed to support the transition.

D E & I Project management activities, such as dashboards, periodic plan updates, quarterly Implementation Lead professional development activities, recognition events, and other actions will also be coordinated by D E & I implementation staff.

Per the budget, the total Year One D E & I implementation cost is estimated at about \$1,176,000.

The health system, along with the Medical School contribution, will fund up to the full budget in alignment with the plan. We will work together to look at all potential internal funding sources to secure this commitment.