



DIVERSITY, EQUITY AND INCLUSION YEAR 2 PLAN

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Year 2 Plan

I. Diversity, Equity and Inclusion Strategic Plan: Overview

President Schlissel's focus on Diversity, Equity and Inclusion (DEI) 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 DEI 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 DEI 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.”*

Leadership Support

Marschall Runge, M.D., Ph.D., Executive Vice President for Medical Affairs and Dean of the Medical School has noted the critical importance of promoting DEI to the future of Michigan Medicine, and that **“people create our value”**, stating 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”**:

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

In June 2016, David A. Spahlinger, M.D., Executive Vice Dean for Clinical Affairs, Medical School President and University of Michigan Health System Clinical Professor of Internal Medicine, announced a renewed focus on patient experience in the context of Michigan Medicine’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.”***

Carol R. Bradford, M.D., Executive Vice Dean for Academic Affairs and Charles J. Krause, M.D., Collegiate Professor of Otolaryngology at the University of Michigan Medical School honed in on the importance of fostering wellness and civility within our academic medical center in June 2017, stating:

- ***“In order to help foster an environment that promotes health, balance, and kindness, we have launched the Michigan Medicine Civility and Wellness Taskforce. The initiative will address more than physical and emotional health. It will focus on: a holistic, robust approach to addressing concerns; an expectation of civility from all members of our workforce; improved communication, trust and accountability; and assurances that all members of the community — employees, patients and families — know they have a voice and feel valued.”***

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

Rationale: Office for Health Equity and Inclusion (OHEI) Mission, Michigan Medicine

Promoting DEI is central to Michigan Medicine'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. The mission and vision aligns with this goal:

Our Vision

Michigan Medicine is a place where every person feels valued and can thrive.

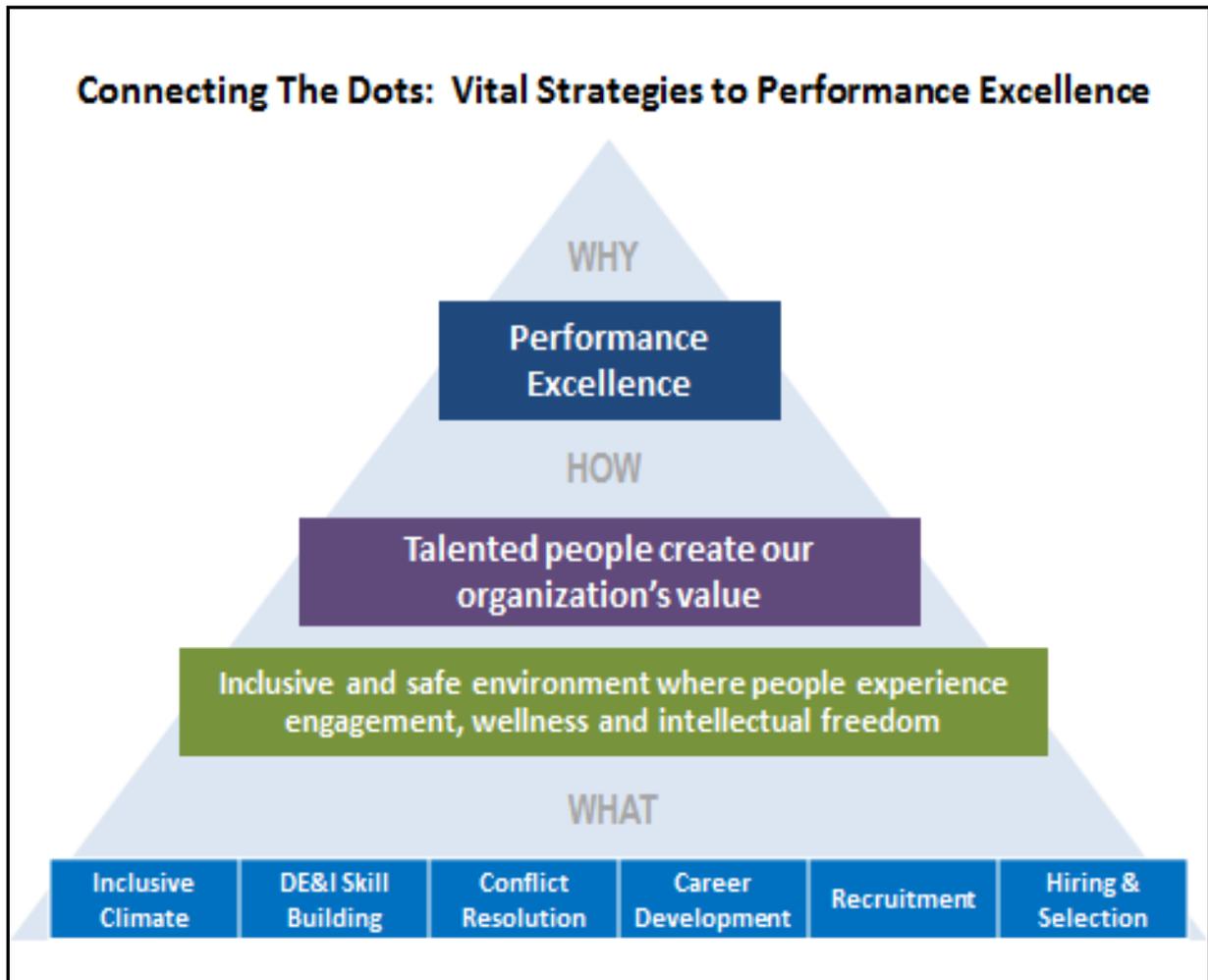
Our Mission

- Help foster an environment of respect that honors the well-being, individuality and dignity of all who work, learn and heal at our Academic Medical Center.
- Champion diversity and inclusion, to foster innovation and new knowledge for the benefit of our patients, our community and society.
- Diversify the next generation of physicians, nurses, health professionals and scientists.

Priorities

In January of 2015 as a part of institutional planning, President Schlissel introduced additional guidance regarding framing of specific actions related to the completion of the DEI 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;
- DEI skill-building;
- Pathways to conflict resolution;
- Hiring and selection; and
- Recruitment and career advancement.



During the planning phase, The DEI Vital Strategies were used as a roadmap to organizational excellence and also to support Michigan Medicine becoming the best Academic Medical Center in the world in our three focal areas of patient care, research and education.

After plans were submitted across the university campus, the vital strategies were centralized into three priorities by the Office of Diversity Equity and Inclusion. Michigan Medicine adapted the three institutional priorities in January 2016. The three priorities and Year 1 focus for Michigan Medicine are listed in the infographic below:

INSTITUTIONAL PRIORITIES

Michigan Medicine's Diversity, Equity, and Inclusion strategic plan implementation was launched on October 6, 2016. The university-wide plan identified three Priority Strategies for all units to pursue moving forward:

1. Create an equitable and inclusive campus climate,
2. Recruit, retain, and develop a diverse community,
3. Support innovative and inclusive scholarship and teaching.

Michigan Medicine Identified 3 Projects in support of the 3 strategies. (below)



STAKEHOLDER RESOURCE GROUPS

Establish interdisciplinary groups to advise on Michigan Medicine climate.



FACULTY SEARCH/SELECTION COMMITTEE TOOLKIT

Create tools to help faculty increase diversity, equity and inclusion in search and selection processes.



DIVERSITY, EQUITY, AND INCLUSION LEARNING AND DEVELOPMENT

Train and educate our people on Diversity, Equity, and Inclusion skills, behaviors, and conduct

Get
Involved

II. Implementation Highlights and Planning Process Used

Project coordination responsibilities were assumed by 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 Michigan Medicine. Mass orientations were held in January and June 2017 to acquaint our Implementation Leads and leadership to the Implementation process and requirements for annual reports and Year 2 plans.

Constituents from the following areas lent direct input to the Michigan Medicine strategic plan: A steering committee, named the DEI Implementation Leadership Group (DEI-ILG) was formed to provide overall guidance and governance of DEI strategies and plans. With representation from OHEI, HR, Communication, Department of Organizational Learning, and Faculty Development, this group is positioned to ensure multi-disciplinary collaboration and alignment across campus.

Four sub-committees were formed from the larger DEI-ILG group to provide greater expertise in specific areas: Communication, Implementation, Measurement, and Education & Professional Development. While chaired by members of the DEI-ILG group, other faculty and staff with subject matter expertise have been invited to participate and join the sub-committees.

As data were gathered, OHEI provided guidance and assistance on analysis and interpretation. In July, Implementation Leads submitted action tables, which identified specific actions to support the three priorities based on the feedback/ideas generated through implementation of the year 1 plan and constituent engagement.

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 was submitted in July and received by OHEI, it was analyzed for dominant themes, subsequently producing a set of recommended Central Actions and priority strategies for Year two of the MICHIGAN MEDICINE DEI strategic plan. The Central Actions were shared with the Michigan Leadership Team (MLT), and a broader group of MICHIGAN MEDICINE leaders (Executive Health System Diversity Working Group- DEI-ILG).

In Year 1, Michigan Medicine established a baseline of institutional awareness around DEI. All units developed and implemented their individual plans, and we established institutional metrics to measure our progress. Key learnings include the identification of various groups on campus doing similar work, the need for dedicated time to implement DEI activities and the value of common language and inclusive communication. Key takeaways for Year 2 include the

opportunities to develop partnerships across the entire campus to create greater synergies for DEI efforts and to continue to develop a shared vision amongst these groups.

We utilized various venues to collect feedback, including surveys from the DEI leads, in-person meetings with DEI leads and an institution-wide diversity symposium open to all employees. We also held several meetings with the disabilities and LGBTQ resource groups to provide a forum for feedback and discussion

Highlights

Faculty Search Committee Toolkit

<http://faculty.medicine.umich.edu/appointments-promotions/appointment-policies/michigan-medicine-search-committee-recruitment-toolkit>

This action item reinforced the many complexities of faculty recruiting and the various considerations that should be made at each step in the process. It also helped us create consistent recruiting standards and protocols across the medical school, which is a significant departure from the previous environment where each department determined their own process. Through the development of this resource, we also established a means for accountability, as the department chairs will be evaluated based on following select processes outlined in the toolkit. The faculty toolkit will serve as one of the models for developing a robust staff recruitment toolkit in Year 2.

Unconscious Bias Training

Through the roll-out of the Unconscious Bias training, we learned that there is a great need and receptivity for this type of education across Michigan Medicine. To increase our capacity for training and to meet the organization's needs, we increased our Unconscious Bias trainers from 2 to 14 total (incremental 12). We also learned that robust follow up and application of training principles is a necessity that should be offered at the unit level.

Next year, the additional trainers will be well-equipped to provide a much broader and deeper scope of unconscious bias and other training across Michigan Medicine. In Year 2, the trainers will be offering only departmental-based training to improve the experience and outcomes as employees learn alongside their workplace colleagues.

Health Equity Visiting Clerkship

The Health Equity Visiting Clerkship is a powerful resource for recruiting top-notch residents. This year, five students completed the clerkship, two of whom matched at Michigan for their residencies. Having the students say their experience in the clerkship was a major factor in

selecting Michigan as a top choice for residency demonstrates its power to attract diverse residents.

In Year 2, we expect nine students to complete the clerkship. Additionally, for Year 2 visiting clerks, we adjusted the acceptance criteria to ensure all students would be strong residency candidates for Michigan Medicine. We will also be conducting interviews with past and current clerks to understand the best practices for attracting qualified and diverse populations to Michigan Medicine.

<https://medicine.umich.edu/dept/surgery/news/archive/201706/residents-story-valeria-valbuena>

<https://www.google.com/amp/wgntv.com/2017/03/17/its-match-day-for-u-s-med-students/amp/>

III. Data and Analysis: Key Findings

After Implementing our Year 1 plan, we learned that similar work was occurring across the Michigan Medicine and University campuses, around culture, engagement, climate, wellness and civility. In many of these discussions, common themes would surface, such as building trust, improving communication skills, crucial conversations and relationship building.

We recognized that inclusive communication is foundational to all of this work, and that we need to focus on a shared vision and common language to enhance our culture and climate. A priority for Year 2 is to build on inclusive communication and create greater synergies around the similar work occurring across campus. Inclusive communication is the foundation for all DEI work.

Culture change begins with transparency and welcoming all voices. We will achieve this by weaving inclusive communication into the 3 Institutional Priorities:

- Create and Equitable and Inclusive Campus Climate
- Recruit, Retain, and Develop a Diverse Community
- Support innovative and inclusive Scholarship and Teaching

Background

A large quantity of national, state, local and institutional data was reviewed to help us articulate Michigan Medicine’s current state regarding DEI. Michigan Medicine supports the achievement of the Institute for Healthcare Improvement’s “Triple Aim,” featured below. Reducing health disparities within Michigan Medicine will also subsequently improve patient experience, reduce costs and improve population health.

DEI in the healthcare workplace drives the achievement of the Triple Aim.

Currently, there is a significant movement 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 Michigan Medicine’s workplace climate.

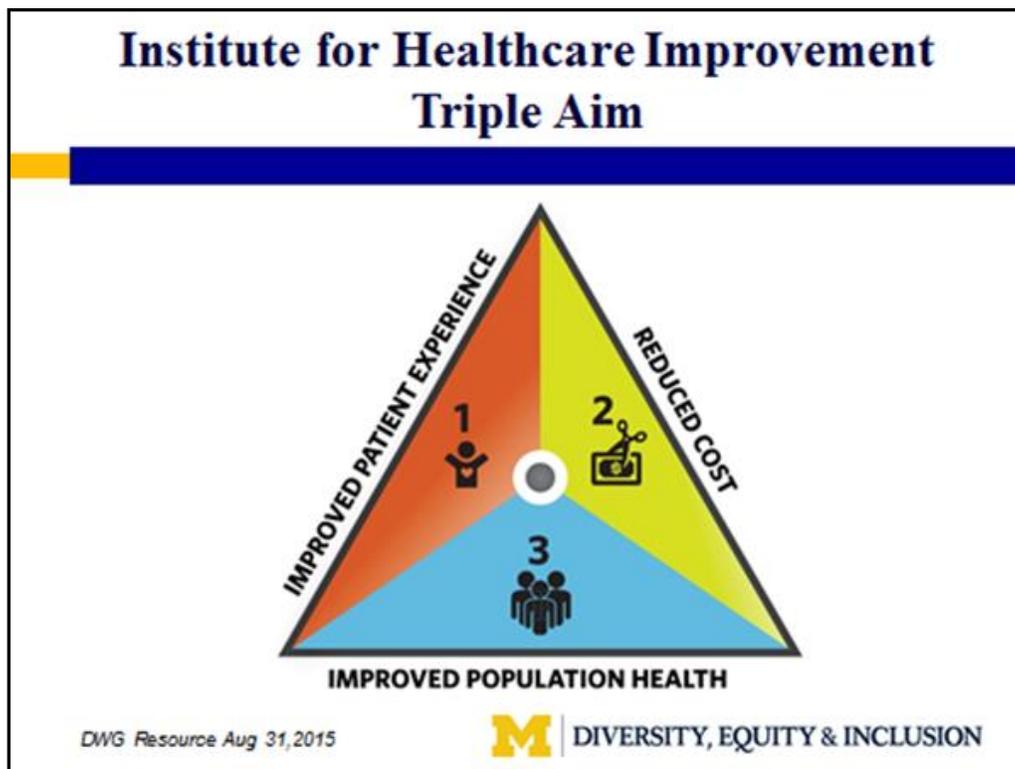




Figure 2. The Fourth (missing) Aim is improved clinician experience.

<http://citoday.com/images/articles/2016-04/tpfig2.png>

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

Demographics

Staff, Faculty and Trainee Demographics – Ethnicity and Gender (Data Source: HR02 Data Warehouse):

In November 2016, approximately 74% of the overall faculty/staff/trainee population was White Non-Hispanic and approximately 8.8% was Black/African-American. Of the Non-White, Non-Majority population, Asians were the most highly represented within the “Faculty and Trainee” classifications. In addition, Black/African-Americans were the most highly represented within the “Staff” classification.

Gender/Ethnicity (11-2016 Extract):

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

We do not currently collect data on gender identity or sexual orientation.

Retirement Eligibility (Staff ONLY):

In fiscal year 2017, nearly 2,400 staff were eligible to retire, with 82% of these employees being White Non-Hispanic and 11.4% being Black/African-American. Over 25% of the staff at Michigan Medicine will be eligible for retirement within the next five years.

In another view, when comparing the race/ethnicity of individuals in selected MICHIGAN MEDICINE 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, while about 4% of our Nursing and House Officer populations identify as African-American.

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

The 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 a skew in one or both populations to consider differently when designing and delivering interventions.

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 approximately 39% of URM applicants receiving an offer of acceptance eventually matriculated. This is in contrast to approximately 47% of non-URM applicants.

OUR STUDENTS

Excellence Upon Arrival (5-Year Averages)



24.2

AVERAGE AGE
(RANGE 20-36)

15.3%

UNDER-REPRESENTED
IN MEDICINE

45

STATES + PUERTO RICO
REPRESENTED

TOP 5 UNDERGRAD SCHOOLS

#1 UNIVERSITY
OF MICHIGAN

#2 HARVARD

#3 NORTHWESTERN

#4 DUKE

#5 NOTRE DAME
STANFORD
WASH U-ST. LOUIS



48%
MI RESIDENTS



52%
NON-RESIDENTS

29% TRADITIONAL
(NO GAP AFTER UNDERGRAD)

71% NON-TRADITIONAL (≥1 YEAR GAP)

Patients

In 2015, about 70% of the Michigan Medicine patient population identified as Caucasian, while approximately 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%

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 (Appendix) and were then classified into several broad “Institutional actions” for Michigan Medicine, at large. “Institutional Actions” are defined as those actions that may be implemented on an institution-wide level to support the institutional priorities. There is significant feedback at all levels regarding the need to continue building infrastructure and to build a centralized learning management system to ensure that Institutional actions can be carried out and progress can be tracked.

Year Two (FY 2018) Priority Actions

The recommended Central Actions support the following priority actions for Michigan Medicine for Year Two 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:

Proposed Objectives and Actions

- Strategic Objective 1: Develop aligned criteria and guidance for recruitment, hiring and selection that support diverse application pools.
 - **Action: Provide support for the utilization of the faculty toolkit, including enhancements and measures of success.**
 - **Action: In partnership with Human Resources, support the development of a comprehensive staff recruiting toolkit to ensure diverse candidates.**
 - **Action: Develop an exit interview strategy and plan that will inform the development of a robust and comprehensive staff and faculty retention plan.**

- Strategic Objective 2: Design learning solutions using a variety of delivery methods to support DE&I
 - **Action: Select and convene interdisciplinary advisory group to support DE&I education and training including Cultural Awareness across MM.**
 - **Action: Initiate development of multiple levels of education based on DEI competencies, including baseline general education for all faculty, staff and learners, specialized education on specific sub-topics, and education tracks for various audiences.**
 - **Recruit and train Culture Vision Ambassadors to support Culture Awareness curriculum across MM.**

- Action: Develop toolkit of resources, materials, train-the-trainer tools, educational templates, and platform to plan and track DEI activities.
- Action: Initiate planning to develop internal DEI certification options and define tracks to obtain and reward such certification.
- Action Item: Define essential elements of Inclusive Communication and educational competencies to implement with positive culture teams that address pathways to conflict resolution.
- Strategic Objective 3: Create a plan and implementation framework for DEI resource groups to advise leadership on Michigan Medicine climate.
 - Action: Convene interdisciplinary task force to solicit community input and establish desired resource groups that will address issues concerning our diverse populations.
 - Action: Develop framework for creation and ongoing support of resource teams, including charge, roles, governance, objectives, member selection and onboarding.
 - Action: Develop communication strategy and process for selecting resource group members and group leadership.
 - Action: Collaborate with resource groups to develop a toolkit to address conflict in the workplace as it relates to the Michigan Medicine climate.
- Strategic Objective 4: Increase involvement of patient and family advisors in unit committees and as partners for DEI education.
 - Action: Collaborate with Office of Patient Experience (OPE) to establish patient/family advisors in units where none exist,
 - Collaborate with Office of Patient Experience (OPE) advisory groups to develop a plan that prioritizes recruiting group members committed to health equity.
 - Action: Support training and skill-building of patient and family advisors in DEI awareness and skill-building during onboarding process.
 - Action: Support process for patient and family advisors to join DEI teams and programs, including gaining DEI “certification.”
 - Action: Collaborate with the 1557 Coordinator to advise on policy changes to minimize patient conflict and discrimination.

V. Goal-related Metrics – School, College or Unit Measures Tracked Over Time

In Year 1, a robust dashboard was created to reflect DEI Plan Implementation, Culture, Work Force and Community Alignment based on employee data, surveys and HR data. In Year 2, the DEI Implementation Leadership Group will determine which measures from the dashboard will serve as our primary metrics for ongoing monitoring and evaluation of progress. The scorecard,

comprised of four quadrants, was developed to inform institutional priorities and to track and measure progress and impact over time.

DE&I SCORECARD QUADRANTS

DE&I Plan Implementation

1. How far along are we with our unit implementation plans?
2. How well is implementation going?



Culture

How do people experience our culture via:

1. Employee Engagement Survey (EE)
2. Faculty Survey (F)
3. Adult/Peds Inpatient Surveys (AI, PI)
4. Climate Survey (CS)
5. Learners (Y2Q & G2)
6. MHealthy (COH)



Work Force Opportunities

Diversity metrics relating to:

1. Flow of Talent
2. Terminations
3. Promotions & Move to Management



Community Alignment

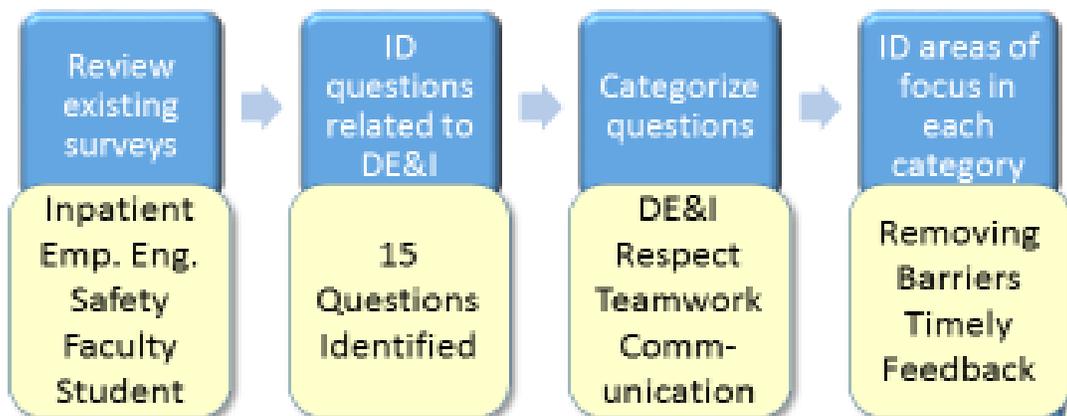
To what extent do we align with:

1. The community we serve
2. The state in which we reside
3. The rest of the University of Michigan



DE&I Culture Focus & Process

Year 1: Understanding current state



Years 2-5: Implementing Iterative Changes (PDCA)



VI. Action Planning Tables with Details and Accountabilities

Strategic Objective 1: Develop aligned criteria and guidance for recruitment, hiring and selection that support diverse application pools.

Action Item	Accountability	Timing	Measures
Provide support for the utilization of the faculty toolkit, including enhancements and measures of success	DEI-ILG sub-committee: Implementation	July – June 2018	Workforce quadrant of Michigan Medicine dashboard, Respect Domain
In partnership with HR, support development of comprehensive staff recruiting toolkit	Human Resources DEI-ILG sub-committee: Implementation	June 2018	Workforce quadrant of Michigan Medicine dashboard, Respect Domain
Develop exit interview strategy and plan to inform retention strategy	DEI-ILG sub-committee: Implementation	July 2018	Workforce quadrant of Michigan Medicine dashboard, Respect Domain

Strategic Objective 2: Design learning solutions using a variety of delivery methods to support DE&I

Action Item	Accountability	Timing	Measures
Select and convene interdisciplinary advisory group to support DE&I education and training including Cultural Awareness across MM	DEI-ILG sub-committee: Education & Professional Development	September 2017	Committee Charge, Education and Professional development recommendations to MM-ILG
Develop multiple levels of education for various audiences	DEI-ILG sub-committee: Education & Professional Development	December-March 2018	Culture quadrant of Michigan Medicine DEI Dashboard
Recruit and train Culture Vision Ambassadors to support Culture Awareness curriculum across MM	DEI-ILG sub-committee: Education & Professional Development	June 2018	Completed Culture vision ambassador training, patient satisfaction, Analytics reports from Cook Ross, user feedback
Develop toolkit of resources, train-the-trainer tools, and educational templates	DEI-ILG sub-committee: Education & Professional Development	January - May 2018	Culture quadrant of Michigan Medicine DEI Dashboard

Develop internal DEI certification options and define track to obtain such certification	DEI-ILG sub-committee: Education & Professional Development	June 2018	Culture quadrant of Michigan Medicine DEI Dashboard
Define essential elements of Inclusive Communication and educational competencies to implement with positive culture teams that address pathways to conflict resolution.	DEI-ILG sub-committee: Implementation DEI-ILG sub-committee: Education & Professional Development	January 2018	Culture quadrant of Michigan Medicine DEI Dashboard, Domain of Communication,

Strategic Objective 3: Create plan and implementation framework for DEI resource groups to advise leadership on Michigan Medicine climate.

Action Item	Accountability	Timing	Measures
Convene interdisciplinary task force to solicit community input and establish desired resource groups that will address issues concerning our diverse populations.	DEI-ILG sub-committee: Implementation	November 2017 (Q2)	Culture Quadrant of Dashboard, Domain of Respect
Develop framework for creating and ongoing support of resource teams	DEI-ILG sub-committee: Implementation	December 2017 (Q3)	Culture Quadrant of Dashboard, Domain of Respect
Develop communication strategy and process for selecting resource group members	DEI-ILG sub-committee: Communication	January 2018	Culture Quadrant of Dashboard, Domain of Respect
Collaborate with resource groups to develop a toolkit to address conflict in the workplace as it relates to the Michigan Medicine climate.	DEI-ILG sub-committee: Implementation, Communication	June 2018	Culture Quadrant of Dashboard, Domain of Respect

Strategic Objective 4: Increase involvement of patient and family advisors in unit committees and as partners for DEI education.

Action Item	Accountability	Timing	Measure
Collaborate with Office of Patient Experience to establish patient and family advisors where none exist.	DEI-ILG sub-committee: Implementation	September – December 2017	Number of Patient/Family advisors strategically placed throughout Michigan Medicine on DEI groups
Collaborate with Office of Patient Experience (OPE) advisory groups to develop a plan that prioritizes recruiting group members committed to health equity.	DEI-ILG sub-committee: Implementation	June 2018	Number of Patient/Family advisors strategically placed throughout Michigan Medicine on DEI groups
Support DEI training and skilling-building of patient and family advisors during onboarding	DEI-ILG sub-committee: Implementation	June 2018	Number of Patient/Family advisors strategically placed throughout Michigan Medicine on DEI groups

Support process for patient and family advisors to join DEI resource team	DEI-ILG sub-committee: Implementation; DEI-ILG sub-committee: Education & Professional Development	June 2018	Number of Patient/Family advisors strategically placed throughout Michigan Medicine on DEI groups
Collaborate with the 1557 Coordinator to advise on policy changes to minimize patient conflict and discrimination.	DEI-ILG sub-committee: Implementation	June 2018	Attendance at 1557 Policy Committee Meetings.

VII. Plans for Supporting, Tracking and Updating the Strategic Plan

The Office for Health Equity and Inclusion (OHEI), in partnership with Michigan Medicine Human Resources, Faculty Development, the Department of Organizational Learning and the Michigan Medicine Department of Communications, has served as the coordinating and facilitating body for this work. In addition, the aforementioned bodies collectively serve as a central repository for the gathering of data, feedback, best practices and project information for DEI efforts.

DEI 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 DEI implementation staff.

Per the budget, the total Year Two of DEI 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.