

Michigan Medicine

Diversity, Equity and Inclusion
Strategic Plan | AY 2024

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Strategic Plan Overview

Selected Text From University President Santa Ono’s Diversity, Equity & Inclusion Charge:

As shared by President Ono, “[a]t the University of Michigan (“U-M”), 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.”

University of Michigan Goals – Diversity, Equity & Inclusion:

For purposes of the U-M Diversity, Equity and Inclusion Strategic Plan (“**DEI 2.0**”), the university provides three overarching goals (the “**Goals**”), defined in brief below:

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.

Rationale - Michigan Medicine’s Commitment to the Goals:

Michigan Medicine supports U-M’s commitment to the Goals as it implements its own mission to advance health to serve Michigan and the world. Through its core values of inclusion, integrity, and teamwork, Michigan Medicine is committed to:

- (i) diversifying the next generation of physicians, nurses, health professionals, and scientists by offering programming for learners at each step along the health science and medical career pathway;

- (ii) diversifying our workforce by overseeing and supporting the development and implementation of institutional initiatives aimed at the recruitment, retention and promotion of, among others, groups underrepresented in medicine at the faculty, leadership, and staff levels;
- (iii) serving under-served patient populations and demonstrating value by integrating equitable and accessible care to optimize patient experience and outcomes; and
- (iv) catalyzing our health system to leverage its hiring, purchasing, investing, and other key assets to build an inclusive local economy to address economic and racial inequities in community conditions that create poor health.

Michigan Medicine will deepen the impact and reach of successful initiatives and activities that were launched during the first five years of the University of Michigan Diversity, Equity and Inclusion Strategic Plan (“**DEI 1.0**”) using the guiding principle of “Alignment over Addition.” This approach encourages Michigan Medicine stakeholders leading diversity, equity and inclusion (“**DEI**”) initiatives to think about how their existing initiatives and activities can partner with similar initiatives and activities currently in place through reasonable adaptation, expanding the reach of our most successful initiatives and aligning to Michigan Medicine’s strategic plan. By modifying rather than adding additional initiatives and activities, we can focus on the quality of our actions, as opposed to the quantity of our actions. Over time, this alignment should also create economic efficiency as smaller programs may be eliminated or folded into larger programs. At times, rather than initiating new programs with significant start-up costs, units and departments will forge partnerships. The priority is to ensure that the time and energy invested is in service of all who work, study and heal at Michigan Medicine.

The Office for Health Equity and Inclusion (“**OHEI**”) will serve as the central unit promoting “Alignment over Addition” across the academic medical center and reporting Michigan Medicine’s efforts related to DEI 2.0.

Key Strategies, Constituencies,* & Conflict Resolution:

Key Strategies

The OHEI team, with support from senior leadership, has identified the [American Hospital Association \(AHA\)](#) Institute for Diversity and Health Equity six levers of transformation as the six Michigan Medicine DEI 2.0 Strategic Objectives. The AHA provides a national initiative to drive improvement in health care outcomes, health equity, diversity, and inclusion. The Health Equity Roadmap is a framework to help hospitals and health care systems chart their paths toward equitable transformation by eliminating any structural barriers that compromise diversity, equity, and inclusion. Each of these strategic objectives is accompanied by metrics that will be tracked over time, as well as descriptions of single- and, in some cases, multiple-year actions Michigan Medicine will take to accomplish these objectives.

A glossary of terminology used in the University of Michigan DEI strategic planning process and the AHA levers of transformation as they relate to the Michigan Medicine DEI 2.0 strategic plan can be found in **Appendix A**.

Constituencies

OHEI serves as the coordinating and facilitating body for this plan in partnership with its network of departmental DEI leaders, Michigan Medicine Human Resources, Faculty Development, The Wellness Office, Community Health Services, Office of Patient Experience and the Michigan Medicine Department of Communications. Except where specified, this plan pertains to all Michigan Medicine staff, faculty, and learners.

Michigan Medicine deepened its commitment to anti-racism through the establishment of the Anti-Racism Oversight Committee (AROC) in 2020. This Committee is currently chaired by Michelle Caird, MD, Department of Orthopaedic Surgery and Professor of Orthopaedic Surgery, and Maria Bobo, DNP, Director of Nursing Professional Development and Education and Magnet Recognition Program and Adjunct Clinical Instructor in School of Nursing. This Committee, focused on education and clinical practice, advocacy and engagement, community work, and diversifying the workforce, is imbedded in the Michigan Medicine Leadership structure and provides a unique opportunity for partnership around anti-racism initiatives. The impact of past work and the opportunity for future partnership will be reflected throughout the DEI 2.0 Plan.

Michigan Medicine has connections with student and trainee populations throughout their entire post-undergraduate science and medical education. Because of the unique programming offered at our academic medical center, the term “learners” includes medical and basic science students, house officers and fellows.

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

Conflict Resolution

Michigan Medicine is committed to being a highly reliable organization (HRO) and ensuring it is a great place to work, learn, and heal. Our pathway for conflict resolution aligns with policies outlined for staff in the University Standard Practice Guide. Michigan Medicine has created the High Reliability Universal Skills and Tools (Universal Skills) and Speak Up and Show Solidarity toolkit and resource videos. These resources help create an anti-racist culture that strongly supports diversity, equity, and inclusion and is devoid of reckless or disrespectful behavior, promotes respect, creates familiarity among team members, and strengthens workplace culture. Universal Skills help build relationship and reliability skills and reduce conflict and preventable harm to patients and employees. Universal Skills includes techniques that promote attention to detail, clear communication, questioning, knowledge of policies, procedures, protocols, and checklists and speaking up for safety. Universal Skills training

acknowledges that we all have a responsibility to raise concerns when we witness actions that compromise the safety of a patient, employee, or visitor. Core aspects of Universal Skills are Ask a Question, Request a Change, Voice a Concern, and Use your Chain of Command (ARCC). All employees are assigned and expected to complete the Universal Skills training. Michigan Medicine also has a Chain of Command Policy that specifies each department and unit has a documented, accessible chain of command document that includes guidelines for reporting and escalation.

AROC has developed the Speak Up and Show Solidarity toolkit and resource videos. The Speak Up and Show Solidarity toolkit includes:

- Speak Up and Show Solidarity Leadership Statement,
- a comprehensive list of accessible training courses and resources related to anti-racism, bias, and discrimination,
- a series of training scenarios which leverage the Bystander Intervention, a framework to help employees practice and build confidence in their ally and bystander skills, and
- reporting mechanisms which can be followed if an individual is experiencing bias, discrimination, or harassment at Michigan Medicine.

Throughout DEI 2.0, OHEI and AROC will work together to continue to disseminate the Speak Up and Show Solidarity toolkit and resource videos broadly.

Planning Process Used

Planning Leads

Under the leadership of David J. Brown, MD, Associate Vice-President and Associate Dean for Health Equity and Inclusion and Kristen Howard, JD, Senior Director, OHEI serves as the central DEI office for Michigan Medicine. As a large and matrixed organization, Michigan Medicine conducts DEI strategic planning with thought partnership, coordination and accountability from the senior-most leaders of the academic medical center and their designees:

- **Marschall S. Runge, MD, PhD**, Executive Vice President, Medical Affairs, Chief Executive Officer, Michigan Medicine; Dean, U-M Medical School
- **David C. Miller, MD, MPH**, President, U-M Health; Executive Vice Dean for Clinical Affairs and Professor of Urology, U-M Medical School

- **Debra F. Weinstein, MD**, Executive Vice Dean for Academic Affairs and Professor of Learning Health Sciences and Internal Medicine, U-M Medical School; Chief Academic Officer, Michigan Medicine
- **Steven L. Kunkel, PhD**, Executive Vice Dean for Research, Peter A. Ward Distinguished University Professor of Pathology, and Endowed Professor of Pathology, U-M Medical School; Chief Scientific Officer, Michigan Medicine

Planning Team

- **David J. Brown, MD**, Associate Vice President and Associate Dean for Health Equity and Inclusion, Michigan Medicine; Associate Professor for Otolaryngology, U-M Medical School
- **Kristen Howard, JD**, Senior Director, Office for Health Equity and Inclusion
- **Nathan Hanke, MS**, Professional Development and Inclusion Manager, Office for Health Equity and Inclusion
- **Patti Andreski, MA**, Research Area Specialist Lead, Office for Health Equity and Inclusion
- **Ashli Wilson, MS, MA**, Program Manager for Professional Development and Inclusion, Office for Health Equity and Inclusion
- **Kali Lake MSW**, Program Manager for Professional Development and Inclusion, Office for Health Equity and Inclusion
- **Alvina Ayrapetova-Swidan, MSHE**, Administrative Coordinator for Professional Development and Inclusion, Office for Health Equity and Inclusion

This group works with:

- (a) 100+ Michigan Medicine DEI Implementation Leads representing major segments and units within Michigan Medicine;
- (b) several identity-focused Resource Groups;
- (c) clinical department associate chairs for DEI; and
- (d) additional departmental staff with effort-support dedicated to DEI.

Collectively, these stakeholders are the “**Departmental DEI Leaders**” that connect OHEI to all sectors of Michigan Medicine.

In addition, as a result of DEI 1.0, there are additional layers of DEI infrastructure in place at Michigan Medicine, including several departmental DEI committees. Most notably, the University of Michigan Medical Group (UMMG) launched the “DEI Driver” program, which brings together a group of 150+ representatives of our ambulatory care clinics located across the state of Michigan.

Planning Process Summary

Building on the lessons learned from DEI 1.0, Michigan Medicine utilized a two-phase engagement strategy to collect data to inform its DEI 2.0 plan. We sought participation from faculty, staff, and learners in Ann Arbor and throughout the state of Michigan. To ensure participation from all sectors of Michigan Medicine, including those directly engaged with patient care with little downtime and limited computer access, OHEI developed a 5-minute questionnaire that could be completed anywhere. This questionnaire was promoted through two avenues: (1) broad electronic distribution of the DEI 2.0 Priorities Questionnaire (the “**Questionnaire**”) from February 6 - March 27, 2023, and (2) a purposeful in-person set of outreach activities from February 27 - March 3, 2023, titled “DEI 2.0 Kickoff Days,” where the Questionnaire was promoted at our hospital location, as well as 24 ambulatory care sites across southeast Michigan. These efforts resulted in ~5,000 questionnaire respondents. To ensure broad representation, the Questionnaire included measures identifying role and work area. At the conclusion of the Questionnaire, participants had the option to click into another collector to share their unigname. This additional effort to confirm a representative sample was incentivized with multiple drawings for \$25 Visa gift cards, resulting in 35 rewards given to staff and learners.

The Questionnaire included 10 potential priority focus areas for the DEI 2.0 plan, which had been reviewed and aligned with our U-M Health strategic plan, the “**BASE+**” initiative, current HR initiatives, and the work of the Michigan Medicine Anti-racism Oversight Committee (“**AROC**”). Members of the Michigan Medicine community were then asked to identify their highest priority out of the 10 options listed.

The Questionnaire was developed and tested with Departmental DEI Leaders through focus groups in December 2022 and January 2023. The Questionnaire was promoted broadly through direct email to staff and Michigan Medicine Headlines (a daily electronic newsletter), as well as in presentations at standing meetings throughout February 2023. Preliminary data analysis showed representation gaps among faculty, nurses and medical students. Increased marketing in March 2023 improved response rates from these groups. Overall, at least 10% of each of our stakeholder groups, faculty, staff, nurses, and medical students, were engaged and provided feedback on this plan.

Additional institutional data were used to inform the plan, including our most recent results from the annual Vital Voices Employee Engagement survey, which provides nationally normed data from peer academic medical centers. This survey demonstrated disparities in trust, feeling valued and sense of belonging among personnel from underrepresented racial identity groups when compared with their

white peers. The data also reflect disparate experiences between organizational leadership and front-line workers.

Data and Analysis: Key Findings

Summary of Data:

Demographic Data: Key Constituency Groups

Five-year trend data for various demographics (sex, ethnicity, age, years in title) are available for staff and faculty on the Michigan Medicine DEI Dashboard. Additionally, these data may be filtered by department, job family/group, and leadership position.

Staff: Trends by sex and ethnicity have remained relatively stable over the past five years for Michigan Medicine overall. The most notable changes are seen in staff members holding leadership positions. Staff who have under-represented minority (URM) identities have gained representation in all leadership positions over the past five years, with the largest advances seen in the most senior leadership positions.

Nurses and non-physician providers have remained predominantly female (84%) and white (80-81%) for the past five years. URM representation in managerial positions has increased from 7% to 10% during this period.

House Officers have shown the largest gain in URM representation, from 6% in 2018 to 10% in 2022, and in female representation, from 46% in 2018 to 52% in 2022.

Faculty: Trends by sex and ethnicity have remained stable over the past five years for total faculty. Females have made significant gains in leadership roles, from 35% in 2020 (when the electronic tracking of positions began) to 45% in 2022. Tenure-track faculty represent about 22% of the total faculty at Michigan Medicine. Female tenure-track faculty hold a disproportionately higher percent of associate and assistant professor positions and a disproportionately lower percent of full professor positions than their male counterparts. This same pattern is noted for URM tenure-track faculty. Sex and ethnicity trends for non-tenure-track faculty have remained stable over the past five years.

Learners: URM enrollment in medical school has fluctuated from a low of 13% in 2020 to a high of 27% in 2021, while enrollment in biomedical programs has remained between 20-23% from 2019 to 2022. Female enrollment in medical school has also fluctuated from a low of 58% in 2022 to a high of 70% in 2021, while female enrollment in biomedical programs saw a reverse trend, with a high of 76% in 2022 and a low of 53% in 2021.

Patient population: While the patient population is predominantly white, there has been a notable shift in the adult population from 79% white in 2018 to 75% white in 2022. Adult patients are also more likely to be female (59%) than pediatric (49%) or senior age patients (52%).

Recent Michigan Medicine Climate Data – DEI 2.0 Priorities Questionnaire

| | | |
|---------------------------------|---|-----|
| Locations | Adult and Children’s Hospitals + 24 Ambulatory Care Sites | |
| Engagement Participation | > 5000 constituents 88% Staff (28% - Non-Physician Providers) 8% Faculty 4% Students | |
| Patient Facing Time: | Most/All | 32% |
| | Some | 35% |
| | None | 33% |

Key Findings, Themes and Recommendations:

Belonging

The Questionnaire provided the most up-to-date look at the Michigan Medicine climate. Respondents were initially asked about their feelings of belonging, and 81% of all respondents agreed that they felt they belonged at both Michigan Medicine and within their departments. Faculty participants reported higher feelings of belonging than their staff counterparts both broadly at Michigan Medicine (83% Faculty vs. 81% Staff) and within their individual departments (85% Faculty vs. 80% Staff). A larger variation in feelings of belonging can be seen between respondents who hold differing levels of patient-facing positions.

The table below details the percentage of Questionnaire participants who agree or strongly agree with feeling like they belong at Michigan Medicine as a whole and within their individual department, based on the amount of time they spend with patients.

| Patient-Facing Time | Michigan Medicine | Department |
|---------------------|---------------------------|---------------------------|
| Most/All the Time | 78% feel like they belong | 78% feel like they belong |
| Some Time | 82% feel like they belong | 83% feel like they belong |
| None of the Time | 83% feel like they belong | 84% feel like they belong |

Respondents were also asked what would personally make them feel a greater sense of belonging at Michigan Medicine. They could choose as many options as they liked from a list of seven, with an additional open text option. The most frequently selected option for all constituents was “better compensation/benefits”, followed by “opportunities for advancement” for respondents without patient-facing responsibilities, and “ability to be heard by senior leadership at Michigan Medicine about concerns” for respondents who spend most or all of their time performing patient-facing work.

Inclusive Climate

The overall purpose of the Questionnaire was to seek information from the Michigan Medicine community about major priorities necessary to create an inclusive climate. Four priorities were highly rated by all constituent groups. Respondents were also asked to provide thoughts on how to address their highest priority, and these responses were content-coded. The major priorities, in order of popularity, and the corresponding actionable themes are:

43% of respondents identified “manage burnout, workload and fatigue” as their top priority, and over 1,000 respondents provided thoughts on how to address this priority.

Themes for Addressing Managing Burnout, Workload, and Fatigue: 

1. *Job demands*: Managing equitable workload, increased staffing, meeting reductions, flexible work
2. *Lack of communication and support from manager*: Manager training (e.g., how to listen; be present; advocate for, and reward, staff; be held accountable; promote resources; and build relationships)
3. *Work/life imbalance*: Adding sick days, mental health days, season days, and professional development time
4. *Retention policies*: Providing rewards, salary increases, and paths to promotion
5. *Values do not match behaviors*: Need to prioritize safety and wellness over profit

11% of respondents identified “foster inclusive, caring communication skills that are resistant to microaggressions and cultural norms” as their top priority, and 200 respondents provided thoughts on how to address this priority.

Themes for Addressing Fostering Inclusive, Caring Communication Skills That Are Resistant to Microaggressions and Cultural Norms:

1. *Training*: Modifying existing trainings, offering additional trainings, creating mandatory trainings, and providing faculty and staff with support to take trainings (e.g., offering protected time)
2. *Communication*: Fostering an environment of open communication (e.g., opportunities to learn from others, opportunities to improve communication skills, and, at an institutional level, creating an understanding that strong communication is vital for teams and patients)
3. *Accountability*: Holding leadership and supervisors accountable and offering individuals a “safe” way to report incidences of bullying or misconduct

10% of respondents selected “**equip managers/leaders with inclusive leadership skills and hold them accountable to practice and model those skills**” as their top priority, and over 150 respondents provided feedback on how to address this priority.

Themes for Addressing Equipping Managers/Leaders with Inclusive Leadership Skills and Holding Them Accountable to Practice and Model Those Skills:

1. *Accountability*: Require transparency, sharing the topics and outcomes of manager trainings; track metrics related to skills training and employee engagement.
2. *Training*: *Develop* trainings for new leaders and managers, as well as offer additional training opportunities for existing leaders and managers. Topics could include cultural awareness, communication, effective listening, empathy, and training specific to their responsibilities and the units they oversee.
3. *Equitable hiring and inclusive hiring practices*: Develop consistent hiring practices and increase diversity (broadly defined) in leadership, confronting any inequities in promotion and career advancement opportunities.
4. *Valuation*: Ask for 360 evaluations, allowing staff to provide input on their manager’s valuation.

9% of respondents selected “**transform systems, practices and policies to increase accountability around DEI**” as their top priority, and over 150 respondents offered feedback on how to address this priority.

Themes for Addressing Transforming Systems, Practices and Policies to Increase Accountability Around DEI:

1. *Hiring/Onboarding*: Interview processes should conform to DEI best practices, and hiring

leaders should be trained in these practices. DEI activities and initiatives should be discussed during interviews, and new hires should attend DEI trainings as a part of their onboarding.

2. *Leadership Accountability & Training*: Michigan Medicine leaders need to familiarize themselves with DEI work, take DEI trainings with other faculty and staff, and ensure departments are supporting DEI-related activities.
3. *Recruitment*: Recruit more candidates from groups under-represented in medicine (among others), conduct more outreach efforts, and provide greater transparency regarding salary ranges for positions.

While all constituents ranked “manage burnout, workload and fatigue” as the most important priority, the order of priorities selected varied by the amount of patient-facing time. Employees holding patient-facing positions for most or all of their time endorsed “foster inclusive, caring communication skills that are resistant to microaggressions and cultural norms” as their second most important priority, whereas non-patient-facing employees considered “equip managers/leaders with inclusive leadership skills and hold them accountable to practice those skills” as their second most important priority.

These data are strongly aligned with the findings of the Michigan Medicine Wellness Office. The Wellness Office assessed faculty well-being via a comprehensive, data-driven analysis of the 2022 Faculty Engagement Survey results, a year-over-year (YOY) comparison with 2021 survey results, and departmental outreach meetings. The following themes arose from the meetings with department chairs, leaders, and wellness advocates: loss of autonomy, staffing and workload, remote vs. onsite work, leadership connection, patient access (surgical specialties). The most frequently mentioned recommendations included:

- **Increase autonomy and flexibility at the department-level to meet institutional metrics.**
- **Examine contributing factors and root causes of workload burden/workflow inefficiencies.**
- Improve partnership with Human Resources to problem-solve hiring needs.
- Revisit the remote work policy to rebuild community and work efficiencies.
- **Foster a greater connection with executive leadership.**

Recommendations:

Michigan Medicine will focus on four priorities: (1) manage burnout, workload and fatigue; (2) foster inclusive, caring communication skills that are resistant to microaggressions and cultural norms; (3) equip managers/leaders with inclusive leadership skills and hold them accountable to practice those skills; and (4) transform systems, practices and policies to increase accountability around DEI, when looking at existing initiatives (in limited circumstances, new initiatives may be launched in subsequent DEI 2.0 years) and will use the themes from each priority to determine how best to align and enhance these activities. When possible, strategies to achieve Michigan Medicine’s objectives

will be tailored to patient-facing or non-patient facing faculty and staff. Available time and resources will be key to this decision-making.

Strategic Objectives, Measures of Success and Action Plans*

Background

Through Michigan Medicine's adoption of the AHA Health Equity Roadmap, a national effort for hospitals and academic medical centers to catalog and track best practices in diversity and health equity, in combination with the requirements of DEI 2.0, the unique needs of our healthcare system are met while still aligning with the university-wide call to action. Creation of the Michigan Medicine Health Equity Roadmap (the "**MM Roadmap**") will provide an opportunity to catalog all DEI initiatives and activities across the academic medical center in a central database.

The primary focus for DEI 2.0 year one is to unify Michigan Medicine's faculty, staff and learners under a single strategic framework delineating a concerted approach to DEI efforts. The MM Roadmap was already identified as a U-M Health strategic priority. Significant work has already been done by University of Michigan Medical Group (UMMG) under the leadership of Dr. Vallerie McLaughlin and Dr. Okeoma Mmeje, using the AHA framework to identify and map hundreds of Michigan Medicine DEI initiatives. The merger of these two workstreams is ideal for Michigan Medicine operations going forward as we seek to align institutional initiatives and priorities. To support this work, we have selected six Strategic Objectives, which are based on the [AHA Institute for Diversity and Health Equity 6 levers of transformation](#):

1. **Culturally Appropriate Patient Care:** Practicing cultural humility and activities that improve culturally appropriate care (i.e., language access and health literacy).
2. **Equitable & Inclusive Organizational Policies:** Applying a DEI lens to organizational policies and supporting an equitable and inclusive culture.
3. **Collection & Use of Data to Drive Action:** Using quantitative and qualitative data to inform, design, and evaluate improvement strategies.
4. **Diverse Representation in Leadership & Governance:** Creating pathways that lead to broadly diversifying staff, faculty, and learner leadership ranks to better meet the needs of the populations and communities served.
5. **Community Collaboration for Solutions:** Advancing health equity and fostering healthy communities by investing in strong hospital-community partnerships.
6. **Systemic & Shared Accountability:** Creating the infrastructure to maintain accountability to

sustain DEI work across departments and service lines.

The MM Roadmap will (a) merge the requirements of the AHA Health Equity Roadmap and DEI 2.0; (b) identify the responsible party or executive sponsor of initiatives at Michigan Medicine; (c) use the seventeen AHA sub-levers to identify opportunities for alignment; and, where applicable, (d) align the initiatives and activities to one of the top four priorities identified by the Michigan Medicine DEI 2.0 Questionnaire. Each item will also identify associated metrics sourced from our four institutional dashboards, as well as the University of Michigan Campus Climate survey results.

The MM Roadmap will be accompanied by a searchable database, including important details about the hundreds of DEI-related initiatives and activities occurring at Michigan Medicine, to allow us to chart the path forward and consider necessary changes in allocation of resources. Centrally cataloging existing Michigan Medicine DEI initiatives will help ensure DEI efforts are known and maximized across the academic medical center. Going forward, units will be able to add to this database, ensuring all efforts are recorded.

These strategies and frameworks are also in alignment with the Centers for Medicare & Medicaid Services (CMS) internal framework and Joint Commission standards. The “*CMS Framework for Health Equity*” focuses on data collection, policies, and supporting organizations to reduce health care disparities, increase accessibility, and advance language access. CMS has also adopted three health equity-focused measures in the Inpatient Quality Reporting Program, the third being “hospital commitment to health equity.” This structural measure assesses hospital commitment to health equity using a suite of equity-focused organizational competencies, under five domains:

Domain 1: Equity is a strategic priority

Domain 2: Data Collection

Domain 3: Data Analysis

Domain 4: Quality Improvement

Domain 5: Leadership Engagement

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

PEOPLE (Recruit, Retain & Develop a Diverse Community)

Strategies and action items for **People** are designed to bolster and extend the work of all units by introducing effective initiatives and activities aimed at recruiting, retaining, and supporting a diverse campus community. DEI-related recruitment and retention efforts across campus reflect the varied needs and goals of specific units and groups.

UNDERGRADUATE, MEDICAL STUDENTS, GRADUATE MEDICAL EDUCATION // LEARNERS

Strategic Objective 1: Through the Youth Summit at the Big House, provide an opportunity for undergraduate students interested in the health sciences, medical school students, and learners participating in graduate medical education to provide tiered-mentoring, support, and early exposure to careers in healthcare for broadly diverse middle school students. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: In Year 3 of this program, Michigan Medicine will measure the increase in (i) number of K-12 student participants; (ii) number of K-12 schools participating; and (iii) number of University of Michigan learners participating.

Action: Recruit University of Michigan learners at all levels to volunteer their time, including providing hands-on, health science simulations; speaking on panels; and interacting with middle school students, offering early exposure to education and career opportunities within the fields of science and medicine.

MEDICAL EDUCATION (MEDICAL SCHOOL STUDENTS) // LEARNERS

Strategic Objective 2: Diversify the medical student population at Michigan Medicine and retain those individuals through medical school program completion. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: Michigan Medicine will use the LCME Learner Data Dashboard to measure the following activities in connection with students with URM identities: (i) the number of applications to University of Michigan Medical School (UMMS); (ii) the number of admissions interviews offered; (iii) the number of acceptances to UMMS; (iv) the number of students who matriculate to UMMS; and (v) the five-year graduation rate of URM students beginning in AY24.

Actions:

1. Engage in recruitment activities in collaboration with UMMS Admissions, focusing on broadly diversifying applicant pools, including meeting with Admissions on a quarterly basis to discuss opportunities for pre-med and medical students, speaking with prospective and current medical students at other undergraduate institutions across the nation and at regional and national conferences, and working with Admissions to enrich OHEI summer student programs.
2. Host year-round outreach events for pre-med students from UM Ann Arbor, Flint, and Dearborn focused on studying for the MCAT, understanding the American Medical College Application Service (AMCAS) application, constructing a professional resume, and preparing medical school application essays.

3. Implement Year Two of the expanded Leadership and Enrichment for Academic Diversity (LEAD) program (a yearlong model, in addition to a two-week summer program, was initially established in FY23). Admitted UMMS students with an interest in health equity receive an early introduction to the medical school environment, learn critical study strategies, and bolster their professionalism and leadership skills. LEAD involves a tiered mentorship structure, in which the previous LEAD cohort mentors the current LEAD cohort, helping students to develop a sense of community and support network throughout medical school.
4. Provide medical students with support and enhance their medical school experience through engagement programs and funding opportunities, including community building events, Health Equity Visiting Clerkships for M3 and M4 students, “Diversity on the Wards” sessions for M1 students, a faculty and medical student mentorship program (M-FAMS) geared around DEI- and identity-related interests and issues.

Primary DEI Goal: Diversity

GRADUATE MEDICAL EDUCATION (HOUSE OFFICERS) // LEARNERS

Strategic Objective 3: Diversify the house officer population at Michigan Medicine. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: Michigan Medicine will use the LCME Learner Data Dashboard to measure (i) the number house officers applications from URM identities; and (ii) whether there is an increased match rate of URM medical students eligible to enroll into Michigan Medicine house officer programs.

Actions:

1. Expand the Health Equity Visiting Clerkship program for third and fourth year medical students, which allows students interested in health equity to spend a month at Michigan Medicine rotating in a clinical department where they are likely to apply to residency. This program, though open to all, historically has been most heavily utilized by URM students, and in its most recent year, 40% of program participants selected Michigan Medicine for residency.
2. All Graduate Medical Education (GME) Program Directors and hiring committees will be required to attend a newly developed *Unconscious Bias in House Officer/GME Hiring and Selection* training program prior to the start of the hiring season. This training was developed in collaboration with GME, Faculty Development, and OHEI.
3. OHEI will engage with Graduate Medical Education Program Directors to explore opportunities to expand and broadly diversify applicant pools.
4. Enhance house officer experience and sense of belonging through house officer engagement programs and activities.

Primary DEI Goal: Diversity

FACULTY

Strategic Objective 4: Diversify the faculty at Michigan Medicine and retain faculty, particularly those who identify as URM. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: Michigan Medicine will use the DEI Dashboard to measure the number of URM faculty members and their five-year retention rate.

Actions:

1. Pilot a new Health Equity and Health Disparities early researcher program, providing mentoring and support to faculty interested in the health equity space. Twelve senior research faculty will be paired with 12 junior faculty members with the aim of supporting their research goals and preparing them for advancement.
2. Engage with Department Chairs and leaders to expand faculty recruitment and support programs, including community building and social interaction opportunities for junior faculty and more senior faculty and staff, in ways that will promote recruitment and support of, among others, URM faculty.
3. Promote the newly developed *Unconscious Bias in Faculty Hiring and Selection* training program, which will be offered monthly for faculty hiring committees. This training was developed in collaboration with Faculty Development and OHEI.

Primary DEI Goal: Diversity

STAFF

Strategic Objective 5: Increase application rates for URM staff to further diversify the workforce. This aligns to AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: Using data collected at the conclusion of search processes occurring throughout the academic medical center, Michigan Medicine will periodically review the DEI Dashboard to measure whether there is an increased overall selection rate for URM staff and decreased selection rate gap between applicants with URM identities and their non-URM peers.

Actions:

1. Promote the newly developed *Unconscious Bias in Staff Hiring and Selection* training program, which will be offered at a regular cadence for staff hiring committees. This training was

developed in collaboration with Faculty Development, Human Resources and OHEI.

2. Partner with Human Resources to provide talent acquisition support, including interview guide templates, broad diversity recruitment strategies, and marketing assistance.

Primary DEI Goal: Equity

PATIENTS & COMMUNITY:

Strategic Objective 6: Increase access to and awareness of primary and specialty care services in surrounding under-served communities. This aligns to the AHA Roadmap Lever: Community Collaboration for Solutions.

Metrics: Michigan Medicine will use demographic trend data in under-served zip codes that will be provided by the Michigan Medicine Strategy Department to measure the number of new patients and new patient visits from those communities.

Actions:

1. Expand opportunities for specialty care in surrounding underserved communities including the planned revitalization of the Ypsilanti Health Center, which sits in an under-served zip code.
2. Introduce and engage community regarding adult health screening services through new mobile health units, including mobile mammography and mobile otolaryngology.

Primary DEI Goal: Inclusion

PROCESS (Create an Equitable and Inclusive Campus Climate)

Strategies and action items for **Process** are designed to support and strengthen the development of policies, procedures, and practices that create an inclusive and equitable campus climate and encourage a culture of belonging in which every member of our community can grow and thrive.

ALL CONSTITUENCIES

Strategic Objective 1: Pursue the five-year strategic focus of “Alignment over Addition” through the launch and maintenance of the MM Roadmap database to catalog DEI initiatives. This aligns to the AHA Roadmap Lever: Collection & Use of Data to Drive Action.

Metrics: Michigan Medicine will measure (i) total number of MM Roadmap contributors and initiatives; (ii) number of contributing segments and units; and (iii) American Hospital Association Health Equity Roadmap survey results and ratings.

Actions:

1. Pilot the MM Roadmap with initial contributors to refine the collection survey and define all elements available in the internally accessible and searchable database as well as the publicly viewable website promoting best practices and community impacts.
2. Launch the MM Roadmap broadly across the academic medical center, presenting to units and DEI leaders, expanding the number of contributors and initiatives.

Strategic Objective 2: Work in partnership with the Michigan Medicine Development Advisory Committee to identify Michigan Medicine’s potential health equity, belonging and DEI related funding opportunities that inspire philanthropy and advance the institution’s mission and strategic plan. Michigan Medicine is planning an intentional focus on health equity efforts for the upcoming comprehensive fundraising campaign. Notably, these initiatives and activities should not be separate from overall fundraising goals but rather will permeate the work we do. Michigan Medicine has numerous DEI related gift funds, each with a specific fundraising goal by unit and/or program. These funds support vital programs like Doctors of Tomorrow and the Fitzbutler-Jones Scholarship Fund for students participating in the Black Medical Student Association, a group open to all students. This aligns to the AHA Roadmap Lever: Community Collaboration for Solutions.

Metrics: Percentage of funding priorities that have an explicit health equity, belonging, or DEI component or call-out.

Actions:

1. OHEI will serve on the Michigan Medicine Development Advisory Committee, chaired by the Michigan Medicine Chief Development Officer, Eric Barritt, which meets bi-annually.
2. OHEI leadership will host at least two additional meetings with Michigan Medicine Development with a focus on DEI efforts.

Strategic Objective 3: Encourage accountability for DEI initiatives throughout Michigan Medicine by restructuring the DEI leads program for departments and units to close gaps in representation. DEI leads will support DEI efforts at the department/unit level and serve as a local DEI expert. This aligns to the AHA Roadmap Lever: Systemic and Shared Accountability.

Metrics: Michigan Medicine will measure (i) the number of departments and units with DEI leads; (ii) number of DEI Leads participating in annual reporting process; and (iii) number of DEI leads submitting initiatives to the MM Roadmap database.

Actions:

1. Work with departmental leadership to identify, on-board, and retain 100 Michigan Medicine DEI leads.
2. Increase accountability and provide resources to DEI leads by providing an annual stipend to all DEI leads.
3. Provide ongoing support and resources for DEI Leads including consultations, regular meetings and quarterly trainings.

Strategic Objective 4: Empower and support faculty, staff and learner voice through identity-focused resource groups (RGs). RGs will be empowered to provide feedback to leadership, build community, and heighten awareness of issues affecting portions of the Michigan Medicine community. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: Michigan Medicine will measure (i) the number of RGs with a confirmed charter; (ii) total leadership positions confirmed in alignment with the standards set in the charter; (iii) membership growth in each RG; and (iv) number of RGs submitting initiatives to the MM Roadmap database.

Actions:

1. Develop, socialize and implement a sustainable RG structure at Michigan Medicine that includes charter, positional leadership and membership requirements.
2. Support existing resource groups to meet newly established requirements within FY24.
3. Support RG marketing efforts including event promotion and membership campaigns to expand the reach of these important groups in FY24.
4. Provide ongoing support for RG leaders, including the creation and distribution of program logistics templates and resources.
5. Create a Program Coordinator position to provide additional support to RGs at Michigan Medicine.

Primary DEI Goal: Inclusion

Strategic Objective 5: Increase sense of belonging by demonstrating our commitment to shared DEI values and the elimination of bias at Michigan Medicine through annual mandatory training and

education programs for all faculty, staff and learners. This education supports the BASE+ strategic priority of Belonging. This aligns to the AHA Roadmap Lever: Culturally Appropriate Care.

Metrics: Michigan Medicine will use the Training and Education Unified Dashboard to measure the total number of participants, including faculty, staff and learner completion rates. We will use the results from Building Towards Belonging pre- and post-test evaluations to demonstrate the utilization of strategies to mitigate bias.

Actions:

1. Launch the FY24 DEI Mandatory Course, Building Towards Belonging: Mitigating Bias in LGBT+ Health, seeking 80% participation from all Michigan Medicine faculty, staff and learners.
2. Plan and develop the FY25 DEI Mandatory Building Towards Belonging course, exploring how implicit bias impacts individuals and communities living with disabilities and chronic conditions.

Primary DEI Goal: Inclusion

STAFF

Strategic Objective 6: Increase the overall sense of belonging among employees while reducing disparities in belonging between URM and non-URM staff. This will support the BASE+ strategic priority of Belonging. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: Michigan Medicine will use the DEI Dashboard to measure (i) whether there is an increase in the mean score on the Vital Voices Employee Engagement Survey measure “this organization values staff from different backgrounds”; and (ii) whether the gap on this measure decreased between URM and non-URM groups. The results of the Campus Climate survey will inform changes in feelings of belongingness.

Action: Pilot the Michigan Medicine Career Development Mentoring Program. This program will pair Michigan Medicine staff with senior leaders serving as career development mentors. Based on the principals from the National Research Mentoring Network, mentors and mentees will engage in a 9-month reciprocal mentoring relationship where both parties will increase their understanding of Michigan Medicine employee experiences, career advancement experiences and opportunities.

Primary DEI Goal: Equity

PATIENTS & COMMUNITY

Strategic Objective 7: Improve health care equity and reduce disparities in care outcomes for selected patient populations and increase awareness of disparities in outcome data to gain a better understanding of what can be done to establish a system wide solution. This will support the BASE+ strategic priority of Belonging. This aligns to the AHA Roadmap Lever: Culturally Appropriate Patient Care.

Metrics: Michigan Medicine will use the Patient Experience Dashboard to measure (i) the percent of African-American/Black patients with hypertension reporting the condition is “well controlled,” targeting 67% response in FY24; (ii) the gap in pediatric influenza vaccinations between white and African-American/Black children, targeting a gap decrease from 17% to 12.5% in FY24; (iii) an increase in URM patient satisfaction with pain management.

Actions:

1. Achieve adult hypertension target via panel management and outreach to prioritize patients and clinics where patients have poorly managed hypertension. Panel Managers will provide Primary Care Physician scheduling or pharmacy referrals for blood pressure monitoring, distribute home blood pressure cuffs and utilize Epic to monitor impact.
2. Partner with population health, local pediatric providers and community members to understand the root causes of, and address, vaccination disparities between white and African-American/Black pediatric patients. Develop and implement strategies to increase education and administration of the influenza vaccine through Michigan Medicine providers and in the community across the year.
3. Continue to enhance pain management tools or modalities for all patients to reduce disparities; increase awareness and understanding about pain disparities in the outcome data.

Primary DEI Goal: Equity

PRODUCTS (Support Innovative and Inclusive Teaching, Research, and Service)

Strategies and action items for **Products** are designed to integrate DEI solutions into our educational program offerings and teaching methodology, and to ensure scholarly research on diversity, equity and inclusion, and the scholars who produce it, are valued and supported.

FACULTY

Strategic Objective 1: Provide consistent information, training, and practical exercises to increase the comfort level and confidence of all UMMS core teaching faculty, which facilitate UMMS doctoring courses, the core curriculum that all first-year medical students participate in, when

addressing topics that require a lens centering diversity, equity, inclusion, justice, access and anti-racism. This aligns to the AHA Roadmap Lever: Culturally Appropriate Patient Care.

Metrics: UMMS will measure (i) total number of doctoring faculty engaged; (ii) total number of doctoring faculty providing a response regarding current practices; and (iii) production of summative reporting regarding the information received.

Action: In Year one, UMMS will survey the teaching environment to understand what resources are currently being used to impart these skills to faculty. Because of the disperse nature of faculty who have partial teaching appointments and are primarily engaged in lab work or patient care, this will require a strategic information gathering campaign that includes education and information about the purposes of the data collection. This will require use of multiple mediums to reach faculty and multiple touchpoints to ensure that all methods are captured.

Primary DEI Goal: Inclusion

MEDICAL STUDENTS // LEARNERS

Strategic Objective 2: UMMS will provide robust educational opportunities for students to engage with learning across diversity, equity, inclusion, access, justice, and anti-racism topics across the core curriculum and elective offerings. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: UMMS will map course and session level objectives to the Diversity Engagement & Learning Taxonomy (DELTA) by Halualani, Halker, & Lancaster (2012). Taxonomic levels will demonstrate course and session levels of engagement with diversity, equity, inclusion, access, justice, and anti-racism topics (as defined by the DELTA taxonomy). Outcomes will be shared quantitatively and qualitatively, with item-level and thematic analyses used to prioritize short- and long-term curricular development.

Action: UMMS will review the learning objectives at the course and session levels to identify the depth and breadth of diversity, equity, inclusion, access, justice, and anti-racism topics offered in both required and elective courses. Using the DELTA Taxonomy, UMMS will identify the various levels of engagement with diversity, equity, inclusion, access, justice, and anti-racism topics across curricular offerings. Outcomes will assist faculty in revising existing, and creating new, sessions, assessments, and educational activities aligned with UMMS goals and values.

UNDERGRADUATE, MEDICAL STUDENTS, GRADUATE MEDICAL EDUCATION // LEARNERS

Strategic Objective 3: Increase equity and inclusion by creating opportunities for UM learners to expose middle school students who are free or reduced lunch eligible, will be the first in their family to attend college, have a certified learning and/or physical disability, currently live in a single parent

household, or have experienced foster care to the UM campus and numerous Michigan Medicine departments, introducing youth to various medical specialties and inspiring them to pursue careers in the health sciences. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.

Metrics: OHEI will measure the number of middle school students participating in our learning enrichment program, to what extent their math grades improved, and whether their interest in health science-related careers increased. We will also measure the number of middle schools involved, the number of UM learners engaged in the program, and the number of Michigan Medicine departments represented.

Actions:

1. Recruit UM undergraduate students to serve as learning enrichment instructors and mentors for middle school students, providing UM students with opportunities to receive financial support or academic credit; engage with local schools and community members; gain exposure to a teaching career and develop or further their teaching abilities; improve program participants' math and science literacy, comprehension, problem solving, and critical thinking skills; and inspire and motivate youth to enter the college preparatory track in high school and pursue a career in the health sciences.
2. Recruit medical students to serve on panel discussions and lead tours during middle school students' field trip(s) to the UM Medical Campus, providing medical school students with community outreach and mentorship opportunities.
3. Engage with Graduate Medical Education and UM house officers to schedule monthly events for house officers to visit participating middle schools, providing middle school students' with information about their personal, professional, and educational background; introducing students to health equity issues and a variety of medical specialties; and leading science experiments and interactive, health-related simulations and problem-solving sessions, helping to motivate and recruit the next generation of health care leaders.

Primary DEI Goal: Inclusion

Goal-related Metrics Michigan Medicine Measures Tracked Over Time

School, College or Unit Metrics

Michigan Medicine Data Sources:

1. The **DEI Dashboard** includes data from both the Michigan Medicine Human Resources Database and the Press Ganey Annual Vital Voices Employee Engagement Survey. Workforce

demographic trend data is available for faculty and staff, including selection and termination data. Culture data, abstracted from the annual Employee Engagement Survey, includes measures of inclusion, respect, teamwork, psychological safety, and a DEI index designed to assess employees' perceptions of DEI climate at Michigan Medicine. (Faculty and Staff)

2. The **Liaison Committee on Medical Education (LCME) Dashboard**, currently under development, will include demographic trends in medical student and graduate student diversity, including numerical data on applicants, interviews, acceptances, matriculations, and retention. Additional diversity data will be available for House Officers, Faculty, and Senior Administrative Staff. An additional page on the LCME Dashboard will track learner climate data, including feelings of inclusion, support, and preparation to care for patients of different backgrounds. Demographic characteristics for participants in OHEI Pathways programs will also be included, as well as trends of admittance to medical school. (Learners)
3. The **Training and Education Unified Dashboard** is available to track participation in DEI training for faculty, staff, and learners. By combining information from this dashboard and the DEI Dashboard, it will be possible to examine the relationship between training efforts and participation and culture change within departments. (Faculty, Staff, Learners)
4. The **Michigan Medicine Patient Experience Dashboards** provide data on patient satisfaction measures in a variety of settings and include many climate assessments directly related to DEI. Units can access not only general patient satisfaction with services, but can also see how DEI plays a role in the individual patient experience. (Patients)
5. The **University of Michigan Campus Climate Survey** on Diversity, Equity and Inclusion also provides important climate measures that can be tracked over time for Michigan Medicine staff and faculty as a whole, as well as some large segments, and for Medical Students. Climate Survey Indicators include: satisfaction with climate/environment; assessment of semantic aspects of the general climate in department; assessment of semantic aspects of the DEI climate in department; feeling valued in department; feeling of belongingness in department; assessment of department commitment to diversity, equity, and inclusion; perceptions of equal opportunity for success in department; feeling able to perform up to full potential in department; feelings of academic growth in department; and feelings of discrimination in department. (Faculty, Staff and Learners)

As an institution, Michigan Medicine is committed to tracking a wide variety of metrics. These include demographic composition, enrollment data, climate survey indicators, and graduation rates. Data is collected and tracked for students, faculty, staff, and patients and community. Climate survey indicators endorsed by senior university leadership will also be tracked. Specific metrics for each constituency we serve are listed below.

Key diversity metrics include:

1. Selection rates for various staff groups
2. Retention rates for various staff and faculty groups
3. Applications, offers and acceptance rates for learners
4. Patient demographics

Key equity metrics include:

1. Representation of women and under-represented minorities in leadership and management positions
2. Graduation rates by demographic group
3. Patient perception of quality of care
4. Health-related outcomes across various demographics and markers of socio-economic status

Key inclusion metrics include:

1. Diversity Index – assesses employees’ perceptions of equality of treatment by managers, organizational commitment to workforce diversity, equality of growth opportunities, and organization and co-worker valuing of differences
2. Domains of Inclusion, Respect, Teamwork, and Psychological Safety
3. Participation and representation of faculty and staff in skill and cultural training opportunities
4. Student satisfaction with the learning environment
5. Patient satisfaction and likelihood to recommend Michigan Medicine

Michigan Medicine has a variety of metrics related to the DEI objectives, as set forth in this plan, which are tracked over time by constituency.

Key LEARNERS metrics include:

1. Demographic characteristics (e.g. race/ethnicity, sex, age, etc.) of student enrollment
2. Demographic characteristics of graduating students
3. Medical student satisfaction measures obtained from AAMC Graduation Questionnaire
4. Climate Survey Indicators: Satisfaction with climate/environment ● Assessment of semantic aspects of the general climate ● Assessment of semantic aspects of the DEI climate ● Feeling valued ● Feeling of belongingness ● Assessment of department commitment to diversity, equity, and inclusion ● Perceptions of equal opportunity for success ● Feeling able to perform

up to full potential • Feelings of academic growth • Feelings of discrimination

Key FACULTY metrics include:

1. Demographic characteristics (e.g., race/ethnicity, sex, age, etc.)
2. Unit Vital Voices Faculty Engagement survey data and measures
3. Climate Survey Indicators: • Satisfaction with climate/environment in department • Assessment of semantic aspects of the general climate in department • Assessment of semantic aspects of the DEI climate in department • Feeling valued in department • Feeling of belongingness in department • Assessment of department commitment to diversity, equity, and inclusion • Perceptions of equal opportunity for success in department • Feeling able to perform up to full potential in department • Feelings of academic growth in department • Feelings of discrimination in department

Key STAFF metrics include:

1. Demographic characteristics (e.g., race/ethnicity, sex, age, etc.) of the workforce
2. Demographic characteristics of supervisors, job families and tenure
3. # of participants in skill and cultural training opportunities
4. Unit Vital Voices Employee Engagement survey data and measures
5. Climate Survey Indicators: • Satisfaction with unit climate/environment in work unit • Assessment of semantic aspects of the general climate in work unit • Assessment of semantic aspects of the DEI climate in work unit • Feeling valued in work unit • Feeling of belongingness in work unit • Assessment of work unit commitment to diversity, equity, and inclusion • Perceptions of equal opportunity for success in work unit • Feeling able to perform up to full potential in work unit • Feelings of professional growth in work unit • Feelings of discrimination in work unit

Key PATIENT & COMMUNITY metrics include:

1. Patient satisfaction survey data
2. Patient demographic trends

Action Planning Tables with Details and Accountabilities:

PEOPLE (Recruitment, Retention & Development)

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable, specific) | Group/person accountable |
|--|--|---|--|--|
| <p>UNDERGRADUATE, MEDICAL STUDENTS, GRADUATE MEDICAL EDUCATION</p> | <p>1. Through the Youth Summit at the Big House, provide an opportunity for undergraduate students interested in the health sciences, medical school students, and learners participating in graduate medical education to provide tiered-mentoring, support, and early exposure to careers in healthcare for diverse middle school students. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.</p> | <p>In Year 3 of this program, Michigan Medicine will measure the increase in (i) number of K-12 student participants; (ii) number of K-12 schools participating; and (iii) number of University of Michigan learners participating.</p> | <ul style="list-style-type: none"> Recruit University of Michigan learners at all levels to volunteer their time, including providing hands-on, health science simulations; speaking on panels; and interacting with middle school students, offering early exposure to education and career opportunities within the fields of science and medicine. | <p>OHEI (Katherine Kurnick, K-12 Pathways Program Lead)</p> <p>GME (Dr. J. Sybil Biermann, Associate Dean for GME)</p> |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable, specific) | Group/person accountable |
|--------------------------------|--|--|---|--|
| <p>MEDICAL SCHOOL STUDENTS</p> | <p>2. Diversify the medical student population at Michigan Medicine and retain those individuals through medical school program completion. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.</p> | <p>Michigan Medicine will use the LCME Learner Data Dashboard to measure the following activities in connection with students with URM identities (i) the number of applications to University of Michigan Medical School (UMMS); (ii) the number of admissions interviews offered; (iii) the number of acceptances to UMMS; (iv) the number of students who matriculate to UMMS; and (v) the five-year graduation rate of URM students beginning in AY24.</p> | <ul style="list-style-type: none"> Engage in recruitment activities in collaboration with UMMS Admissions, focusing on diversifying applicant pools, including meeting with Admissions on a quarterly basis to discuss opportunities for pre-med and medical students, speaking with prospective and current medical students at other undergraduate institutions across the nation and at regional and national conferences, and working with Admissions to enrich OHEI summer student programs. Host year-round outreach events for pre-med students from UM Ann Arbor, Flint, and Dearborn focused on studying for the MCAT, understanding the American Medical College Application Service (AMCAS) application, constructing a professional resume, and preparing medical school application essays. Implement Year Two of the expanded Leadership and Enrichment for Academic Diversity (LEAD) program (a yearlong model, in addition to a two-week summer program, was initially established in FY23). Admitted UMMS students with an interest in health equity receive an early introduction to the medical school environment, learn critical study strategies, and bolster their professionalism and leadership skills. LEAD involves a tiered mentorship structure, in which the previous LEAD cohort mentors the current LEAD cohort, helping students to develop a sense of community and support network throughout medical school. | <p>UMMS Admissions (Dr. Deborah Berman, Associate Dean of Admissions)</p> <p>OHEI (Fatima Saad, Undergraduate Program Manager; Reginald Beasley, Medical School Program Manager)</p> |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable, specific) | Group/person accountable |
|------------------|--|---|---|---|
| | | | <ul style="list-style-type: none"> • Provide medical students with support and enhance their medical school experience through engagement programs and funding opportunities, including community building events, Health Equity Visiting Clerkships for M3 and M4 students, “Diversity on the Wards” sessions for M1 students, a faculty and medical student mentorship program (M-FAMS) geared around DEI- and identity-related interests and issues. | |
| HOUSE OFFICERS | 3. Diversify the house officer population at Michigan Medicine. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies. | Michigan Medicine will use the LCME Learner Data Dashboard to measure (i) the number house officers applications from URM identities; and (ii) whether there is an increased match rate of URM medical students eligible to enroll into Michigan Medicine house officer programs. | <ul style="list-style-type: none"> • Expand the Health Equity Visiting Clerkship program for third and fourth year medical students, which allows students interested in health equity to spend a month at Michigan Medicine rotating in a clinical department where they are likely to apply to residency. This program historically has been most heavily utilized by URM students, and in its most recent year, 40% of program participants selected Michigan Medicine for residency. • All Graduate Medical Education (GME) Program Directors and hiring committees will be required to attend a newly developed <i>Unconscious Bias in House Officer/GME Hiring and Selection</i> training program prior to the start of the hiring season. This training was developed in collaboration with GME, Faculty Development, and OHEI. • OHEI will engage with Graduate Medical Education Program Directors to explore opportunities to expand and diversify applicant pools. • Enhance house officer experience and sense of belonging through house | <p>OHEI (Dr. Marcia Perry, Faculty Director for House Officer Programs; Blaire Tinker, Ed.D, Special Training Program Manager)</p> <p>GME (Dr. J. Sybil Biermann, Associate Dean for GME)</p> |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable, specific) | Group/person accountable |
|------------------|--|---|--|---|
| | | | officer engagement programs and activities. | |
| FACULTY | 4. Diversify the faculty at Michigan Medicine and retain faculty who identify as URM. This aligns to the AHA Roadmap Level: Equitable and Inclusive Organizational Policies. | Michigan Medicine will use the DEI Dashboard to measure the number of URM faculty members and their five-year retention rate. | <ul style="list-style-type: none"> Pilot a new Health Equity and Health Disparities early researcher program, providing mentoring and support to faculty interested in the health equity space. Twelve senior research faculty will be paired with 12 junior faculty members with the aim of supporting their research goals and preparing them for advancement. Engage with Department Chairs and leaders to expand URM faculty recruitment and support programs, including community building and social interaction opportunities for junior faculty and more senior faculty and staff. Promote the newly developed <i>Unconscious Bias in Faculty Hiring and Selection</i> training program, which will be offered monthly for faculty hiring committees. This training was developed in collaboration with Faculty Development and OHEI. | OHEI (Dr. Gary Freed, Faculty Director for Health Equity & Health Disparities Research; Dr. David Gordon, Faculty Director for Faculty Programs; Blaire Tinker, Ed.D, Special Training Program Manager) |
| STAFF | 5. Increase application rates for URM staff to further diversify the workforce. This aligns to the AHA Roadmap Level: | Using data collected at the conclusion of search processes occurring throughout the academic medical center, Michigan | <ul style="list-style-type: none"> Promote the newly developed <i>Unconscious Bias in Staff Hiring and Selection</i> training program, which will be offered at a regular cadence for staff hiring committees. This training was developed in collaboration with Faculty Development, Human Resources and OHEI. | OHEI (Blaire Tinker, Ed.D, Special Training Program Manager) |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable, specific) | Group/person accountable |
|------------------------|--|---|--|---|
| | Equitable and Inclusive Organizational Policies. | Medicine will periodically review the DEI Dashboard to measure whether there is an increased overall selection rate for URM staff and decreased selection rate gap between applicants with URM identities and their non-URM peers. | <ul style="list-style-type: none"> Partner with Human Resources to provide talent acquisition support, including interview guide templates, diversity recruitment and marketing assistance. | Human Resources (Paul Sturgis, Senior Director) |
| PATIENTS AND COMMUNITY | 6. Increase access to and awareness of primary and specialty care services in surrounding under-served communities. This aligns to the AHA Roadmap Lever: Community Collaboration for Solutions. | Michigan Medicine will use demographic trend data in under-served zip codes that will be provided by the Michigan Medicine Strategy Department to measure the number of new patients and new patient visits from those communities. | <ul style="list-style-type: none"> Expand opportunities for specialty care in surrounding underserved communities including the planned revitalization of the Ypsilanti Health Center, which sits in an under-served zip code. Introduce and engage community regarding adult health screening services through new mobile health units, including mobile mammography and mobile otolaryngology. | Community Health Services (Alfreeda Rooks, MPA) and Ypsilanti Health Center (Ebony Parker-Featherstone, MD) |

PROCESS (Promoting & Equitable & Inclusive Community)

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
|--------------------|--|---|--|--|
| ALL CONSTITUENCIES | 1. Pursue the five-year strategic focus of “Alignment over Addition”, through the launch and maintenance of the MM Roadmap database to catalog DEI initiatives. This aligns to the AHA Roadmap Lever: Collection & Use of Data to Drive Action. | Michigan Medicine will measure (i) total number of MM Roadmap contributors and initiatives; (ii) number of contributing segments and units; and (iii) American Hospital Association Health Equity Roadmap survey results and ratings. | <ul style="list-style-type: none"> • Pilot the MM Roadmap with initial contributors to refine the collection survey and define all elements available in the internally accessible and searchable database as well as the publicly viewable website promoting best practices and community impacts. • Launch the MM Roadmap broadly across the academic medical center, presenting to units and DEI leaders, expanding the number of contributors and initiatives. | OHEI (Kristen Howard, JD, Senior Director) |
| ALL CONSTITUENCIES | 2. Work in partnership with the Michigan Medicine Development Advisory Committee to identify Michigan Medicine’s potential health equity, belonging and DEI related funding opportunities that inspire philanthropy and advance the institution’s mission and strategic plan. Michigan Medicine is planning an intentional focus on health | Percentage of funding priorities that have an explicit health equity, belonging, or DEI component or call-out. | <ul style="list-style-type: none"> • OHEI will serve on the Michigan Medicine Development Advisory Committee, chaired by the Michigan Medicine Chief Development Officer, Eric Barritt, which meets bi-annually. • OHEI leadership will host at least two additional meetings with Michigan Medicine | MM Development (Eric Barritt, Chief Development Officer) OHEI (Dr. David Brown, Associate Dean for Health Equity & Inclusion; Kristen |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| | <p>equity efforts for the upcoming comprehensive fundraising campaign. Notably, these initiatives and activities will not be separate from overall fundraising goals but rather will permeate the work we do. Michigan Medicine has numerous DEI related gift funds, each with a specific fundraising goal by unit and/or program. These funds support vital programs like Doctors of Tomorrow and the Fitzbutler-Jones Scholarship Fund for students participating in the Black Medical Student Association, a group open to all students. This aligns to the AHA Roadmap Lever: Community Collaboration for Solutions.</p> | | <p>Development with a focus on health equity, belonging and DEI efforts.</p> | <p>Howard, JD, Senior Director)</p> |
| <p>ALL CONSTITUENCIES</p> | <p>3. Encourage accountability for DEI initiatives throughout Michigan Medicine by restructuring the DEI leads program for departments and units to close gaps in representation. DEI leads will support DEI efforts at the department/unit level and serve as a local DEI expert. This aligns to the AHA Roadmap Lever: Systemic and Shared Accountability.</p> | <p>Michigan Medicine will measure (i) the number of departments and units with DEI leads; (ii) number of DEI Leads participating in annual reporting process; and (iii) number of DEI leads submitting initiatives to</p> | <ul style="list-style-type: none"> • Work with departmental leadership to identify, on-board, and retain 100 Michigan Medicine DEI leads. • Increase accountability and provide resources to DEI leads by providing an annual stipend to all DEI leads. • Provide ongoing support and resources for DEI | <p>OHEI (Ashli Wilson, Program Manager; Nathan Hanke, Professional Development & Inclusion Manager)</p> |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| | | the MM Roadmap database. | Leads including consultations, regular meetings and quarterly trainings. | |
| ALL CONSTITUENCIES | 4. Empower and support faculty, staff and learner voice through identity-based resource groups (RGs). RGs will be empowered to provide feedback to leadership, build community and to heighten awareness of issues affecting portions of the Michigan Medicine community. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies. | Michigan Medicine will measure (i) the number of RGs with a confirmed charter; (ii) total leadership positions confirmed in alignment with the standards set in the charter; (iii) membership growth in each RG; and (iv) number of RGs submitting initiatives to the MM Roadmap database. | <ul style="list-style-type: none"> • Develop, socialize and implement a sustainable RG structure at Michigan Medicine that includes charter, positional leadership and membership requirements. • Support existing resource groups to meet newly established requirements within FY24. • Support RG marketing efforts, including event promotion and membership campaigns to expand the reach of these important groups in FY24. • Provide ongoing support for RG leaders, including the creation and distribution of program logistics templates and resources. • Create a Program Coordinator position to provide additional support to RGs at Michigan Medicine. | OHEI (Kali Lake, Program Manager; Nathan Hanke, Professional Development & Inclusion Manager) |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| ALL CONSTITUENCIES | 5. Increase sense of belonging by demonstrating our commitment to shared DEI values and the elimination of bias at Michigan Medicine through annual mandatory training and education programs for all faculty, staff and learners. This education supports the BASE+ strategic priority of Belonging. This aligns to the AHA Roadmap Lever: Culturally Appropriate Care. | Michigan Medicine will use the Training and Education Unified Dashboard to measure the total number of participants, including faculty, staff and learner completion rates. We will use the results from Building Towards Belonging pre- and post-test evaluations to demonstrate the utilization of strategies to mitigate bias. | <ul style="list-style-type: none"> • Launch the FY24 DEI Mandatory Course, Building Towards Belonging: Mitigating Bias in LGBT+ Health, seeking 80% participation from all Michigan Medicine faculty, staff and learners. • Plan and develop the FY25 DEI Mandatory Building Towards Belonging course, exploring how implicit bias impacts individuals and communities living with disabilities and chronic conditions. | OHEI (Blaire Tinker, Ed.D, Special Training Program Manager) |
| STAFF | 6. Increase the overall sense of belonging among employees while reducing disparities in belonging between URM and non-URM staff. This will support the BASE+ strategic priority of Belonging. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies. | Michigan Medicine will use the DEI Dashboard to measure (i) whether there is an increase in the mean score on the Vital Voices Employee Engagement Survey measure “this | Pilot the Michigan Medicine Career Development Mentoring Program. This program will pair Michigan Medicine staff with senior leaders serving as career development mentors. Based on the principals from the National Research Mentoring Network, mentors and mentees will engage in a 9-month reciprocal mentoring relationship where | Communications (Rose Glenn, Chief Communications Officer) |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| | | <p>organization values staff from different backgrounds”; and (ii) whether the gap on this measure decreased between URM and non-URM groups. The results of the Campus Climate survey will inform changes in feelings of belongingness.</p> | <p>both parties will increase their understanding of Michigan Medicine employee experiences, career advancement experiences and opportunities.</p> | <p>Ambulatory Care (Julie Ishak, Chief Nursing Officer)</p> <p>Human Resources (Paul Sturgis, Senior Director)</p> <p>OHEI (Nathan Hanke, Professional Development & Inclusion Manager)</p> |
| <p>PATIENTS & COMMUNITY</p> | <p>7. Improve health care equity and reduce disparities in care outcomes for selected patient populations and increase awareness of disparities in outcome data to gain a better understanding of what can be done to establish a system wide solution. This will support the BASE+ strategic priority of Belonging. This aligns to the AHA Roadmap Lever: Culturally Appropriate Patient Care.</p> | <p>Michigan Medicine will use the Patient Experience Dashboard to measure (i) the percent of African-American/Black patients with hypertension reporting the condition is “well controlled,” targeting 67% response in FY24; (ii) the gap in</p> | <ul style="list-style-type: none"> 1. Achieve adult hypertension target via panel management and outreach to prioritize patients and clinics where patients have poorly managed hypertension. Panel Managers will provide Primary Care Physician scheduling or pharmacy referrals for blood pressure monitoring, distribute home blood pressure cuffs and utilize Epic to monitor impact. Partner with population health, local pediatric providers and community members to understand | <p>OHEI (Dr. David Brown, Associate Dean for Health Equity)</p> <p>University of Michigan Medical Group (Dr. Vallerie Mclaughlin, Chief Clinical Officer)</p> |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| | | pediatric influenza vaccinations between white and African-American/Black children, targeting a gap decrease from 17% to 12.5% in FY24; (iii) an increase in URM patient satisfaction with pain management. | <p>the root causes of, and address, vaccination disparities between white and African-American/Black pediatric patients. Develop and implement strategies to increase education and administration of the influenza vaccine through Michigan Medicine providers and in the community across the year.</p> <ul style="list-style-type: none"> Continue to enhance pain management tools or modalities for all patients to reduce disparities; increase awareness and understanding about pain disparities in the outcome data. | Family Medicine (Dr. Meg Dobson, Interim Department Chair) |

PRODUCTS (Education, Scholarship & Service)

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| FACULTY | 1. Provide consistent information, training, and practical exercises to increase the comfort level and confidence of all UMMS core teaching faculty, which facilitate UMMS doctoring courses, the | UMMS will measure (i) total number of doctoring faculty engaged; (ii) total number of doctoring faculty providing a response regarding current practices; and | <ul style="list-style-type: none"> In Year one, UMMS will survey the teaching environment to understand what resources are currently being used to impart these skills to faculty. Because of the disperse nature of | UMMS Office for Medical Student Education (Karri Grob, |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| | <p>core curriculum that all first-year medical students participate in, when addressing topics that require a lens centering diversity, equity, inclusion, justice, access and anti-racism. This aligns to the AHA Roadmap Lever: Culturally Appropriate Patient Care.</p> | <p>(iii) production of summative reporting regarding the information received.</p> | <p>faculty who have partial teaching appointments and are primarily engaged in lab work or patient care, this will require a strategic information gathering campaign that includes education and information about the purposes of the data collection. This will require use of multiple mediums to reach faculty and multiple touchpoints to ensure that all methods are captured.</p> | <p>Ed.D., Director of Student Services)</p> |
| <p>MEDICAL STUDENTS</p> | <p>2. UMMS will provide robust educational opportunities for students to engage with learning across diversity, equity, inclusion, access, justice, and anti-racism topics across the core curriculum and elective offerings. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies.</p> | <p>UMMS will map course and session level objectives to the Diversity Engagement & Learning Taxonomy (DELTA) by Halualani, Halker, & Lancaster (2012). Taxonomic levels will demonstrate course and session levels of engagement with diversity, equity, inclusion, access, justice, and anti-racism topics (as defined by the DELTA taxonomy). Outcomes will be shared quantitatively and qualitatively, with item-level and thematic analyses</p> | <ul style="list-style-type: none"> UMMS will review the learning objectives at the course and session levels to identify the depth and breadth of diversity, equity, inclusion, access, justice, and anti-racism topics offered in both required and elective courses. Using the DELTA Taxonomy, UMMS will identify the various levels of engagement with diversity, equity, inclusion, access, justice, and anti-racism topics across curricular offerings. | <p>UMMS Office for Medical Student Education (Dr. Seetha Monrad, Associate Dean; Karri Grob, Ed.D., Director of Student Services)</p> |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| | | used to prioritize short- and long-term curricular development. | Outcomes will assist faculty in revising existing, and creating new, sessions, assessments, and educational activities aligned with UMMS goals I 2and values. | |
| UNDERGRADUATE, MEDICAL STUDENTS, GRADUATE MEDICAL EDUCATION | 3. Increase equity and inclusion by creating opportunities for UM learners to expose middle school students who are free or reduced lunch eligible, will be the first in their family to attend college, have a certified learning and/or physical disability, currently live in a single parent household, or have experienced foster care to the UM campus and numerous Michigan Medicine departments, introducing youth to various medical specialties and inspiring them to pursue careers in the health sciences. This aligns to the AHA Roadmap Lever: Equitable and Inclusive Organizational Policies. | OHEI will measure the number of middle school students participating in our learning enrichment program, to what extent their math grades improved, and whether their interest in health science-related careers increased. We will also measure the number of middle schools involved, the number of UM learners engaged in the program, and the number of Michigan Medicine departments represented. | <ul style="list-style-type: none"> Recruit UM undergraduate students to serve as learning enrichment instructors and mentors for middle school students, providing UM students with opportunities to receive financial support or academic credit; engage with local schools and community members; gain exposure to a teaching career and develop or further their teaching abilities; improve program participants' math and science literacy, comprehension, problem solving, and critical thinking skills; and inspire and motivate youth to enter the college preparatory track in high school and pursue a career in the health sciences. Recruit medical students to serve on panel discussions and lead tours during middle | (Katherine Kurnick, K-12 Program Lead) |

| Key Constituency | Strategic Objective | Associated Metrics | Detailed Actions Plan (measurable,specific) | Group/person accountable |
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| | | | <p>school students’ field trip(s) to the UM Medical Campus, providing medical school students with community outreach and mentorship opportunities.</p> <ul style="list-style-type: none"> Engage with Graduate Medical Education and UM house officers to schedule monthly events for house officers to visit participating middle schools, providing middle school students’ with information about their personal, professional, and educational background; introducing students to health equity issues and a variety of medical specialties; and leading science experiments and interactive, health-related simulations and problem-solving sessions, helping to motivate and recruit the next generation of health care leaders. | |

Plans for Supporting, Tracking and Updating the Strategic Plan

OHEI serves as the coordinating and facilitating body for this work. Please see the “Plan Process Used” section for specific individuals who are involved with Michigan Medicine’s DEI Strategic Plan. To promote additional engagement and generate additional input and ideas, we plan to allow community contributions to the MM Roadmap and to regularly engage with Departmental DEI Leaders. A survey to add additional DEI initiatives and activities to the MM Roadmap will be available to the Michigan Medicine community in the coming months. OHEI will engage Departmental DEI Leaders at a regular cadence to provide updates and receive feedback and insights. We will connect en masse with Departmental DEI Leaders biannually to obtain updates about supporting, tracking, and reporting for DEI initiatives in the MM Roadmap. The MM Roadmap will be a digital forum continuously available to the Michigan Medicine community to track plan actions throughout the year.

Appendix A: DEI 2.0 Glossary of Important Terms

Michigan Medicine DEI 2.0 Strategic Objectives/AHA Levers of Transformation and Sub-Levers

The Office for Health Equity and Inclusion has aligned DEI 2.0 Strategic Objectives with the six AHA Levers of Transformation and the 17 sub-levers to identify duplicate work occurring across the health system and highlight potential opportunities for collaboration, including:

1. **Culturally Appropriate Patient Care:** Practicing cultural humility and activities that improve culturally appropriate care (i.e., language access and health literacy).
 - 1.1. **Patient Support and Engagement:** A culturally aware hospital acknowledges the importance of culture, incorporates the assessment of multicultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge and adapts services to meet patients’ culturally unique needs. Cultural humility is an essential and ongoing means to reduce racial and ethnic health disparities and improve equity of care.
 - 1.2. **DEI Support for Staff:** Hospital supports DEI training and opportunities for its workforce to connect, learn, share and discuss DEI topics in a safe, inclusive environment.
 - 1.3. **Training:** Training is ongoing and topics include a foundation of the root causes of any inequities and specific focus areas related to the population served. To provide high-quality, equitable care focusing on patients’ specific needs and the broader societal factors that impact one’s overall health and well-being, hospitals and health systems must strive to increase cultural awareness and practice cultural humility.
2. **Equitable & Inclusive Organizational Policies:** Applying a DEI lens to organizational policies and supporting an equitable and inclusive culture.
 - 2.1. **Climate and Culture:** reflect and support equitable workforce policies, communications and patient care. Organization has equity strategies implemented in all relevant organizational programs and quality management systems.
 - 2.2. **Diverse Representation in Workforce:** Representation in the workplace creates an inclusive environment that welcomes all individuals’ different qualities and characteristics, enabling all employees to achieve their full potential.
 - 2.3. **Inclusive, Local Sourcing:** Hospitals can leverage their supply chains to address the upstream economic and environmental conditions that have the greatest impact on their community members’ health. Hospital sources local goods, services and food to help build local wealth in the community served.

3. **Collection & Use of Data to Drive Action:** Using quantitative and qualitative data to inform, design, and evaluate improvement strategies.
 - 3.1. **Data Collection and Validation:** Hospitals have a uniform data collection and validation framework to systematically collect demographic data from patients, their caregivers and community served. Hospitals engage with patients and community members to provide input on the data collection and validation process.
 - 3.1.1. **REaL Data:** Race, Ethnicity and preferred Language
 - 3.1.2. **SOGI Data:** Sexual Orientation and Gender Identity
 - 3.1.3. **SDOH Data:** Social Determinants of Health
 - 3.2. **Data Training:** Training prepares staff to collect appropriate patient and community data (e.g., race/ethnicity and language preference — “REaL,” sexual orientation and gender identity — “SOGI,” patient social needs, social determinants of health — “SDOH,” etc.), to stratify the data, to identify any disparities, to benchmark progress, and to create patient safety/quality improvement plans as part of high reliability health care.
 - 3.3. **Data Stratification and Reporting:** Hospitals collect and stratify data to identify any disparities and share health outcomes within its organization and externally with the community it serves.
 - 3.4. **DEI initiatives and Programs:** Hospital uses data to inform and design DEI initiatives and programs such as addressing social needs or social determinants of health.
4. **Diverse Representation in Leadership & Governance:** Creating pathways that lead to diversifying staff, faculty, and learner leadership ranks to better address the needs of the populations and communities served.
 - 4.1. **Governing Body:** It is critical for hospitals and health care systems to increase diversity, broadly defined, on their boards and include decision-makers with a variety of insights that best reflect the needs of the communities served.
 - 4.2. **Leadership:** Hospital creates an inclusive and diverse environment by expanding diversity in the leadership pipeline and succession talent pools, retaining broadly diverse staff, and having pathways in place to diversify the workforce.
5. **Community Collaboration for Solutions:** Advancing health equity and fostering healthy communities by investing in strong hospital-community partnerships.
 - 5.1. **Understanding Your Community:** Hospital uses different data collection methodologies to understand their patient population and community served and develop improvement strategic plans.
 - 5.2. **Strengthening Community Partnership:** Hospital implements community engagement and

partnership plans. Organization conducts continuous self-assessment of policies and practices that support community engagement and partnerships.

5.3. **Investing in Your Community:** Hospitals have community investment strategies that produce positive social, economic or environmental impacts within their service areas.

6. **Systemic & Shared Accountability:** Creating the infrastructure to maintain accountability to sustain DEI work across departments and service lines.

6.1. **Equity Influencers:** someone inside a hospital or health system who formally or informally advances the organization's equity agenda.

6.2. **Employee-led Groups:** voluntary efforts aimed at fostering a diverse, inclusive workplace aligned with the organizations they serve.

University Goals – Diversity, Equity & Inclusion:

For purposes of the U-M Diversity, Equity and Inclusion Strategic Plan (“**DEI 2.0**”), the university provides three overarching goals (the “**Goals**”), defined in brief below:

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.

Distal Objectives – People, Process & Products:

People (recruit, retain & develop a diverse community) Strategies and action items for People are designed to bolster and extend the work of all units by introducing effective initiatives and activities aimed at recruiting, retaining, and supporting a diverse campus community. DEI-related recruitment and retention efforts across campus reflect the varied needs and goals of specific units and groups.

Process (create an equitable and inclusive campus climate) Strategies and action items for Process are designed to support and strengthen the development of policies, procedures, and practices that create an inclusive and equitable campus climate and encourage a culture of belonging in which every member of our community can grow and thrive.


Products (support innovative and inclusive teaching, research, and service) Strategies and action items for Products are designed to integrate DEI solutions into our educational program offerings and teaching methodology, and to ensure scholarly research on diversity, equity and inclusion, and the scholars who produce it, are valued and supported.

University of Michigan DEI Strategic Plan Vital Strategies:

- (i) Recruitment (actions, policies, processes, deeper dive analyses): Discovering new sources of talent in diverse and different talent pools. Attracting outstanding people in science, medicine, and healthcare for today and tomorrow
- (ii) Hiring and Selection (actions, policies, processes, development of tools, deeper dive analyses): Selecting the best possible candidates to join our workforce and help us create value. Ensuring the right talent is in the right place to drive the right results
- (iii) Career Advancement (strategies, developing resources, pipeline, mentoring, deeper analyses): Develop and prepare our people to meet the challenges for a complex future marketplace
- (iv) Diversity Skills (staff, students, faculty, other): Equipping all with the skills and confidence to expertly navigate challenging situations and discussions with compassion, integrity, courage, trust, and empathy
- (v) Climate enhancing activities (includes deeper dive analyses): 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. Creating an engaging, high-performance, and inclusive work environment
- (vi) Pathways for conflict resolution (includes roles, procedures, communication, deeper analyses): Identifying and publicizing unit-based and university resources for reporting concerns and to encourage student, faculty and staff to report concerns for resolution

Michigan Medicine DEI 2.0 Questionnaire Priorities

1. Managing burnout, workload and fatigue
2. Fostering inclusive, caring communication skills resistant to microaggressions
3. Equipping managers/leaders with inclusive leadership skills and holding them accountable to



practice and model those skills

4. Transforming systems, practices and policies to increase accountability around DEI