STRATEGIC PLAN FOR DIVERSITY, EQUITY & INCLUSION

2019 - 2023

Emory University Department of Medicine

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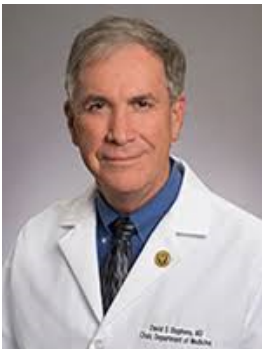David S. Stephens, MD, Chair

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EXECUTIVE SUMMARY

The following report presents information on the current state of diversity, equity, and inclusion within the Emory University Department of Medicine (DOM). The Diversity, Equity, and Inclusion (DEI) Leadership along with the DEI Council initiated this process with the distribution of faculty engagement surveys and the arrangement of focus groups across all Emory sites. After reviewing the resulting data and analyzing demographic trends within the department, at our peer institutions, and in the larger social context, the committee designed a set of overarching goals, objectives, and action items that provide a framework for the Department of Medicine to achieve sustainable change centered on these foundational principles.

The Strategic Plan for Diversity, Equity, and Inclusion offers initiatives focused on five core areas: commitment and consensus, infrastructure, recruitment, retention, and longitudinal progress. We hope that each of the stakeholders surveyed during this process hear their voices in this report, both singularly and as a part of a larger organizational chorus. By recognizing diversity and its accompanying parts as intellectual and social values at the heart of our departmental identity and mission, we believe we will create spaces across the organization that are welcoming and advantageous for all community members. This document lays the foundation for future planning and implementation for the Department of Medicine in respect to diversity, equity, and inclusion.

DIVERSITY, EQUITY & INCLUSION LEADERSHIP & COUNCIL

David S. Stephens, MD
Chair
Department of Medicine

Jada Bussey-Jones, MD
Vice Chair
Diversity, Equity, Inclusion

Kimberly D. Manning, MD
Associate Vice Chair
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Diversity, Equity, & Inclusion Council
Jessica Alvarez, PhD RD
Joanna Bonsall, MD, PhD
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Monica Farley, MD
Rita Frazier
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Francois Rollin, MD
Michelle Sims, MD
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Zanthia Wiley, MD
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MISSION AND VISION

Mission

The Department of Medicine is committed to ensuring a climate of inclusion and organizational equity by leveraging the diversity within our community. The department's commitment to diversity is guided by its values of **integrity**, **respect**, **trust**, **compassion**, **innovation**, **collaboration**, **inclusion**, **quality**, **accountability**, and **excellence**.

The Department of Medicine is committed to recruiting, retaining, and supporting outstanding faculty, trainees and staff from diverse ethnic, gender, sexual orientation, and racial backgrounds. By increasing the diversity of our workforce, the department looks to decrease disparities in health care.

Vision

To be a destination and model department for inclusive care, training, development, and celebration of a diverse patient population and workforce.

OVERVIEW

Diversity, equity, and inclusion are foundational principles, central to the fulfillment of the Department of Medicine's mission and vision. In the *2017-2021 Strategic Plan*, the Department submitted goals focused on clinical care, quality, education, research, people, and the administrative ecosystem. Our departmental efforts to improve the health of one-million people in metro Atlanta; enhance performance improvement capacity; improve the culture of teaching across the Department of Medicine; and build relationships and a sense of community across all divisions and sites are driven and consolidated by principles of diversity, equity, and inclusion. Now, more than ever before, it is imperative that we leverage these principles to actualize the goals set forth by our senior leadership and ultimately to further the spirit of excellence within the Department of Medicine and Emory healthcare system.

INTRODUCTION
Defining Diversity, Equity, & Inclusion

As we progress through the design and implementation of the Strategic Plan for Diversity, Equity, and Inclusion, it is imperative that we develop a comprehensive understanding of each of the foundational principles. Our department's working definitions are as follows:

Diversity

A collection of individual attributes that together help stakeholders pursue organizational objectives effectively

Equity

The guarantee of fair treatment, access, opportunity, and advancement for all trainees, faculty, and staff, and active identification and elimination of barriers that have prevented the full participation of some groups.

Inclusion

The sense of belonging experienced by all community members.

Underrepresented Minorities

The National Institutes of Health (NIH) defines under-represented minorities in medicine as African Americans, Hispanic Americans, Native Americans/Alaska Natives who maintain tribal affiliation or community attachment, Hawaiian Natives and natives of the U.S. Pacific Islands.

Intentional and ongoing engagement with diversity, equity, and inclusion connects people in ways that increase their awareness, knowledge, and understanding of the complex ways diverse groups interact.

INTRODUCTION
The Case for Diversity, Equity, and Inclusion

The case for diversity, equity, and inclusion extends beyond social and moral reasoning and organizational optics. The integration of these foundational principles into the department's operations produces individual, institutional, and societal benefits. Foremost, diversity, has been associated with an improved learning environment for all learners. Awareness and appreciation for varied perspectives is developed after exposure to diverse learning communities. Additionally, increased diversity may open untapped funding opportunities for underrepresented researchers, broaden the research agendas, and increase recruitment of diverse research populations.

From the institutional or business perspective, diversity has been tied to improved innovation, increased financial returns, and a recruitment advantage. At present, global competition in both healthcare and education is driven by principles of diversity. In healthcare specifically, minority physicians are more likely to care for diverse patients and work in underserved communities. Evidence also suggests that patients prefer race and language concordant relationships. An organization's adherence to these trends can be expected to expand market share by attracting high-caliber recruits, enriching decision-making, and increasing organizational flexibility, all of which contribute to economic and social sustainability.
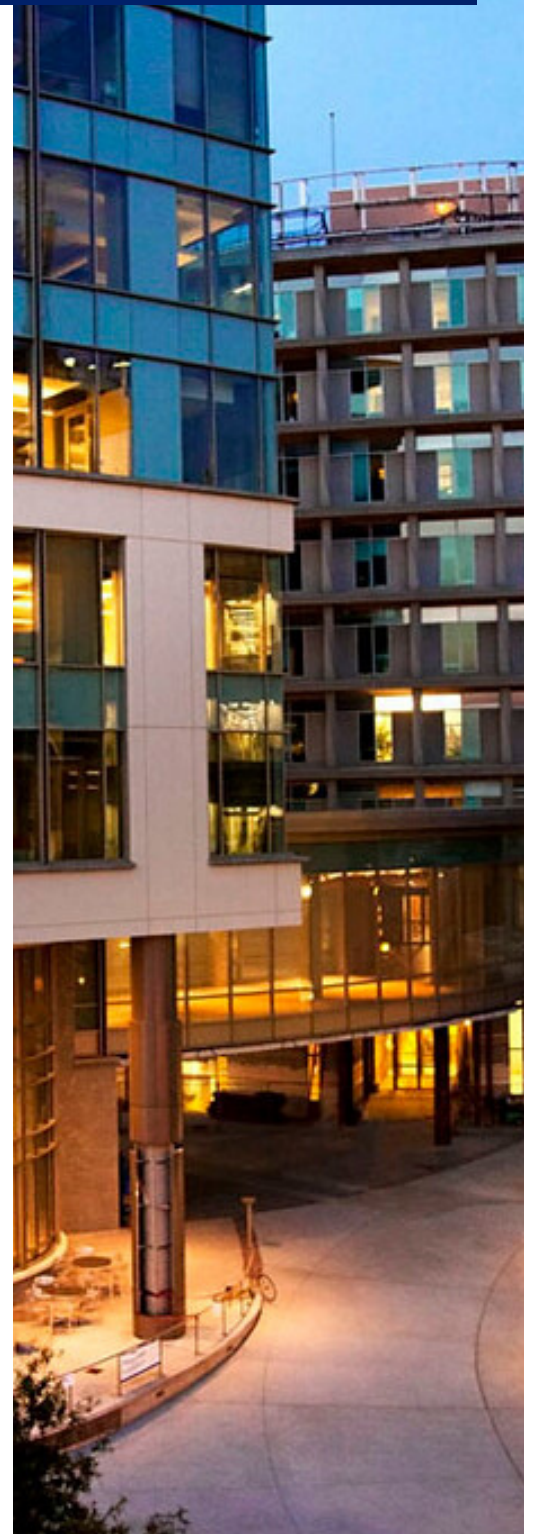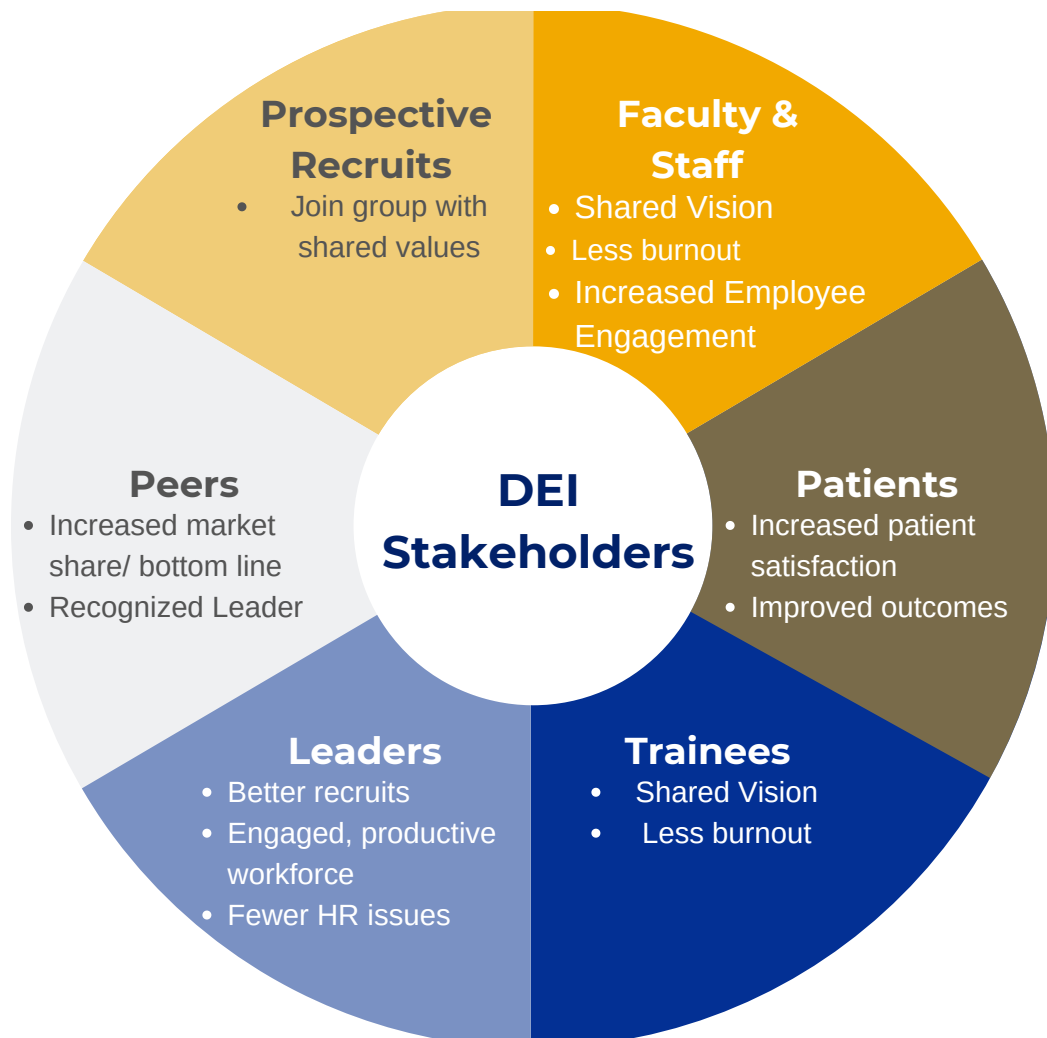
OUR RESPONSIBILITY

The strategic planning process provides the Department of Medicine an opportunity to look broadly at:

- Programs, practices, and pedagogies

- Resources and services offered

- Workforce and patient demographics

- Professional development opportunities

- Educational and extracurricular experiences

- And hiring and promotional trends in respect to the diverse communities the organization serves.

*During this process, **we must**:*

- Shift our departmental culture from reactive to proactive

- Encourage continual learning by creating courageous and psychologically-safe spaces outside the classroom for all community members

- Share the commitment to diversity, equity, and inclusion across all divisions and departments

- Imbed diversity, equity, and inclusion into every departmental function

DIVERSITY, EQUITY & INCLUSION STRATEGIC FRAMEWORK

Prospective Recruits
- Join group with shared values

Faculty & Staff
- Shared Vision
- Less burnout
- Increased Employee Engagement

Peers
- Increased market share/ bottom line
- Recognized Leader

DEI Stakeholders

Patients
- Increased patient satisfaction
- Improved outcomes

Leaders
- Better recruits
- Engaged, productive workforce
- Fewer HR issues

Trainees
- Shared Vision
- Less burnout

I. **Recruit, retain,** and **promote** diverse faculty, staff, and trainees

II. Develop **data standards** for measuring **longitudinal progress** in DEI efforts

III. Create an **infrastructure** to provide **strategic oversight** and highlight the importance of our DEI goals

METHODOLOGY & DATA FINDINGS

This comprehensive process began with the review of best practices in literature and presented at national conferences focused on diversity, equity, and inclusion. The team reviewed all available data including the 2016 Emory University Diversity Engagement Survey (DES) and the 2019 Faculty Engagement Survey. The DEI Leadership and DEI Council also initiated collaborative discussions with peer institutions to gain an in-depth understanding of the diversity and social justice landscape. During the process, the committee was able to engage a variety of institutional stakeholders including Chair Stephens, the Departments of Emergency Medicine, Psychiatry, and Radiology, the School of Medicine, and the Emory media relations team, and others. This included the arrangement of focus groups across all sites to gain first-hand insight from multiple perspectives.

The committee relied on data provided by the Department of Institutional Research and Decision Support to shape its response to matters of diversity, equity, and inclusion. The following data covers the demographic composition of underrepresented minorities and women faculty, staff, and trainees in the Department of Medicine.

DATA FINDINGS
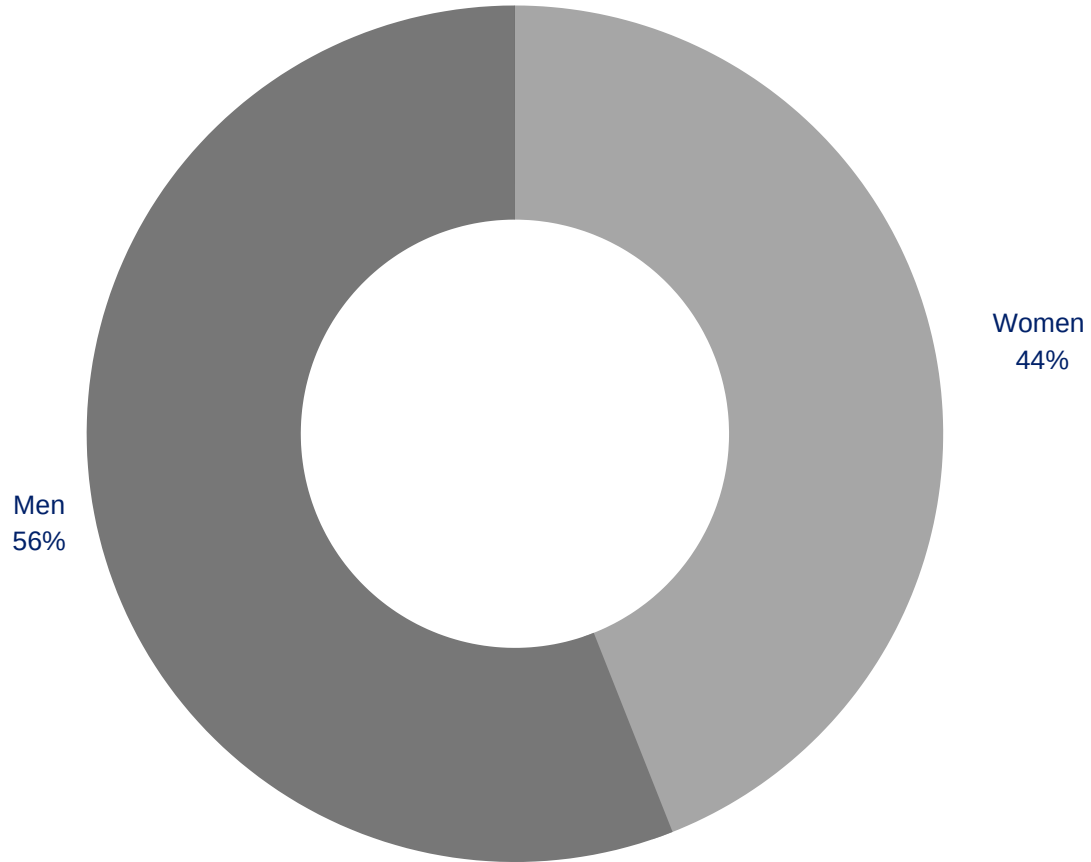
Figure 1.1: Department of Medicine Faculty Gender Composition

Women 44%

Men 56%

Figure 1.1: Gender composition for the Department of Medicine's faculty

Figure 1.2: AAMC national benchmark for gender composition in departments of medicine

The Department of Medicine resembles the national benchmark in terms of gender composition; however, this data does not consider gender distribution in relation to faculty rank.
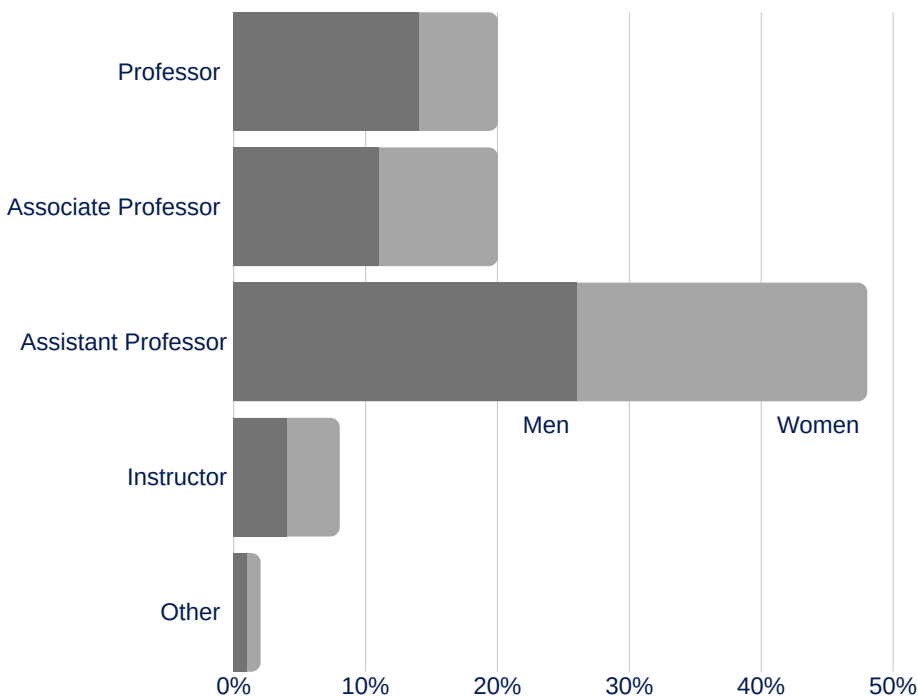

Women 40%

Men 60%

Figure 1.2: American Association of Medical Colleges Benchmark

DATA FINDINGS

Figure 1.3: Department of Medicine Faculty Gender Distribution

Figure 1.3: Department of Medicine Faculty Gender Distribution

Figure 1.4: American Association of Medical Colleges Benchmark
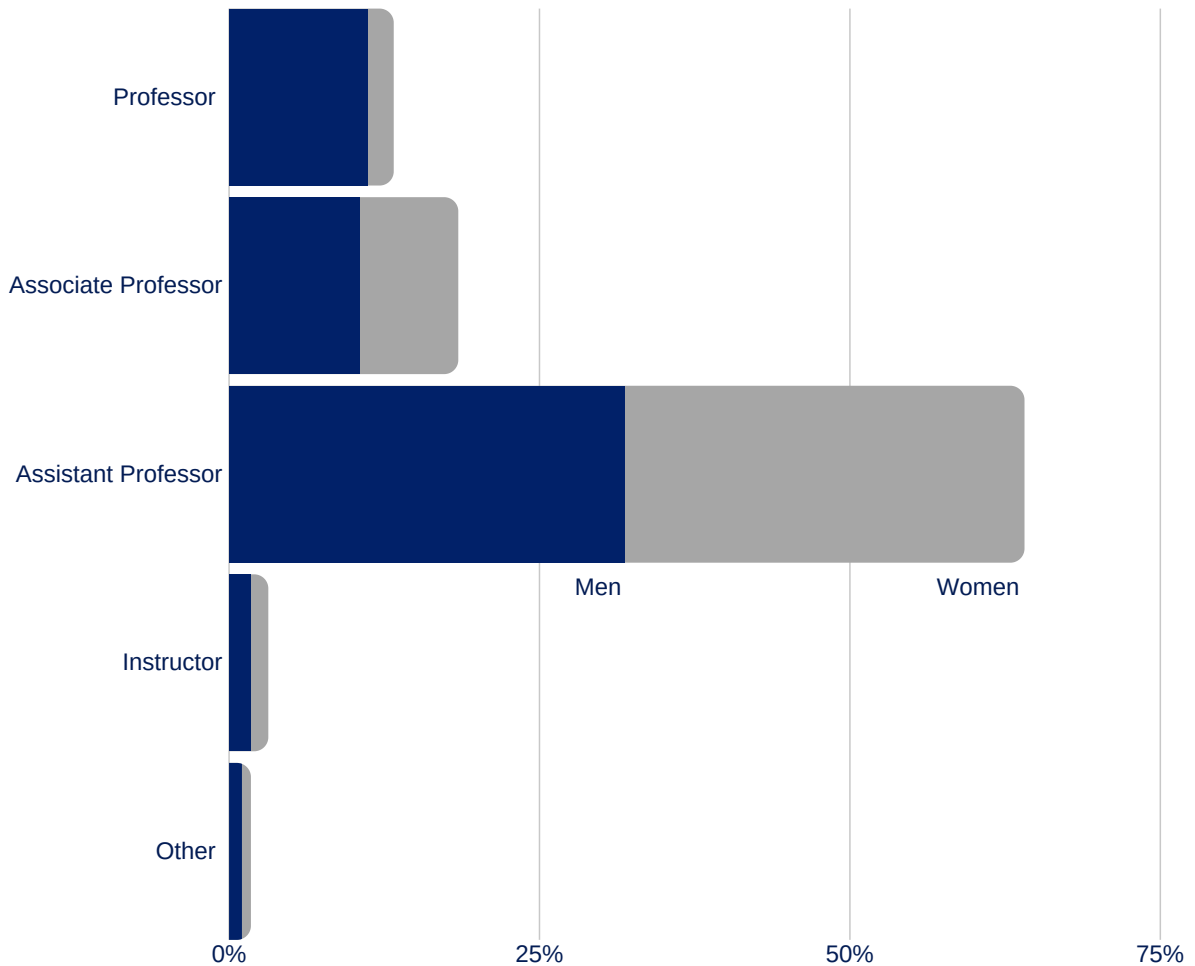
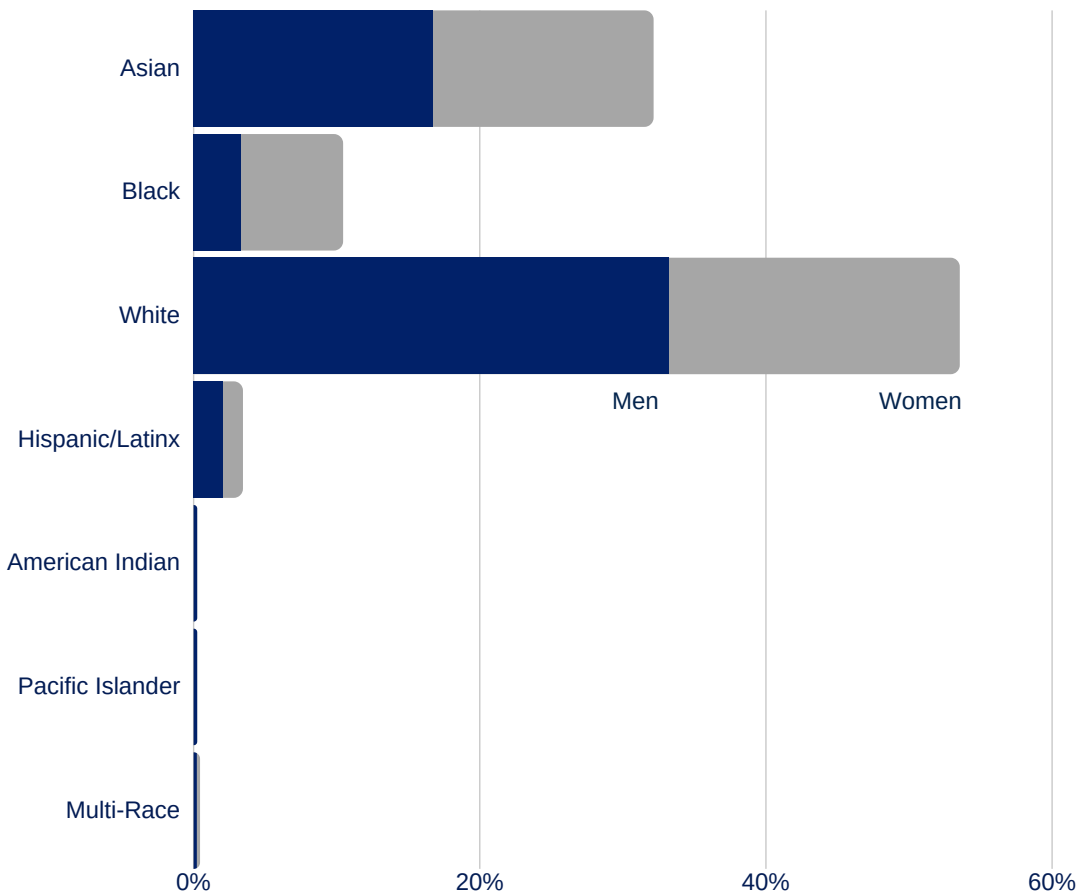Figure 1.4: American Association of Medical Colleges Benchmark

Figure 1.3: Department of Medicine's gender composition by faculty rank.

Figure 1.4: AAMC national gender distribution for faculty rank.

Gender distribution for the Department of Medicine is reflective of national trends. However, gender distribution becomes less equitable at higher faculty rankings.

DATA FINDINGS

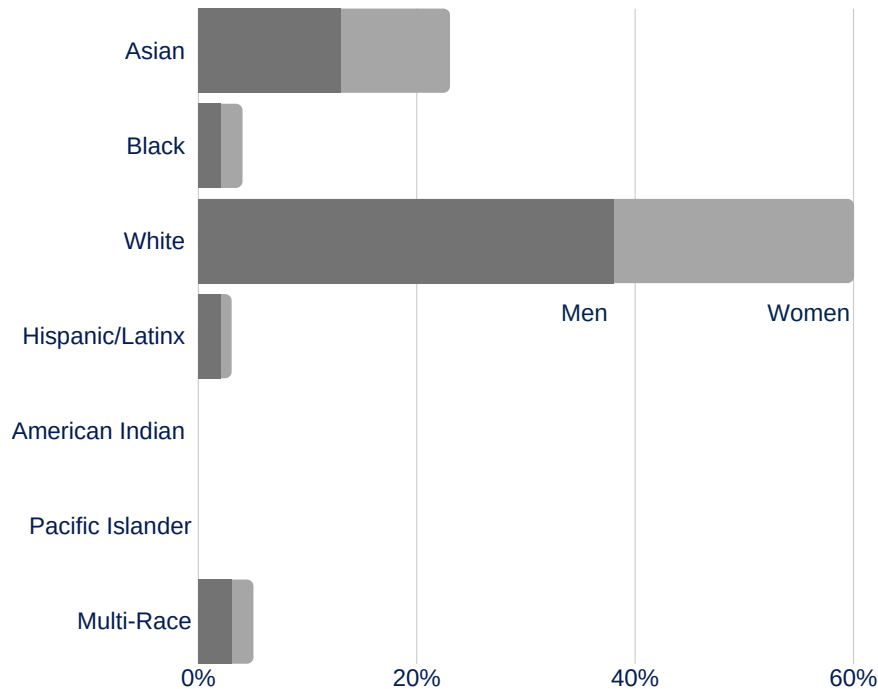## Figure 1.5: Department of Medicine Faculty Racial Composition

Figure 1.5: Department of Medicine's faculty composition by race and gender.

Figure 1.6: AAMC national benchmark for race and gender composition.
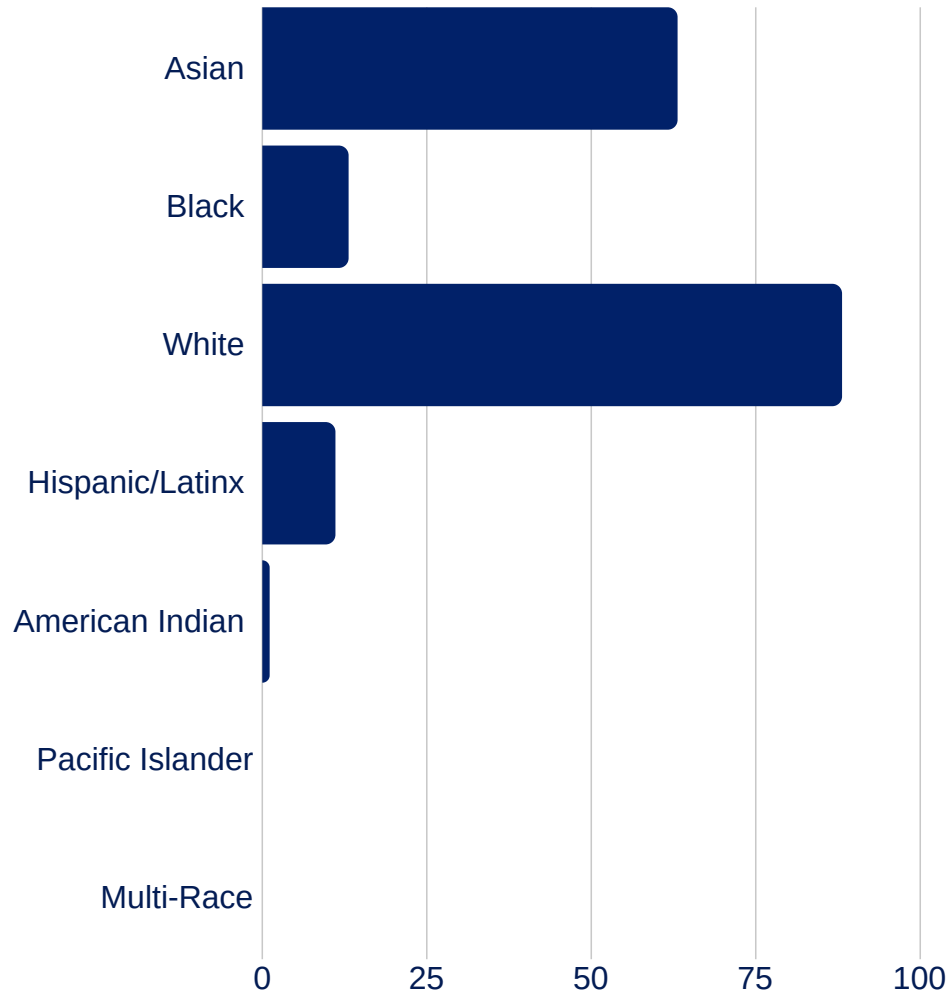
The Department of Medicine resembles national trends in gender and racial composition.

Figure 1.6: American Association of Medical Colleges Benchmark

DATA FINDINGS

Figure 1.7: Department of Medicine Resident Racial Composition

DOM Resident Gender Composition

51%
MEN

49%
WOMEN

DATA FINDINGS

Figure 1.8: Department of Medicine Division/Section Chiefs
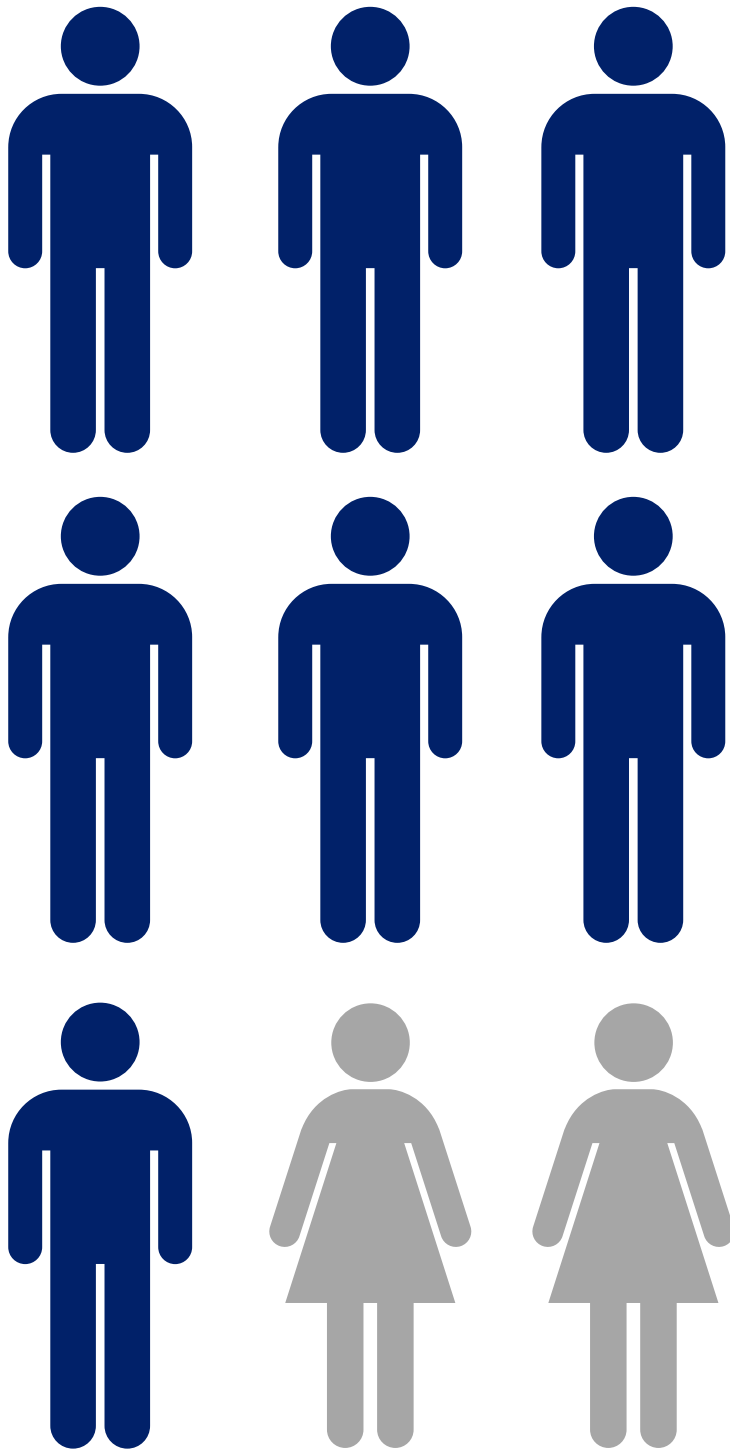
Figure 1.8: Race and gender distribution amongst senior leadership for the Department of Medicine. For the Division Director/Section Chiefs, Men are 78% and Women are 22%.

Man

Woman

URM Man

URM Woman

Figure 1.9: Department of Medicine Vice Chairs

Legend:
- Man
- Woman
- URM Man
- URM Woman

Figure 1.9: Race and gender distribution amongst senior leadership for the Department of Medicine. For Vice Chairs, Men and Women are both 46%. Of that group, 23% are URMs.

DATA FINDINGS

Figure 2.0: Department of Medicine Division Distribution (Faculty)
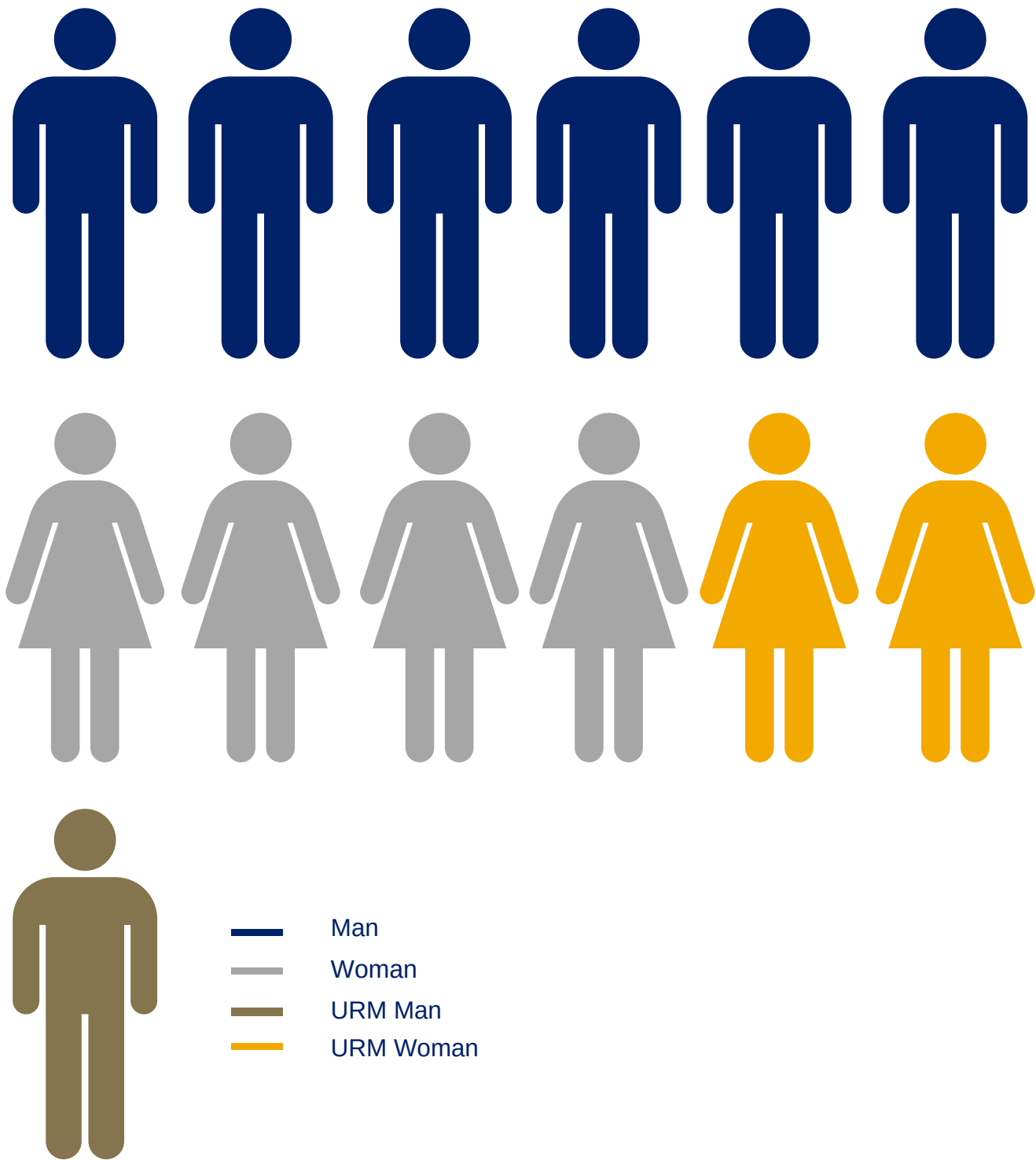
Underrepresented Minorities
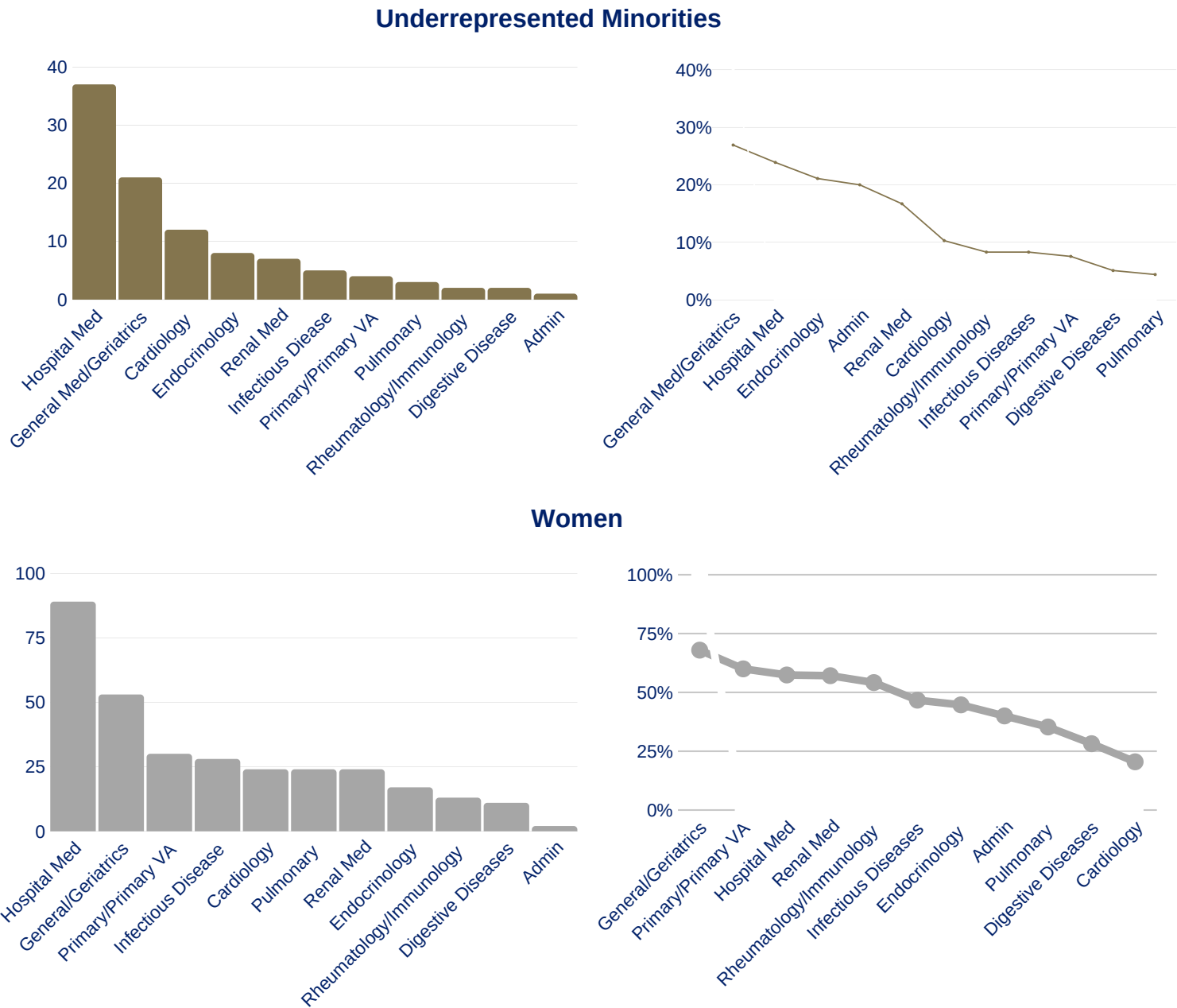
Women

Figure 2.0: Women faculty make up 46.4% of the DOM faculty population, with the Division of General Medicine/Geriatrics having the highest percentage of women (67.95%) and the Division of Hospital Medicine having the highest number of women (89). Underrepresented minorities (URMs) make up 15.0% of the DOM faculty population as of the end of Fiscal Year 2019. The Division of General Medicine/Geriatrics has the highest percentage of URMs (26.92%) and the Division of Hospital Medicine has the highest number of URMs (37).

DATA FINDINGS

Figure 2.1: Department of Medicine Division Distribution (Staff)

Underrepresented Minorities
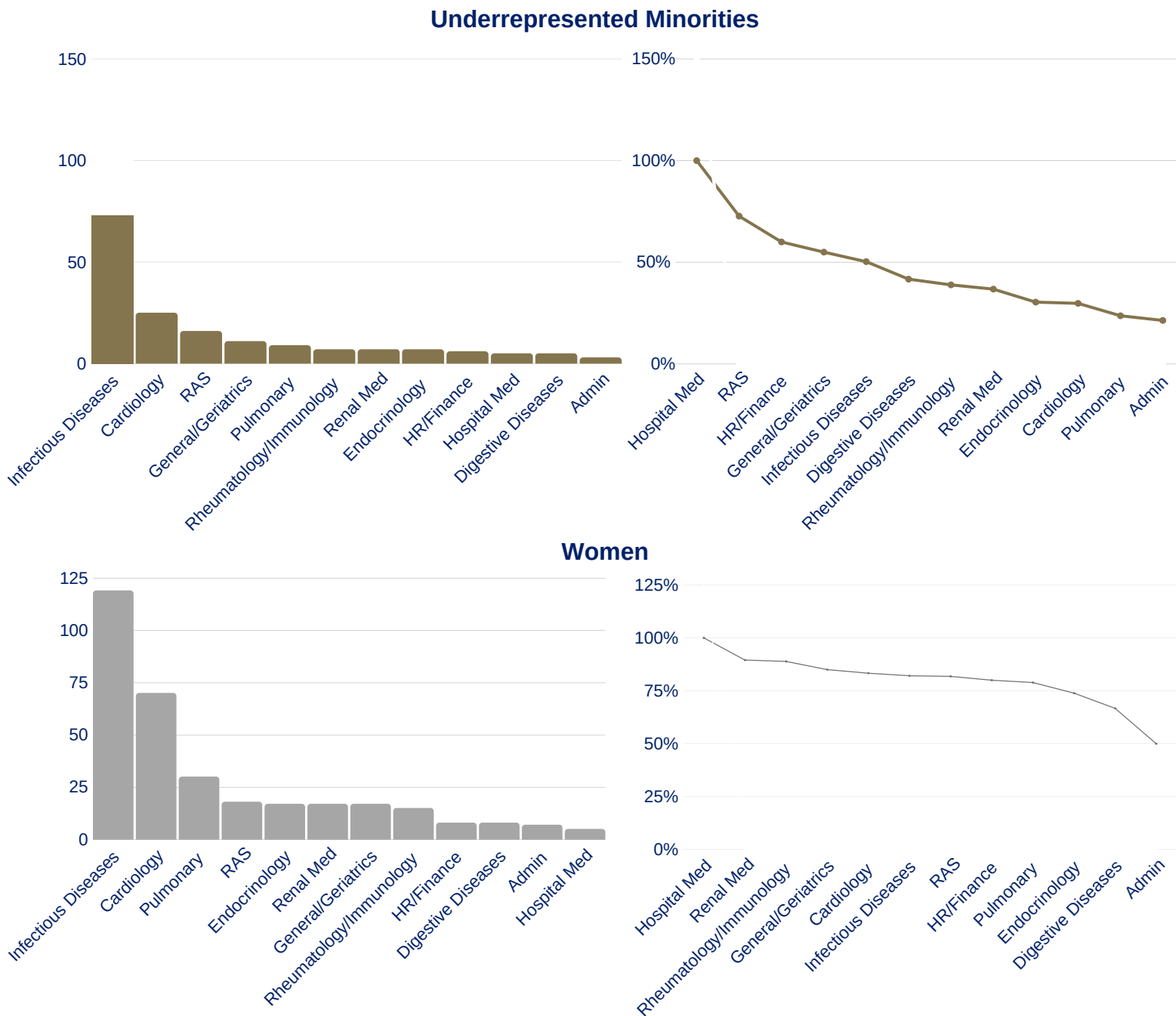
Women

Figure 2.1: Women and underrepresented minorities are more prevalent in the staff population. The highest number of URMs and women are located in Infectious Diseases (73, 119), making up 50.3% and 82.1% of their divisions respectively. The percentage of women staff in each of the divisions meets or exceeds 50%. URMs make up 42.8% of the entire staff population while women make up 81.1%.

GAP ANALYSIS

In conducting a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, the Diversity, Equity, & Inclusion Leadership and Strategic Planning Committee hopes to improve our departmental efficiency and solidify our commitment to diversity, equity, and inclusion with more precise data collection and calculated program design. Initial results from a pilot SWOT analysis, seen below, have informed this DEI Strategic Plan.

STRENGTHS

1. Commitment from Department Chair and designation of formal leadership
2. Resources within the organization exist to provide insight, education, and transformative change for diversity, equity, and inclusion
3. Faculty/Staff composition relative to national averages
4. Grady Hospital and diverse community

WEAKNESSES

1. Limited awareness of institutional efforts centered on diversity, equity, and inclusion
2. Lack of a formal bias training mechanism for each department, division, and function
3. Limited cross-functional collaboration on matters of diversity, equity, and inclusion
4. Diversity is currently viewed as a singular checked box rather than an ongoing process and foundational aspect of departmental identity
5. Less diversity among administrative and clinical leaders
6. LGBTQ+ specific data collection

OPPORTUNITIES

1. Apparent need for affinity and resource groups and additional engagement activities for faculty, staff, trainees, etc.
2. Partnerships with minority-serving institutions and pipeline programs for students from historically underrepresented groups
3. Establishment of diversity dashboard and designation of metrics to track improvement and success
4. Enhancement of communications and publications highlighting diversity, equity, and inclusion
5. Trainings on diversity, equity, and inclusion within every department and division.
6. Improved patient, staff, and physician engagement

THREATS

1. Lack of commitment to and accountability for the Strategic Plan for Diversity, Equity and Inclusion at all levels of the organizational hierarchy.
2. Deeply-rooted institutional systems that directly impact matters of diversity, equity, and inclusion
3. Competition from peer institutions advancing diversity work
4. Apathy and stagnation as a result of quota-attainment and data-driven focus
5. Decreased wellness
6. Continued perceptions of inequity and exclusivity
7. Increased turnover

SUSTAINABLE TRANSFORMATION

The strategic planning process offers guidance on functions central to organizational management, including mission alignment and resource allocation. This process will increase the capability of the department to successfully navigate diverse communities and craft an equitable and inclusive organizational climate.

As a component of the Department of Medicine's ongoing commitment to excellence, the DEI Leadership and DEI Council offers a systemized process for achieving sustainable change on matters of diversity, equity, and inclusion. These strategies seek to support the Emory University network in:

1. **Building consensus** around the mission and vision of the Strategic Plan for Diversity, Equity and Inclusion across the Department of Medicine

2. Creating an **infrastructure that provides strategic oversight** and highlights the importance of our diversity and inclusion goals

3. **Recruiting** diverse faculty, staff, and trainees

4. **Retaining and promoting** diverse faculty, staff, and residents

5. **Developing data standards** for measuring longitudinal progress in diversity, equity, and inclusion efforts

IMPLEMENTATION:
FIVE-POINT PLAN

Goal 1: Build consensus around the mission and vision of the Strategic Plan for Diversity and Inclusion across the Department of Medicine

Implementation Strategies:
1. Disseminate Strategic Plan for Diversity and Inclusion to all divisions

Early Initiatives:
1. Monthly meeting of the DEI Council

Success Indicators:
1. The number and percentage of department leaders, faculty, staff, and trainees who are briefed on the Department of Medicine Strategic Plan for Diversity, Equity and Inclusion

IMPLEMENTATION: FIVE-POINT PLAN

Goal 2: Create an infrastructure that provides strategic oversight and highlights the importance of our diversity and inclusion goals

Implementation Strategies:

1. Appoint Diversity, Equity and Inclusion Leadership Team
2. Establish a Diversity, Equity and Inclusion Council
3. Hire Program Coordinator for Diversity Initiatives and Human Resources
4. Secure funding for diversity and inclusion initiatives
5. Create a "Diversity in Department of Medicine" webpage
6. Develop a comprehensive communication plan
7. Develop an Equity Response Team Pilot Program
8. Establish diversity resource groups and affinity groups
9. Create a best practice repository and tools for divisions
10. Work with SOM to develop and disseminate best practices at all hospitals to support our faculty, learners, and staff who experience bias
11. Collect, curate, and create a narrative of our Department of Medicine diversity journey

Early Initiatives:

1. DEI Leadership and Council established
2. Churchwell Diversity and Inclusion Collective
3. Atlanta Medical Association URM Networking Events

Success Indicators:

1. Budget with allocation of resources to support the DEI strategic goals
2. Completion of DEI branding exercise
3. Completion of DEI webpage and communication plan
4. Web and social media traffic for Department of Medicine diversity, equity, and inclusion topics
5. Establish and increased membership engagement for resource and affinity groups

IMPLEMENTATION: FIVE-POINT PLAN

Goal 3: Recruit diverse faculty, staff, and trainees

Implementation Strategies:

1. Develop search and recruitment guidelines to create consistency
2. Actively recruit and select candidates from historically underrepresented populations for roles including: Chief Resident, Woodruff Leadership Academy, leadership positions, Association of American Medical College women and minority faculty development programs, etc.

Success Indicators:

1. Number of new pipeline programs implemented for diverse recruitment
2. Number of URM candidates interviewed/hired relative to national benchmarks.
3. Number of participants in affinity groups, pipeline programs, and other DEI events
4. DOM participation in recruitment activities (SNMA, HBCU, LMSA, etc.)

Early Initiatives:

1. DEI Visiting Clerkship Program

Goal 4: Retain and promote diverse faculty, staff, and residents

Implementation Strategies:

1. Develop special professional development programs (e.g. URM and women) that will function as a multi-tiered mentoring organization
2. Develop programming (i.e. networking events, lectures, training sessions, and community service) for affinity groups and development
3. Develop staff mentoring program
4. Integrate diversity, equity, and inclusion presentation at annual orientation events.
5. Develop underrepresented minority faculty small grants program
6. Seek external funding for diversity, equity, and inclusion work (options include HRSA funded Diversity and Health Equity Center of Excellence Grant and NIH minority grants, vs - T32 mechanism).
7. Institute an award recognizing Excellence in Diversity

Early Initiatives:

1. DRIVE (Diverse Recruitment/Retention is Valued) Faculty Development pilot
2. DOM Diversity Award

Success Indicators:

1. Increased retention rates for faculty, staff, and trainees from historically underrepresented backgrounds.
2. Membership and participation in professional development programming and mentoring network
3. Promotion rates for women and underrepresented minority faculty
4. Number of women and underrepresented minority faculty in leadership roles
5. External funding by Year 3

IMPLEMENTATION: FIVE-POINT PLAN

Goal 5: Develop data standards for measuring longitudinal progress in diversity, equity, and inclusion efforts

Implementation Strategies:

1. Validate gender salary equity by RVU, FTE, rank
2. Review diversity and engagement survey data (obtained from University) every three years and develop standards to benchmark against the SOM and nationally.
3. Develop a diversity dashboard to track important information and site specific data
4. Review trainee questionnaires for relevant diversity and inclusion questions (e.g. Residency, fellows, AAMC Medical Student Questionnaire - MSQ)
5. Establish baseline number of DOM NIH Minority supplement recipients

Success Indicators:

1. Number of women and URM faculty, staff, and trainees in alignment with peer benchmark institutions.
2. Increase gender and underrepresented minority diversity in administrative leadership roles by 5% over the next four years.
3. Increase trainee diversity by 5% in the Hurst IM program and 5% in fellowship programs
4. Increase ratings by 5% or from the middle top third among DES benchmarks
5. Increase NIH minority supplement recipients in the Department of Medicine
6. Increase the number of women and underrepresented minorities participating in formal mentoring programs to support retention and success of diverse faculty and build the pipeline of future leaders
7. Achieve national recognition for diversity, equity, and inclusion by 2023
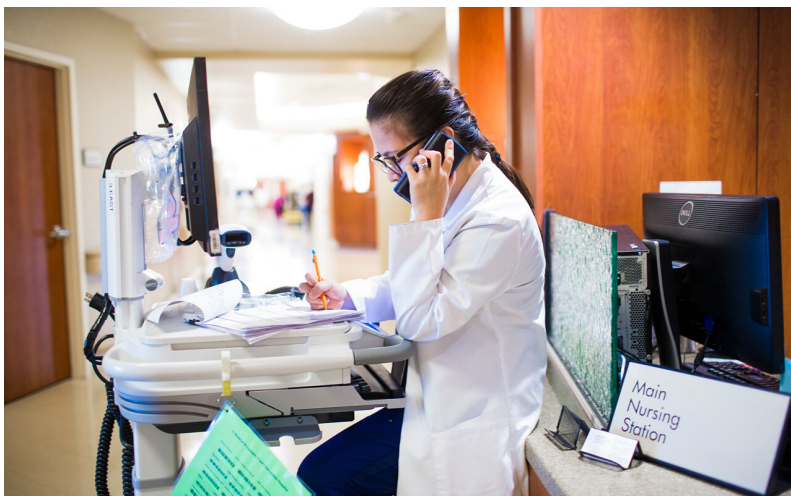
TIMELINE
2019 - 2023

2016-2019

Phase I: Conduct Environmental Scan

Research institutional sources for vision and guiding principles

Conduct internal stakeholder focus groups

Gather institutional data for historically underrepresented populations

2018 - 2019

Phase II: Identify Goals and Priorities

Create mission and core values

Analyze focus group and survey contributions and develop broad themes

Organize Diversity Leadership and Strategic Planning Committee / Diversity, Equity, and Inclusion Council

Summer 2019

Phase III: Develop and Disseminate Plan

Goals 1 - 2

Share the Strategic Plan for Diversity, Equity and Inclusion widely and solicit input from the Strategic Planning Committee

Define metrics

Hire Program Coordinator

Secure funding for Diversity, Equity and Inclusion Initiatives

2019 - 2023

Phase IV: Implement Plan

Goals 2 - 5

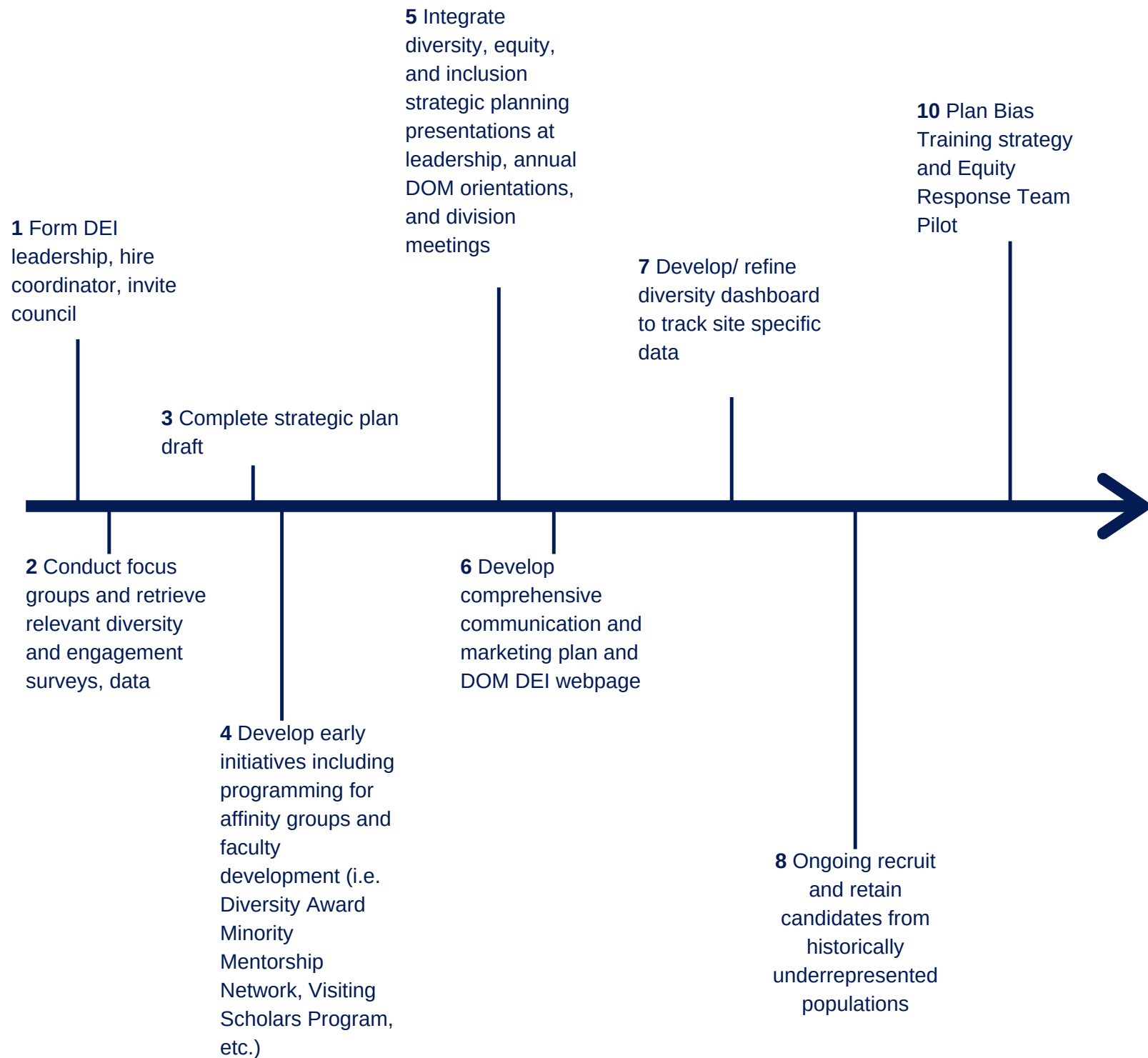Articulate initial annual goals

Prioritize strategies

Adhere to and advance metrics

Achieve National recognition for diversity, equity, and inclusion efforts

TIMELINE
2019 - 2020 ACADEMIC YEAR

1 Form DEI leadership, hire coordinator, invite council

2 Conduct focus groups and retrieve relevant diversity and engagement surveys, data

3 Complete strategic plan draft

4 Develop early initiatives including programming for affinity groups and faculty development (i.e. Diversity Award Minority Mentorship Network, Visiting Scholars Program, etc.)

5 Integrate diversity, equity, and inclusion strategic planning presentations at leadership, annual DOM orientations, and division meetings

6 Develop comprehensive communication and marketing plan and DOM DEI webpage

7 Develop/ refine diversity dashboard to track site specific data

8 Ongoing recruit and retain candidates from historically underrepresented populations

10 Plan Bias Training strategy and Equity Response Team Pilot

CONCLUSION

Emory's location in Atlanta offers the opportunity for The Department of Medicine to leverage the setting of our increasingly diverse city and changing landscape of academic medicine to evolve in ways that make us truly distinctive. This Strategic Plan for Diversity, Equity, and Inclusion should be seen as a living document. As such, there will be annual reviews of the progress towards each of the major goals. While data are important to understand opportunities and track outcomes, diversity, equity, and inclusion should not be viewed as numerical goals or quotas for faculty, staff, and trainees. This strategic planning process is intentional in its efforts to convert diversity-related metrics into an overall culture of inclusion and equity.

Our journey towards transforming the Department of Medicine into a functional unit that operates with these foundational principles at its core requires commitment from every level of the organizational hierarchy. The Diversity, Equity and Inclusion Leadership Team and Council will provide guidance on this process; however, it is the responsibility of each institutional unit and stakeholder to uphold these recommended policies, practices, and pedagogies with the goal of advancing these foundational principles. Our plan is ambitious but attainable. We urge that the following recommendations be discussed openly and objectively, with the goal of timely implementation. Through the successful implementation of this plan, the Department of Medicine will attract and retain diverse faculty, staff, and trainees who work in a community that invites and nurtures their authentic voice. This group will create a transformed and thriving community with diversity and inclusion fused into its core values, based on a strong foundation of service and research—bolstering our reputation within the University and beyond, and serving as a national model for organizational leadership.

References

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