

Anti-Racism Oversight Committee
Action Plan Report
January 2021

Michigan Medicine

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PART I – EXECUTIVE SUMMARY

In response to a nationwide call to stand in solidarity against racism, Michigan Medicine leadership formed the Anti-Racism Oversight Committee (AROC) and sought feedback from faculty, staff, nurses and learners about how we can eliminate racism and inequities that may exist today at Michigan Medicine. Invited committee members were divided up into six subcommittees and asked to develop action plans based on the feedback received from the Michigan Medicine community. Each subcommittee has submitted an action plan that includes short-term and long-term objectives, deliverables, timelines, outcome measures of success and operational partners. Short-term objectives will be completed by June 30, 2021. Subcommittees will utilize existing resources where possible, for initiatives that are currently deployed or planned to be deployed. A list of short term (i.e. within the next 12-months) and long-term resource requests, including a detailed communication plan to engage our internal and external community, were presented and endorsed by Michigan Medicine Leadership in December 2020. Detailed long-term financial support and personnel support requested by the sub-committees will be presented at a later date.

PART II – ACTION PLAN

1.0 INTRODUCTION

Over the course of six months, stakeholders from across the institution came together to develop the Michigan Medicine Anti-Racism Action Plan. This work is sponsored by executive leadership and was overseen directly by our leadership sponsors:

Executive Sponsors:

Marschall S. Runge, MD, PhD
Brian J. Zink, MD
T. Anthony Denton, JD, MHA

Leadership Sponsors:

David J. Brown, MD
Deloris Hunt, MSA
Sonya R. Jacobs, MS
Steven L. Kunkel, PhD

1.1 Background

Following open displays of racism in our country, Michigan Medicine leadership held a Racial Discrimination and Social Unrest Town Hall on June 5, 2020. In preparation for the town hall, a brief survey was conducted to help inform the conversation and subsequent action plans. Respondents were asked how they were currently feeling and what actions Michigan Medicine needed to take to address racism. Feelings expressed by respondents were classified using “A Data-Driven Classification of Feelings” by Thomson and Crocker (2012). Among 1005 participants, the survey results reveal that our community was feeling Sad (35%), Angry (19%), Fearful (17%), Frustrated (11%), Fatigued (7%), Hopeful (4%) and detached, judgmental, inadequate (7%).

In addition, members of the Black Medical Student Association and White Coats for Black Lives presented to Michigan Medicine leadership a list of [concerns](#)¹, the first of which was the establishment of an Anti-Racism Oversight Committee (AROC).

1.2 Committee Charge

To address these concerns, the AROC was charged with the following objectives:

1. Identify practices that contribute to racism and discrimination and recommend changes in Michigan Medicine, if needed.
2. Identify an approach that achieves an anti-racist culture and identify metrics to track the progress and outcomes.
3. Develop and recommend a plan around contributions we can, and must make to eliminate racism and inequities that may exist today at Michigan Medicine.

¹ These concerns are being presented as shared by the group. AROC does not necessarily agree with each factual premise or request stated in the concerns.

Through review of the Social Unrest Survey results and student concerns, the following six areas were identified as the initial focus of the committee's work. These areas represent the six subcommittees for the AROC.

1. Speak Up/Show Solidarity
2. Opportunities for Conversations
3. Education and Clinical Practice
4. Diversify the Workforce
5. Community Work
6. Advocacy and Professional Development

1.3 Committee Membership

The committee is chaired by Phyllis M. Blackman, director of the Office of Health Equity and Inclusion (OHEI), and Dr. David C. Miller, president of the University of Michigan Health System (UMHS), executive vice dean for clinical affairs and professor in the Department of Urology.

The committee includes broad representation from across Michigan Medicine, including leadership, faculty, staff, nursing and learners. The full committee roster can be found in Appendix 1.1.

2.0 SPEAK UP/SHOW SOLIDARITY

Co-Chairs: S. Vinson, V.Sukumar

Members: P. Andreski, S. Schroeder, L. Chervenak, C. Kendrick, D. Trejo, K. Lang, S. Liaw, P. Wright, A. Ramakrishnan, A. Elam, E. Odukoya, S. Lewis

Overall goal of subcommittee: Foster an inclusive culture of anti-racism by providing Michigan Medicine with an escalation framework, education and tools so we feel safe when speaking up and showing solidarity against unlawful bias and discrimination.

Alignment of priorities with institutional needs: *Alignment with High Reliability Organization (HRO) principles; Working in tandem with Office of Patient Experience and other stakeholders to develop comprehensive Patient Bias Policy; Aligns with Core Values: Teamwork, Integrity, Inclusion, Innovation & Caring; Creating a Culture of Accountability; Meeting Michigan Medicine Expectations; Workplace Innovation and Staff Experience (WISE)*

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Leverage and create synergies with other safety/quality initiatives that encourage transparent and effective communications across all levels of the organization	Leadership statement acknowledging previous barriers and committing to creating safe space for Speaking Up – Align with Stepping in roll out	12/20 - 1/21	Delivery of Leadership statement-All Staff, Leadership Update, Take 5 Increased frequency of speaking up, showing solidarity and reporting	Michigan Leadership Team (MLT); Department of Communications
	Commitment from leadership ensuring that retaliation for reporting will not be tolerated	12/20 - 1/21		
	Incorporate Speaking up in Universal and Leadership Skills training	01/21-03/21-7/21(toolkit)	DEI Pulse Survey Score Improvements— Respect, Safety, Trust, Teamwork, Net Promoter Score	Human Resources (HR); Clinical Leadership; Organizational Learning (OL); Department/Unit Leadership; DEI Leads/Facilitators
	Incorporate Speaking up in New employee and faculty orientation	1/21 – 03/21 7/21 (toolkit)	Cross-Unit Collaborations on Speaking Up and Showing Solidarity	
	Guidance on how to implement Speaking Up and Showing Solidarity into daily huddles and department/unit meetings	03/21		

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Encourage culture of reporting by bringing awareness to reporting mechanisms, ensuring safety when reporting and providing education on how to escalate concerns	Inventory of reporting mechanisms and resources in an effort to understand the process of reporting and escalation pathways for employees	11/20 - 12/20	Survey Results Increased Awareness of Reporting avenues Reporting clarity for staff who are confused by the process	Office for Institutional Equity (OIE); MM Compliance Office; Patient Relations/Clinical Risk; Ombuds Office; Office of Patient Experience
	Implement a plan to add an easy to find, recognizable Misconduct Reporting website button/link to Departmental homepages – Communicate broadly	1/21-6/21	Reporting button on all Dept. websites- Increased visibility and awareness Increased reports	HR; Clinical Department Administrators (CDAs); Health Information Technology & Services (HITS)
	Create an employee bias reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an employee, employee bias towards a patient).	1/1/22 – 6/1/22	Increased reports Improved EE survey results Establish response policy and follow-up framework for supervisors and managers	Quality; HITS; Nursing; OHEI; OPE; OIE; HR
Accelerate anti-racism education, providing the tools, resources and opportunities to develop skills to speak up	Collection of training resources to help support employees with Speaking Up	11/20-06/21	Increased participation in training as determined by MyLinc registrations.	OHEI; OL; HR; Executive Officers
	Ensure accessibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.	11/20-6/21	Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.	
Collect resources, tools, strategies and statements from the Safety, Reporting and Training Subgroups to	Accessible Anti-racism toolkit that is available for all levels of faculty, staff and learners in the organization	06/21	Toolkit Website Clicks Toolkit use in Department Meetings	HR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations; Ombuds Office; Department of Communications; Wellness Office

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create a comprehensive <i>Anti-Racism Speak Up and Show Solidarity Toolkit</i>	(Housed in OHEI, linked to Department websites)		Improved Feedback from EE and DEI Pulse Survey results	
	Communication Campaign to promote awareness of and widespread usage of the Speak Up and Show Solidarity Toolkit – create identifiable SUSS Logo	06/21	<p>Increased misconduct reports initially- decreased reports over time</p> <p>Increased training participation</p> <p>#1 US News and World Report (USNWR) “Best Place to Work” ranking</p>	

3.0 OPPORTUNITIES FOR CONVERSATIONS

Co-Chairs: M. Freer, G. Mashour

Members: K. Brower, C. Dickenson, L. Jensen, E. Odukoya, B. Uridge, K. Ward

Overall goal of subcommittee: Create sustainable opportunities for formal and informal conversations throughout Michigan Medicine addressing societal racism in a psychologically safe environment.

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Expand the Becoming Series throughout Michigan Medicine	Introduce the Becoming Series to Michigan Medicine during a regularly scheduled community conversation	11/20 – 02/21	Program launch in early 2021	OHEI; Communications Team; Michigan Institute for Clinical & Health Research (MICHHR)
	Provide Becoming Series material to all Michigan Medicine departments to implement	2/21-06/21	Track participation by departments/units and solicit feedback via follow-up surveys	MICHHR to consult; OHEI; Individual Departments/Units; Advocacy and Professional Development Subcommittee Co-Chairs
Expand Communication between Michigan Medicine Community and DPSS	Division of Public Safety & Security (DPSS) Protocol for Incident Reporting	11/20-02/21	Transparent protocol established	MLT; DPSS
	DPSS public safety video with an emphasis on the importance of creating an inclusive community across Michigan Medicine	11/20-6/21	Short-take video (2-8min) created and used in multiple settings.	DPSS; MLT; Communications
	DEI-informed professional development program for Security and Guest Safety Services staff	12/20-06/21	Program designed and implemented. Metrics around participation and learning objectives established.	OHEI; OL; DPSS
Provide materials for leaders to create space for conversations	Training materials for local leaders and wellness advocates to create psychologically safe spaces with High Reliability	11/20-01/21	Professionally prepared materials	OHEI; OL; Human Resources Development (HRD); Wellness Office
Explore the implementation of Restorative Justice practices at Michigan Medicine	Targeted speaker series to integrate the basic steps of a restorative justice primer.	01/21 – 06/21	Registration counts and post event surveying	OHEI; OGPS; OL; HRD
	Informational material describing Restorative Justice to the Michigan Medicine Community.	01/21 – 06/21	Professionally prepared materials distributed	OHEI; OL; HRD; Wellness Office; U-M Law School

4.0 EDUCATION & CLINICAL PRACTICE

Co-Chairs: M. Caird, K. Gran

Members: C. Anidi, L. Baru, M. Daniel, A. Dering, S. Gay, K. Grob, R. Jagsi, M. Lukela, R. Mangrulkar, M. Maz, E. McKean, G. Mulligan, D. VanSickle, B. Weeks, P. Zazove

Overall goal of subcommittee: Learners and educators in Undergraduate Medical Education (UME), Graduate Medical Education (GME), Continuing Medical Education (CME) and graduate studies across Michigan Medicine and the Medical School should be competent and have access to curricula and best practices developed with expertise in intersectional framework and health justice

Alignment of priorities with institutional needs: *Alignment with Institutional Values of Caring, Inclusion, Teamwork, Innovation*

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Design the UME/GME/CME and staff curricula using intersectional framework and critical race theory in partnership with health justice education professionals	Connection with Schools of Law and Education	10/20	Expert(s) recruited and curriculum/training materials updated; demonstrated increased understanding of critical race theory and intersectional concepts as measured by: <ul style="list-style-type: none"> Demonstrated increase in understandings of DEI, anti-racism, and intersectionality concepts in medical students and residents Demonstrated basic proficiency in faculty teaching intersectionality and critical race theory 	U-M Schools of Law and Education
	Incorporate critical race theory, health justice, and intersectionality framework into doctoring materials	7/21-7/23		UMMS Curriculum Policy Committee; Seetha Monrad & Karri Grob
	Recruitment of critical race theory, health justice education, and intersectionality expert(s) to develop scholarship/update med school curriculum, residency/educator training	7/23-7/25		HR; Recruitment
	Provide anti-racism, critical race theory, health justice, and intersectionality resident education for residents as applied to medical care and include curriculum based on Ibram Kendi's <i>Stamped from the Beginning</i> book	9/20-12/25		GME; Andrew Dering, Michael Lukela, Karri Grob
	Education for faculty on how to teach intersectionality, health justice, and critical race theory from materials developed by recruited experts	7/23-7/25		Recruitment; OL
Develop medical school admission practices and residency interview practices of asking	Define cultural humility/core values	06/20-12/22	Demonstrated increase in cultural humility in admitted medical students	UMMS

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applicants about health disparities and through confronting bias scenarios	Implementation of values into directed question for interviews and as cultural humility rating for intake process for medical students	07/20-7/21	and in residents as measured by: <ul style="list-style-type: none"> Demonstrated ability to define cultural humility and core values in admitted medical students and residents Interviewer rating of cultural humility in admission processes 	Residency Interview Process; Clinical Departments
	Implementation of values into standard secondary question for GME applicants across institution	7/21-12/22		
Recruit and retain broadly diverse students and residents	Development of an assessment to determine why diverse medical students, grad students & residents might not choose U-M	12/21-12/22	Increased recruitment, retention, and matriculation of broadly diverse medical students as measured by the Liaison Committee on Medical Education (LCME) data on the DEI dashboard	UMMS Clinical Trunk Operating Committee; GME
	Development of recruitment strategy <ol style="list-style-type: none"> Showcase opportunities to rotate students to Flint and Detroit hospitals (funding required) Improved mentorship opportunities by faculty Increase mentorship opportunities by primary care docs 	12/21-12/23 and to be determined with owners	Increased recruitment and retention of broadly diverse residents	
	Marketing of patient population to showcase the diversity and attract broadly diverse patient populations	12/21-12/22	Increased awareness of actual diversity of Michigan Medicine patients as measured by market surveys Attract more diverse patients to Michigan Medicine as measured by MiChart metrics	
End the use of race-based national and/or standardized clinical measurement practices to provide more equitable counseling or treatment to patients of all races	Approval to stop use of 6 of 11 race-based portion or entire race-based national and/or standardized clinical measurement tools <ol style="list-style-type: none"> VBAC Risk Calculator (<i>Stopped</i>) Spirometry (<i>Review in 6-12 months after</i>) 	11/20 – 12/21	Patients will receive equitable treatment and counseling The clinicians associated with each clinical measurement	Michigan Medicine Clinical Practice Committee; Clinical Departments

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	<p><i>American Thoracic Society evaluation)</i></p> <p>3. eGFR Parameters <i>(Follow up 1-2 months pending ASN-NSK Joint Task Force Recommendations)</i></p> <p>4. Thoracic Surgery Risk Calculator <i>(Revisit in 6-12 months with STS info)</i></p> <p>5. Pediatric UTI Calculation <i>(Stopped)</i></p> <p>6. MD Anderson Rectal Cancer Survivor Calculator <i>(Stopped)</i></p> <p>7. STONE Score <i>(Stopped)</i></p> <p>8. FRAX <i>(Use until calculation without race available in US)</i></p> <p>9. AHA Heart Failure Guideline <i>(Awaiting recommendation from American Thoracic Society)</i></p> <p>10. VBreast Cancer Surveillance Consortium Risk Calculator <i>(Stopped)</i></p> <p>11. Kidney Donor Risk Index Parameters <i>(On hold pending APOLLO study)</i></p>		<p>will be aware of the changes</p> <p>Guidelines for alternatives assessment for clinicians approved by Clinical Practice Committee</p>	
<p>Create incentives and opportunities for medical students and residents to participate in attractive primary care experiences</p>	<p>Create preliminary action plan with Dr. Runge to increase those going into primary care</p>	<p>12/20-12/21</p>	<p>Preliminary action plan completed</p>	<p>UMMS</p>
	<p>Engage stakeholders across organization to provide input to action plan</p>	<p>7/22-12/22</p>	<p>Action plan updated and final version completed</p>	<p>UMMS; Departments; Leaders; GME; Students; Resident; Staff</p>
	<p>Obtain data from other academic medical centers on number of medical students and residents pursuing primary care for purpose of benchmarking</p>	<p>6/21-12/21</p>	<p>Data obtained and benchmarks determined</p>	<p>UMMS</p>

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	Determine additional opportunities to expose medical students to Federally Qualified Health Centers (FQHC) and Population Health; increase exposure to primary care and public health research	7/22-12/23 and to be determined with owners	Action plan with steps to increase these opportunities	UMMS; OPE; Office of Strategic Planning and Development, Population Health Office
	Determine impact of student debt on choice of career /residency program and mitigate features causing negative impact	6/21-6/22	Understanding of impact of debt (if any) on selection of residency program	UMMS; Erin McKean

5.0 DIVERSIFY THE WORKFORCE

Co-Chairs: P. Sturgis, J. Dimick

Members: B. Densen, R. Glenn, B. Moore, D. Witowski, M. Ceo, J. Carethers, S. Peters, J. Kufahl, V. Jones

Overall goal of subcommittee: The purpose of this subcommittee is to identify critical factors in Michigan Medicine’s demographic composition, increase our underrepresented minorities workforce utilizing lawful means, and recommend targeted short and long-term actions for implementation.

Alignment of priorities with institutional needs: *Direct Alignment with Accountability Model, Mission, Vision and Values*

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Develop a system for monitoring and using the diversity data of Michigan Medicine leaders through the employment life cycle	Request data from HITS; HR Analytics to determine current data provided to UMMS and UMHS leaders and scope (i.e. level of leaders to be included)	12/20	Available data on leadership diversity with comparison to community data and benchmarks Intentional recruitment is implemented for leadership positions in departments seeking to increase diversity.	UMMS/UMHS COOs; HR; OHEI; Department of Communications; AROC; Office of General Counsel (OGC)
	Develop process for HR/OHEI to provide support for intentional recruitment strategies to leaders for leadership positions	06/21	Broadly diverse students are working throughout Michigan Medicine in administrative roles. Quantitative increase in Underrepresented Minorities (URM) in leadership levels across Michigan Medicine through lawful means.	
	Work collaboratively with HR and other departments that oversee programs for administrative opportunities for broadly diverse candidates who are undergrads or graduate students	06/21		
Review historical demographics of promotions and associated practices to	Develop hiring practice guidelines through consultation with OGC and Michigan Medicine HR and collect	2/21	HR monitored pools allowing review of composition. Increase percentages of women and URM who are	Michigan Medicine HR; OHEI; OGC; U-M Office of the Provost; U-M HR

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<p>recommend procedures consistent with industry best practices and OGC guidance for increasing diversity AND Review Michigan Medicine hiring procedures and policies, assess impact and align with best practices in order to increase diversity.</p>	<p>demographic data about applicant pools</p>		<p>hired through lawful means.</p>	
	<p>Investigate collecting information found in the Appointment Activity Record for all hires</p>	<p>12/20</p>	<p>Searchable database on applicant pools and hiring data</p> <p>Decreasing voluntary terminations in URM</p>	
	<p>Exit interviews for employees who are terminated; yearly summaries of hires and terminations reviewed by Michigan Medicine leadership for patterns</p>	<p>6/21</p>	<p>The entire medical school would eventually engage in Strategies and Tactics for Recruiting to Improve Diversity and Excellence (STRIDE) training</p>	
	<p>Widely disseminate the hiring toolkit and require STRIDE training</p>	<p>6/21</p>		
<p>Identify internal resources and recommend process for increasing accessibility to career support services or positions across Michigan Medicine</p>	<p>Develop a catalog/one-stop solution summarizing existing career support services offered at Michigan Medicine and U-M for faculty and staff</p>	<p>6/21</p>	<p>Measured by website hits and potential subsequent course enrollment increase.</p> <p>Number of faculty and staff engaged in mentoring sessions. Number of leaders enrolled in the mentoring program to serve as mentors.</p>	<p>HR/OL; Existing Mentoring Programs</p>
	<p>Expand mentoring options for faculty and staff. Look at options of expanding Micro- and Mini-Mentoring program to faculty and staff and use existing systems available to match mentors and mentees</p>	<p>6/21</p>	<p>Number of faculty and staff who have completed plans. Number of plans executed over time.</p>	
	<p>Recommend professional and career development planning for faculty and staff. For staff, the professional development portion of the Valuation form would need to be completed each year</p>	<p>6/21</p>		

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	with a mid-year update required.			
Identify and recommend lawful pipeline programs that increase diverse populations, linked to future workforce needs at Michigan Medicine.	Explore institution wide expectations on the diversity commitment component of the short term incentive program	6/21	Diversity objectives which demonstrate commitment to DEI are annually updated in employee valuation process and part of ongoing recipient expectations	HR, CDA, U-M Medical Group (UMMG) Directors, OHEI, OGC
	Develop recruitment presence online (multiple digital vehicles)	6/21	Diversification of workforce, including leadership, as measured by demographic trends on DEI dashboard	
	Develop live information for recruitment potential	6/21	Consistently and predictably renewing top leadership, allowing us to increase opportunities for broadly diverse candidates to hold these positions	
	Explore placing term limits on upper management roles	6/21		
	Training leaders and hiring managers <ul style="list-style-type: none"> • Training leaders and teams to identify issues of climate within an existing team 	6/21	Develop mandatory all-inclusive team training for hiring leaders Reinforce recruitment expectations for specific "entry points" into "de facto" pipelines for external access and hiring to infuse a more broadly diverse faculty and staff into these key areas.	
	Pipeline Identification: <ul style="list-style-type: none"> • Map out existing "de facto" pipelines • Data mining 	6/21		
	Develop mechanisms to ease transition and offer support to late-career leaders	6/21		

6.0 COMMUNITY WORK

Co-Chairs: K. Dickey, A. Rooks, E. Parker-Featherstone

Members: J. Brabbs, E. Buist, D. Habers, M. Khodadost, B. Lyons, E. Newman, V. Shamany-Fakhoury

Overall goal of subcommittee: Better understand and address overall health inequity and access at Michigan Medicine and our surrounding communities; Ensure that our clinics serving minority and struggling patients receive the same level of resources and support as others; Ensure equal access to care in our health system, and take a leadership role in addressing health disparities within our state.

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Understand the full range of initiatives that are ongoing with respect to health equity and community engagement	Comprehensive list of known Michigan Medicine institution wide programs that engage community and address health equity	Jan/21	Recommended priorities for health outreach and interventions obtain executive leadership commitment and approval	Strategy & Business; Development Community Benefit (CB)/Community Health Needs Assessment (CHNA); Program for Multicultural Health (PMCH); Cancer Outreach; Finance; C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital (C &W); UMMG; University Hospital/Cardiovascular Center (UH/CVC); Quality Department
	Toolkit for developing new health equity/community engagement programs that align with existing community priorities, Social Determinants of Health (SDOH) and improve health equity	Jun/21	Data driven report card demonstrates positive trend in community engagement/health equity programming	
Increase meaningful and visible community outreach and engagement	Kick-off meeting to share information two-way (goals of Michigan Medicine, areas of need in community)	Mar/21	Institutional priorities established on which health disparities and inequities will be addressed by Michigan Medicine.	Communications; Executive Leadership; Community Health Coordinating Committee (CHCC)
	Produce and present roadshow materials throughout institution and partner organizations	Apr-Dec 21	Increased awareness of what/how MM is supporting community (from engagement survey, other surveys)	
	Identify new partnerships to work on identified gaps in outreach activities, opportunities for establishing new open and inclusive events	Jan 22-Dec 22 (and beyond)	Institution is functioning at high level, understanding important health inequities across Michigan, developing plans in partnership with community to address health needs.	
	Funding Model	Jun/21	Institutional strategies in place for continued and sustained investment in community engagement that improves health equity, including funding	

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			for the CHNA-IP and CHS Grants program.	
Develop toolkit for service lines to identify underserved populations and address barriers to access.	Identify at least two areas to partner with during FY21: Lung Transplant & Pediatric Primary Care Identify two areas to partner with in FY22 (e.g. Adult Primary Care and Patient Experience) Plan for toolkit development and pilot	10/2020-06/2021	Regular engagement with lung transplant team Regular engagement with primary care team Established plan for toolkit development including timeline, scope, implementation and evaluation plans for addressing barriers to access.	Specialty/clinical stakeholders; primary care stakeholders; OHEI, Quality Analytics; Quality Department; UMMG
Healthcare Anchor Network (HAN)	Membership in HAN	Complete	Established plan Attendance at HAN events	Will need occasional input from CHNA; Compliance; OGC; Finance; Department of Communications, Purchasing; HR
	Request PM support (1.0 FTE required)	Identify by January 2021		
	Attend orientation, and HAN events	12/2020-06/2021		
	Comprehensive plan (1 year, 3 year, 5 year, 10 year)	10/2020-06/2021		
Contribute to local community resilience: Revitalize the Ypsilanti Health Center so that the population living in zip codes 48197 and 48198 are among the healthiest communities in the state of Michigan	Conduct needs assessment of Michigan Medicine services in Ypsilanti Health Center (YHC); e.g. gaps in care, facility infrastructure, SDOH	Jan/21	Institutional strategies in place for continued and sustained investment. Identified gaps addressed	YHC; UMMG; CHNA; Quality Analytics,
	Conduct a needs assessment of the current state including: medical and social needs of Ypsilanti residents; gaps and barriers to care that are experienced by Ypsilanti residents; barriers to upward economic mobility of Ypsilanti residents	June/21	Strategies in place for continued and sustained investment Alignment with HAN Identified gaps addressed	YHC; UMMG; CHNA, OPE; Quality Department Health Department; Patient and Family Advisory Council (PFAC)
	Create equity case to show/understand the value of this investment	9-12/21	Health outcomes demonstrating these zip codes are on upward trend in health; Identified gaps addressed.	YHC; UMMG; OHEI, Finance; CB/CHNA

7.0 ADVOCACY & PROFESSIONAL DEVELOPMENT

Co-Chairs: R. Ashley, B. Cole

Members: P. Castillo, L. Denton, S. Goel, S. Nguyen, R. Sugarman, B. Zink, S. Jacobs, M. Trusty, W. Bezotte

Overall goal of subcommittee: Integrate anti-racism values into our everyday work as a sustainable element of our medical community and culture and direct the inclusion of dedicated time and resources to faculty, staff, and learners for leadership/professional development and advocacy.

Alignment of priorities with institutional needs: *Alignment with Institutional Values of Caring, Innovation, Inclusion, Integrity and Teamwork*

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Recommend specific skills and behaviors for the professional development of all faculty, staff and learners.	Identify/establish a Web page detailing stories/content modeling behaviors, showing values in action with demonstrated commitment from leaders and others.	03/21	Number of hits on Webpage Number of times curriculum guide (1-pager) is downloaded.	OL; OHEI; OPE; Wellness Office; Quality Department; Department of Communications (Karen Hildebrandt); HITS Learning & Design Delivery; HR Business Partners; AROC subcommittees
	1-page themed curriculum guide template that could be used in staff (or other) meetings. <i>This template would be used for all additional HRO themes; once existing content is identified.</i>	12/20		
Creation of learning paths/plans that intentionally promote work behavior that is unbiased in nature and advances innovative approaches in practice.	Identify existing content (videos, printed material, training, stories) aligned with HRO bi-monthly themes. <i>Create stories as needed.</i>	01/21	Number of sponsors/stories identified and/or created Scores on Employee Engagement survey (specific questions) and possibly the Faculty Satisfaction survey	
	Using the 1-page themed curriculum guide template, create 1-page themed curriculum for 2021 (6 one-pagers aligned with HRO bi-monthly themes) <i>and subsequent years as HRO themes are identified.</i>	02/21		

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Provide consulting and guidance to other subcommittees with training objectives to ensure alignment with existing resources	Reference guide - tracker with all requests and responses in a single document. An awareness of existing resources (content, and subject matter experts) available to all subcommittees as a resource.	01/21	Connections with existing resources as measured by fulfilled requests (tracker).	
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8.0 COMMUNICATION PLAN

In collaboration with the Michigan Medicine's Chief Communications & Marketing Officer, Rose M. Glenn, the Anti-Racism Oversight Committee has developed the following communication plans:

The overall objectives are to:

- Provide a platform for Michigan Medicine key stakeholders to hear and understand perspectives of health care services particularly from minority and underserved populations in our communities.
- Learn from empathetic and reflective listening to increase efforts that will improve health care equity and access.
- Build trust between Michigan Medicine and the diverse community stakeholders it serves.
- Based on learnings, commit to continuous improvements of institutional systems through the ongoing work of the AROC Community Work Subcommittee.
- To provide transparency and clarity to Michigan Medicine employees around the anti-racism work being conducted.
- Evaluate progress based on key strategic metrics.

8.1 External Communication Plan

In order to build trust and demonstrate care with the external community, community listening tours will be utilized to increase community involvement and community engagement with Michigan Medicine. The Executive Vice President for Medical Affairs (EVMPA)/Dean will use this session as an opportunity to introduce the new UMHS President/Executive Vice Dean for Clinical Affairs (EVDCA) who will be involved in subsequent listening sessions.

To help establish the commitment to the community from Michigan Medicine, the virtual inaugural listening session will be formatted for Michigan Medicine leadership to primarily listen and be informed of community concerns, and to answer any relevant questions. Leaders will then take time to reflect and remaining sessions will focus on a range of topics prioritized by the community feedback.

The initial listening session will be planned for February/March 2021.

8.2 Internal Communication Plan

To provide transparency and clarity around this report, AROC will host a virtual Town Hall outlining the Action Plans for the broader Michigan Medicine community. This will be planned for February 2021.

9.0 IMPLEMENTATION

The committee's approach to implementing this work will utilize existing resources and initiatives that are currently deployed or planned to be deployed. A list of short term (i.e. within the next 12-months) and long-term resource requests were presented and endorsed by Michigan Medicine Leadership in December 2020. A summary of those requests are included with the next section.

9.1 Resource Requests

In order to move this work forward, the compiled resources needed for the short-term goals and objectives are categorized below:

- Web and Content/Instructional design:
 - Assist Speak Up/Show Solidarity with Tool Kit design and Webpage design
 - Assist Advocacy/Professional Development with Webpage design and Template designs
 - Assist Opportunities for Conversations with Restorative Justice Content
- Project Management support for the below Community Work objectives:
 - Coordinate community outreach, including needs assessments for the Ypsilanti Health Center (YHC)
 - Develop toolkit to address barriers to access in Lung Transplant & Primary care pilot areas
 - Create funding model for CHNA-IP and CHS Grants Program
- Project Management support for the Healthcare Anchor Network

While many recommendations from the Committee can be implemented within the next 12-months, there are several areas where long-term support is recommended:

- Financial support for Education and Clinical Practice
 - Hire experts in critical race theory and health justice education to develop scholarship and update medical school/residency/faculty education
 - Funding for opportunities for medical students to rotate to Flint and Detroit hospitals
 - Funding to market diversity of Michigan Medicine to various audiences
- Time Allocation for Diversify the Workforce
 - HR personnel to work with each department to provide specific, legally permissible recommendations for increasing diversity, tracking implementation, and intervening when applicant pools do not reflect diversity of applicable labor pool
 - Marketing personnel to design a strategy that communicates the importance of DEI and anti-racism at Michigan Medicine
 - Communications personnel to promote trainings, new policies, best practices and new incentives or promotion requirements
- Financial investment for the revitalization of the YHC

PART III – APPENDICES

APPENDIX 1.1

Anti-Racism Oversight Committee Roster

Bioethics

Reshma Jagasi, MD, DPhil

Department Leadership

Michelle S. Caird, MD
John M. Carethers, MD
Justin B. Dimick, MD
Dana Habers
Mary S. Freer
Karen Lang
George A. Mashour, MD,
PhD
Bethany B. Moore, PhD
Vic Sukumar
Philip Zazove, MD

Communications

Rose Glenn
Sally Liaw
Brittanii Lyons

Community

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Executive Leadership

Keith Dickey, PhD

Faculty

Brian J. Zink, MD
Ebony C. Parker-
Featherstone, MD

Finance

Paul Castillo, CPA
Diana M. Witowski, MBA

House Officer

Terrence Pleasant, MD

HR/Organizational Learning

Paul Sturgis, MSHROD,
SPHR
Brian Cole, BSME, MBA,
OD, PMP
Stephanie L. Schroeder,
BA, MEd, PHR

IT/Shared Services

Jack Kufahl

Medical Education

Brad R. Densen, MPH

Medical School

Rebekah Ashley, JD

Medical Student

Leadership

Michelle Daniel, MD,
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Seetha Monrad, MD
Steven Gay, MD, MS
Rajesh S. Mangrulkar, MD
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MBA, FACS

Medical Students

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Genevieve Mulligan
Rebekah Sugarman
Yena Kang
Erica Odukoya
Yemi Olumolade

Metrics/Measurements

Patti Andreski

Mott/Von Voigtlander

Chris Dickinson, MD

Nursing

Vanessa Shamany-
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BSN, RN
Cathy Kendrick, BSN, MS,
RN

Office for Health Equity and Inclusion

Phyllis M. Blackman,
MBA

Office of Patient Experience

Keith Gran, CPA, MBA

Operations

Maria Ceo
Stefanie L. Peters,
FACHE, MPA, LMSW

**Post-doc/graduate
student**

Lindy Jensen

Quality

Linnea C. Chervenak,
MHA

Rogel Cancer Center

Julie C. Brabbs, MBA

Security

Brian Uridge,
MPA, CPP, CHPA, CTM

Staff

Steve A. Vinson
Lucia Baru

UH/CVC

David C. Miller, MD

UMMG

Erika Newman, MD

Wellness

Kirk J. Brower, MD
Sandy Goel, PharmD

AROC Project

Management Support

Ali M. Von Au Douglas
Portia Bonner

Subcommittee Project

Management Support

Danielle Trejo
Peggy Wright
Kim Ward
DeAnn VanSickle
Valerie Jones
Maryam Khodadost
Ellen Buist
Wendy Bezotte
Molly Trusty