WSU Elson S. Floyd College of Medicine

STRATEGIC DIVERSITY ACTION PLAN

WASHINGTON STATE UNIVERSITY
Elson S. Floyd
College of Medicine

TABLE OF CONTENTS

LEAD AUTHORS/CONTRIBUTORS

April Davis
Department of Nutrition &
Exercise Physiology

Nutrition Thread, &
Department of Medical
Education & Clinical Sciences

Chris Sarwine
Office of Admissions, Student
Affairs, and Inclusion

Craig Fischer
Leadership and Organizational
Development & Leadership in
Medicine and Healthcare

Dr. Chris Davis
Biomedical Sciences

David H. Garcia
Health Equity and Inclusion

Esmeralda Lopez
Medical Student

Esteban Herevia
Pathways and Inclusion

Giselle Fernandes
Medical Student

Kelsey Meyer
Speech and Hearing Sciences

Dr. Leila Harrison
Admissions, Student Affairs,
and Inclusion

Lisa Burch-Windrem
Student Affairs

Dr. Luciana Hebert
Institute for Research and
Education to Advance
Community Health (IREACH)
& Department of Medical
Education and Clinical
Sciences

Dr. Luis Manriquez
Range Community Clinic
& Health Equity Thread in
Curriculum

Dr. Luisita Francis
Community Engagement &
Leadership in Medicine and
Healthcare

Dr. Naomi Chaytor
Department of Medical
Education and Clinical

Sciences & Equity Committee

In Fall 2019, the Inclusion Matrix Workgroup (IMW) became a formal subcommittee of the Equity Committee to ensure alignment with the Diversity & Inclusion Policy and efforts. The IMW maintained its original purpose in addition to taking on a primary goal of developing, implementing, and engaging in continuous quality improvement of a comprehensive Strategic Diversity Action Plan.

The IMW consists of members (students, staff, and faculty) from across the college. It was of the utmost importance that students were Included and centered in the development of this plan.

We presented progress of the plan in multiple meetings with students, student groups, student taskforce, All College Meetings, Cabinet meetings, and Individual unit-based meetings. The plan was also open to input from the College of Medicine community prior to being finalized.

This plan is grounded in seminal literature containing emerging and best practices as a way forward.

WHY

The Elson S. Floyd College of Medicine is Washington's community-based medical school. Named after Washington State University's late president, Dr. Elson S. Floyd, the college was created to expand medical education and health care access in communities across the state.

The College attracts talented students from or with significant ties to Washington – both rural and urban – to train within their communities, increasing the likelihood they will remain there to practice medicine.

Early in the development of the College of Medicine a commitment to diversity and inclusion was established via the Diversity and Inclusion Policy. The policy reads "It is the policy of the WSU Elson S. Floyd College of Medicine to implement a variety of strategies to manifest the commitment to diversity and inclusion among its students, faculty and staff."

The policy explicitly states the commitment to diversity and inclusion across all departments, units, and offices: Medical Education and Clinical Sciences, Community and Behavioral Health, Biomedical Sciences, Speech and Hearing Sciences, and Nutrition and Exercise Physiology. We understand that animating and sustaining the initiatives outlined in the policy enables the College of Medicine to achieve its mission by promoting diversity and inclusion among students, faculty and staff. In so doing, the college enriches education, research, clinical care and service activities and improves access to quality care for all communities in Washington State and beyond.

As the state's land-grant university, WSU's mission is rooted in accessibility and service to diverse communities across the state. By training physicians to deliver health care to Washington's underserved communities, the College of Medicine embodies the University's mission—and will improve countless lives.

EXECUTIVE SUMMARY

SUMMARY OF ACTION PLAN

The Strategic Diversity Action Plan will be implemented and measured over a three-year period beginning in the winter of 2020-2021. At the end of each year an Annual Progress Report will be developed and disseminated. The plan will undergo our Continuous Quality Improvement process to ensure it meets the needs of the college's vision and mission. The plan animates the Diversity and Inclusion Policy, LCME Accreditation Standards, and AAMC best practices.

To reach the deepest levels of change and fulfill the vision/mission of the Elson S. Floyd College of Medicine, a community-based medical school affiliated with a land-grant institution, the college-wide priorities must live and breathe in the work of every department and unit until it becomes part of our DNA. In pursuit of this goal, all academic and administrative units intentionally engage their own unit-based strategic planning process on diversity, health equity, and inclusion with the assistance of the Inclusion Matrix Workgroup.

Departmental and divisional planning efforts provide the opportunity to look broadly at programs and services, workforce and client demographics, hiring and advancement practices, professional development opportunities, and workplace, living, and teaching environments — all in relation to the rich range of identity groups and communities the college serves. This is a chance for units to celebrate and expand on their successes in these areas, as well as to identify ways in which they hope to grow over the next several years.

A DYNAMIC DOCUMENT

The Strategic Diversity Action Plan is meant to be a dynamic document. We will evaluate the plan through our continuous quality improvement process throughout the three years of implementation. We will also pay close attention to national and local best and emerging practices to inform the plan.

Members of the College may recommend/suggest modifications to the plan by sending an email to diversity.medicine@wsu.edu. Recommendations will be considered in the Continuous Quality Improvement process.

STRIVING FOR EXCELLENCE

Historically the terms diversity and excellence have been considered by some individuals and organizations to be mutually exclusive. We believe that diversity and fostering a sense of belonging for all can enhance our ability to achieve excellence, and emerging research (women in leadership, talent development, etc.) confirms this view.

3-YEAR ROLLOUT

The three-year implementation will allow for the College to focus on the following:

- Year 1 – Foundations – Establishing infrastructure and readiness for success
- Year 2 – Activating – Animating the infrastructure and strategies
- Year 3 – Advancing – Continuous quality improvement and planning for the future

PILLARS OF EXCELLENCE

A comprehensive framework from the balanced scorecard literature, Strategic Diversity Leadership: Activating Change and Transformation in Higher Education (Williams, 2013). This framework challenges institutions to define diversity in terms of:

1. **Access and equity**, diversifying our institutions and ensuring that diverse communities of students, faculty, and staff are being successful, as judged by measurable performance indicators.
2. Measuring the **multicultural and inclusive campus climate**, to understand and ultimately address differences in perceptions of the environment, feelings of belonging, spaces for inclusion, and campus diversity crisis that may emerge.
3. **Preparing students for a diverse world and improving the work life of health care of providers** by creating learning opportunities for students, faculty, and staff to lead in multicultural environments.
4. **Advancing Health Equity and Diversity focused research, scholarship**, and creative endeavors to drive the diversity knowledge creation processes of the institution.

RECOMMENDATIONS FOR YEAR 1

The Inclusion Matrix Workgroup and members across the college of medicine have identified the following recommendations to be included in the Strategic Diversity Action Plan and implemented/conducted in Year 1 – Foundations:

- Allocate resources (including considering additional and partial FTE staff and faculty engaged in advancing Strategic Diversity Action Plan and aligned efforts) and develop incentives to demonstrate commitment to diversity, health equity, and inclusion.
- Create an annual progress report and communications focused on diversity, health equity, and inclusion
- Develop academic/administrative unit, office, department Strategic Diversity Plan guides to be utilized in Year 2.

- Develop Strategic Diversity Action Plan goals, indicators, and metrics (see below) for three-year rollout
- Empower and support offices, departments, academic and administrative units self-assessment and create unit-based plans (using the guides) connected to Strategic Diversity Plan
- Review and use the rich data available to advance our efforts to improve recruitment; hiring; retention; professional and career development; staff advancement; and fostering a safe, inclusive, and anti-racist environment.
- Conduct assessment of health equity, health justice, structural competence, social determinants of health, and inclusion across MD Program curriculum and spiral into all years of curriculum
- Analysis of current practices for advancing diversity and excellence in talent acquisition and retention (including recruitment toolkit); define, identify, and implement best practices
- Seek regularly, input from staff, faculty, and students through intergroup dialogues, open discussion, listening sessions, and briefings about our plans and progress. Input can also be provided at diversity.medicine@wsu.edu
- Develop and implement bias incident response protocol/team and include clear communication of process for reporting and follow through, educational, and themes, interventions
- Establish the Inclusive Excellence Scholar in Residence as a yearly enrichment engagement.
- Increase professional development opportunities (Equity Series, IDI, IGD, continuing education) focused on diversity, health equity, and inclusion for students, staff, and faculty.
- Invest in training for staff and faculty through Community of Practice Fellows and members of the college interested in becoming certified trained facilitators in sustained dialogues (Intergroup Dialogue) and the Intercultural Development Inventory.

STRATEGIES

All efforts in the Strategic Diversity Action Plan are aligned with strategies outlined in the Diversity and Inclusion Policy (EQ.03.02.170530). The strategies outlined in the policy (and referred to as Diversity and Inclusion Policy Goals in Strategic Diversity Action Plan Tables beginning on page 41) are as follows:

- **Demonstrating and communicating leadership and commitment** – the College of Medicine demonstrates its commitment to diversity and inclusion through its leadership, policies, and practices.

- **Medical student admissions strategies** – the College of Medicine implements a holistic admissions process that balances the consideration of applicant experiences, attributes, and metrics aligned with the College mission, vision, and goals.

- **Education** – the College of Medicine includes education on diversity and inclusion in the curriculum that is guided by principles that enhance and enrich the educational and healthcare environments by creation of understanding, sensitivity, awareness, cultural competency and cross cultural understanding that allow students, faculty, and staff to celebrate the distinctive perspectives and viewpoints of all.

- **Retention of students, faculty and staff** – the College of Medicine uses strategies to retain students, faculty and staff in order to continue to achieve its diversity and inclusion goals.

- **Awareness** – the College of Medicine helps applicants, students, faculty and staff learn about its commitment to diversity and inclusion through statements and policies that are disseminated widely through the medical school website, medical student handbook, faculty handbook, recruitment materials, student orientation, and other venues as needed. Focus groups, town hall meetings and other forums are used to share policies and build a culture of diversity, inclusion, and transparency.

- **Recruitment strategies** – the College of Medicine develops a variety of recruitment strategies to ensure a diverse student, faculty, and staff applicant pool.
    - o Developing pathway programs to recruit students to become physicians, focusing on specific target groups identified in the Diversity and Inclusion Policy that enhances the college's ability to meet its mission.
    - o Developing pathway, recruitment strategies to ensure a diverse pool of applicants for faculty and staff positions.
    - o Developing pathway, recruitment and promotion strategies that encourage diversity within the College of Medicine leadership faculty.
    - o Developing a recruitment and hiring policy for search committees to promote diversity and inclusion.
    - o Partnering with College of Medicine stakeholders to develop pathway programs and recruiting strategies for students, faculty, and staff.
    - o Developing mechanisms to track, recruit and retain students along the physician career pathway from K-12 to practice.
    - o Creating a bridge program or post baccalaureate program to provide student applicants an opportunity to enhance their academic skills and to improve their chances for admission to medical school.

- **Evaluation** – the College of Medicine develops evaluation and assessment of its activities to promote diversity and inclusion, through development of goals, objectives, outcomes, and monitoring through a continuous quality improvement process.

- **Commitment across Departments** – the College of Medicine comprises units and offices within the following departments: Medical Education and Clinical Sciences, Community and Behavioral Health, Biomedical Sciences, Speech and Hearing Sciences, and Nutrition and Exercise Physiology. Some departments have or might have non-physician degree-granting programs and those departments identify specific underrepresented groups for outreach, recruitment and admission processes that may differ from medical students, but do not differ in their commitments to diversity and inclusion.

DIVERSITY AND INCLUSION DEFINITIONS IN COLLEGE DIVERSITY AND INCLUSION POLICY

The lack of common language and understanding of terms are often the first barriers to advance Diversity and Inclusion efforts. It is important to note that an individual person is not diverse, and a diverse applicant or candidate does not exist. When using language such as a 'diverse candidate' there is an assumption being made to imply that we are all the same when we are not. This language has been used over time to minimize the differences between people and include and exclude people and groups.

The definitions of Diversity and Inclusion are as follows:
- **Diversity:** A range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, ability or attributes, religious or ethical values system, national origin, and political beliefs.
- **Inclusion:** The involvement and empowerment of all, where the inherent worth and dignity of people are recognized. An inclusive culture promotes and sustains a sense of belonging; it values and practices respect for talents, beliefs, backgrounds, and ways of living of its members.

THE PLAN

THE CHARGE

Washington State University (WSU) is a public research university committed to its land-grant heritage and tradition of service to society. Land-grant schools are uniquely charged by the federal government with educating students from a broad range of backgrounds, conducting scholarly inquiry in the "practical arts," and actively sharing their expertise and knowledge with the state's residents.

Today WSU functions as a statewide system. The land-grant identity remains core to the University's functioning,

WSU'S MISSION

To advance knowledge through creative research and scholarship across a wide range of academic disciplines.

To extend knowledge through innovative educational programs in which emerging scholars are mentored to realize their highest potential and assume roles of leadership, responsibility, and service to society.

To apply knowledge through local and global engagement that will improve quality of life and enhance the economy of the state, nation, and world.

ACKNOWLEDGMENT OF AMERICA'S FIRST PEOPLES

Washington State University acknowledges that its locations statewide are on the homelands of Native peoples, who have lived in this region from time immemorial. Currently, there are 43 tribes, 36 of which are federally recognized, that share traditional homelands and waterways in what is now Washington state. Some of these are confederacies that represent multiple tribes and bands. The University expresses its deepest respect for and gratitude to these original caretakers of the region. As an academic community, we acknowledge our responsibility to establish and maintain relationships with these tribes and Native peoples, in support of tribal sovereignty and the inclusion of their voices in teaching, research, and programming. We also pledge that these relationships will consist of mutual trust, respect, and reciprocity.

TRIBES AND NATIONS WHOSE HOMELANDS ARE IN WASHINGTON STATE

All tribes are federally recognized, except for those marked with an asterisk *, which non-federally recognized. Some of the non-federally recognized tribes are in the process of becoming recognized.

Washington

Chinook Indian Tribe*

Confederated Tribes of the Colville Reservation

Confederated Tribes of the Chehalis Reservation

Confederated Tribes and Bands of the Yakama Nation

Cowlitz Indian Tribe

Duwamish Tribe *

Hoh Indian Tribe

Jamestown S'Klallam Tribe

Kalispel Tribe of Indians

Kikiallus Indian Nation*

Lower Elwha Klallam Tribe

Lummi Nation

Makah Tribe

Marietta Band of Nooksack Tribe*

Muckleshoot Indian Tribe

Nisqually Indian Tribe

Nooksack Indian Tribe

Port Gamble S'Klallam Tribe

Puyallup Tribe of Indians

Quileute Tribe

Quinault Indian Nation

Samish Indian Nation

Sauk-Suiattle Indian Tribe

Shoalwater Bay Tribe

Skokomish Indian Tribe

Snohomish Tribe*

Snoqualmie Tribe

Snoqualmoo Nation*

Spokane Tribe of Indians

Squaxin Island Tribe

Steilacoom Tribe*

Stillaguamish Tribe of Indians

Suquamish Tribe

Swinomish Indian Tribal Community

Tulalip Tribes

Upper Skagit Tribe

Idaho

Coeur d'Alene Tribe

Kootenai Tribes of Idaho

Nez Perce Tribe

Montana

Confederated Salish and Kootenai Tribes

Oregon

Confederated Tribes of Umatilla

Confederated Tribes of Warm Springs

Confederated Salish and Kootenai Tribes of the Flathead Reservation

In 2017, the Inclusion Matrix Workgroup (IMW) was formed to facilitate the matrix-based approach to inclusion at the College. The IMW is chaired by the Assistant Dean for Health Equity and Inclusion and meets monthly. The group is strategically comprised of varied individuals with the College's mission and vision as a central focus (membership listed in appendix 3-03-02). The IMW was established to provide cross-departmental

communication, Data Collection Instrument monitoring and accountability, and engage in continuous quality improvement. **In fall of 2019, the IMW became a formal Subcommittee of the Equity Committee to ensure alignment with the Diversity & Inclusion Policy and efforts. The IMW maintained its original purpose in addition to taking on the primary goal of developing, implementing, and engaging in continuous quality improvement of a comprehensive Strategic Diversity Action Plan.**

The Strategic Diversity Action Plan is grounded in seminal literature, including the Inclusive Excellence (Williams, Berger, & McClendon, 2005) framework and is aligned with the Diversity and Inclusion Policy, WSU Strategic Plan, and the College of Medicine's Strategic Plan. Implementation of the Strategic Diversity Action Plan will begin winter 2021 with a sequenced three-year rollout and plans for continuous quality improvement. The Strategic Diversity Action Plan includes goals, tactics and measurables, along with accountability, infrastructure, and resources, to successfully implement and sustain the Diversity and Inclusion efforts across the College.

EXCELLENCE IN MEDICAL EDUCATION

AAMC Diversity in Medicine: Facts and Figures 2019

Medical school leaders have embraced diversity and inclusion as key components of achieving their institutions' missions, visions, and goals. In 2009, the Liaison Committee on Medical Education introduced two standards (now known as Element 3.3) aimed at achieving institutional diversity (formerly IS-16) and investing in pipeline programs (formerly MS-8) to increase the number of qualified applicants representing diverse backgrounds. Similarly, medical schools have nearly universally adopted holistic admissions — a process by which they consider each applicant individually, how they might contribute to the learning environment and the workforce and how they align with the College mission, all of which are balanced with the consideration of test scores and grades.

However, research indicates that these efforts have made only a marginal difference in advancing diversity in medical education. Recently, the Association of American Medical Colleges (AAMC) released two major reports, Altering the Course: Black Males in Medicine (2015) and Reshaping the Journey: American Indians and Alaska Natives in Medicine (2018), to further explore why diversity efforts have not been more successful. As discussed in these reports, not all racial and ethnic groups saw notable increases in medical school applicants and matriculants. In addition to the inequities revealed when referencing race and ethnicity data, there continue to be disparities in access and equity across gender, gender identity, sexual orientation, social class, and ability and attributes. and gender identity expression,

Although pipeline programs, mentorship, and other factors can improve an individual's readiness for medicine, widespread implicit and explicit bias create exclusionary environments. In addition, research suggests that nonwhite faculty had lower promotion rates than white faculty. Moreover, practicing physicians from racial and ethnic minority backgrounds often confront racism and bias not only from peers and superiors but also from the patients they serve.

Focusing solely on increasing compositional diversity along the academic medicine continuum is insufficient. To effectively enact institutional change at academic medical centers and leverage the promise of diversity, leaders must focus their efforts on developing inclusive, equity-minded environments. A shared desire for change, aided by a growing number of resources, will enable medical schools and academic health centers to assess their institutional culture and climate and improve their capacity for diversity and inclusion.

The AAMC launched its 10-point Strategic Plan in November of 2020. Four overarching themes were identified to guide the development of the strategic plan:

1. The AAMC will catalyze solutions for the biggest challenges facing medical schools, teaching hospitals and health systems, and the people and communities they serve.
2. The AAMC will be the voice of academic medicine.
3. The AAMC will shape the workforce and develop the people of academic medicine to lead and thrive in a changing health care environment.
4. The AAMC will be a high-performing, diverse, and inclusive organization to support our mission.

The bold 10-point plan includes the following:

1. Strengthen the Medical Education Continuum for Transformed Health Care and Learning Environments
2. Extend the AAMC's Leadership Role in Helping Students Progress Through Their Medical Professional Journey
3. Equip Medical Schools and Teaching Hospitals and Health Systems to Become More Inclusive, Equitable Organizations
4. Increase Significantly the Number of Diverse Medical School Applicants and Matriculants
5. Strengthen the Nation's Commitment to Medical Research and the Research Community
6. Enhance the Skills and Capacity of People in Academic Medicine
7. Improve Access to Health Care for All
8. Advance Knowledge Through the AAMC Research and Action Institute
9. Launch the AAMC as a National Leader in Health Equity and Health Justice

10. Adapt the AAMC to the Changing Needs of Academic Medicine

The Accreditation Council for Graduate Medical Education (ACGME) has enacted several Common Program Requirements addressing issues of diversity, equity, and inclusion. Individual review committees review multiple data points provided by sponsoring institutions and programs annually to determine substantial compliance with all ACGME requirements including the following:

- Section I.C. Addresses recruitment and retention of a diverse and inclusive workforce.
- Requirement II.A.4.a).10. specifies the need for program directors to cultivate an environment in which residents and fellows can raise concerns and provide feedback without fear of intimidation or retaliation.
- Section V begins to address evaluation and asks programs to collect data on ultimate board certification rates of its graduates, with the intent of decreasing reliance on first time pass rates as a measure of excellence.
- Requirement VI.B.6. states that programs and Sponsoring Institutions must provide a professional, and respectful environment free from discrimination, harassment, mistreatment, abuse, or coercion.

DR. FLOYD

Elson S. Floyd was named Washington State University's 10th president on December 13, 2006. He took office on May 21, 2007 and died on June 20, 2015, of complications from colon cancer.

Members of the University and President Floyd transformed WSU into a top-tier research university while navigating some of the worst fiscal challenges in the institution's history and partnered with communities across the state to develop a community-based medical school.

President Floyd was deeply committed to WSU's land-grant mission. He was a visionary with enormous understanding of the modern land-grant university and the manner in which it should serve the public. Members of the University pursued educational programs and research efforts that aligned the resources of WSU with the needs of Washington state and its people. A champion of broadening access to higher education, President Floyd collaborated with members from across the University to expand WSU's campuses in Spokane, Tri Cities, and Vancouver, and established the Global Campus and WSU North Puget Sound at Everett.

SUSTAINABLE EXCELLENCE

The Strategic Diversity Action Plan is connected to the WSU Strategic Plan and embedded in the Elson S. Floyd College of Medicine Strategic Plan. To achieve sustainable excellence the plan must include a north star as well as accountability, infrastructure, incentives, and resources to design, implement, and sustain the strategic short- and long-term efforts.

MOVING FROM REACTIVE TO PROACTIVE AND MAKING PROGRESS

One pitfall within diversity and inclusion efforts is a tendency to deploy resources when an incident, catalytic event, or bad publicity occurs. Unfortunately, the short bursts of energy, or as Dr. Damon Williams (2013), called them "cheetah moments" are not sustainable nor are they connected to the bigger picture diversity and inclusion efforts. It is imperative to develop a strategic plan with strategies, metrics, and milestones to increase the effectiveness and sustainability of our Diversity and Inclusion efforts.

OCCURRED DURING COVID-19 AND ANTI-RACISM MOVEMENT EFFORTS

The Elson S. Floyd College of Medicine acknowledges that this plan was developed during the COVID-19 pandemic and the unrest resulting from police brutality in the United States. In the summer of 2020, the College of Medicine drafted and signed a letter of support encouraging the Spokane County Health District to declare racism as a public health problem.

The College of Medicine acknowledges the unfortunate truth that healthcare and research have not been immune to racism and other forms of oppression. From studies attempting to prove inferiority of races and the Tuskegee Study to the inhumane treatment of Henrietta Lacks and social determinants of health that often dictate access to care, education, shelter, and life expectancy, racism has pervaded healthcare and research.

We believe that the College of Medicine can be part of the solution in reducing health inequities in moving forward. Our unique role as a medical school means we have the opportunity to stop history from repeating itself. The Strategic Diversity Action Plan will serve as the road map to ensure things get better within our organization so we can be a resource in our communities.

OVERVIEW

To reach the deepest levels of change and fulfill the vision/mission of the Elson S. Floyd College of Medicine, a community-based medical school affiliated with a land-grant institution, college-wide priorities must live and breathe in the work of every department and unit until it becomes part of our DNA. In pursuit of this goal, all academic and administrative units intentionally engage their own unit-based strategic planning process on diversity, health equity, and inclusion with the assistance of the Inclusion Matrix Workgroup.

Departmental and divisional planning efforts provide the opportunity to look broadly at programs and services, workforce, hiring, compensation, and advancement practices, professional development opportunities, and workplace, living, and teaching environments — all in relation to the rich range of identity groups and communities the college serves. This is a chance for units to celebrate and expand on their successes in these areas, as well as to identify ways in which they hope to grow over the next several years.

BRIEF SUMMARY OF ACTION PLAN

The Strategic Diversity Action Plan will be implemented and measured over a three-year period beginning in the winter of 2020-2021. At the end of each year an Annual Progress Report will be developed and disseminated. The plan will undergo our Continuous Quality Improvement process to ensure it meets the needs of the college's vision and mission.

A DYNAMIC DOCUMENT

The Strategic Diversity Action Plan is meant to be a dynamic document and not static. We will evaluate the plan through our continuous quality improvement process throughout the three years of implementation. We will also pay close attention to national and local best and emerging practices to inform the plan.

Members of the College may recommend/suggest modifications to the plan by sending an email to diversity.medicine@wsu.edu. Recommendations will be considered in the Continuous Quality Improvement process.

STRIVING FOR EXCELLENCE

Historically the terms Diversity and Excellence have been considered by some individuals and organizations to be mutually exclusive. Diversity and fostering a sense of belonging for all can enhance our ability to achieve excellence.

3-YEAR ROLLOUT

The three-year implementation will allow for the College of Medicine to focus on the following:

- Year 1 – Foundations – Establishing Infrastructure and Readiness for Success
- Year 2 – Activating – Animating the Infrastructure and Strategies
- Year 3 – Advancing – Continuous Quality Improvement and Planning for the Future

FRAMEWORKS AND PROCESS

The frameworks and process were informed by empirically-based best practices from across the higher education and medical education landscape.

GUIDING FRAMEWORKS AND RESEARCH

Benefits of Diversity (Williams, 2013)

EDUCATIONAL RATIONALE

University of Michigan Supreme Court Decisions

Race Conscious Admissions Cases

- o   Gratz v Bollinger, 2003
- o   Grutter v Bollinger, 2003

Established that diversity is not simply the socially just thing to do – it is a matter of strategic importance. It is a matter of learning.

Diversity as an educational benefit

- • Cognitive development
- • Civic engagement
- • Socio-Emotional development

ADDITIONAL BENEFITS

- • Recruiting, hiring, and retaining talent
- • Developing positive brand equity
- • Engagement & belonging
- • Better decision making & innovation
- • Organizational performance

FROM LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME)

Medical education programs will be found to be satisfactory with Element 3.3 when they have all the following:

A mission-appropriate diversity policy with **identification of diversity groups** for students, faculty, residents, and senior administrative staff

Ongoing systematic recruitment and retention activities, e.g. pipeline programs and partnerships, to achieve mission-appropriate diversity outcomes in its students, faculty, residents, and senior administrative staff

Methods to evaluate the effectiveness of activities to achieve the **mission-appropriate diversity outcomes**

Evidence of effectiveness of the diversity efforts, including offers made and numbers reflecting progress in achieving mission-appropriate diversity outcomes. Evaluation of the sufficiency of the numbers may consider the context of the institution, reasonable timelines for achieving measurable mission-appropriate diversity outcomes, and other supporting data indicative of success in achieving mission-appropriate diversity outcomes.

AAMC STRATEGIC PLANNING PROCESS AND INCLUSION EXCELLENCE

Illustrated are the three dimensions (diversity, inclusion, equity), including their documented benefits, needed for an academic health center to achieve excellence. From AAMC Strategic Diversity Toolkit.

ELEMENTS INFLUENCING THE CLIMATE FOR DIVERSITY ON CAMPUS

Government/Policy Forces   Sociohistorical Forces

Historical Legacy of Inclusion/Exclusion
•Resistance to Desegregation
•Mission

Compositional Diversity
•Diverse Student Enrollments
•Diverse Faculty and Staff Hires

Organizational/Structural Dimension
•Diversity of Curriculum
•Tenure Policies
•Organizational Decision-Making Policies
•Budget Allocations
•Policies

Psychological Dimension
•Perceptions of Racial/Ethnic Tension
•Perceptions of Discrimination
•Attitudes and Prejudice Reduction

Behavioral Dimension
•Social Interaction across Race/Ethnicity
•Degree of Intra-Racial and Cross-Racial Campus Involvements
•Classroom Diversity
•Pedagogical Approaches

Hurtado, Milem, Clayton-Pederson, & Allen, 1999. Modification Milem, Chang, & Antonio (2005)

PROCESS

In alignment with the College of Medicine's matrix approach to Diversity and Inclusion the plan was developed by members representing all units within the college. In addition, there were multiple opportunities to provide feedback throughout the development of the plan. The Diversity and Inclusion Policy (EQ.03.02170530) is the foundation for the Strategic Diversity Action Plan. Through the plan we are animating the Diversity and Inclusion Policy, LCME Accreditation Standards, and AAMC best practices.

POLICY

It is the policy of the WSU Elson S. Floyd College of Medicine to implement a variety of strategies to manifest the commitment to diversity and inclusion among its students, faculty and staff.

LCME STANDARDS 3 AND 7

STANDARD 3.3 Diversity/Pipeline Programs and Partnerships
A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 3.3 1 Diversity Categories and Definitions		
Provide definitions for the diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition.		
MEDICAL STUDENTS	**FACULTY**	**SENIOR ADMINISTRATIVE STAFF**
Underrepresented in Medicine (American Indian, Alaska Native including Enrolled Tribal members, Hispanic or Latino of any race)	Underrepresented in Medicine (American Indian, Alaska Native, Hispanic, or Latino of any race)	Underrepresented in Medicine (American Indian, Alaska Native, Hispanic, or Latino of any race)
Rural Childhood County (Washington Office of Financial Management for Washington counties; AMCAS designation of rural county for non-Washington residents)	Female	Female
First Generation College Graduate (parents have earned less than a baccalaureate degree)	First Generation College Graduate (parents have earned less than a baccalaureate degree)	First Generation College Graduate (parents have earned less than a baccalaureate degree)
Low Socioeconomic Background (based on AMCAS EO1, EO2, Pell Grant or Fee Assistance Program)		
US Military Veteran		
Female		

*The Diversity and Inclusion Policy was updated May 2019 and previously did not require the data collection of First Generation. Data is provided for the 2019-2020 AY
**Data collected for first-generation graduates is based on a survey that was conducted in September of 2020. 94 surveys were sent, there was a 69% response rate. Of the faculty/senior administrators who responded a total of 28 (43%) identified as first generation. Declined offers data is not captured because any person who was not hired did not take the first-generation survey.

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 3.3 2 Offers Made to Applicants to the Medical School						
Provide the total number of offers of admission to the medical school made to individuals in the school's identified diversity categories for the indicated academic years. Add rows as needed for each diversity category.						
	2019 ENTERING CLASS			2020 ENTERING CLASS		
School-identified	# of Declined Offers	# of Enrolled Students	Total	# of Declined Offers	# of Enrolled Students	Total
Diversity Category	Offers			Offers		
URiM	10	7	17	10	7	17
Rural	6	21	27	15	24	39
First-Generation College	21	30	51	16	27	43
Low SES	30	44	74	26	42	68
US Military Veteran	4	5	9	1	8	9
Female	50	44	94	51	48	99

*The Diversity and Inclusion Policy was updated May 2019 and previously did not require the data collection of First Generation. Data is provided for the 2019-2020 AY

**Data collected for first-generation graduates is based on a survey that was conducted in September of 2020. 94 surveys were sent, there was a 69% response rate. Of the faculty/senior administrators who responded a total of 28 (43%) identified as first generation. Declined offers data is not captured because any person who was not hired did not take the first-generation survey.

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 3.3 3 Offers Made for Faculty Positions						
Provide the total number of offers of faculty positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.						
	AY 2018 19			AY 2019 20		
School-identified Diversity Category	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers
Underrepresented in Medicine (American Indian, Alaska Native, Hispanic or Latino of any race)	0	0	0	0	1	1
Female	0	6	6	0	8	8
First Generation	N/A*	N/A*	N/A*	N/A**	2	N/A**

*The Diversity and Inclusion Policy was updated May 2019 and previously did not require the data collection of First Generation. Data is provided for the 2019-2020 AY

**Data collected for first-generation graduates is based on a survey that was conducted in September of 2020. 94 surveys were sent, there was a 69% response rate. Of the faculty/senior administrators who responded a total of 28 (43%) identified as first generation. Declined offers data is not captured because any person who was not hired did not take the first-generation survey.

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 3.3 4 Offers Made for Senior Administrative Staff Positions

Provide the total number of offers of senior administrative staff positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.

School-identified Diversity Category	AY 2018 19			AY 2019 20		
	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers
Underrepresented in Medicine (American Indian, Alaska Native, Hispanic or Latino of any race)	0	1	1	0	0	0
Female	0	0	0	0	3	3
First Generation	N/A*	N/A*	N/A*	N/A**	0***	N/A**

*The Diversity and Inclusion Policy was updated May 2019 and previously did not require the data collection of First Generation. Data is provided for the 2019-2020 AY

**Data collected for first-generation graduates is based on a survey that was conducted in September of 2020. 94 surveys were sent, there was a 69% response rate. Of the faculty/senior administrators who responded a total of 28 (43%) identified as first generation. Declined offers data is not captured because any person who was not hired did not take the first-generation survey.

***The one senior administrator hired identifying as first-generation is already included in the table above.

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 3.3 5 Students, Faculty, and Senior Administrative Staff				
Provide the requested information for the 2020-21 academic year on the number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in table 3.3-1 above). If the diversity categories differ among the groups, include the category for each group in a separate row and provide the data in the corresponding row.				
SCHOOL IDENTIFIED DIVERSITY CATEGORY	FIRST YEAR STUDENTS	ALL STUDENTS	EMPLOYED/ FULL-TIME FACULTY	SENIOR ADMINISTRATIVE STAFF
Underrepresented in Medicine (American Indian, Alaska Native including Enrolled Tribal members, Hispanic or Latino of any race)	7 (8.7%)	21 (7.5%)	8**	2**
Rural Childhood County (Washington Office of Financial Management for Washington counties; AMCAS designation of rural county for non-Washington residents)	24 (30%)	66 (23.5%)	N/A	N/A
First Generation College Graduate (parents have earned less than a baccalaureate degree)	27 (33.7%)	91 (32.5%)	28**	N/A*
Low Socioeconomic Background (based on AMCAS EO1, EO2, Pell Grant or Fee Assistance Program)	42 (52.5%)	153 (54.6%)	N/A	N/A
US Military Veteran	8 (10%)	17 (6%)	4**	1**
Female	48 (60%)	161 (57.5%)	57**	8**

* Any first-generation senior administrator has been included in the full-time faculty position.
** Percentage not included due to lack of common denominator as multiple instruments with varying response rates.

TABLE 3.3 6 Pipeline Programs and Partnerships

List each current program aimed at broadening diversity among qualified medical school applicants. Provide the average enrollment (by year or cohort), target participant group(s) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed.

PROGRAM	YEAR INITIATED	TARGET PARTICIPANTS	AVERAGE ENROLLMENT	PARTNERS
Dare to Dream Health Sciences Academy	2018	High school students within diversity categories	30/year	Office of Superintendent of Public Instruction, WSU College of Assistance Migrant Program, and other WSU Spokane health professions programs
Reimagine Indians into Medicine (RISE)	2019	Native American and Alaskan Natives enrolled college or university students and/or completed degree with intent to apply to medical school in no more than two years after participating in program	15/year	Oregon Health & Sciences University, Northwest Native American Center of Excellence, Northwest Portland Area Indian Health Board, University of California Davis School of Medicine, Washington State University Health Science Spokane
Spokane Valley Tech Students of Medicine Pathway	2018	Rising high school juniors and seniors in Spokane Valley, WA	14/year	Spokane Valley Tech, Spokane Valley School District, and Students of Medicine
WSU-College of Medicine Honors College Pathway	2018	Honors College students: priority to those who meet mission-fit factors	No more than 8/year	WSU Pullman Honors College

CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding the following:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments
- The basic principles of culturally competent health care
- Recognition of the impact of disparities in health care on medically underserved populations and potential solutions to eliminate health care disparities
- The knowledge, skills, and core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 7.6 1 Cultural Competence	
Provide the names of courses and clerkships that include objectives related to cultural competence in health care. For each, list the specific topic areas covered. Schools using the AAMC Tool for Assessing Cultural Competence Training (TACCT) may use the "Domains" table as a source for these data.	
COURSE/ CLERKSHIP	**TOPIC AREA(S) COVERED**
FMS 501	Definitions of cultural humility, race, ethnicity, culture; health equity; gender equity; social determinants of health; understanding and self-assessment of implicit bias; epidemiology of populations; epidemiology of disparities, dual process theory and bias; defining structural competency; valuing empathy; disability health disparities; professionalism and respect; diversity of Washington state populations represented in case-based curriculum; Native health and autonomy
FMS 502	Racism and racial health disparities; gender identity; caring for patients from other cultures; understanding structural vulnerability; research ethics; valuing empathy, professionalism and respect; diversity of Washington state populations represented in case-based curriculum.
FMS 503	Sexism and gender-based disparities; strategies to address bias; addressing physician-patient power imbalance; framework to assess and address health inequities in the community; evaluate health disparities through the literature, evaluate social determinants of health and health equity; valuing empathy, professionalism and respect; diversity of Washington state populations represented in case-based curriculum.
FMS 511	LGBTQ+ health and health disparities; valuing empathy, professionalism and respect; diversity of Washington state populations represented in case-based curriculum.
FMS 512	Valuing empathy, professionalism and respect; bystander effect; health literacy; diversity of Washington state populations represented in case-based curriculum.
FMS 513	Communication with interpreters; disability health disparities; valuing empathy, professionalism and respect; diversity of Washington state populations represented in case-based curriculum.

TABLE 7.6 1 Cultural Competence	
COURSE/ CLERKSHIP	TOPIC AREA(S) COVERED
LMH 511	Immigration status; evaluate health disparities through the literature; evaluate social determinants of health and health equity;
LMH 512	Strategies for and responding to bias in the workplace; addressing physician-patient power imbalance;
LMH 522	Screening for structural vulnerability, evaluation of patient panel for social determinants of health, health literate communication, identify community beliefs and health practices, develop community partnering strategies
LMH 523	Propose community health intervention; manage the impact of bias; recognize institutional cultural issues.
MEDCLIN 521	Screening for structural vulnerability, evaluation of patient panel for social determinants of health, health literate communication, identify community beliefs and health practices, develop community partnering strategies
MEDCLIN 522	Screening for structural vulnerability, evaluation of patient panel for social determinants of health, health literate communication, identify community beliefs and health practices, develop community partnering strategies
MEDCLIN 523	Screening for structural vulnerability, evaluation of patient panel for social determinants of health, health literate communication, identify community beliefs and health practices, develop community partnering strategies
MEDCLIN 524	Screening for structural vulnerability, evaluation of patient panel for social determinants of health, health literate communication, identify community beliefs and health practices, develop community partnering strategies
Year 4 Courses	Screening for structural vulnerability, evaluation of patient panel for social determinants of health, health literate communication, identify community beliefs and health practices, develop community partnering strategies

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

COURSE/ CLERKSHIP	TOPIC AREA(S) COVERED		
	Identifying and Providing Solutions for Health Disparities	Identifying Demographic Influences on Health Care Quality and Effectiveness	Meeting the Health Care Needs of Medically Underserved Populations
FMS 501	X	X	X
FMS 502	X	X	X
FMS 503	X	X	X
FMS 511	X	X	X
FMS 512	X	X	X
FMS 513	X	X	X
LMH 511	X	X	X
LMH 512	X	X	X
LMH 522	X	X	X
LMH 523	X	X	X
MEDCLIN 521	X	X	X
MEDCLIN 522	X	X	X
MEDCLIN 523	X	X	X
MEDCLIN 524	X	X	X
Year 4 Courses	X	X	X

TABLE 7.6 2 Health Disparities, Demographic Influences, and Medically Underserved Populations

Provide the names of courses and clerkships where explicit learning objectives related to the listed topics areas are taught and assessed. For each course/clerkship indicate "X" which area(s) is/are included.

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 7.6 3 General Medical Education Preparation for Residency					
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Prepared to care for patients from different backgrounds.*					
AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will be available beginning in 2021.

FROM LCME: DATA COLLECTION INSTRUMENT (DCI)

TABLE 7.6 4 Adequacy of Education

Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of education in caring for patients from different backgrounds. Add tables as needed for additional relevant survey questions.

Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%	N	%
M1+	78	11	14%	2	2%	11	14%	54	69%
M2+	55	0	0%	15	27%	11	20%	29	53%
M3+	58	0	0%	7	12%	17	29%	34	59%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	11	6%	24	13%	39	20%	117	61%

+The ISA team used a 5-point scale that included a "neutral" response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

PILLARS OF EXCELLENCE

Modified from a comprehensive framework from the balanced scorecard literature, Strategic Diversity Leadership: Activating Change and Transformation in Higher Education (2013). This framework challenges institutions to define diversity in terms of:

INCREASE ACCESS AND EQUITY

Access and equity, diversifying our institutions and ensuring that diverse communities of students, faculty, and staff are being successful, as judged by measurable performance indicators.

Access and equity are because we believe every institution's diversity efforts must begin with an engagement of the historic and still incomplete goals of achieving access and equity for racially and ethnically diverse individuals, women, and other historically marginalized groups.

Creating a diverse student, faculty, and staff community helps create a context in which institutions can become multicultural and diverse in a number of different ways.

FOSTER AND SUSTAIN A MULTICULTURAL AND INCLUSIVE CAMPUS CLIMATE

Measuring the **multicultural and inclusive campus climate**, to understand and ultimately address differences in perceptions of the environment, feelings of belonging, spaces for inclusion, and campus diversity crisis that may emerge.

In the twenty- first century, we must fully embrace diversity as a core dimension of what takes place in these areas and as a result, they must be expressed as part of the contemporary campus diversity agenda. What holds the model together and sits at the center is the need to build a multicultural and inclusive campus climate where every student, staff, faculty, and administrator can thrive. This means not only mitigating overt acts of discrimination and prejudice but creating and promoting identity-themed organizations and initiatives designed to create an inclusive experience for diverse individuals and groups.

ADVANCING HEALTH EQUITY/DIVERSITY-THEMED RESEARCH AND SCHOLARSHIP

Advancing Health Equity and Diversity focused research, scholarship, and creative endeavors to drive the diversity knowledge creation processes of the institution.

While meeting the diverse educational needs of all students has become come part of institutional diversity agendas within higher education the crucial support for faculty engaged in scholarship promoting health equity and addressing challenges faced by diverse and underserved communities continues to lag behind. Our

research infrastructure serves as foundational to serving our communities. Our aspirational research support and infrastructure will enhance our organizational capacity to meet the needs of students while remaining attentive to our ongoing commitment of delivering a community-based education focused on teaching, learning, research, and service.

PREPARE STUDENTS FOR A DIVERSE WORLD AND IMPROVING THE WORK LIFE OF HEALTH CARE PROVIDERS
Preparing students for a diverse world and improving the work life of health care of providers by creating learning opportunities for students, faculty, and staff to lead in multicultural environments.

The presence of a diverse faculty, staff, administration, and student body will enhance the institution's ability to accomplish two strategic goals: preparing all students, and by extension, faculty and staff for a diverse and global world; and pursuing areas of scholarship and inquiry that will help us to understand issues of diversity across several disciplines. Identity formation and knowledge of self are included in the educational experience to decrease physician burnout and increase advocacy for self and others.

BENCHMARKING
Benchmarking is a method for understanding organizational maturity and health as judged by measurable performance indicators. Benchmarks are not used in this plan to establish quotas but to identify successes and opportunities for growth.

INFRASTRUCTURE

Accountability, infrastructure, incentives, and resources (AIIR) are essential to developing and sustaining healthy efforts in diversity, health equity, and inclusion (Williams, 2013). We will continue to develop our incentives and resources through identifying ways to reallocate funding, time, and energy dedicated to our efforts. In addition, we will seek to incentivize a focus on diversity, health equity, and inclusion via our funding in teaching/scholarship connected to reducing inequities and increase the effectiveness of our pedagogy and praxis. Our infrastructure is intentionally crafted through the implementation of a matrix approach to ensure we have a commitment across the college with the end goal of embedding our diversity, health equity, and inclusion efforts in our DNA. Point people and groups in the college are essential to understanding our matrix approach and they are outlined below.

OFFICE OF THE DEAN

The Office of the Dean champions the Diversity and Inclusion Policy and diversity, health equity, and inclusion efforts. The Office of the Dean is committed to supporting the efforts through strategically connecting this plan, the Diversity and Inclusion Policy, and the College of Medicine Strategic Plan to ensure accountability, infrastructure, incentives, resources towards reaching our goals. The Dean exhibits intentionality focused on diversity, health Equity, and inclusion when leading the college.

ASSISTANT DEAN HEALTH EQUITY AND INCLUSION

As listed in the Diversity and Inclusion Policy, the Assistant Dean of Health Equity and Inclusion is ultimately responsible for oversight of the diversity, health equity, and inclusion efforts across the college, including pathway programs. This position reports directly to the Dean of the college. The Assistant Dean of Health Equity and Inclusion leads the overall development, implementation, and continuous quality control of diversity, health equity, and inclusion with an ongoing commitment from leadership and members across the college to ensure accountability, infrastructure, incentives, and resources dedicated to the efforts. The Assistant Dean advises the Dean and leadership team, academic and administrative units, and sits on the Dean's Executive Cabinet.

PATHWAYS AND INCLUSION COORDINATOR

The Pathways and Inclusion Coordinator reports directly to the Assistant Dean of Health Equity and Inclusion and engages in coordinating and implementing pathway programs to the College of Medicine. These pathway

programs begin in middle or high school while others will begin in college. Additionally, this role includes assisting the Assistant Dean for Health Equity and Inclusion through coordinating diversity and inclusion efforts across students, staff, and faculty within the college.

EQUITY COMMITTEE

The Equity Committee exists to create an environment where differences are valued, and where everyone has a chance to succeed. Faculty, administrators, staff, and students who serve on the College of Medicine Equity Committee seek to foster an intercampus community that is respectful, diverse, and inclusive.

The mission of the Equity Committee is to:
- Identify underrepresented populations in medicine
- Advise the dean regarding events, policies or initiatives that promote the standards set forth in the college's Diversity and Inclusion Policy
- Evaluate the college's progress in accomplishing those standards

The committee promotes diversity and inclusion across the college by developing policies, procedures, and programs to promote diversity and inclusion through:
- Education
- Research
- Clinical care
- Service/community partnerships

EQUITY COMMITTEE CHAIR

The Equity Committee Chair is elected from the EQ membership and serves a 3-year term. The Chair is responsible for setting the agenda for and leading Equity Committee meetings. The EQ chair updates the dean on committee activity and coordinates with the dean of health equity and inclusion. The chair is a member of the Inclusion Matrix Workgroup (see below).

INCLUSION MATRIX WORKGROUP

In 2017, the Inclusion Matrix Workgroup (IMW) was formed to facilitate the matrix-based approach to inclusion at the College. The IMW is chaired by the Assistant Dean for Health Equity and Inclusion and meets monthly. The group is strategically comprised of varied individuals with the College's mission and vision as a central focus (membership listed in appendix 3-03-02). The IMW was established to provide cross-departmental communication, DCI monitoring and accountability, and engage in continuous quality improvement. In fall of

2019, the IMW became a formal Subcommittee of the Equity Committee to ensure alignment with the Diversity & Inclusion Policy and efforts. The IMW maintained its original purpose in addition to taking on a primary goal of developing, implementing, and engaging in continuous quality improvement of a comprehensive Strategic Diversity Action Plan. This document the comprehensive Strategic Diversity Action Plan.

HEALTH EQUITY IN CURRICULUM AND HEALTH EQUITY THREAD DIRECTOR

Health equity is the assurance of the conditions of optimal health for all and is embodied in the College of Medicine mission of "Washingtonians living longer, better". The Health Equity Thread Director leads the Health Equity effort in the curriculum in consultation with the Associate Dean for Curriculum and the Assistant Dean for Health Equity and Inclusion.

Though we are a college we understand that health is not only found in the exam room but depends on the resources and opportunities we have in life. And we recognize that it is up to all of us to assure the conditions for people to live longer and better.

Health equity is threaded through the pre-clinical and clinical curriculum to help students define and describe health equity concepts, evaluate their impact on health, apply best practices in patient care and develop clinical, community level and policy interventions to address health inequities.

The curriculum is introduced through an orientation/early first year workshop on health equity and oppression. Concepts are delivered in large group interactive lectures, small groups, Case-Based Learning (CBL) cases, and clinical skills sessions. Application and integration into medical practice are addressed in Longitudinal Integrated Clerkships (LIC) clinical didactics and required and elective clinical/non-clinical rotations. Additionally, the basic sciences and CBL cases are evaluated to incorporate representation, diversity, social determinants of health and equity and to minimize harmful biases in medical education and reinforce health equity concepts.

MOVING FORWARD

The tables below containing the Pillars of Excellence, Actions & Initiatives, Measures, Timeframe, and Responsible Unit/Process Owner will guide our Diversity, Health Equity, and Inclusion efforts in the Strategic Diversity Action Plan. A continuous quality improvement process will be utilized to update and enhance this plan after Year 1 and through Year 3.

DIVERSITY AND INCLUSION POLICY GOAL:
Demonstrating and Communicating Leadership and Commitment

PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Access and Equity (A&E)	Demonstrating Leadership and Commitment	Annual review and update Diversity and Inclusion Policy	5/30/2021 5/30/2022 5/30/2023	Equity Committee
Access and Equity (A&E) Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP) Advancing Health Equity and Diversity focused research, scholarship (RES&SCHOL)	Communicating commitment to Diversity, Health Equity, and Inclusion	Conduct annual review (continuous quality improvement) of school-identified Diversity Categories while committing to using national and local data and health equity information to inform and assess additional categories (including commitment to hiring Black/ African American Faculty)	5/30/2021 5/30/2022 5/30/2023	Equity Committee
		Newly developed Diversity Strategic Action Plan reflects the college's Diversity and Inclusion policies	5/30/2021	Equity Committee Assistant Dean Health Equity and Inclusion
		Dedicated content in college annual report	5/30/2021 5/30/2022 5/30/2023	Communications Assistant Dean Health Equity and Inclusion
		Frequency of content in Friday internal news (analysis)	5/30/2021 5/30/2022 5/30/2023	Communications Assistant Dean Health Equity and Inclusion
		Updated Diversity and Inclusion webpages	5/30/2021 5/30/2022 5/30/2023	Communications Assistant Dean Health Equity and Inclusion

DIVERSITY AND INCLUSION POLICY GOAL: Demonstrating and Communicating Leadership and Commitment				
		Annual review and update of Diversity and Inclusion webpages	5/30/2021 5/30/2022 5/30/2023	Communications Assistant Dean Health Equity and Inclusion
		Ongoing transparent communication of Strategic Diversity Action Plan updates, progress, and opportunities for engagement via townhalls, listening sessions, feedback loops to include students, staff, and faculty	5/30/2021 5/30/2022 5/30/2023	Communications Assistant Dean Health Equity and Inclusion Student Council

WASHINGTON STATE UNIVERSITY
Elson S. Floyd
College of Medicine

DIVERSITY AND INCLUSION POLICY GOAL:
Medical Student Admissions Strategies

PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Access and Equity (A&E)	Undergraduate Medical Education Student enrollment from target communities (DCI 3.3)	Incoming students enrolled from target communities (URiM, rural, first-generation, low SES, military veteran, and Female), as a percentage of total incoming students	8/30/2021 8/30/2022 8/30/2023	Admissions Committee Senior Associate Dean for Admissions and Student Affairs
	Graduate Medical Education level students who originate from target communities	Incoming graduate-level students who originate from target communities, as a percentage of total incoming health professions students	5/30/2021 5/30/2022 5/30/2023	Associate Dean, GME and CME

DIVERSITY AND INCLUSION POLICY GOAL: Education				
PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP) Advancing Health Equity and Diversity focused research, scholarship (RES&SCHOL)	Ensure Health Equity and Inclusion across curriculum (DCI 7.6)	Disseminate information focused on the existing Health Equity Thread Outline in the curriculum	5/30/2021	Health Equity Thread Director Associate Dean Curriculum Assistant Dean Health Equity and Inclusion
		Conduct analysis of frequency of Health Equity content across the curriculum and present findings	5/30/2021	Health Equity Thread Director Associate Dean Curriculum Assistant Dean Health Equity and Inclusion
		Increased frequency of Health Equity and Inclusion in the curriculum	5/30/2022	Health Equity Thread Director Associate Dean Curriculum Assistant Dean Health Equity and Inclusion
		Development and implementation of onboarding and training to equip faculty to teach Health Equity and Inclusion in the curriculum	5/30/2021 (Development)	Business Office Associate Dean for Faculty Development Assistant Dean Health Equity and Inclusion Health Equity Thread Director

DIVERSITY AND INCLUSION POLICY GOAL:
Education

		Percentage of faculty participation in teaching Health Equity in the curriculum	5/30/2022 5/30/2023	Business Office Associate Dean of Faculty Development Department Chairs Assistant Dean Health Equity and Inclusion
		Number of faculty engaged in scholarship focused on health equity/diversity (self-reported)	5/30/2022	Vice Dean for Research, Office of Research
		Number of faculty engaged in scholarship focused on health equity/diversity (self-reported)	5/30/2022 5/30/2023	Vice Dean for Research, Office of Research
		Number of medical student scholarly projects focused on health equity themes or in underserved populations (as identified by the student)	5/30/2022 5/30/2023	Vice Dean for Research, Associate Dean Curriculum, Associate Dean Accreditation, Assessment, and Evaluation
		Number of grant/contracts supporting research focused on health equity/diversity themes	5/30/2022 5/30/2023	Vice Dean for Research, Office of Research
		Number of research presentations (e.g., grand rounds, journal club) focused on healthy equity/diversity themes	5/30/2022 5/30/2023	Vice Dean for Research, Office of Research
		Number of research presentations (e.g., grand rounds, journal club) presented by diverse faculty	5/30/2022 5/30/2023	Vice Dean for Research, Office of Research

DIVERSITY AND INCLUSION POLICY GOAL:
Retention of Students, Faculty, and Staff

PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP) Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP)	Ensure student support services, tutoring, advising and academic counseling that honors the needs of a diversity student body Offer training and development opportunities for faculty and staff	Increased satisfaction in support services, tutoring, advising and academic counseling as evidenced in 2nd and 4th year surveys	5/30/2021 5/30/2022 5/30/2023	Student Affairs Student Advisory
		Yearly Inclusive Excellence Scholar in Residence	5/30/2021 5/30/2022 5/30/2023	Inclusion Matrix Workgroup Assistant Dean Health Equity and Inclusion Office of the Dean
		Resource and Support allocated to Student Interest Groups engaging in Diversity, Health Equity, Inclusion, and Retention programming and initiatives	8/30/2021 8/30/2022 8/30/2023	Student Affairs Student Advisory Student Interest Groups Assistant Dean Health Equity and Inclusion
		Developed series of professional development focused on Diversity, Health, Equity, and Inclusion	12/30/2021	Director of Leadership and Organizational Development Business Office Assistant Dean Health Equity and Inclusion Associate Dean Faculty Development Assistant Dean Health Equity and Inclusion

DIVERSITY AND INCLUSION POLICY GOAL:
Retention of Students, Faculty, and Staff

		Number of participants attending Professional Development focused on Diversity, Health, Equity, and Inclusion	12/30/2022 12/30/2023	Director of Leadership and Organizational Development Business Office Assistant Dean Health Equity and Inclusion Associate Dean Faculty Development Assistant Dean Health Equity and Inclusion
		Develop and implement Bias Incident Response Protocol and Team	8/30/2021 (Developed and Implementation) 8/30/2022 (CQI) 8/30/2023 (CQI)	Student Affairs Associate Dean Curriculum Director of Leadership and Organizational Development Assessment Assistant Dean Health Equity and Inclusion
		Establish Cabinet Level Diversity, Equity, Inclusion, and Leadership Dialogues	8/30/2021	Office of the Dean Director of Leadership and Organizational Development Assistant Dean Health Equity and Inclusion
		Yearly faculty development session on the promotion process for all faculty tracks	8/30/2021 8/30/2022 8/30/2023	Associate Dean Faculty Development

DIVERSITY AND INCLUSION POLICY GOAL:
Retention of Students, Faculty, and Staff

		Review of Faculty and Staff Salary (including existing national, local, and WSU data) to ensure equity by gender and race/ethnicity	5/30/2021	Chief Operating Officer Business Office Equity Committee Director of Leadership and Organizational Development Assistant Dean Health Equity and Inclusion
		Develop plan and adjustment of Faculty and Staff Salary to ensure equity by gender and race/ethnicity	5/30/2023	Chief Operating Officer Business Office Equity Committee Director of Leadership and Organizational Development Assistant Dean Health Equity and Inclusion
		Establish Affinity Groups and Support for Staff and Faculty	8/30/2021	Business Office Equity Committee Director of Leadership and Organizational Development Assistant Dean Health Equity and Inclusion

DIVERSITY AND INCLUSION POLICY GOAL: Retention of Students, Faculty, and Staff				
Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP)	Secure and offer financial aid, scholarships and funding opportunities to aid in both recruitment and retention	Increased number of scholarships	5/30/2022 5/30/2023	Student Affairs Development Scholarship Committee
		Increased number of scholarship amounts	5/30/2022 5/30/2023	Student Affairs Development

DIVERSITY AND INCLUSION POLICY GOAL:
Awareness

PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP)	Increase awareness of commitment to diversity and inclusion through statements and policies for applicants, students, faculty and staff	Annual college main website and Diversity and Inclusion language and commitment update and review	5/30/2021 5/30/2022 5/30/2023	Communications Assistant Dean Health Equity and Inclusion Admissions
		Disseminated student handbook	8/30/2021 8/30/2022 8/30/2023	Student Affairs Communications
		Disseminated faculty and employee handbooks	5/30/2021 5/30/2022 5/30/2023	Business Office/ Human Resources Communications
		Annual Health Equity and Inclusion orientation sessions for new students	8/30/2021 8/30/2022 8/30/2023	Health Equity Thread Director Student Affairs Curriculum Assistant Dean Health Equity and Inclusion

DIVERSITY AND INCLUSION POLICY GOAL:
Recruitment Strategies

PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Access & Equity (A&E)	K-12 pathway program participation, by student population	Number of under-represented racial and ethnic minority (URM) students in health/ STEM K-12 pipeline programs	8/30/2021 8/30/2022 8/30/2023	Assistant Dean Health Equity and Inclusion
		Number of low-income students in health/STEM K-12 pipeline programs	8/30/2021 8/30/2022 8/30/2023	Assistant Dean Health Equity and Inclusion
	Undergraduate pipeline program participation, by student population	Number of under-represented racial and ethnic minority (URM) students in health/STEM undergraduate pathway programs	8/30/2021 8/30/2022 8/30/2023	Assistant Dean Health Equity and Inclusion Senior Associate Dean for Admissions and Student Affairs
		Number of Pell grant recipients in health/STEM undergraduate pathway programs	8/30/2021 8/30/2022 8/30/2023	Senior Associate Dean for Admissions and Student Affairs Assistant Dean Health Equity and Inclusion
		Number of first-generation students in health/STEM undergraduate pipeline programs	8/30/2021 8/30/2022 8/30/2023	Senior Associate Dean for Admissions and Student Affairs
	Recruitment visits to mission-aligned undergraduate institutions and community colleges	% of students at those institutions who are URM % of students at those institutions who are Pell grant recipients % of students at those institutions who are first-generation	8/30/2021 8/30/2022 8/30/2023	Senior Associate Dean for Admissions and Student Affairs Director of Medical Student Recruitment

DIVERSITY AND INCLUSION POLICY GOAL:
Recruitment Strategies

Access & Equity (A&E)	Develop recruitment strategies to ensure a diverse pool of applicants for faculty and staff positions	Analyze current practices, establish how to determine best practices, implement a Diversity and Inclusion toolkit for recruitment and position searches	8/30/2021 8/30/2022 8/30/2023	Business Office Equity Committee Assistant Dean Health Equity and Inclusion
		All recruitment and searches utilize Diversity and Inclusion toolkit	8/30/2022 8/30/2023	Business Office Assistant Dean Health Equity and Inclusion
		All members serving on search committees attend the Inclusive Excellence Bias Training	12/30/2021 12/30/2022 12/30/2023	Business Office Equity Committee Director of Leadership and Organizational Development Assistant Dean Health Equity and Inclusion
		Include a Diversity and Inclusion Content expert on each search committee	8/30/2021 8/30/2022 8/30/2023	Business Office Equity Committee Director of Leadership and Organizational Development Assistant Dean Health Equity and Inclusion
		Increased number of applicants for faculty positions from diversity categories	8/30/2021 8/30/2022 8/30/2023	Chief Operating Officer Business Office
		Increased number of diverse applicants for staff positions	8/30/2021 8/30/2022 8/30/2023	Chief Operating Officer Business Office

DIVERSITY AND INCLUSION POLICY GOAL:
Recruitment Strategies

Access & Equity (A&E) Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP) Advancing Health Equity and Diversity focused research, scholarship (RES&SCHOL)	Develop recruitment and promotion strategies that encourage diversity within the College of Medicine leadership faculty	Increase in leadership opportunities for physicians with at least 0.4 FTE active clinical community based practices	5/30/2022 5/30/2023	Chief Operating Officer Business Office Equity Committee Director of Leadership and Organizational Development Assistant Dean Health Equity and Inclusion
		Increase number of faculty in leadership positions from diversity categories	5/30/2022 5/30/2023	Chief Operating Officer Business Office Equity Committee Director of Leadership and Organizational Development Office of the Dean Assistant Dean Health Equity and Inclusion

DIVERSITY AND INCLUSION POLICY GOAL:
Evaluation

PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Access & Equity (A&E) Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP) Advancing Health Equity and Diversity focused research, scholarship (RES&SCHOL)	Use applicable AAMC data to evaluate progress	Student mistreatment data analysis	8/30/2021 8/30/2022 8/30/2023	Student Affairs Assessment
		Climate survey responses analysis and reporting	8/30/2021 8/30/2022 8/30/2023	Assessment Assistant Dean Health Equity and Inclusion
		Student questionnaires and analysis	8/30/2021 8/30/2022 8/30/2023	Student Affairs Assessment
	Strategic Diversity Action Plan Goals, Indicators, and Metrics	Action plan Goals, Indicators, and Metrics developed	12/30/2020	Inclusion Matrix Workgroup Equity Committee Assistant Dean Health Equity and Inclusion
		Action plan goals, indicators, and metrics disseminated and displayed on dashboards - easily accessible to members across the college	5/30/2021 5/30/2022 (CQI) 5/30/2023 (CQI)	Inclusion Matrix Workgroup Equity Committee Communications Accreditation
		Action plan goals, indicators, and metrics monitored and continuous quality improvement	5/30/2022 (CQI) 5/30/2023 (CQI)	Inclusion Matrix Workgroup Equity Committee Communications Accreditation Assistant Dean Health Equity and Inclusion

DIVERSITY AND INCLUSION POLICY GOAL:
Commitment Across Departments

PILLARS OF EXCELLENCE (select all that apply)	ACTIONS & INITIATIVES	MEASURES	TIMEFRAME	RESPONSIBLE UNIT/ PROCESS OWNER
Access & Equity (A&E) Multicultural and inclusive campus climate (MULT) Preparing students for a diverse world and improving the work life of health care of providers (PREP) Advancing Health Equity and Diversity focused research, scholarship (RES&SCHOL)	Departments, academic/ administrative/ research unit and office Strategic Diversity Plan guides	Department, unit, and office guides developed and disseminated	5/30/2021	Inclusion Matrix Workgroup Equity Committee Business Office Communications Office of the Dean Assistant Dean Health Equity and Inclusion Department/Unit Chair/Lead
		Departments, units, offices develop plans with assistance of IMW	8/30/2021	Inclusion Matrix Workgroup Department/Unit Chair/Lead Equity Committee Business Office Communications Office of the Dean Assistant Dean Health Equity and Inclusion

DIVERSITY AND INCLUSION POLICY GOAL: Commitment Across Departments				
		Department, unit, and office plans submitted	12/30/2021	Inclusion Matrix Workgroup

Department/Unit Chair/Lead

Equity Committee

Business Office

Communications

Office of the Dean

Assistant Dean Health Equity and Inclusion |
| | | Department, unit, and office plans annual review and CQI | 12/30/2021
12/30/2022
12/30/2023 | Equity Committee

Business Office

Communications

Office of the Dean

Assistant Dean Health Equity and Inclusion |

REFERENCES

Association of American Medical Colleges. (2015). Altering the Course: Black Males in Medicine. Washington, DC: Association of American Medical Colleges.

Association of American Medical Colleges. (2018). Reshaping the Journey: American Indians and Alaska Natives in Medicine. Washington, DC: Association of American Medical Colleges.

Association of American Medical Colleges. (2020). A Healthier Future for All: The AAMC Strategic Plan. Washington, DC: Association of American Medical Colleges.

Association of American Medical Colleges. (2016). Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide. Washington, DC: Association of American Medical Colleges.

Association of American Medical Colleges. (2018). AAMC Diversity and Inclusion Strategic Planning Toolkit. Washington, DC: Association of American Medical Colleges.

Boatright DH, Samuels EA, Cramer L, et al. Association Between the Liaison Committee on Medical Education's Diversity Standards and Changes in Percentage of Medical Student Sex, Race, and Ethnicity. JAMA. 2018;320(21):2267–2269. doi:10.1001/jama.2018.13705

Hurtado, S., Milem, J., Clayton-Pederson, A., & Allen, W. (1999). Enacting diverse learning environments: Improving the climate for racial. Ethnic Diversity in Higher Education.

Liaison Committee on Medical Education. (2009). Liaison Committee on Medical Education (LCME) Standards on Diversity. Washington, DC: American Association of Medical Colleges; 2009.

Milem, J. F., Chang, M. J., & Antonio, A. L. (2005). Making diversity work on campus: A research-based perspective. Washington, DC: Association American Colleges and Universities.

Williams, D. A. (2013). Strategic Diversity Leadership: activating change and transformation in higher education. Sterling, Va: Styl. Sterling, Va: Stylus.

Williams, D. A., Berger, J. B., & McClendon, S. A. (2005). Toward a model of inclusive excellence and change in postsecondary institutions. Washington, DC: Association of American Colleges and Universities.