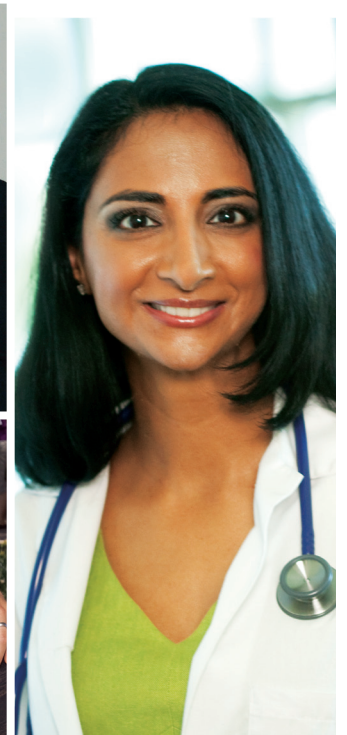# Excellence in People and Campus Climate

FRAMEWORK FOR DIVERSITY

A comprehensive plan for integrating diversity, inclusion and community engagement at UC Davis Health System

UCDAVIS
HEALTH SYSTEM

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UCDHS FRAMEWORK FOR DIVERSITY

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UC Davis Health System

April 2011

EXECUTIVE SUMMARY

A. Discussion

In creating the Office of Diversity, Inclusion and Community Engagement in September 2010, Vice Chancellor Claire Pomeroy issued a new and exciting charge to the institution: to approach diversity, inclusion and community engagement in a comprehensive manner, and in so, doing make possible the weaving of these elements into the entire fabric of the UC Davis Health System.

The principal aim of this new, comprehensive approach is to: 1) optimize opportunities for increasing diversity among faculty, staff, students, residents, fellows and administrative leaders throughout the organization; 2) foster a strong culture of inclusion; and 3) reduce health disparities among our patient and local community populations.

The first step in advancing the new charge is developing and communicating a shared understanding of diversity and its relationship to excellence. Thanks in part to the efforts of a task force formed to develop a clear work plan, this goal is already evolving in our educational and health-care delivery settings. The resulting plan reflects broad input from thought leaders from the Health System and the UC Davis campus.[1]

Both UC Davis and UC Davis Health System have been leaders in furthering diversity in our region and state. Despite this, many people still believe that diversity is extraneous somehow to the pursuit of excellence. To counter those beliefs, health system leaders must communicate a heightened commitment to advancing a learning and care delivery environment characterized by unconditional inclusion and respect for all individuals and groups, regardless of cultural differences. To be effective, we must develop a consistent, unified message so that it can be communicated continuously by senior executives, department chairs, faculty leaders, managers, supervisors and professional staff.

The following primary objectives form the basis of the new office's charge and were used as a foundation for developing the *UCDHS Framework for Diversity:*

1. Develop a single, integrated program of diversity, inclusion and community engagement.
2. Develop a shared understanding of how diversity serves as an essential driver in achieving excellence.

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[1] This document is the product of planning and collaboration among a wide range of contributors, including key Health System offices and departments and the UC Davis Office of Campus Community Relations. It is our hope that the team effort engendered by the thought leaders involved in this project will translate into a more welcoming environment, increased diversity among our faculty, residents, fellows, students and staff, and realization of our overall goal of *Excellence in People and Campus Climate*.

3. Reinforce a hate-free campus by creating a welcoming environment for all.

4. Promote and increase diversity among faculty, residents, fellows, medical and nursing students, and staff to increasingly reflect the diverse communities we serve.

5. Continue to enhance efforts aimed at reducing health disparities by promoting the health and well-being of underserved populations.

6. Identify community partners with whom we can collaborate to improve the region's safety-net health care delivery system.

7. Ensure the quality of diversity and inclusion programs in key departments and offices throughout the organization.[2]

B. Goals and Action Items

To advance the organization's diversity and inclusion interests, the Task Force on Diversity has developed the following goals and action items:

- ***Develop and Communicate a Shared Understanding of How Diversity and Inclusion are Essential Drivers in our Pursuit of Excellence; Implement A Competitive and Successful Marketing and Public Relations Campaign to Position UC Davis Health System at the National Level***

  Goals: Enhance opportunities to communicate the organization's commitment to diversity, inclusion and community engagement to both internal and external audiences. Develop and implement strategies that would: 1) strengthen the organization's diversity and inclusion message in all communications, 2) effectively position UC Davis Health System as a cohesive, unified brand, and c) solidify UC Davis Health System's reputation regionally and nationally as an innovative leader in health.

  Action Plan: Develop and institute new evaluation tools to facilitate the auditing of all communication materials; audit all health-system institutional materials to assess the level of diversity and inclusion reflected in them. Ensure that imagery, opinions and voices in Public Affairs and Marketing materials effectively convey diversity and inclusion. Establish messaging "best practices" modeled on successful practices at relevant peer organizations.

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[2] To further the Office's charge of integrating diversity and inclusion across the organization, the Associate Vice Chancellor has responsibility for ensuring the quality of diversity and inclusion programming in the following UCDHS offices: the Academic Personnel Office, the Offices of Student Affairs and Graduate Medical Education, the Office of Medical Education, the Office of Continuing Medical Education, the Center for Nursing Education, and the Patient Relations Office. The AVC also serves as liaison for diversity and inclusion with various departments, centers, and organizations, including: the Center for Population Health Studies, the Clinical and Translational Sciences Center, the Sacramento Healthcare Improvement Project, and other efforts engaged in community-based participatory research.

Anticipated Outcomes: Demonstrated increase in the frequency and consistency of diversity and inclusion messaging in the organization's written, verbal and visual communications. Introduction of industry benchmarks by which to measure UC Davis Health System's capacity to reach and maintain its prominence goals.

Measured By: Increases in total Public Affairs and Marketing communications that include inclusion/diversity messages. Increase in dollars spent on special-interest media over the prior year. Increases in the numbers of pitches made by news service members in Public Affairs and Marketing to targeted media.

- *Reinforce a Hate-free Campus; Create a Welcoming Climate For All*

   Goal: Institute systematic climate-improvement initiatives, such as the *Hate-Free Campus Initiative*. Introduce appropriate climate assessment processes at all levels and locations of the organization.

   Action Plan: By June 2011, fully implement a multi-part strategy for establishing a Hate-free Campus, including: a comprehensive Publicity, Communication and Messaging Campaign; an enhanced employee training program (using both in-person and online venues) to include Hate-Free curriculum components; expansion of the UCDHS Workplace Violence Committee to include revised rapid-response protocols; revision of the UCDHS *Violence and Hate Incidents Policy* (HP&P 1616) to include expanded language describing the definition and consequences of Hate-Free behaviors; strengthened reporting of Hate-Free violations through the UCDHS Workplace Violence Reporting System and the UC Systemwide Climate Reporting System; expansion of a highly visible recognition program to reward contributions made in furthering a welcoming environment; and, establishment of a centrally-located *Center for Inclusion and Culture* and *Center for Accessible Technologies.*

   Anticipated Outcomes: Demonstrated increases in employee and patient satisfaction levels. Reduction in the rates of mistreatment, discrimination and harassment complaints filed over the next three years, 2011-2014. Increases in the numbers of staff and faculty being recognized for outstanding contributions to furthering a welcoming environment. Strengthening of policies and practices meant to guide professional and interpersonal interactions within the organization.

   Measured By: Changes in satisfaction levels to be identified through existing and future employee and patient satisfaction surveys. Changes in complaints per year to be identified through existing HR tracking systems. Numbers of employees nominated for recognition to be tracked and recorded by the Office of Diversity, Inclusion and Community Engagement on an annual basis.

- ***Recruit, Train and Successfully Graduate a Diverse Student Body***

  Goals: Increase the numbers of students entering and graduating from our Schools of Health (Medicine and Nursing) such that their proportions better reflect their concentrations regionally and statewide.

  Action Plan (partial): Improve tracking and evaluation tools to strengthen the effectiveness of outreach and enrichment activities within the Schools of Health. Develop mechanisms to identify and reduce instances of academic and related difficulty, especially among students from disadvantaged backgrounds. Develop a campus-wide forum to discuss and promote diversity and inclusion issues. Broaden reach to diverse populations to encourage community participation in pre-health science advising, academic preparation and research activities.

  Anticipated Outcomes: Increase the numbers of qualified students from diverse backgrounds recruited, trained and graduated for all Schools of Health: for School of Medicine, increase the numbers of qualified students matriculating from disadvantaged backgrounds by 10 percent per year over next 3 years, 2011-2013; for School of Nursing, increase the numbers of matriculants by a corresponding 10 percent per year over the same period. For all Schools of Health, limit the rates of attrition (for reasons associated with academic progress) for all students to levels approximating national averages.

  Measured By: Matriculation outcomes per year will be reviewed using official admissions data from respective schools (medicine and nursing); changes will be compared to baseline numbers for academic year 2009-10. Changes in numbers of students experiencing academic/career progress difficulties will be identified through respective Student Affairs/Curricular Affairs offices. Attrition rates per year will be compared to national averages for each professional school (medicine and nursing, principally).

- ***Recruit and Retain a Diverse Body of Residents and Fellows***

  Goals: Expand opportunities to promote UCDHS residency training programs among prospective residents and fellows. Where appropriate, provide assistance to departments to aid in the recruitment and retention of diverse trainees.

  Action Plan: Working with UCDHS residency program directors and the Associate Dean for Graduate Medical Education, acquire and/or help produce suitable recruitment materials (brochures, posters, ads, etc.) for use in promoting UC Davis Schools of Health. Identify conferences, workshops, symposia, etc. where prospective candidates are most likely to be concentrated. Link interested candidates with designated program representatives, including residency directors and current or recent residents and fellows.

Anticipated Outcomes: Increase the numbers of residents/fellows from diverse backgrounds such that their proportions better approximate the patient populations served by UCDHS. Where possible, subpopulation representation should be increased by 10 percent per year until parity ratios are achieved.

Measured By: Make-up of residents/fellows by discipline per year to be compared to demographic profiles of UCDHS inpatient and outpatient rolls, with special attention placed on the composition of housestaff in primary care training programs. Outcome data to be shared with appropriate health system offices, including residency program directors, the Office of Student and Resident Diversity, and others.

- ## *Recruit, Promote and Retain a Diverse Cadre of Faculty*

  Goal: Increase the numbers of women and other underrepresented candidates receiving academic faculty appointments in UCDHS Schools of Health.

  Action Plan: Develop strategies to improve the success of search processes in identifying and assessing women and other underrepresented faculty candidates. Strengthen and make consistent the use of diverse interview panels. Expand promotion and retention programs to ensure inclusion of all underrepresented groups. Accelerate the introduction of family-friendly policies and programs. Expand reward and incentive systems. Expand career development opportunities for junior and prospective faculty candidates.

  Anticipated Outcome: Beginning July 2011, increase the numbers of non-replacement underrepresented and women faculty candidates appointed to academic positions at UCDHS by an average 0.5 percent per year over 2010 baseline numbers for all faculty; continue this goal on an annual basis through 2013-14. [3]

  Measured By: Changes in the make-up of faculty at UCDHS to be identified and reported by the Academic Personnel Office on quarterly and annual bases.

- ## *Recruit, Promote and Retain a Diverse Staff*

  Goals: Continue history of successful recruitment of diverse staff. Work with appropriate UCDHS departments and offices to develop a plan that would allow for proactive adjustment to anticipated shifts in workforce composition.

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[3] Per data provided by the UCDHS Academic Affairs Office, the total number of academic faculty at UC Davis Health System in 2010 was 782; representing 96 appointments in the basic sciences and 686 in clinical areas.

Action Plan: Strengthen relationships with employment outreach constituents to encourage applications and increase hiring from diverse communities. Strengthen and make consistent the use of diverse interview panels. Link applicants and current employees with employment and career advancement opportunities. Work with UCDHS and campus resources to assure that accurate and timely data is provided to hiring departments to assist in staff recruitments.

Anticipated Outcomes: Documented increases in the numbers of applications received from diverse applicants each year. Beginning 2010-11, reduce UCDHS affirmative action placement goals by 10 percent (10%) per year over baseline goals established for 2009-10.

Measured By: Progress in increasing diversity of applicant pools and reducing affirmative action placement goals per year will be reviewed by the Associate Vice Chancellor and the HR Executive Director on quarterly and annual bases. Yearly outcomes to be compared to 2010 data.

- *Diversify Leadership and Management*

    Goal: Increase the numbers of employees prepared and competing for mid-level and higher management positions.

    Action Plan: Establish an assessment process to regularly chart the progress of programs and activities meant to identify and cultivate future candidates. Provide enhanced technical assistance to hiring departments. Ensure that diverse interview panels are utilized on a consistent basis. Insist on interview and selection processes that take into account demonstrated skills in managing diversity and that ensure broad and inclusive outreach and recruitment.

    Anticipated Outcome: Increase by 10 percent or more annually the percentage of employees from diverse backgrounds applying for and securing mid-level and higher management positions.

    Measured By: Changes in recruitment outcomes will be monitored by HR Personnel Office and reported out on a regular basis to the Office of Diversity, Inclusion and Community Engagement, and other offices and departments as appropriate. Outcomes to be measured against 2010-11 baseline data.

- *Identify and Reduce Health Disparities and Fully Implement Culturally and Linguistically Appropriate Services and Training Within UCDHS*

    Goals: Establish a comprehensive plan for enhancing the organization's capacity for reducing health disparities among vulnerable populations. Introduce activities that would aid in positioning the organization to successfully meet pending and

future regulatory requirements, including *Meaningful Use Criteria*, the Joint Commission's new requirements for capturing Race, Ethnicity and Language (REAL) data, etc.

Action Plan: Implement a CLAS (Cultural and Linguistically Appropriate Services) Standards training program, *Providing Quality Health Care with CLAS*. Establish an *Academy for Cultural Competence and Diversity Education*. Maintain leadership in cultural and community engagement activities, including the organization's Clinical and Translational Science Center. Establish meaningful collaborations with relevant policy and research units, including the UCDHS Cancer Center and the Center for Healthcare Policy and Research. Identify and recommend strategies to strengthen the delivery of culturally and linguistically competent care. Develop a "disparity dashboard" to communicate potential disparities in utilization, care processes, and patient outcomes, experiences and satisfaction. Develop a plan to stratify patient outcome and quality measures by demographic information.

Anticipated Outcomes: Establishment of baseline measures by which to assess and strengthen UC Davis Health System's capacity for cultural competence and patient-centered communication and care. Increased reporting on rates of adoption and skills attainment of various Cultural and Linguistically Appropriate Services (CLAS) standards within the UC Davis Health System.

Measured By: Numbers of trainings conducted on *Providing Quality Health Care with CLAS*. Development of a "disparity dashboard" communication tool. Introduction of quality of care indicators stratified by race/ethnicity, gender, socioeconomic status, disability status, sexual orientation and gender identity, geography, social and economic factors.

- *Promote Inter-institutional Collaborations to Exchange Mutually Beneficial Knowledge and Resources*

  Goals: Strengthen the potential for international, inter-cultural exchange in educational, research and care delivery areas of the health system.

  Action Plan: Identify opportunities to partner with suitable agencies and institutions to advance mutually beneficial exchange activities. Strengthen the cross cultural and linguistic skills capacity of training, research and health-care delivery settings by teaming with appropriate extra-University partners. Establish formal agreements (*inter-institutional agreements* or *memoranda of understanding*) with suitable partners to establish exchange activities.

  Anticipated Outcomes: Outcomes will include development of appropriate IIA and MOU agreements with international partners, including the Universidad

Autonoma de Guadalajara (UAG), Jalisco, Mexico, the Instituto Carso de la Salud, Mexico City, Mexico, and others. Establishment of mutually-beneficial exchange activities to begin 2011.

Measured By: Formal, signed documents establishing plans for inter-institutional arrangements.

- *Education to Implement Appropriate and Sensitive Services for LGBTI Populations*

  Goals: Develop effective training modules to educate health care providers on: 1) the need for awareness of sexual orientation and gender identity of patients; and 2) strategies for sensitively discussing sexual orientation and gender identity with patients and others. Develop a four-year competency-based curriculum focused on Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) health-care. In collaboration with relevant units, departments, and organizations, identify ways to signal that UCDHS is a safe and supportive health care environment for LGBTI patients, staff, students, residents and faculty.

  Action Plan: Provide training on LGBTI health disparities to all primary care providers in hospital-based training programs and to clinicians in our UCDMG Primary Care Network. Present Grand Rounds and hands-on workshops on how to discuss sexual orientation and gender identity issues at each hospital-based primary care residency training program. Develop additional educational materials to broaden the education provided to date. Enhance visibility and inclusion of LGBTI community by helping to develop stand-alone and ongoing programs that signal the presence and welcoming of LGBTI community throughout the Health System.

  Anticipated Outcomes: Provide LGBTI health disparities education to at least two primary care residency programs by June 30, 2011, and all UCDHS primary care residency programs by June 30, 2012. Provide hands-on workshops and communication skills training on how to discuss sexual orientation and gender identity issues to at least half of the UCDMG Primary Care Network providers by June 30, 2012, and to all network providers by June 30, 2013. Develop a web-accessible list of LGBTI-friendly primary care providers by January, 2012, with increasing numbers of providers listed on a yearly basis thereafter. Work with Human Resources and others to present information on LGBTI populations at orientations for all new employees and trainees beginning July 1, 2011.

  Measured By: Documented increases in the numbers of residents, faculty and PCN providers participating in LGBTI education activities in 2010-11 and each year thereafter. Documented expansion of LGBTI educational materials in half of existing courses during 2011-12, and two thirds of courses by 2012-13.

Documented increases in the number of orientation programs in which new employees, new medical students and new residents are provided information on LGBTI populations. Documentation of Coming Out Day and Diversity Week presentations each year.

- *Institute a "Best Practices" Forum for UC EEO/Diversity Officers and UCDHS Managers and Specialists*

  Goal: Establish and host a series of expertise-sharing forums on critical diversity topics aimed at strengthening the knowledge and skills of diversity planners and program staff at UCDHS, UC Davis campus and other UC campuses.

  Action Plan: Over 2011-12, host or co-host at least three forums on diversity-building themes, including: faculty development & recruitment, student recruitment & retention, campus climate enhancement, etc. Develop proceedings manuals for use in documenting and sharing the information/expertise gained in these forums.

  Anticipated Outcomes: Increase the knowledge and expertise of staff and programs working to advance diversity, inclusion and community engagement within the organization. Increase opportunities for networking among UC campuses.

  Measured By: Creation of: 1) proceedings documents, and 2) forum evaluation tools to measure satisfaction with training. Results to confirm a minimum 80% satisfaction rating on forum evaluation surveys.

- *Review and Enhance Internal and External Community-based Programs and Activities; Assist in Advancing Safety Net Services in Local Region*

  Goals: Integrate and strengthen the organization's involvement in community-building activities. Work with appropriate community leaders to establish a viable primary-care services delivery system in the Sacramento region.

  Action Plan: Identify and review all community-related programs with whom UCDHS has formal and/or indirect relations. Create a plan to collaborate more effectively with internal and external partners in support of community-building efforts and UCDHS objectives. Continue to enhance on-going efforts to strengthen relationships with federal, state and local elected and appointed officials. Institute a UCDHS Community Engagement Working Group to coordinate the goals, activities and agendas of UCDHS community engagement boards, councils, and personnel. Aid in creating a multi-party MOU to guide collaboration and future developments in establishing a safety-net delivery system

for the Sacramento region. Develop a strategy to guide technology-sharing among identified community-based partners.

Anticipated Outcomes: Comprehensive "inventory" of internal and external community programs and activities. Development of a multi-partner MOU to guide safety-net collaborations. Increased efficiencies in working with UCDHS programs and local area agencies, entities and local/statewide and national stakeholders. Increase by ten percent (10%) the presence of key UCDHS personnel on foundation or not-for-profit boards or community advisory boards and councils. Increase by ten percent (10%) the presence of Government and Community Relations staff at meetings of ethnic, local and regional chambers of commerce, and visits by key federal, state and local elected/appointed policymakers to UCDHS & UCDHS events. Increase by ten percent (10%) attendance of key community stakeholders at UCDHS Sponsorship Committee funded activities.

Measured By: 1) Creation of pertinent documents: a) comprehensive inventory of community-related programs and activities, and b) multi-party regional health care safety net MOUs; 2) achievement of $1M or more annually in additional non-routine state or federal funding; 3) establishment of quarterly meetings by a newly formed UCDHS Community Engagement Working Group.

C. Overall Benefits to the Organization

It's expected that comprehensive integration of diversity programming at UC Davis Health System will:

- Enhance the organization's strategic goal of *Excellence in People*

- Strengthen problem-solving at all levels of the organization

- Strengthen the organization's potential for high quality, successful products and services

- Contribute to increased levels of patient and employee satisfaction

- Enhance positioning to meet external regulatory requirements (LCME, ACGME, Joint Commission, etc.)

- Enhance positioning to compete more effectively for public and other grant-funded opportunities

- Increase the effectiveness of diversity, inclusion and community engagement efforts

- Reduce the numbers of discrimination/harassment/mistreatment complaints received by the organization

- Reduce the numbers of employees lost each year to turn-over

- Reduce health disparity indicators among UCDHS patients and local communities.

"Diversity — a defining feature of California's past, present and future — refers to the variety of personal experiences, values and world views that arise from differences of culture and circumstance. Such differences include race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, socioeconomic status and geographic region, and more."

UC Diversity Statement
Adopted by the Regents of the University of California, 2007

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From the Vice Chancellor for Human Health Sciences

As Vice Chancellor for Human Health Sciences, I established the Office of Diversity, Inclusion and Community Engagement to fulfill a long-held vision: to instill diversity and inclusion into all aspects of our organization, including education, research, patient care and community engagement.

As a tangible first step in realizing this vision, I'm delighted to share the following *Framework for Diversity* with our UC Davis Health System community. The *Framework* lays out a comprehensive, outcome-based plan for achieving excellence in our diversity, inclusion and community engagement endeavors. Its goals and recommendations are grounded in specifics and result from collaboration with a wide body of stakeholders. The degree of specificity reflected in this document will be necessary if we are to meet our diversity goals and maintain our obligation to helping advance the health and well-being of our region, our state and, indeed, society at-large.

The *Framework for Diversity* amplifies our commitment to:

> Achieving excellence in people
>
> Creating an inclusive, welcoming environment for all, and
>
> Assuring equity in our education, employment and health care delivery practices

I call upon all members of our organization, especially our thought leaders and planners – our directors, deans, department chairs, senior administrators and faculty – to embrace the implementation plans recommended in this document. If we are to successfully meet the challenges and take advantage of the opportunities before us as a leading Academic Health Center, we will need the commitment and involvement of all members of our health system community.

Claire Pomeroy, M.D., M.B.A.
Vice Chancellor for Human Health Sciences /
Dean, UC Davis School of Medicine
March 2011

From the Associate Vice Chancellor for Diversity and Inclusion

UC Davis Health System seeks to enhance a welcoming and inclusive environment characterized by equality, respect and opportunity for all groups and individuals, regardless of cultural differences, physical abilities or sexual orientation. When our student body and workforce are diverse, we benefit from the many varied experiences and perspectives our members offer, making us better informed, more flexible, and more responsive to our community.

Excellence means high-quality teaching and health-care delivery, a culturally responsive campus climate and a workforce that includes faculty, students, residents and staff across the health system. When we celebrate a diverse, inclusive health system community, we also support the eradication of the health disparities that afflict many in our patient populations. This is particularly crucial in California, a state in which "minorities" are now the majority. Based on 2010 U.S. Census Bureau data, more than 58 percent of the California population come from what traditionally have been considered racial or ethnic minority groups.

Yet in California, only 7 percent of physicians come from communities of color. Marc Nivet, Ed.D., chief diversity officer for the Association of American Medical Colleges, notes that African-Americans and Hispanics make up little more than 7 percent of applicants to U.S. medical colleges, while American Indians/Alaska Natives and Hawaiians/Pacific Islanders are only 1 percent of applicants, respectively. Nivet also notes that among African Americans medical school graduates, only 35 percent are male. "These relatively low proportions for certain racial and ethnic groups compared to majority groups … are at the crux of the challenges we face in attaining diversity among medical school faculty," Nivet said.

To aid in attracting and helping faculty, students, residents and staff thrive and successfully contribute to the expansion of high-quality health and accessible care for all, a coalition of leaders was formed to:

- Work diligently in support of transformation efforts leading to health equity
- Communicate ways that diversity catalyzes the conditions for excellence by translating a diverse faculty, staff and student body, into a health system that better solves problems
- Recognize faculty, staff and students for their contribution to advance the vision of achieving a workforce and campus that mirrors the patient and community populations we serve
- Align diversity and inclusion goals with institutional strategic goals

- Plan for and achieve short-term wins that promote and increase diversity and inclusion across the health system

- Demonstrate through success that diversity is a significant driver of excellence

- Establish an evaluation plan to measure the benefits from and value added by investing in diversity, inclusion and community engagement efforts

It is expected that this comprehensive integration of diversity programming at UC Davis Health System will:

- Enhance the organization's strategic goal of Excellence in People

- Strengthen problem-solving at all levels of the organization

- Strengthen the organization's potential for high-quality, successful products and services

- Contribute to increased levels of patient and employee satisfaction

- Enhance positioning to meet external regulatory requirements (The Joint Commission, LCME and ACGME)

- Enhance positioning to compete more effectively for public and other grant-funded opportunities

- Increase efficiencies, and, consequently, the effectiveness of diversity, inclusion and community engagement efforts

- In the short-term, increase the rate at which we successfully resolve discrimination, harassment and mistreatment complaints

- Over the long-term, reduce the numbers of discrimination, harassment and mistreatment complaints received by the institution

- Reduce the numbers of employees lost each year to turn-over

- Reduce health disparity indicators among health system patients and local communities.

Shelton J. Duruisseau, Ph.D.
Associate Vice Chancellor
Diversity, Inclusion and Community Engagement
March 2011

Overview

Following regental approval for a new *Associate Vice Chancellor for Diversity and Community Engagement* in September 2010, Vice Chancellor for Health Sciences Claire Pomeroy established a new office dedicated to integrating and enhancing diversity and inclusion across all areas of the organization. This new office, the *Office of Diversity, Inclusion and Community Engagement* has as its primary charge the advancement of groups still underrepresented within medicine and the health sciences, including ethnic minorities, women and other underrepresented groups within our student, medical resident, staff and faculty communities. The office is also charged with assuring the quality of diversity and inclusion programming throughout the organization and with helping foster and maintain a welcoming environment for all.

Under the leadership of Associate Vice Chancellor Shelton Duruisseau, Ph.D., the organization recently embarked on a comprehensive review of its diversity, inclusion and community engagement efforts. With support and guidance from a specially convened Task Force composed of experienced and committed members of the health system community and the UC Davis Office of Campus Community Relations, a thorough review of our diversity and inclusion programming efforts was conducted. The results of this review, complete with recommendations for implementation, have been organized into the following formal action plan, our *Framework for Diversity: Achieving Diversity through Excellence in People and Campus Climate*.

The strategies detailed in this report will be used to help the institution organize its multiple diversity initiatives into a cohesive whole, plan for future initiatives and guide implementation and assessment activities over coming years.

Task Force on Diversity and Inclusion
UC Davis Health System
March 2011

Committee Members
Task Force On Diversity And Inclusion

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Report of the Task Force on Diversity and Inclusion

UCDHS FRAMEWORK FOR DIVERSITY

Achieving Diversity through Excellence in People
and Campus Climate

2011-2014

UC Davis Health System

April 2011

Introduction

In creating the new Office of Diversity, Inclusion and Community Engagement in Fall 2010, Vice Chancellor Claire Pomeroy charged the organization with integrating diversity and inclusion into all aspects of the UC Davis Health System.

The specific goals of this integration include increasing the diversity of our faculty, staff, students, residents, fellows and leaders; fostering a strong culture of inclusion; and eliminating health disparities among our patients and our communities. Meeting this charge will require that the institution transform itself in ways that make achieving these goals an integral part of all our actions and decisions.

To facilitate this transformation, a task force on diversity and inclusion was formed and asked to develop a clear plan, one with specific action steps and tools to assess progress. Over the period October-November 2010 the task force conducted a survey of health system department heads and managers to generate an accurate assessment of the organization's capacity for reaching our individual and collective diversity goals. The information gained through this fact-finding has allowed the organization to begin gauging progress toward meeting its diversity and inclusion goals, and planning for the next stages of development and implementation.

The following questions were asked through survey:

- What mechanisms, tools, strategies, etc. do you employ to ensure high-quality diversity and inclusion initiatives, reduce health disparities in vulnerable populations and strengthen community engagement? Please be as specific as possible in relating the activities pursued by your office to support these goals.

- What search/recruitment strategies and policies are followed to promote and increase diversity and inclusion when hiring faculty, residents, fellows and staff, and when recruiting students?

- Are there specific outcome goals in place for the above-described activities? Please state or describe these. Please identify, also, which activities are not accompanied by specific outcome goals.

- Are there systems in place to help you collect and measure your progress in meeting your outcome goals? Please describe these systems.

- Are the collection systems you have identified (above) sufficient to help you make accurate assessment of your progress in meeting your goals? If not, what would be needed to capture this information? Do you perform other activities for which you do not presently have data collection systems?

- What additional activities would you recommend to round out the effectiveness of work done in your area to achieve the goals of diversity and inclusion as well as reduce health disparities across UC Davis Health System clinical services?

- Please list the person who is accountable for achieving progress in each of the major activities identified above. This is the leader who directs the functions in your area. Please list the names of the persons or offices you work with (within the organization) to help you achieve your diversity and inclusion goals.

The following *Framework for Diversity* is the result of information gleaned from this survey and from input provided by the UCDHS Task Force on Diversity and Inclusion.

I. Developing a shared and inclusive understanding of diversity and excellence

Champion: Associate Vice Chancellor Shelton Duruisseau, with support from members of the UCDHS Task Force on Diversity and Inclusion, the UCDHS Equal Opportunity and Diversity Committee, and the proposed Committee on Excellence in People, Diversity and Campus Climate.

Our first step in advancing diversity at UC Davis Health System is to define and communicate what diversity and inclusion mean in terms of their relationship to excellence in education and health-care delivery.

The health system is committed to increasing diversity and inclusion in its student and workforce populations. The School of Medicine has been a leader in attracting and training a broadly representative body of students. Currently, 24 percent of our medical students are from disadvantaged and traditionally underrepresented backgrounds. Similarly, about 40 percent of our workforce consists of employees from traditionally underrepresented groups, reflecting in good measure the rich diversity of the region we serve. We have made strong, positive strides, but clearly we can do more.

Diversity efforts have evolved in a number of settings within the university. Both UC Davis and UC Davis Health System have been leaders in responding to and creating innovative initiatives to further the cause of diversity in our region and state. Our *Principles of Community*, developed over two decades ago, is the cornerstone of our commitment to diversity and inclusion, and has become a model used at many other institutions statewide and nationally. Our policies and practices not only conform to state and national requirements but also lead the way in addressing issues of health disparity, cross-cultural communication and care, and the treatment of students, trainees and staff. Yet, we can do more.

Much of the history of diversity has been shaped by our individual and collective responses to legal mandates that have had as their principal aim the promotion of equal opportunity and the prohibition of discrimination. The objects of these original mandates have been groups traditionally underrepresented in education, employment and housing. Efforts to address the social and economic inequities experienced by traditionally underrepresented groups, especially racial and ethnic minorities, women, veterans and the disabled, have been only partially successful. Since these efforts are not fully accomplished, they remain a critical core of our diversity goals. Further, we are now committed to expanding these efforts to fully and equitably integrate all groups into the life and culture of the organization.

Still, misunderstandings remain about the true value of diversity; namely, that diversity is essential to achieving excellence. Despite the remarkable demographics of our region and state, and the growing body of evidence confirming the value of diversity in enriching the capabilities of our workforce, reducing health disparities and elevating the overall quality of care for diverse patients and communities, some people still hold to the misguided belief that diversity is extraneous to excellence and achievement. Such beliefs are grounded in misinformation, however. By undervaluing diversity's significance, these voices make discourse about diversity's true benefits more difficult.

To counter those beliefs, our institution must communicate a heightened commitment to building a community characterized by unconditional inclusion and respect for all individuals and groups, regardless of cultural differences, both obvious and subtle. Such a goal is consistent with our *Principles of Community,* which holds that we are a community of people bound by our commitment to free expression, mutual understanding and respect. We must strive to be recognized as an organization in which diversity is not simply "tolerated," but embraced because its presence broadens our thinking and deepens our dialogue, propelling us toward excellence in our teaching, research and service missions.

Currently, "official" messages about the health system's diversity objectives are communicated through a variety of units, including the Vice Chancellor/Dean's office, the office of Public Affairs and Marketing, the office of Academic Personnel, the offices of Student Affairs and Student Diversity within the Schools of Health (principally Medicine and Nursing), the office of EEO/Affirmative Action, Human Resources, and several others. To be effective, we must commit ourselves to developing a clear, united message so that it can be communicated consistently and continuously by senior executives, department chairs, faculty leaders, managers, supervisors and professional staff.

Leadership's communication will provide both a viable foundation for promoting our diversity interests and goals and the means for furthering diversity's role in enhancing excellence. The process should facilitate development of not only a statement of broad principles, but a concise, operational definition for all units and stakeholders to use in shaping the course of our organization.

Activities that should be undertaken to achieve the goal of developing an inclusive definition of diversity are indicated in the following set of proposed actions:

Action Plan

Goal: Develop and communicate clear and consistent descriptions of UC Davis Health System's commitment to the pursuit of diversity and excellence objectives and initiatives.

Associate Vice Chancellor for Diversity and Inclusion
- Work toward an institutional definition of diversity and excellence through dedicated and well-defined collaborative activities over the coming academic year. One such activity would be creation of a senior-level diversity work group whose charge would be to explore and translate into functional terms the intellectual relationship between diversity, broadened and deepened dialogue and planning, and resultant excellence.

Executives
- Undertake a review of materials describing diversity initiatives in both general and unit-specific publications.
- Include UC Davis Health System diversity objectives in communications with new staff, students and faculty through various multimedia channels including videos, websites and written materials.

Staff EEO/Affirmative Action Office
- Coordinate a review of the content and scope of existing diversity training efforts with a specific focus on aligning program content.
- Allow for evolving definitions of diversity in training opportunities for staff and management.
- Ensure that recruitments are broadly advertised.
- Ensure that interview panels are properly structured and are trained in the knowledge and skills necessary to optimize diversity outcomes.
- Ensure that all recruitment and hiring documents include information on the health system's commitment to diversity goals and objectives.
- Monitor trends in discrimination, harassment and mistreatment complaints.

Associate Dean for Academic Personnel
- Assure the structuring and training of search committees to increase our success in increasing diversity.
- Restructure the advertising of positions to assure dissemination to diverse candidates.

- Work with new and existing department chairs to enhance success in recruiting and retaining diverse faculty and staff.
- Ensure that all recruitment and appointment documents include information on the health system's commitment to diversity goals and objectives.

Department Chairs and Other Academic Unit Heads

- Disseminate and discuss detailed information about the organization's diversity initiatives to new and existing faculty and non-academic personnel.
- Disseminate information outlining faculty responsibilities under Americans with Disabilities Act to all academic units.
- Ensure that resources to aid new diverse personnel in acclimating to region or department are made available.

Human Resources

- Collaborate with EEO/Affirmative Action Office and Office of Diversity and Community Engagement in examining the content of diversity and related courses offered through the Human Resources Department.
- Ensure that curriculum and workshop recommendations appropriately incorporate specific information about the health system's overall diversity vision, goals and initiatives.

Student Affairs/Student Diversity Office

- Hold discussions on the meaning of diversity with all education and training units.
- Disseminate information on the breadth of diversity issues and opportunities for prospective and current students, including where appropriate, information on support for sexual orientation/identity issues, political and/or religious expression issues, spiritual development, etc.
- Disseminate specific information to incoming students about the university and organization's diversity initiatives through new student-orientation programs and other appropriate venues.
- Where appropriate, incorporate diversity materials in formal communications with students.
- Encourage participation in training opportunities that provide enhanced experiences in diverse care delivery settings.

II. Creating a welcoming campus climate

Champion: Associate Vice Chancellor Shelton Duruisseau, with assistance and support from Associate Dean Edward Callahan, Office of Student Diversity Director Darin Latimore, Center for Reducing Health Disparities Director Sergio Aguilar-Gaxiola, EEO/Affirmative Action Manager Cindy Oropeza, and Public Affairs and Marketing Director Bonnie Hyatt.

Understanding and valuing diversity is only the first step in the process of institutional change. Understanding must translate into activities throughout the organization to create an inclusive, safe and welcoming climate for students, staff and faculty. This process requires that we strengthen the potential for healthy interactions inside and outside the learning environment and within all work areas.

A welcoming and inclusive climate is grounded in the practice of respect for others, nurtured by dialogue between those with differing perspectives, and is evidenced by a pattern of civil interaction among community members. This vision for UC Davis Health System is clearly consistent with the goals of Vice Chancellor Claire Pomeroy and Chancellor Linda Katehi whose mutual interests are to continue furthering true excellence by enhancing the university's diversity and inclusion efforts.

Like the campus, the health system is implementing this initiative in ways that take into account the organization's values and strengths in the context of the students, trainees, staff, faculty and patient communities that comprise its multiple missions.

A major barrier to the creation of a welcoming environment is the reality that a single, highly visible act of intolerance, hate or violence can undo years of efforts to create a sense of community. In such situations, one of the most telling measures of the health of a climate is the willingness of community members to openly sanction the negative behavior. To augment appropriate preventive measures that are in place and vigilantly monitored, the community must speak with a united voice in the condemnation of acts of hate or violence. As an institution, our commitment to monitoring and intervening in unprofessional behavior by members of our community – whether faculty, staff or trainee – is a critical next step in building towards excellence.

The series of hate-based incidents experienced on the Davis campus in 2010 prompted heightened attention on cultivating conditions that contribute to a safe, welcoming environment. In response to a number of subsequent internal reviews,

the campus developed an expanded set of protocols and practices in its Hate-Free Campus initiative to more fully address issues involving hate and intolerance.

The campus' response enhanced institutional credibility that had been established through regular reiteration of the university's commitment to an inclusive and multicultural community. It also underscored that every member of the UC Davis community is responsible for voicing his or her support for diversity and inclusion.

UC Davis Health System's response to campus efforts has been to expand pertinent policies and practices that address mistreatment and violence in the workplace (HP&P 2917 and 1616), introduce enhanced prevention and rapid response measures, and establish new resources and opportunities for use by the organization. A comprehensive communication plan articulates the ways we are committed as an organization to maintaining a safe, welcoming environment. Additionally, plans call for a *Center for Inclusion and Culture* which, together with a new *Center for Accessible Technologies,* will provide a common gathering place for students, staff and faculty seeking information and/or reinforcement on issues involving diversity and inclusion.

A coherent strategy for collecting information on current climate status and possible trends is required. Such an effort should be the responsibility of all members of the organization, especially those in key planning areas, including human resources, health and safety, academic personnel, student diversity and other areas. This will be the principal focus of the newly developed Violence Prevention Committee, whose formation was prompted by the launch of the health system's hate-free initiative.

Another way to channel current data into the planning process is through feedback from established UC Davis Health System committees and associations, such as the African-American Faculty and Staff Association, the Latino Staff Caucus, the UC Davis Health System Staff Assembly, the Committee on the Status of Women in Medicine and Science, the Status of Women at Davis Administrative Advisory Committee, Gay and Lesbian Employees Everywhere (GLEE), and others. This grassroots approach will provide a broad, inclusive way to collect feedback and reinforce communication pathways for relevant interest groups.

We have identified a need for improved support for student-driven initiatives and venues in which student leaders can provide feedback and suggestions to offices with responsibility for improving campus climate. For example, student leaders of umbrella organizations representing African American, Asian American, Chicano/Latino and Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) students could meet on a regular basis with the Director of Student Diversity, the Associate Dean for Student Affairs, the Associate Vice Chancellor for Diversity and Community Engagement and other key officials to offer perspective and

recommendations on student-level concerns. This approach provides a sense of multiculturalism and unity among leaders who often work and develop similar programming for narrower applications. Focused workshops for leaders from all student associations may increase their familiarity with the organization's diversity objectives.

Action Plan

Goal: Institute systematic climate-improvement initiatives and assessment processes at all levels and locations of the organization.

Executive
- Initiate a multifaceted climate-assessment process that includes regular meetings with faculty, staff and students from diverse backgrounds, and statistical climate assessments via surveys and qualitative analyses via focus groups.
- Establish a process to monitor complaints and concerns about unprofessional words or behavior of any member of our community; integrate this process into an early intervention program built on cultural competence.
- Establish processes within respective areas to monitor progress in improving campus climate.
- Ensure that findings are reported to the Vice Chancellor for Human Health Sciences, the Associate Vice Chancellor for Diversity, Inclusion and Community Engagement, and others on a regular basis.

Human Resources/ EEO-Affirmative Action/Academic Personnel/Student Affairs/Office of Student Diversity
- Implement plan to strengthen prohibitions against hate-related behaviors. Collaborate with others to enhance the climate in ways that demonstrate support for diverse students, faculty and staff.
- Coordinate with Office of Diversity and Community Engagement to establish and operate a Center for Inclusion and Culture.
- Support climate assessment efforts and assist with comparisons of climate assessment results across campus.
- Continue efforts to involve students and staff in climate assessment and enhancement initiatives.
- Assess the effectiveness of programs designed to familiarize students, residents, fellows and faculty with UC Davis Health System's commitment to creating a welcoming climate.

Violence Prevention Committee

- Implement plan to monitor campus climate; coordinate with other offices receiving climate status information.
- Collect and assess composite data; distribute results to key stakeholders.
- Coordinate with Public Affairs/Marketing to implement proactive, ongoing communication campaigns in support of efforts to create a welcoming campus climate for everyone.

Human Resources

- Monitor employee-satisfaction surveys and exit interview results to identify possible contributing factors to climate issues.
- Institute diversity and Hate-Free Campus training workshops for all UC Davis Health System staff offices.
- Review training materials to ensure that messaging on diversity and Hate-Free Campus expectations is consistent and appropriately covered.

Student Affairs/Office of Student Diversity/Academic Personnel

- Assess the effectiveness of programs and materials designed to familiarize students, residents, fellows and faculty with UC Davis Health System's commitment to creating a welcoming climate.
- Coordinate with Violence Prevention Committee to develop a plan to enhance the climate for all new students, trainees and faculty.
- Develop and offer diversity and Hate-Free Campus training workshops for student leaders and their organizations.
- Offer diversity training workshops for all Student Affairs staff.
- Involve students in the development and execution of all of the above recommendations.

III. Recruiting, retaining and successfully graduating a diverse body of students, residents and fellows

Champions: Office of Student Diversity Director Darin Latimore, Associate Vice Chancellor for Nursing and Dean of the Betty Irene Moore School of Nursing Heather M. Young, School of Medicine Associate Dean for Student Affairs and Graduate Medical Education James Nuovo, School of Medicine Associate Dean for Curriculum and Competency Development Mark Servis, and School of Medicine Associate Dean for Admissions and Outreach Mark Henderson.

A. *School of Medicine*

UCDHS ALL MEDICAL STUDENTS 2004 - 2010

	2004 (404)	2005 (407)	2006 (404)	2007 (396)	2008 (393)	2009 (401)	2010 (403)	TOTALS
Asian-PI	148	163	162	156	161	158	143	1091
Amer Ind	11	5	7	2	3	3	1	32
Afri Amer	10	11	14	11	10	15	24	95
White	200	178	181	161	172	182	167	1241
Hispanic	23	37	39	39	41	40	43	262
Unk	12	12	0	27	5	3	25	84
Internationa	0	1	1	0	1	0	0	3
TOTALS	404	407	404	396	393	401	403	2808

	2004 (404)	2005 (407)	2006 (404)	2007 (396)	2008 (393)	2009 (401)	2010 (403)	TOTALS
Male	192	189	184	171	172	171	172	1251
Female	212	218	220	225	221	230	231	1557
Totals	404	407	404	396	393	401	403	2808

UCDHS FIRST YEAR MEDICAL STUDENTS 2004 - 2010

	2004 (89)	2005 (86)	2006 (91)	2007 (89)	2008 (95)	2009 (91)	2010 (96)	TOTALS
Asian	32	31	27	26	24	24	36	200
Afri Amer	2	3	6	3	3	5	10	32
White	39	39	44	46	43	42	36	289
Amer Ind	1	1	3	1	0	1	1	8
Hispanic	8	12	9	5	17	10	13	74
Unk	7	0	2	8	8	9	0	34
TOTALS	89	86	91	89	95	91	96	637

	2004 (89)	2005 (86)	2006 (91)	2007 (89)	2008 (95)	2009 (91)	2010 (96)	TOTALS
Male	42	35	48	31	39	39	46	280
Female	47	51	43	58	56	52	50	357
Totals	89	86	91	89	95	91	96	637

FELLOWS NEW HIRES BY YEAR 03/15/11

	2002 (38)	2003 (40)	2004 (59)	2005 (28)	2006 (51)	2007 (43)	2008 (55)	2009 (56)	2010 (63)	TOTALS
Asian	14	15	14	13	19	17	22	24	20	158
Afri Amer	1	2	2	1	0	1	1	1	2	11
White	18	18	36	11	28	20	26	25	30	212
Amer Ind	0	0	0	0	0	0	0	0	0	0
Hispanic	5	5	1	0	2	4	6	6	4	33
Unk	0	0	6	3	2	1	0	0	7	19
TOTALS	38	40	59	28	51	43	55	56	63	433

	2002	2003	2004	2005	2006	2007	2008	2009	2010	TOTALS
Male	22	26	38	20	34	35	36	36	41	288
Female	16	14	21	8	17	8	19	20	22	145
Totals	38	40	59	28	51	43	55	56	63	433

RESIDENTS NEW HIRES BY YEAR 03/15/11

	2002 (115)	2003 (121)	2004 (106)	2005 (126)	2006 (168)	2007 (153)	2008 (156)	2009 (158)	2010 (146)	TOTALS
Asian	20	41	32	51	68	66	65	53	49	445
Afri Amer	1	4	1	4	6	8	1	5	7	37
White	85	67	62	55	81	66	77	90	80	663
Amer Ind	2	1	0	1	1	2	1	1	1	10
Hispanic	7	6	3	4	6	5	12	9	8	60
Unk	0	2	8	11	6	6	0	0	1	34
TOTALS	115	121	106	126	168	153	156	158	146	1249

	2002	2003	2004	2005	2006	2007	2008	2009	2010	TOTALS
Male	67	60	53	66	88	66	78	79	68	625
Female	48	61	53	60	80	87	78	79	78	624
Totals	115	121	106	126	168	153	156	158	146	1249

The vision of the Office of Student Diversity at UC Davis School of Medicine is to create an environment in which individuals from diverse backgrounds feel included and respected; that produces a physician workforce that reflects the diversity of the state of California; and that achieves educational and clinical standards of cultural competence that ultimately assist in reducing health disparities and provide the best possible care for all patients.

The office adheres to the following LCME standards to achieve its goals:

IS-16: An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds. The LCME and the AAMC believe that aspiring future physicians will be best

prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- Basic principles of culturally competent health care.
- Recognition of health-care disparities and the development of solutions to such burdens.
- The importance of meeting the health-care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, social accountability) needed to provide effective care in a multidimensional diverse society.

MS-8: A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission. Because graduates of U.S. and Canadian medical schools may practice anywhere in their respective countries, it is expected that an institution that offers a medical education program will recognize its collective responsibility for contributing to the diversity of the profession as a whole. To that end, a medical education program should work within its own institutions and/or collaborate with other institutions to make admission to medical education programs more accessible to potential applicants from diverse populations. Institutions can accomplish that aim through a variety of approaches, including, but not limited to, the development and institutionalization of pipeline programs, collaborations with institutions and organizations that serve students from disadvantaged backgrounds, community service activities that heighten awareness of and interest in the profession, and academic enrichment programs for applicants who may not have taken traditional pre-medical coursework.

The Office of Student Diversity is unique because its program focus spans K-12 students, undergraduates, medical students, residents and faculty. The premedical programs are specifically for educationally or socio-economically disadvantaged students and communities. It has several unique areas:

K-12 and undergraduate:
- The Office of Diversity, with support from medical students and community partners offers academic preparation and motivational workshops to local middle school and high schools. The office also attends career and college fairs.
- The Office of Diversity offers high school pipeline academic preparation programs and workshops to local high schools that are located in low-income,

educationally or socio-economically disadvantaged communities. These programs include: Anatomy labs, Saturday Academy, Summer Scrubs, high school visits and a lecture series at Health Professions High School.

- The Office of Diversity with medical students and community partners offers academic preparation and motivational workshops to undergraduate students, which includes premedical conferences, academic advising and mentoring.
- The Office of Diversity offers an undergraduate (UC Davis and CSUS) academic preparation program, the Medical School Preparation Enrichment Program (MSPEP), which is designed to prepare students to both apply to medical school and to successfully complete the MCAT exam.
- The Office of Diversity offers a yearlong post-baccalaureate program for aspiring physicians. Students must come from socially, economically and/or educationally disadvantaged backgrounds. During the year, they work on upper-division science academic coursework, MCAT preparation, team-building activities, and assistance with the medical-school application process. Program participants improve their academic records significantly, making them more competitive applicants to medical school.

Medical Students:
- Disadvantaged Interview Day: This day allows self-identified disadvantaged applicants the opportunity to meet UC Davis' underrepresented minority (URM) and disadvantaged medical students, staff and faculty.
- Disadvantaged Revisit: This program provides accepted self-identified disadvantaged students the opportunity for a "second look" at the medical school and its diversity programs and opportunities.
- Academic Enhancement: The Office of Diversity provides support to disadvantaged students through advocacy, advising, letters of support and recommendations, which enhance their ability to acquire scholarships and research opportunities.
- Provide support to our medical student groups: LMSA, SNMA, LGBTIQ, AMWA, and FAIM.
- Provide support in developing a transition workshop between academic years, specifically the transition to third-year rotations.
- Support development of medical-student interest in research, such as the UC Diversity Pipeline Initiative Conferences.
- Support cultural competency and diversity activities for the general student body, such as the campus book project.

Residents and Fellows

The Assistant Dean for Student and Resident Diversity will play a facilitative role in advancing diversity among UCDHS residents and fellows by:

- Attending GMEC meetings as a non-voting member to address diversity and inclusion issues as needed

- Working with the Associate Dean of Graduate Medical Education on an on-going basis to evaluate diversity issues among our housestaff and work together to develop strategies for improvement as needed.

- Working with the Associate Dean for Curriculum and Competency Development to enhance opportunities within the fourth-year Visiting Clerkship Program.

- Attending national and regional medical student association and medical education conferences to recruit underrepresented minority (URM) and other disadvantaged graduates into UCDHS residency programs.

- Developing social and academic mentoring activities focusing on URM and other residents from disadvantaged backgrounds.

B. School of Nursing

	Number #	Percentage %
Gender (female/male)	28/5	85/15
Hispanic Ethnicity	3	9.1
Race African American or Black Native American Asian Pacific Islander White	 1 0 5 1 23	 3.0 0 15.2 3.0 69.7

The Betty Irene Moore School of Nursing is deeply committed to reducing social inequalities and health disparities. Cultural inclusiveness is a core attribute of the school and embraced as a component of every initiative it undertakes. The school recruits faculty, post-doctoral scholars, staff and students to reflect the diversity of the area's population and prepare graduates to deliver culturally appropriate care.

The mission and core attributes of the school are powerful tools used to communicate its commitment.

Mission

The Betty Irene Moore School of Nursing at UC Davis cultivates academic excellence through immersive, interprofessional and interdisciplinary education and research in partnership with the communities it serves. Faculty, staff and students discover and disseminate knowledge to advance health, improve quality of care and shape policy.

Core attributes
- Leadership development: Build capacity for advocacy and action at all levels.

- Interprofessional/interdisciplinary education: Health professionals learn multiple perspectives to work and communicate as teams.

- Transformative research: Apply the science of nursing to improve health and reshape health systems with emphasis on aging, rural health and diverse communities.

- Cultural inclusiveness: Teach culturally appropriate approaches to care and involve communities to design and conduct relevant research.

- Innovative technology: Use technology to create an engaged and interactive approach to nursing education, research and practice.

Specific activities to support the mission and core attributes are:
- Staff and faculty from the Betty Irene Moore School of Nursing work closely with the Office of Student Diversity to increase the diversity of post baccalaureate students, medical students, nursing students, residents, fellows and faculty.

- The curriculum of the Betty Irene Moore School of Nursing is designed to achieve knowledge and skill sets required for interprofessional and interdisciplinary education and research. Solid grounding in cultural studies, for example, will enhance nurses' abilities to work effectively with an increasingly diverse patient population.

- The highly qualified inaugural graduate cohort reflects diverse expertise in multiple settings and with various populations. The incoming students work for organizations throughout the area, including UC Davis Health System, as well as a variety of large, regional health systems and small, community-based organizations.

- The School of Nursing has developed community partnerships with clinical and public health sites in Northern California. The 25 master's degree students are placed in pairs in different community sites to collaborate on health-care projects and develop leadership skills.

- When recruiting, the Betty Irene Moore School of Nursing seeks unique student candidates who want to make a difference, who see problems and think of solutions, who want to lead the transformation of health care, who believe that good health is not defined in physical terms alone but has many dimensions, including social, political, psychological, economic, emotional, intellectual and spiritual, who find value in diversity of thought, belief, language and culture, and who want to unleash the power and passion of nursing.

- The UC Davis Campus Community Book for 2010-11 is *Why Are All the Black Kids Sitting Together in the Cafeteria?* and it explores race and racial identity. The School of Nursing students, staff and faculty are participating in an interprofessional book club to explore as a community these issues as they impact teaching, learning and the delivery of excellent health care. The school hosted a screening of the movie *From the Community to the Classroom*, a youth-directed documentary of how Davis young people led their community closer toward educational equity, as part of the Sacramento activities for the 2010 Campus Community Book Project.

- Nursing students attended a medical school grand-rounds psychology presentation about unconscious bias, "Mindbugs: The Ordinary Origins of Bias."

Action Plan

Office of Student Diversity/School of Medicine

Goal: Improve tracking and evaluation tools to evaluate effectiveness of outreach programs.
- Maintain a database of all students the office assists to aid in assessing the success of outreach and advising activities.
- With assistance from an experienced program evaluator, develop and implement enhanced data collection and assessment strategies.

Goal: Develop a strategic plan for effective outreach through our K-16 pipeline.
- Strengthen pre- and post- testing of target students.
- Enhance program evaluation systems.

Goal: Improve post-baccalaureate alumni matriculation into medical school.

- Work with Dean of Admissions to explore the feasibility of developing a post-baccalaureate conditional admit program.
- Facilitate clinical and/or research internships or jobs at UC Davis Health System.
- Identify sources of funding for emergency case needs of post-baccalaureate students.

Assistant Dean for Student and Resident Diversity

Goal: For enrollment years 2011-2013, increase the number of qualified medical students from disadvantaged backgrounds matriculating into UC Davis School of Medicine by a minimum 10 percent per year over 2009-10 baseline numbers.

- Strengthen current premed recruitment activities, including participation in local and regional premed conferences and hosting of annual Revisit Programs (for disadvantaged students accepted into School of Medicine).
- Work with Dean of Admissions to review the effects of current admissions practices (including new holistic assessment processes via MMI and other mechanisms), on the matriculation of underrepresented and disadvantaged applicants into School of Medicine.

Goal: Develop an early warning mechanism to identify medical students experiencing academic and related educational progress difficulties.

- Work with the Director of Academic Services to review existing identification and intervention strategies.
- Develop mentorship programs for students, pairing them with other students, residents or faculty.

Goal: Increase the numbers of qualified residents and fellows from underrepresented backgrounds pursuing training in UCDHS residency training programs by a minimum 10% per year over 200-10 baseline numbers.

- Assistant Dean will attend national and regional medical student association and medical education conferences to recruit URM and other disadvantaged graduates into UCDHS residency programs.
- Attend GMEC meetings as a non-voting member to address diversity and inclusion issues as needed.

- Work with the Associate Dean for Graduate Medical Education on an on-going basis to evaluate the demographics of UCDHS housestaff and assist in the development of strategies for improvement as needed.
- Work with the Associate Dean for Curriculum and Competency Development to enhance recruitment opportunities within the fourth-year Visiting Clerkship Program.

Goal: Increase the number of qualified residents and fellows from underrepresented groups who complete their postgraduate training at UC Davis Health System and remain as faculty.
- Enhance the fourth-year Visiting Clerkship Program to include information on opportunities for academic careers at UC Davis Health System.
- Develop an ongoing relationship with UC Davis residency programs to establish a comprehensive plan for recruitment and retention.
- Develop social and academic mentoring activities focusing on residents from underrepresented and disadvantaged backgrounds.
- Explore possibility of partnering with medical schools that have significant Spanish-speaking student bodies (e.g. Universidad Autonoma de Guadalajara (UAG), for example, or one of the four medical schools in Puerto Rico, etc.).
- Explore developing a partnership with one or more of the traditionally black medical schools.

Goal: Develop a campus-wide forum to discuss diversity issues, in coordination with the Office of Academic Personnel.
- Develop a mechanism to better monitor the diversity and inclusion climate on the UCDHS campus.
- Develop a mechanism to become better informed about how to effectively support the campus' diversity efforts.
- Provide ongoing support for discussion groups – or town hall meetings.
- Strengthen diversity-training programs to help students, faculty and staff.

School of Nursing

Goal: Matriculate a richly diverse student population and collect data to benchmark against in the future.

- Develop a student tracking system, modeled after the School of Medicine's, to replace current manual tracking system.

Goal: Develop an evaluation plan to measure the success of the Betty Irene Moore School of Nursing's mission and desired outcomes, which include diversity and inclusion.

Goal: For years 2011 through 2014, increase the numbers of qualified students from disadvantaged backgrounds matriculating into the Betty Irene School of Nursing RN and master's programs by a minimum 10 percent per year over 2010-11 baseline numbers.

Goal: Work with the Office of Student Diversity on outreach to diverse populations of high school and middle school students in collaboration; coordinate these activities with the School of Medicine's efforts.

Goal: Collaborate with the Clinical and Translational Science Center for community participatory research and engagement to broaden reach to diverse populations.

IV. Recruiting, promoting and retaining a diverse cadre of faculty

Champions: Associate Dean Edward Callahan and Assistant Dean for Faculty Diversity Francis Lu, with assistance and support from Office of Student and Resident Diversity Director Darin Latimore, Center for Reducing Health Disparities Director Sergio Aguilar-Gaxiola and others.

Faculty Demographics by Year, School of Medicine

Year	African American	Asian	Hispanic	Nat Amer	White	Unknown	Total
2004	8	96	14	2	548	2	670
2005	6	96	15	2	545	4	668
2006	9	120	18	3	545	5	700
2007	9	127	20	3	558	6	723
2008	11	139	23	3	563	7	746
2009	13	153	26	2	582	9	785
2010	11	156	25	3	575	12	782
TOTAL	67	887	141	18	3916	45	5074

YEAR	FEMALE	MALE	TOTAL
2004	199	471	670
2005	205	463	668
2006	218	482	700
2007	230	493	723
2008	233	513	746
2009	246	539	785
2010	255	527	782

A diverse faculty is essential to an academic health center achieving excellence. A diverse faculty is capable of thought, communication and planning, which is not possible for a less diverse group. A diverse faculty also communicates to students, staff, residents and fellows, and our community that we are committed to diversity.

Constraints in the recruitment and retention of a diverse faculty are varied and complex. Faculty and many professional staff are hired from national applicant pools, whereas, other employees are hired from local and regional labor markets. While the immediate region has much to offer prospective faculty candidates, the geographical location of our enterprise may be less desirable to some applicants

than larger urban environments and, thus, provides a challenge to recruiting sought-after faculty from underrepresented and diverse backgrounds.

Our process for recruiting a more diverse faculty is multi-faceted. First, we will start our own website advertising all open UCDSOM faculty positions. Links and advertising with electronic sources reaching diverse potential candidates will assure developing a diverse applicant pool. Second, all search committees will be constructed to be as diverse as possible and will be given training on the impact of unconscious bias in the recruitment process. Third, the diversity of the Sacramento area population will be a centerpiece of all recruitment efforts. Fourth, along with Assistant Dean Latimore, an effort will be made to identify likely faculty candidates from among entering diverse medical students, residents and fellows, with ongoing efforts to recruit these promising candidates to the faculty later. Finally, all of our faculty development efforts are committed to identify diverse candidates at the junior, mid-level and senior leadership levels. By building the leadership skills of our entire array of faculty, we will be able to evolve into the institution we seek to become.

UC Davis Health System has utilized professional search firms, year-round hiring practices and "target-of-opportunity" programs. Despite these efforts to provide a diversified pool of potential candidates, academic units assert that the numbers of viable candidates from underrepresented groups is still insufficient. The Office of EEO-Affirmative Action and the Office of Academic Personnel provide guidelines, resources and information to facilitate the identification of strong and diverse external candidate pools. Even so, the screening processes used by some departments may inadvertently eliminate well-qualified women and candidates of color. To counter this possibility, faculty search committees must be given clear instructions to ensure equitable review.

Hiring units must work to enhance and facilitate identification of options for:

- religious worship
- childcare
- primary and secondary education for dependent children
- housing, and
- specific cultural opportunities for social interaction and support.

Recruitment administrators must update the standard body of information for new hires as well as enhance the network of contact persons who can provide specialized information to candidates who are members of underrepresented groups.

Challenges in promoting and retaining faculty from underrepresented groups are multifaceted. One of the most serious problems remains the aggressive recruitment of high-caliber faculty by other institutions. The School of Medicine is recognized for its model mentoring program which is currently being expanded into a Mentoring Academy. This program will be helpful in retaining promising and diverse faculty within the system. In addition, UCDHS will soon launch a first of its kind Academy of Cultural Competence. Faculty-development opportunities and services currently include systematic mentoring, individualized feedback in the promotion and tenure process, consultations as sought, promotion-and-tenure-process workshops, and workshops on publishing, proposal writing, vitae preparation, etc. Further expansion of faculty development processes continues to be an ongoing effort.

Action Plan

Goal: Develop and implement strategies to improve the success of search processes in identifying and assessing the credentials of women, minority and other diverse candidates for faculty positions.

Goal: Strengthen and make more consistent the use of diverse interview panels.

Goal: Increase the numbers of diverse faculty accepting appointments to UCDHS such that the institution realizes a net increase of at least half a percent or more of new, non-replacement underrepresented faculty per year for fiscal years 2011/12 through 2013/14 (i.e., 0.5 percent increase per year for three years over the 2010 baseline number of 782, representing all faculty.

Goal: Expand faculty promotion and retention programs to include all underrepresented groups.

Goal: Accelerate the introduction of family-friendly policies and programs, expand reward systems, and expand personal and professional development opportunities.

V.   Recruiting, promoting and retaining a diverse workforce

Champion: Diversity/EEO Manager Cindy Oropeza, with assistance from the UCDHS Human Resources department and members of the UCDHS Equal Opportunity and Diversity Committee.

The Sacramento region is known nationally for being remarkably diverse. This is reflected in UC Davis Medical Center's patients, who are among the most culturally diverse in the nation. Leadership at UC Davis Health System has endeavored for many years to ensure that its workforce mirrors the diversity of its patients and its surrounding communities.

UC Davis has a long-standing commitment to inclusion among students, staff and faculty, as evidenced by its advancement of diversity and the Principles of Community. As a result, commitment to diversity is ingrained into the culture of the health system.

UCDHS WORKFORCE DEMOGRAPHICS			
	7740	1,325,277	27,958,916
PERCENTS	UCDHS	SAC CO	CAL
White	55	57	45
Asian	22	14	14
Hispanic	13	21	33
African Amer	9	10	6
Amer Ind	1	1	1
TOTALS	100	103	99

AFET 381-1, 381-2, 7/01/10
Census Data 2010 for 18yrs And Over Population
Source: American Fact Finder U.S. Census Bureau, 03/11/2011

Total for Sacramento County exceeds 100% due to over count of individuals claiming membership in multiple categories. Total for California is less than 100% due to rounding down of some sub-groups within Asian and Hispanic categories.

We are privileged to have so many dedicated faculty and staff throughout our health system working to ensure:

- that we maintain a diverse and talented workforce,

- that we celebrate diversity in the workplace every day,

- that our contributions to health care reflect and embrace the patients and populations we serve,

- that our nursing and medical students learn in an environment characterized by inclusiveness and respect, and

- that our graduates are known for – and, indeed, known as, *leaders* in – advancing cultural inclusiveness and reducing health disparities.

The health system partners with community, health, education and business groups to attract a representative body of diverse employees. Recruitment practices place special attention on broad promotion and recruitment strategies.

We have systems to recognize and reward outstanding acts and practices in

support of diversity, such as our annual Diversity Appreciation and Awards ceremonies.

The health system is vigilant about addressing discriminatory behaviors. Strong enforcement helps us maintain a healthy, bias-free workplace, and lets our diverse communities know that they are welcome, respected and safe at our institution.

Managers and leaders reach diverse hiring decisions by engaging in <u>active</u> outreach and in-reach efforts, including ensuring that search committees and interview panels are appropriately diverse. Doing so makes diversity a central component in their hiring objectives. All search committee members are encouraged to attend recruitment and selection training to be fully informed of laws and policies that govern our search process. Overall, UC Davis hiring managers are successful in selecting and retaining a workforce composed of excellent and diverse employees.

In addition, the health system has established career development programs both inside and outside of the organization to ensure a culturally diverse candidate pool. True collaborative relationships are established with community-based organizations, key ethnic professional and business organizations, and interest groups representing constituents of veteran and disabled communities.

Internally, our CAAMP (College of Administrative Assistant Motivation and Preparedness), School-to-Work, Leadership Series and other training programs provide opportunities for employees to strengthen knowledge and skills that are critical to workplace success. Externally, we work with educational-support agencies and community-based programs to provide work exposure and work-skills development opportunities for individuals with diverse backgrounds. Workforce excellence and job retention are achieved through fully developed and results-oriented education and training programs that promote professional advancement.

Action Plan

Goal: Reduce affirmative action placement goals by 10 percent for 2010-2011.

Goal: Increase underrepresented minority representation at leadership levels within the organization.

Goal: Increase outreach and in-reach resources to link applicants and current employees with employment and advancement opportunities.

Goal: Increase resources and curricula for in-person and online presentation to constituent and employee groups.

Goal: Collaborate with human resources, academic personnel and campus resources to provide accurate and timely data to assist in staff and faculty recruitments.

Goal: With the assistance of Government and Community Relations, establish meaningful relationships with employment outreach constituents to increase hiring from diverse communities.

VI.   Diversifying leadership and management

Champion: Associate Vice Chancellor Shelton Duruisseau, with assistance and support from the UCDHS Human Resources Department, and members of the Equal Opportunity and Diversity Committee and the Committee on Excellence in People, Diversity and Campus Climate.

UC Davis Health System is recognized for its diverse workforce. It has established strong relationships with local communities to recruit and retain employees. More recently, the organization has made significant strides in diversifying its senior leadership ranks. Currently, three women hold key leadership roles, including CEO/Vice Chancellor Claire Pomeroy, UC Davis Medical Center CEO Ann Madden Rice, and School of Nursing Associate Vice Chancellor/Dean Heather Young. The executive team also includes an African American, Associate Vice Chancellor Shelton Duruisseau.

To augment these accomplishments, UC Davis Health System must consider diversifying other management levels, including director, assistant director, senior manager, etc. As an example, in making important committee assignments, administrators could use appointments as professional development vehicles to enhance employees' skills, productivity and managerial potential. Programs similar to the Administrative Fellows Program under CEO Rice could be created to provide opportunity for a wider range of employees. A need exists for structured programs that provide interested employees opportunities to gain insights from women, minorities and other employees who have been successful in moving into higher levels of organizational responsibility (e.g., an expansion of the Mentoring/Training Pilot Program in Food and Nutrition Services and Environmental Services).

UC Davis Health System, like all institutions, must strike a delicate balance between infusing new blood into the organization and providing promotional opportunities for existing employees who possess critical institutional knowledge. A case can certainly be made that with the departure of a large proportion of our workforce due to retirement over coming years (the "baby boomer" effect, etc.), the time is ideal to introduce replacement strategies that would not only significantly enhance our diversity goals but provide for continuation of our shared institutional memory.

Employees participating in search and recruitment efforts should not only have broad knowledge of the university's diversity objectives, but be broadly representative themselves. Candidates must demonstrate the ability to manage diversity. Diversity should become a standard qualification for both internal and external candidates applying for leadership positions at all levels. The interview

process should ensure that external candidates have the skills and experience required to engage diverse populations within the Sacramento region and are aware of the community's demographics and social values.

Diversifying UC Davis Health System's management teams will be heavily influenced by the executive leadership. Accordingly, women, ethnic minorities and other traditionally underrepresented populations, including gay, lesbian, bisexual and transgender populations must have equal access to opportunities to acquire the leadership skills that give them the ability to compete for those positions.

Action Plan

Goal: Establish a comprehensive plan to enhance the numbers of employees trained and prepared to compete for mid-level and higher management positions at UC Davis Health System.

Goal: Increase the numbers of qualified employees entering the ranks of management by a minimum 10 percent per year over 2010 baseline figures, beginning fiscal year 2011. Persist in this goal a minimum three years, 2011-14.

Associate Vice Chancellor
- Work with a collaborative team consisting of the human resources executive director and others to formalize a plan that would achieve stated goals.
- Establish an assessment process to regularly chart the progress of programs/activities.
- Seek funding as may be appropriate to support expansion of training, cross-training and internship/fellowship opportunities.

Executive
- Require demonstrated skills in managing diversity as a standard qualification for all leadership positions.
- Ensure diverse representation on search committees and provide complete information about expectations regarding candidates' skills in managing diversity.
- Include in merit evaluation of executives an assessment of their unit's diversity objectives.
- Seek external funding where appropriate.

Human Resources

- Explore the feasibility of establishing an administrative fellows development program targeted at mid-level opportunities and report on resource implications.
- Monitor participation in the campus' Leadership and Management Curriculum to ensure equitable participation by women, ethnic minorities and members of other underrepresented groups.
- Promote staff leadership development opportunities using the expertise of leaders on the campus. Enhance current pilot mentoring or shadowing programs for staff to learn about the various paths to leadership.
- Seek external funding where appropriate.

VII. Cutting-edge strategies to execute competitive and successful marketing and public relations campaigns

Champion: Director for Public Affairs and Marketing Bonnie Hyatt

People's experiences and beliefs are largely shaped by what they see and what they hear. Political strategists have long understood that the way to win elections ultimately rests on the words and images they use to sway voters' hearts and minds.

Institutional culture is similarly reflected in – and created by – the words and images used in communicating with a broad array of stakeholders, both internal and external.

Traditionally, communication processes focus on facilitating the exchange of information. In changing a culture, the traditional, most direct approach is to inform stakeholders about the desired culture.

Yet to attain a significant shift toward the ideal culture requires a change in stakeholders' everyday experiences with and perceptions of the institution. One of the primary ways to achieve that is to integrate the desired culture into everyday communications and activities, establishing it as part of the norm. Seeing people act in inclusive ways and reading about work experiences that reflect diversity will enhance acceptance.

In other words, simply talking about diversity and inclusion is insufficient. Leaders and their communications must help people live it and model it. Toward that end, communication goals articulated in this document will focus on affecting stakeholders' experiences and perceptions.

For UC Davis Health System, the need to develop a physician and nurse workforce that reflects the communities we serve is great. Today, California's health-care workforce lacks diversity. Latinos, for example, make up more than 37 percent of California's population, but account for just 5 percent of the state's physicians and registered nurses. Latinos also suffer disproportionately from asthma, HIV/AIDS and diabetes. African-Americans, who have a dispropor-tionate share of health conditions, including cancer, HIV/AIDS, diabetes, heart disease and stroke, are also underrepresented among California's health-care professionals. LGBTI individuals make up an unknown proportion of the California population. While there is less information about the demographics of LGBTI individuals, there is evidence of significant and unrecognized health disparities for this population, with disproportionate rates of mental health problems, substance use problems, HIV/AIDS and cancer.

Many efforts to encourage diversity and inclusion are under way at the health system and have been supported with communications strategies that integrate the messages into routine work activities. This Framework for Diversity offers a roadmap to take those efforts to the next level in effectively reaching stakeholders and instituting a broader cultural shift.

Action Plan

Goal: Audit all health system institutional materials, such as recruitment materials, faculty brochures, student outreach materials, institutional publications and news releases, to assess the level of diversity and inclusion reflected in the materials.

Public Affairs and Marketing
- Develop an evaluation tool to facilitate audit of materials.
- Conduct audit of Public Affairs & Marketing materials using evaluation tool.
- Provide tools to other departments for assessing their own materials.
- Develop benchmark report.

Goal: Develop and implement a communications plan for Hate-Free Campaign Initiative.

Public Affairs and Marketing
- Develop communications plan to support Hate-Free Campaign Initiative
- Oversee implementation of collateral, imagery, stories for internal and external websites, etc., to support initiative

Goal: Engage special-interest media in activities of UC Davis Health System.

Public Affairs and Marketing
- Identify existing use of special-interest media to set a target for improvement.
- Identify additional special-interest media, including newspapers, magazines, and broadcast outlets as well as social media, including influential bloggers, websites, etc.
- Include special-interest media in advertising placements and media pitches.
- Track outreach to each identified outlet and assess success in sharing information about UC Davis.

Goal: Ensure diverse interview panels for candidates applying for Public Affairs and Marketing positions.

Public Affairs and Marketing

- Identify employees and managers who are diverse and who bring diversity and fresh perspectives to the interview panels and invite them to participate.

Goal: Ensure that imagery, opinions and voices in Public Affairs and Marketing materials, including ads, Web and publications convey diversity and inclusion.

Public Affairs and Marketing

- Identify diversity in patient, staff and manager populations who are willing to participate in various campaign materials.
- Use audit evaluation tools to assess ongoing success in conveying a diverse and inclusive environment in all health system programs for which the department develops communications materials.

VIII. Reducing health disparities and fully implementing culturally and linguistically appropriate services

Champion: Center for Reducing Health Disparities Director Sergio Aguilar-Gaxiola, with support and assistance from Associate Dean for Academic Personnel Edward Callahan, Assistant Dean for Students and Residents Darin Latimore, and others.

For decades, health disparities in the United States have been an ongoing public-health problem, especially for racial and ethnic populations. Such disparities can result in severe medical, social and economic consequences including increased mortality. The Institute of Medicine's landmark report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* provides extensive evidence that racial and ethnic minorities have less access to health care and are more likely to receive lower quality health services than white Americans.[4] Further, in recent years, the Agency for Healthcare Research and Quality's *National Healthcare Disparities Reports* [5] have consistently documented that, while health-care disparities appear to be narrowing overall for many ethnic minority populations, disparities have actually *worsened* for Latinos, especially in terms of *access to care* measures.

While these and other studies do much to substantiate the extent of existing disparities, our knowledge in terms of effective interventions and strategies for closing these gaps remains limited. What is needed still is exploration into the nature and underlying causes of disparity among certain populations; from this exploration can emerge a better understanding of what must be done to close these gaps.

A fundamental first step towards understanding how best to address health disparities among diverse populations involves the collection and use of systematic, reliable data on race, ethnicity and preferred language (REAL). Through the collection of REAL data, health systems can begin deepening their knowledge of the factors that contribute to health disparities and make progress in improving the quality of care provided to their patients. These data can provide an opportunity to monitor and analyze trends and provide timely information on individuals and groups for whom quality improvement or other interventions can be directed.

In an effort to address the foregoing, the UCDHS Center for Reducing Health Disparities spearheaded the initiative for inclusion of race, ethnicity and preferred

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[4] Smedley, Stith, & Nelson, 2003

[5] AHRQ 2006, 2007, 2008

language into UC Davis Health System's electronic health records system. This initiative was officially launched in November, 2010. The data collection process has been pilot-tested, and health-care providers have been trained on communicating the importance of collecting this information and on collecting data via a standardized process. Capturing this information in the EHR will give health professionals access to important information about each patient in a timely fashion that, in turn, will aid in delivering more equitable care and improving the quality of care provided for all patients. This initiative will also help the organization meet the Joint Commission's new and revised "elements of performance" (EPs re: patient-provider communication), which are anticipated to be in effect in 2011. Additionally, data collection will assure compliance with federal Medicare and Medicaid "Meaningful Use" criteria[6] and with the proposed Delivery System Reform Incentive Pool for the California Section 1115(a) Medicaid Demonstration project.

Most efforts to reduce health-care disparities have focused on cultural and linguistic competence training aimed at the providers – the physicians, nurses and social workers. While these programs are important, they fall short of closing the quality chasm for ethnic minorities. Many providers working in underserved areas experience inadequate support and knowledge when attempting to deliver culturally and linguistically competent care, eventually leading them to frustration and burnout. Clinics and hospitals also have focused on recruiting diverse staff. This is an important measure. However, research suggests that even diverse staff is at risk for perpetuating racial/ethnic health disparities.

To address healthcare disparities, healthcare systems *as-a-whole* must be committed to change – and not just by frontline providers, but by leaders and planners, administrators and support staff – *the whole system.*

The Joint Commission's Elements of Performance (EP's) are being used to guide the development of the *Culturally and Linguistically Appropriate Services (CLAS)* Standards Training Program. In 2002, the Office of Minority Health issued the CLAS Standards to address racial/ethnic health disparities. These standards address three important domains. First, it recommends that hospitals and clinics recruit diverse staff and provide cultural competence training. Second, it mandates that interpretation and translation services be available at *all points of contact* with consumers, particularly in organizations receiving federal funding. This includes having translated signage and patients' rights handbooks as well as interpreters available during clinical visits. Finally, it challenges organizations to incorporate cultural and linguistic competence accountability into its very infrastructure, such as in strategic plans, grievance processes, institutional health records, and performance improvement systems.

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[6] Medicare and Medicaid's financial incentives to demonstrate "meaningful use" of the EHR could result in as much as $35 million in revenue to the health system.

The CLAS standards also stress the importance of active partnerships with communities to facilitate community and consumer involvement in CLAS efforts. This includes providing the partner communities with accurate and timely information about the organization's CLAS efforts.

Implementation of the CLAS Standards has been slow, however. This is why the UCDHS Center for Reducing Health Disparities, with funding from the US Department of Health and Human Services' Office of Minority Health and the California Department of Public Health Office of Multicultural Health, has created a unique training program. *"Providing Quality Health Care with CLAS"* is designed for leaders in health-care organizations to integrate CLAS standards into their organization's infrastructure, mission and values. The program starts by helping leaders identify health disparities and the factors that lead to them, both at the systems level as well as at the individual consumer level. It also presents the "business case" for the fiscal imperative to reduce health disparities. The program also teaches strategies for systems change and helps participants identify and leverage existing resources to make those changes possible.

While it is important to continue training providers who can give direct care to consumers and family members, the system through which these providers and consumers navigate must be equally culturally and linguistically responsive. The *"Providing Quality Health Care with CLAS"* training program offers health-care organizations the tools to answer the challenge of providing quality health care for every patient we treat.

Action Plan

Goal: Finalize and implement a CLAS Standards Training Program to equip UC Davis Health System with the knowledge and skills required by the Joint Commission for future accreditation.

Center for Reducing Health Disparities

- Complete training curricula that utilize a strength-based approach, building upon the organization's existing infrastructure, strategic directions and values.
- Complete development of a CLAS standards "tool kit" (composed of a facilitator's manual, a participant workbook and a DVD).
- Conduct an organization assessment that measures baseline indicators of disparity. Using this information, identify both gaps and areas of excellence. Indicate where improvement might be required. Working with appropriate clinical oversight representatives (Clinical Affairs and others), recommend tailored quality improvement interventions.

Human Resources/Academic Personnel
- Identify existing infrastructure, and training on CLAS standards, diversity and inclusion.
- Get involved in the development and tailoring of the CLAS training curricula.

Government and Community Relations
- Conduct audit of community engagement activities.

Schools of Health Admissions/Outreach
- Get involved in the development and tailoring of training curricula.

Student Services
- Conduct audit of diversity and inclusion training activities.

Deans, Department Chairs, Center Directors, and CAOS
- Seek feedback on training curricula.
- Seek endorsement of final training curricula.

Goal: Create and establish an *Academy for Cultural Competence and Diversity Education to* 1) recruit and train a cohort of faculty, staff, resident, and student educators (Academy Fellows) who can provide training on cultural competence and diversity, 2) develop curricula to address cultural competence and diversity issues at the individual and organizational levels, and 3) instruct and engage faculty, staff, residents, and students throughout the UCD Health System.

Center for Reducing Health Disparities
- Complete planning for new *Academy for Cultural Competence and Diversity Education.*
- Recruit and train a cohort of academy fellows composed of faculty, staff, residents and student educators of cultural competency and diversity.
- Engage and educate faculty, staff, residents and students throughout the health system on the CLAS standards.

Human Resources/Academic Personnel
- Identify potential faculty, residents and staff as academy fellows.

Public Affairs/Marketing
- Initiate a promotion campaign to introduce goals of program and recruit interested parties, including prospective academy fellows.

Government and Community Relations

- Announce the formation of the Academy to government and community partners.

Schools of Health Admissions/Outreach
- Identify potential faculty, residents, students and staff as academy fellows
- Include information on the Academy and its goals in recruitment talks to prospective applicants.

Student Services
- Identify potential students and staff as academy fellows.

Deans, Department Chairs/CAOs, Center Directors/CAOS
- Identify potential faculty, residents and fellows as academy fellows
- Recognize and support involvement of faculty, residents, fellows and staff as academy fellows

Goal: Development of periodic *UC Davis Health System Equity Reports*, a "disparity dashboard," to communicate potential disparities in utilization, care processes, outcomes and patients' experiences.

Center for Reducing Health Disparities
- Begin discussions with clinical and health system leaders on identifying inpatient and outpatient clinical quality indicators stratified by REAL data
- Develop quality improvement strategies based on identified disparities

Clinical Affairs
- Work with Center for Reducing Health Disparities to review results of disparities monitoring and identify areas of performance improvement.

Human Resources/Academic Personnel
- Collaborate in development of *UC Davis Health System Equity Reports*

Public Affairs/Marketing, Government and Community Relations
- Communicate to government and community partners results of *UC Davis Health System Equity Reports*, interventions and improvements to reduce identified disparities.

Schools of Health Admissions/Outreach
- Distribute *UC Davis Health System Equity Reports*.

Deans, Centers' Directors/CAOS and Department Chairs/CAOs

- Participate in the development of *UC Davis Health System Equity Reports*, interventions and quality improvements.

IX. Inter-institutional collaborations to promote mutually beneficial exchange of knowledge and resources

Champions: Center for Reducing Health Disparities Director Sergio Aguilar-Gaxiola, with support from Associate Vice Chancellor Shelton Duruisseau, Assistant Director for Government and Community Affairs Robert Waste, and Assistant Dean for Student and Resident Diversity Darin Latimore.

As with many enterprises, academic health centers are enhanced by collaborations that further the potential for discovery and innovation. Such collaborations often involve the exchange of knowledge and capabilities on new technologies or methodological approaches. They can also involve the application of resources for unique and mutually beneficial solutions. As an institution committed to excellence in learning, teaching, healing and service, the health system has a special interest in forming partnerships that can enrich and facilitate our multiple areas of focus.

In an effort to establish inter-institutional collaborations to promote mutually beneficial exchanges of knowledge and resources, UC Davis Health System has implemented memoranda of understanding (MOUs) and agreements of cooperation with universities based outside the United States. For example, UC Davis has already entered into agreements with the Universidad Autonoma "Benito Juarez" de Oaxaca, Mexico, and Nanjing Medical University, China.

Strategic augmentation and expansion with suitable university partner institutions in Spanish-language settings would allow UC Davis Health System to: a) increase the numbers of U.S./international medical graduates and medical residents receiving training in bilingual/bicultural health-care settings; b) increase culturally appropriate care delivery at UC Davis for at-large Latino patient populations; and c) develop cooperative relations necessary for the creation and implementation of these and other international exchange goals.

Work has already begun. In November 2010, Associate Vice Chancellor Shelton Duruisseau and Dr. Sergio Aguilar-Gaxiola conducted a site visit to the Universidad Autonoma de Guadalajara, Jalisco, Mexico (UAG). The visit was followed by a successful presentation by UAG to the California Medical Board in January 2011, at which time the school's medical education and graduate training programs were favorably received.

Action Plan

Goal: Develop MOUs with appropriate international and inter-cultural partners to strengthen the linguistic and cross-cultural capacity of UC Davis Health System's educational and health-care delivery programs.

Associate Vice Chancellor/Center for Reducing Health Disparities/Governmental Affairs

• Collaborate with the Universidad Autonoma de Guadalajara, Jalisco, Mexico to develop a workplan that would formalize logistics and support in the establishment of a "pre-internship training and collaboration initiative" between UC Davis Health System and UAG.

• Create an MOU to guide development of the proposed Pre-Internship Initiative.

• Explore additional international partnerships and collaborations to promote mutually beneficial exchanges of knowledge and resources as may be possible with other institutions in the future.

X. Education to implement appropriate and sensitive services for LGBTI populations

Champions: Edward J. Callahan, Ph.D., the Task Force For Inclusion Of Sexual Orientation And Gender Identity In The Electronic Health Record, the Committee On Cultural Competence, and organization of Gay and Lesbian Employees Everywhere (GLEE).

Disparities in the ways health care is experienced by lesbian, gay, bisexual, transgender and intersex individuals are emergent concerns in the nation's health. Accordingly, UC Davis Health System has made a commitment to identifying possible disparities and enhancing the quality of health care received by LGBTI individuals. To aid in reducing disparities for members of this community, the decision was made in 2009 to begin entering sexual orientation and gender identity information into the electronic health record. Announcement of that goal triggered substantial concern that the physician work force does not have the skills or comfort necessary to engage in sensitive discussions of patient sexual orientation and gender identity. Additionally, it's recognized that at present there's no consensus within the LGBTI or medical communities about how best to enter this sensitive information into the health record.

To address these concerns, a *Task Force for Inclusion of Sexual Orientation and Gender Orientation in the Electronic Health Record* was created in 2009. Under the leadership of Dr. Ed Callahan, Associate Dean for Academic Personnel, this committee has worked to identify resources and provide special advisement to this aspect of the UCDHS EHR project. The committee has also worked to promote the need for heightened attention on the unique health and psycho-social needs of the LGBTI community. The Task Force committee has been aided in this work by the *Committee on Cultural Competence* and, more recently, the organization of *Gay And Lesbian Employees Everywhere (GLEE).*

Action Plan

Goal A: Develop effective training modules to educate health care providers on: 1) the need to discuss sexual orientation and gender identity; and 2) methods to sensitively discuss sexual orientation and gender identity.

Goal A was accomplished in-part during the past year with development of education materials documenting health care disparities in LGBTI populations, and exercises to enhance the skills of providers in asking about and discussing sexual orientation and gender identity.

Goal B: Roll out training developed in Goal A to all primary care providers in hospital-based training programs and to clinicians in the Primary Care Network. Present Grand Rounds and workshop at each hospital based primary care residency training program in 2011 and roll out to a minimum of three Primary Care network sites. Develop additional educational materials to broaden the education developed to date.

Health System and Executive Leadership:
• Leadership will continue to charge the Task Force with completing training curricula while requiring reports of progress on an annual basis.

Committee on Cultural Competence/GLEE
• Provide assistance in further refining training objectives and creating learning experiences for medical student and residency trainees.
• Lead public conversation around the need for educating the institution on LGBTI health-care.
• Create public events celebrating Gay Pride month and Coming Out Day.

Public Affairs & Marketing
• Develop a public relations campaign to educate the UCDHS community and the community at-large on the need to provide high-quality care for LGBTI populations while helping faculty, staff and trainees recognize that they work with and depend upon LGBTI colleagues in accomplishing their work goals.
• Highlight the lives of LGBTI members of the UCDHS community to allow greater awareness of the presence of this community within the UCDHS family.
• Design a long-term campaign within the coming year and begin implementation during this year (2011).

Schools of Health Student Affairs/Student Diversity
• Collaborate in creating an open and accepting atmosphere for LGBTI students while also monitoring the atmosphere experienced by them.
• Monitor atmosphere for diversity on a biannual basis.

Schools of Health/Curriculum and Competency Development
• Collaborate with Cultural Competency Committee to implement and refine the four-year LGBTI health-care curriculum developed for medical students at UCDSOM.
• Complete four-year curriculum design in 2010-2011. Introduce new, integrative curriculum in 2011-2012.

Graduate Medical Education
- Work with GME Associate Dean Nuovo on introducing education program throughout primary care residency programs.

Continuing Education
- Obtain CME accreditation of training in 2011.
- Identify further educational areas for accreditation in 2011-2012 (transgender health, adolescent LGBTI health, and other topics).

Human Resources/EEO-Affirmative Action/Academic Personnel
- Introduce training objectives and related expectations at new employee orientation (NEO) sessions and at annual orientation for new residents and fellows.
- Create hand-out materials (pamphlets, flyers, etc.) for use in communicating LGBTI information and programs at above and other venues.

Center for Reducing Health Disparities
- Co-create annual education event highlighting recent accomplishments, while identifying further goals toward reductng health-care disparities.
- Identify programs such as Golden Rule, and Gay, Lesbian and Straight Education Network (GLSEN) to assist in educating immigrant and other communities on the biologic and genetic bases of sexual orientation and gender identity.

Governmental and Community Relations
- Identify key areas of community linkage with LGBTI population.

Deans, Center Directors/CAOS and Department Chairs/CAOs
- Prepare and distribute or present annual report on progress of Task Force to Council of Deans, Council of Chairs, Council of Managers.
- Solicit feedback from each source on their recommendations for future developments, efforts.

Goal: Develop a four year competency based curriculum focused on LGBTI health-care.

A survey of the existing medical student four-year curricula was done to identify existing teaching around sexual orientation and gender identity. On the basis of that review, a template identifying opportunities for insertion of key education around knowledge, attitudes and skills dealing with LGBTI health issues has been

developed. This curriculum is being fleshed out for implementation in a joint project between the Task Force and the Committee on Cultural Competence. Ongoing monitoring of the success of elements of the curriculum will be done by the Cultural Competency Committee, in consultation with the Task Force, with periodic evaluation and refinement.

Health System
- Review curricular materials to determine whether there are elements of education that are applicable in orientation of new staff and residents.

Executive Leadership
- Receive annual reports on progress toward full implementation of the curriculum. Provide consultation as needed.

Public Affairs & Marketing
- Develop and implement strategy to publicize the efforts to develop and implement the four-year curriculum on LGBTI health, explaining to the UCDHS community and the general public why such education is critical.

Schools of Health Student Affairs/ Student Diversity
- Review recruitment processes to assure that LGBTI applicants receive a welcoming message during recruitment.
- Develop student support system for LGBTI students, and incorporate them into overall minority student support programs.

Schools of Health/Curriculum and Competency Development
- Work in collaboration with competency committee(s) to implement and refine effective four year LGBTI curriculum.

Graduate Medical Education
- Collaborate with residency training directors to develop and implement training for residents on LGBTI health.

Continuing Education
- Explore feasibility of community targeted program with LGBTI health topics.

Center for Reducing Health Disparities
- Collaborate in integrating LGBTI health disparities data with data on the health status of other underrepresented populations and facilitate collaboration in education and program development.

Human Resources/EEO-Affirmative Action/Academic Personnel
• Collaborate in assuring that recruitment processes do not hinder recruitment of LGBTI staff, faculty.

Government and Community Relations
• Keep Office of Government Relations informed on ongoing curricular development and implementation.

Student Services
• Collaborate in identifying education that might be needed and implemented.

Deans, Center Directors/CAOS and Department Chairs/CAOs
• Share information on development and implementation of four year curriculum with Council of Deans, Council of Chairs, Council of Managers, Committee on Educational Policy and Faculty Executive Committee.

Goal: In collaboration with GLEE, the Task Force will work to signal that UCDHS is a safe and supportive health care environment for LGBTI patients, staff, students, residents and faculty while enhancing the visibility and inclusion of LGBTI patients, staff, trainees and faculty as part of the UCDHS community.

Most LGBTI individuals are not recognized as members of an underrepresented group. This low level of visibility means that others in the system may fear the LGBTI population or may not even recognize their existence. GLEE in conjunction with the Task Force will identify public events, public relations efforts and other tools to enhance the visibility of the LGBTI community as part of the UCDHS family and decrease the discomfort on non-LGBTI members of the UCDHS family with their presence. Monitoring the atmosphere for LGBTI employees will be the responsibility of the Health System and GLEE.

In conjunction with Health System Leadership, the Task Force initiated a request to complete the Human Rights Campaign's Healthcare Equality Index (HEI). The Health System has completed this yearly questionnaire, identifying its commitment to LGBTI quality health care in policy and process for patients, trainees, staff, faculty and administration. Ongoing completion of the questionnaire each year will be the responsibility of the Health System with consultation with the Task Force and GLEE. Dissemination of the results of the HIE rating and its reflection of UCDHS' commitment to providing quality care to LGBTI individuals and families will be an ongoing goal.

Health System
- Inform and collaborate with Health System in development of stand-alone and ongoing programs to signal the presence and welcoming of LGBTI members throughout the Health System.

Executive Leadership
- Inform Council of Deans, Council of Chairs, and Council of Managers of development of implementation of programs of increased visibility and acceptance and ongoing refinement of existing programs.

Public Affairs & Marketing
- Develop PR campaign to inform UCDHS community of the programs involved to make LGBTI patients, students, staff and faculty welcome while creating ongoing effort to inform all audiences on how those programs are being refined and furthered over time.

Schools of Health Student Affairs/ Student Diversity
- Review materials advertising the medical school, nursing school and graduate training opportunities to assure that they reflect a comfortable environment for LGBTI students, staff and faculty.

Schools of Health/Curriculum and Competency Development
- Ongoing collaboration with Cultural Competence Committee to assure that all those receiving education as part of the Health System are informed of the welcome to LGBTI individuals.

Graduate Medical Education
- Collaborate with UCDHS residency training programs to insure the presence of welcoming information in orientation for new residents. Ensure the availability of structured activities on welcoming community within each training program. Ensure that links to UCDHS diversity programs are provided.

Continuing Education
- Inclusion of welcoming language in all Continuing Education programs and coverage of a variety of LGBTI relevant material within CME efforts and the development of some CME activities targeting LGBTI health directly.

Center for Reducing Health Disparities
- Ongoing collaboration to create a welcoming atmosphere for all members of the UCDHS community, including target students, residents, staff and faculty,

and individuals from other underrepresented groups (e.g., women, LGBTI, the disabled, etc.).

Human Resources/EEO-Affirmative Action/Academic Personnel
•   Collaborate with HR to assure that diversity efforts include all types of diversity.

Government and Community Relations
•   Continuing dialogue with the Office of Government Relations to assure that ongoing efforts on atmosphere and collaboration are known and that available consultation is sought.

Student Services
•   Keep student services informed of ongoing activity, while seeking input from Student Services as well.

Deans, Center Directors/CAOS and Department Chairs/CAOs
•   Report yearly to Council of Deans, Council of Chairs, Council of Managers, and Faculty Executive Committee on ongoing efforts.

XI. Best practices forum: UC Equal Employment Opportunity/ Diversity officers, UCDHS managers and specialists

Champions: Office of Diversity, Inclusion and Community Engagement Chief of Staff Roberto Paez, and Diversity/EEO Manager Cindy Oropeza.

The University of California is renowned for its excellence in teaching, research and service. Its campuses represent collectively one of the most advanced and successful higher education institutions in the world. Its academic health centers, in particular, are recognized as leaders in the production of new physicians and in the advancement of innovations in training, research, and health care delivery.

One of the major strengths of UC's multi-campus system is the autonomy imparted to each campus in defining and pursing its particular goals and interests. While each campus at its core is a replica of its sister campuses, each campus is also highly unique, reflecting its special capabilities and its own history of accomplishments. Not surprisingly, each campus has something unique to offer and each can benefit from the sharing of expertise and experience.

The aim of this initiative is to provide a series of forums for the advancement of diversity and inclusion at UC Davis Health System. Areas of particular interest include campus climate enhancement, faculty recruitment/development, resident and fellow recruitment, leadership and succession planning, and others.

Action Plan

Goal: Establish and host a series of expertise-sharing forums to strengthen knowledge and skills in critical diversity areas. Invite UC EEO/affirmative action and diversity officers and others to participate in forums.

Office of Diversity, Inclusion and Community Engagement
• Coordinate logistics for hosting best practice forums at UC Davis Health System (organize agendas, secure conference space, organize and provide support for meals, transportation, etc.)
• Coordinate with UC campuses and UC President's Office to identify and secure recognized expertise leaders from within UC.
• Host first forum on faculty recruitment and development in Spring 2011.
• Invite appropriate health system offices to participate in knowledge exchange.

XII. Assist in advancing safety net health services in local region; Review and enhance internal and external community-based programs and activities.

Champions: Associate Vice Chancellor Shelton Duruisseau, with assistance and support from Assistant Director for Government and Community Relations Robert Waste and Center for Reducing Health Disparities Director Sergio Aguilar-Gaxiola**.**

A. Advancing Regional Safety Net Health Services

In 2010, Congress passed, and President Obama signed into law the historic health-care reform bill, the *Patient Protection and Affordable Care Act* (ACA). One aspect of the bill of particular import was the creation of incentives to reward the design and implementation of innovative new health-care systems to provide services for an entirely new tier of previously uninsured patients.

Findings from studies on the Sacramento region conducted in 2008 suggest that the numbers of non-elderly adults and children entering into health coverage as a result of ACA implementation beginning in 2014 will exceed 227 thousand. [7] Confounding planning for this population is the understanding from other analyses that "the safety net (for the Sacramento region) is characterized by a fragmented group of small and financially fragile clinics that together offer limited outpatient capacity." [8] These findings, coupled with continuing budget cuts in excess of 50 percent to Sacramento County's Department of Health and Human Services, underscore a pending crisis in caring for these current and future low income patients.

To meet the needs of this newly insured patient population, it's recommended that the region develop a strong and well-integrated community health center (CHC) system; one capable of partnering successfully with large providers. In like fashion, large providers, including the UC Davis Health System, must work collaboratively with other regional stakeholders to expand and stabilize the primary care-based safety net. As the region's only academic health center, UCDHS will work with area health care leaders, including local policy planners, community clinics and other large health providers to assist in establishing a viable primary care services delivery system for the area's medically underserved.

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[7] "Toward an Improved Health Care System for Sacramento County's Underserved Residents," Sacramento Health Improvement Project, July 2008.

[8] "Sacramento: Powerful Hospital Systems Dominate a Stable Market," Center for Studying Health System Change, the California HealthCare Foundation, July 2009.

The UC Davis Health System has several current activities and partnerships that might be utilized, and potentially expanded, to aid in stabilizing the area's primary-care based safety net. These include:

- In partnership with The Effort, Inc., UCDHS supplies medical providers to deliver pediatric care services for mothers and infants two days a week at The Oak Park Clinic, located at 3415 Martin Luther King, Jr., Blvd.

- In partnership with other health providers in the region, UCDHS provides financial support for the Interim Care Program (ICP). The ICP provides homeless patients a place to recuperate from injuries and ailments after discharge from one of the area's participating hospitals (UCDHS, Mercy, Sutter, and Kaiser). This program provides 28 beds for homeless patients and is designed to give patients without housing a clean and safe place to heal for up to six weeks. ICP provides comprehensive, wrap-around services like substance abuse treatment, permanent housing, and medical care. A study of the ICP program indicated that 81 percent of the ICP program clients moved from the ICP program into housing (permanent supportive housing, transitional housing, shelter, or board and care housing).

B. Internal and External Community-based Programs and Activities

The UCDHS Office of Government & Community Relations is currently engaged in an inventory of all UCDHS community engagement committees, boards, and units. Following completion of this inventory, a Community Engagement Working Group will be formed, and will meet quarterly. This working group will: 1) distribute UCOP ethics forms and instructions to Board and Council members, 2) build a central calendar and tracking system for UCDHS community engagement units, and 3) construct a common theme and narrative for use by all UCDHS community engagement units and personnel in communicating with outside stakeholders.

Resource Acquisition. The UCDHS Office of Government & Community Relations will work to secure an annual targeted goal of $1 M or more in non-routine local, state or federal funding that can be used by UCDHS in partnering with and providing for a stronger safety net for the Sacramento region.

Action Plan

Goal: Work with regional leaders and stakeholders, including local community health centers, to establish a viable, comprehensive primary-care services delivery system for the Sacramento region. Principal objectives: a) increase access to

primary care services for uninsured and newly insured populations of Sacramento, and b) reduce reliance on ER services as default route for indigent care.

- Aid in cultivating an appropriate community agency to serve as coordinating body for collaboration activities, including partner selection, funds-seeking and granting, proposal development, etc.

- Aid in developing multi-party MOUs to guide collaboration efforts in support of the proposed regional safety net system.

- Coordinate sharing of EHR and telemedicine/telehealth technologies and tools to improve health-care outcomes through partnerships with community health centers

- Assist in streamlining specialty-care referral systems; further development of community-based mental health-care initiatives.

- Comprehensive inventory of community-related programs and activities

- Achievement of $1M or more annually in additional non-routine state or federal funding

- Establishment of quarterly meetings by a newly formed UCDHS Community Engagement Working Group