



EVMS
Eastern Virginia Medical School

**Advancing Health Equity and Inclusion
for Community and Academic Impact**

STRATEGIC PLAN
Fiscal Years 2020-2024



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INTRODUCTION

Purpose

In 2019, Eastern Virginia Medical School undertook the creation of a Strategic Plan to advance health equity, diversity and inclusion in a manner that impacts our campus and our interaction with the community.

Our intention was to develop the capacity to intentionally and reflectively come together as a campus community to identify opportunities to foster greater diversity, equity and inclusion (DEI) in our core mission areas. We created a road map to strategically guide our efforts to ensure that EVMS continues to be a unique academic environment where diversity, equity and inclusion in healthcare are the driving forces to achieve our mission and advance our community.

Process

Richard V. Homan, MD, President and Provost of EVMS and Dean of the School of Medicine, launched the planning process in April 2019. More than 100 faculty, staff, residents and students attended the first strategic-plan retreat in May 2019.

During the planning process, five working groups recommended key initiatives to advance diversity, equity and inclusion in education, research, clinical care, community engagement and administration. An Advisory Committee organized the recommendations into strategic priorities and then coordinated with Co-Chairs of the working groups to review and prioritize the recommendations.

Strategic Priorities

The Strategic Plan for Advancing Health Equity and Inclusion for Community and Academic Impact, which will be implemented from FY 2020 through FY 2024, consists of five strategic priorities:

- Provide Enriched Training and Assessment for Access and Success
- Foster and Maintain a Diverse Workforce and Learner Population
- Strengthen Community Engagement and Health Equity
- Enhance Health Equity Research and Clinical Services Delivery
- Benchmark for Excellence

The objectives, strategies, metrics, investments and timelines for achieving each priority are outlined in detail within this report.





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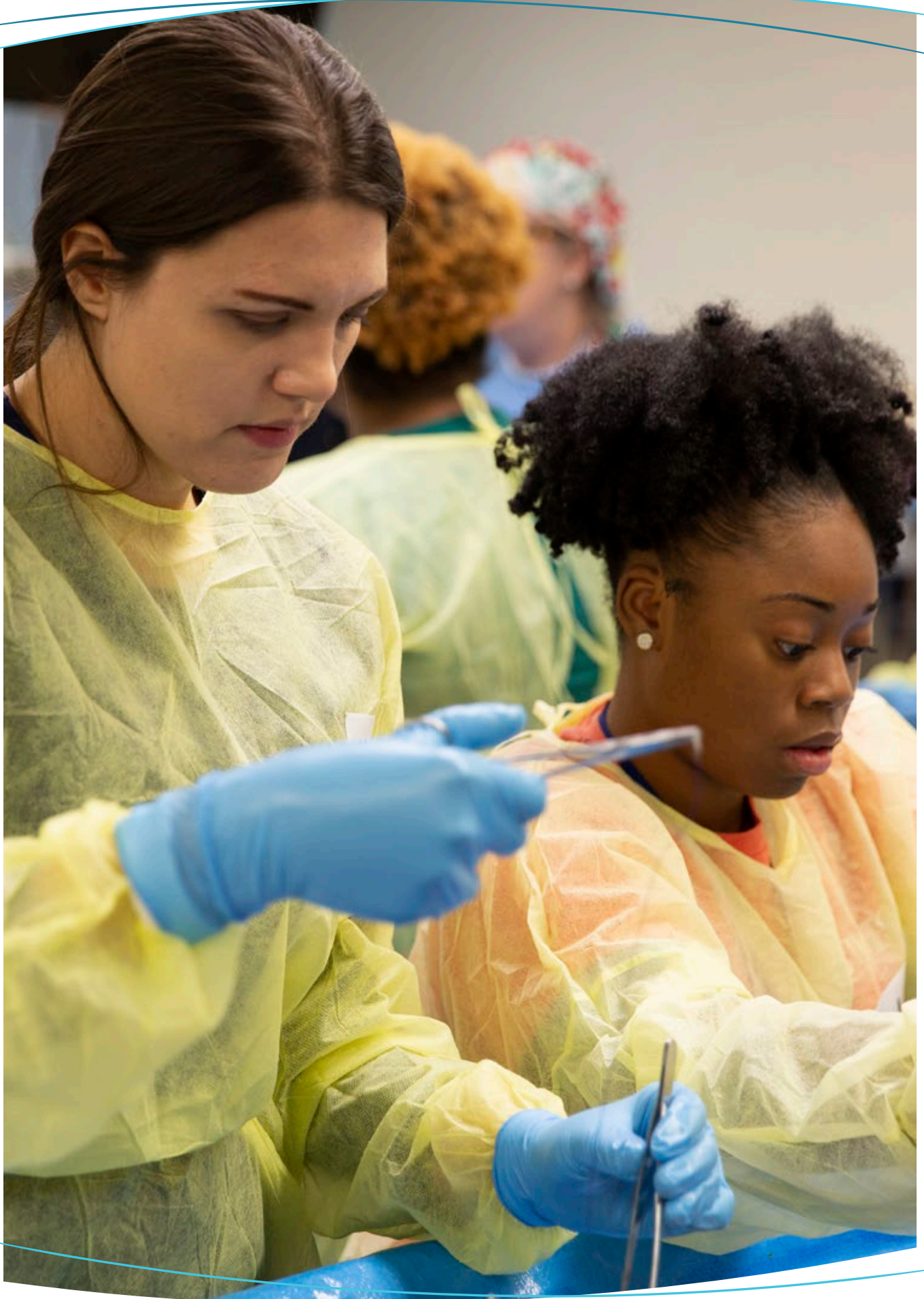
**Advancing Health Equity and Inclusion
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1. Provide Enriched Training and Assessment for Access and Success

OBJECTIVE A: Develop and promote standards to enhance diversity, equity and inclusion in learning environments, including cultural competency and humility from the Quality Enhancement Plan for SACS accreditation

OBJECTIVE B: Implement institutional holistic review of Graduate Medical Education and academic support

OBJECTIVE C: Enhance scholarships/increase financial assistance



1. Provide Enriched Training and Assessment for Access and Success

To fulfill our responsibilities as a diverse and inclusive academic institution, we must have admissions and training programs that are culturally sensitive. We will develop and promote standards to enhance equity in our learning environments by focusing on cultural competency/humility. We will develop holistic review training for our residency staff and enhance diversity and academic support across our post-graduate training programs. And, we commit to increasing student scholarships and financial assistance to help make education affordable and accessible to everyone, regardless of income.

OBJECTIVE A: Develop and promote standards to enhance diversity, equity and inclusion (DEI) in learning environments, including cultural competency and humility from the Quality Enhancement Plan for SACS accreditation

Objective	Strategies	Metrics/Indicators
Develop and promote standards to enhance diversity, equity and inclusion (DEI) in learning environments: cultural competency/humility from the Quality Enhancement Plan for SACS accreditation	<ol style="list-style-type: none"> 1. Develop, implement and assess social and structural determinants of health content in the CareForward Curriculum across 4 years of medical education using small-group, case analysis, simulation and social history-taking with patient debriefs 2. Implement team-based model for identifying and addressing bias in healthcare. Implement near-peer facilitated small-group case deconstruction and debrief to identify bias in oneself and others and facilitate personal and professional formation of healthcare professionals 3. Implement near-peer training for upper-class MD students and residents in training to gain knowledge and skills on the content and facilitation focused on social and structural determinants of health and bias in healthcare 	<ol style="list-style-type: none"> a) Content mapping using the AAMC TACCT and Betancourt's Attitudes, Knowledge and Skills Assessment tools. Assessment of horizontal and vertical integration of content b) Multiple choice and short essay responses from students c) Objective structured clinical examinations and standardized-patient simulated exercises d) Reflections from students e) Feedback from students, facilitators and faculty
Investment		Timeline
<ul style="list-style-type: none"> • Faculty Lead 50% Effort • NEW Staff/Coordinator 100% Effort (temporary)* • Five faculty for reviewing and assessing short essays and reflections 5% Effort • Consultants/ Evaluators • Simulation • Travel • Food • Other General Expenses • Supplies 		Planning and Development by June 2020 Implement August 2020 Assessment 2020 - 2023
Responsible Person	Dr. Ronald Flenner	

OBJECTIVE B: Implement Institutional Holistic Review of Graduate Medical Education (GME) and Academic Support

Objective	Strategies	Metrics/Indicators
Implement holistic review of Graduate Medical Education (GME) and academic support	<ol style="list-style-type: none"> 1. Develop holistic review training for all residency program directors and individuals engaged in residency recruitment and selection 2. Implement targeted diversity recruitment strategies, including participation of programs in national and regional conferences such as the Student National Medical Association and the Latino Medical Student Association, and hosting residency program showcases and targeted electives at EVMS 3. Develop and implement an assessment protocol for all entering first-year residents and an individualized learning plan for those identified with gaps 	<ol style="list-style-type: none"> a) Implementation and assessment of training program for all program directors and faculty engaged in recruitment of residents b) Diverse students contacted at recruitment events and invited to showcases and electives at EVMS c) Number of entering residents assessed d) Number of residents enrolled in individualized learning program and satisfaction with the program
Investment		Timeline
<ul style="list-style-type: none"> • Holistic Review Training X3: 36,000 — covered through DEI trainer SP V. Obj A • Targeted stipends for away electives at EVMS • Travel for Electives • Targeted recruitment exhibit fees at conferences, program showcase events at EVMS, • Computer and Furniture • NEW GME Academic Support and Assessment Lead 100% Effort* • Supplies for presentations, journals, publications • Travel to conferences for 4 learners each year • General expenses for the program • Computer software 		<p>Plan Holistic Review Training by December 2019. Conduct training through 2020/2021</p> <p>Plan targeted recruitment strategies by December 2019. Roll out program in 2020</p> <p>Recruit Academic Support and Assessment Lead by December 2019</p> <p>Develop assessment strategies and corresponding remediation strategies and work with program directors to identify appropriate assessments schedules by June 2020</p> <p>Roll out program by July 2020</p>
Responsible Person	Dr. Linda Archer	

OBJECTIVE C: Enhance Scholarships/Increase Financial Assistance

Objective	Strategies	Metrics/Indicators
Enhance scholarships/ Increase financial assistance	1. Increase scholarship funding and work with EVMS Development to further solicit diversity scholarship opportunities for HP and MD students	a) Number of students receiving financial aid b) Total amount of financial aid available to be distributed to students. c) Total EVMS donations designated for diversity scholarships d) Total number of endowed diversity scholarships
Investment		Timeline
<ul style="list-style-type: none"> Increase student scholarships by \$100,000 		Develop and communicate strategies to increase URM scholarships by December 2019 Develop funds by April 2021 for class entering in August 2021
Responsible Person	Dr. Thomas Kimble	





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2. Foster and Maintain Diverse Workforce and Learner Population

OBJECTIVE A: Identify, attract and recruit diverse talent among faculty, staff and learners through targeted outreach recruitment and selection processes

OBJECTIVE B: Strengthen retention of diverse faculty, staff and learners

OBJECTIVE C: Recruit faculty and staff from diverse backgrounds with interests and expertise in health disparities research



2. Foster and Maintain Diverse Workforce and Learner Population

EVMS aims to identify, attract, recruit and retain diverse faculty, staff and learners. This strategic priority will align with the AAMC initiative on holistic recruitment and will seek to identify barriers that prevent that process. The plan also prioritizes mentoring opportunities and collaborative relationships with community partners.

OBJECTIVE A: Identify, attract and recruit diverse talent among faculty, staff and learners through targeted outreach recruitment and selection processes

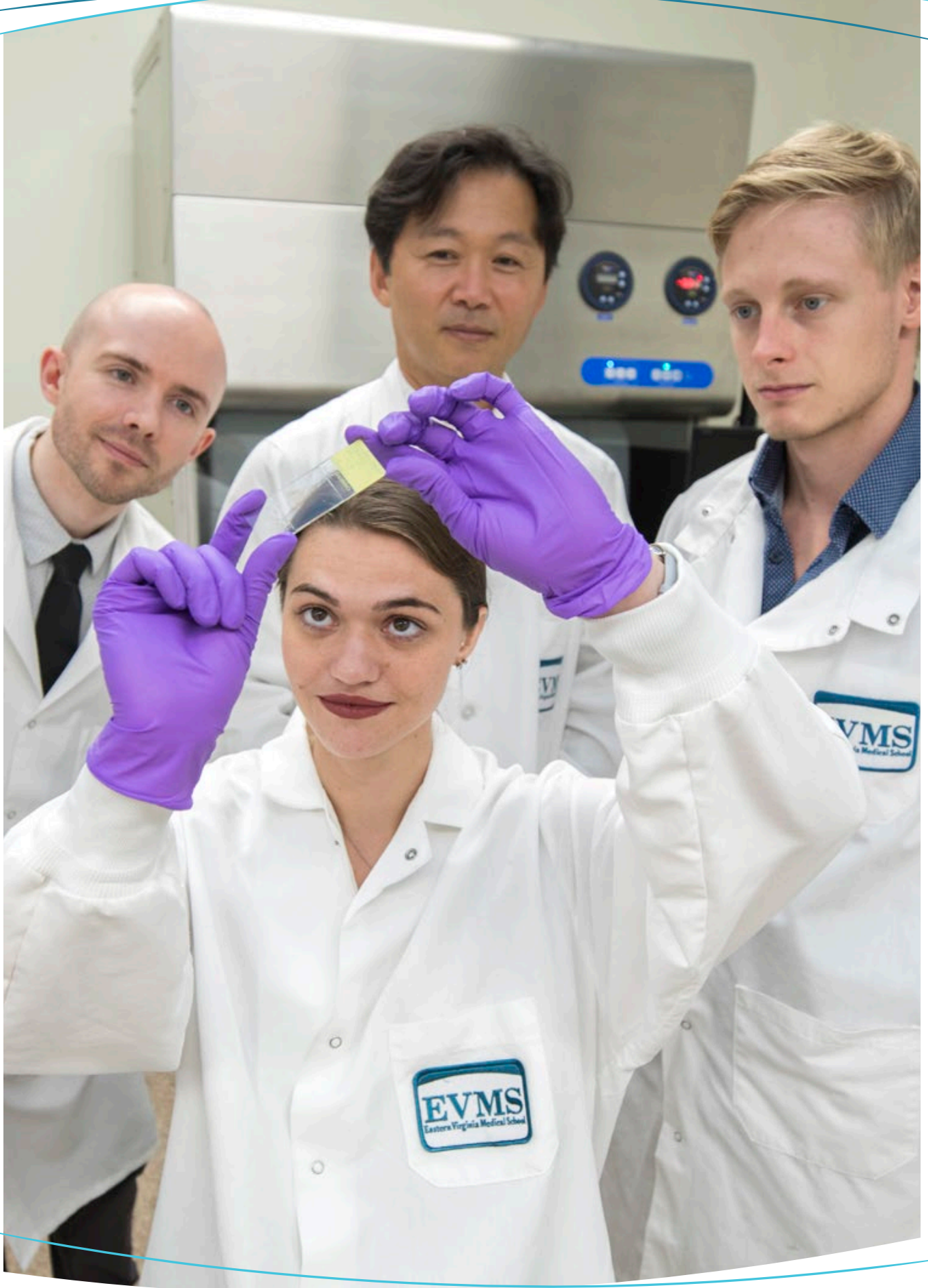
Objective	Strategies	Metrics/Indicators
Identify, attract and recruit diverse talent among faculty, staff and learners through targeted outreach recruitment and selection processes	<ol style="list-style-type: none"> 1. Participate in a national initiative led by AAMC on holistic recruitment for faculty and align EVMS practices with processes and methodologies developed by AAMC 2. Coordinate agency-wide outreach and recruitment strategies to maximize the ability to recruit for a diverse, broad spectrum of potential applicants 3. Develop an inventory and assess existing partnerships and established relationships with academic institutions and other organizations 4. Cultivate and establish new relationships and partnerships with appropriate institutions, professional organizations and scientific groups in an effort to target diverse populations 5. Advertise positions on varied channels to target universities with desired workforce profile 6. Utilize social media to promote employment opportunities 	<ol style="list-style-type: none"> a) Increased percentage in the representation of diverse workforce and learner population b) Impact on faculty satisfaction and/or engagement, institutional culture and climate, and achievement of institutional diversity mission goals c) Track of established relationships and outcomes; advertised positions and effectiveness of utilization of social media
Investment	Timeline	
<ul style="list-style-type: none"> • AAMC program for faculty and staff • Pilot Project with AAMC, including travel • 2 faculty to travel to AAMC meetings for 2 years for pilot project 	Submit application to participate in the AAMC pilot by 9/19/19 Recruitment in 1-2 years Development of inventory and assessment of existing partnerships completed in FY 2020-21. Cultivation of new partnerships is ongoing	
Responsible Person	Dr. Elza Mylona and Mr. Mekbib Gameda	

OBJECTIVE B: Strengthen retention of diverse faculty, staff and learners

Objective	Strategies	Metrics/Indicators
Strengthen retention of diverse faculty, staff and learners	<ol style="list-style-type: none"> 1. Measure, benchmark and disseminate information related to faculty promotion and staff advancement and incorporate this information into recruitment activities 2. Review policies and practices to identify and remove systemic barriers that affect retention and inclusion 3. Leverage EVMS and partner educational resources to promote career advance 4. Provide consistent onboarding and orientation sessions for all new faculty, staff and learners to ensure awareness of EVMS diversity and inclusion policies, resources and goals 5. Perform needs assessments and identify best practices to develop mentoring programs including formalized training for diverse faculty, staff and learners⁶⁾ Equip leaders with the ability to manage diversity through customized and focused training⁸⁾ Recruit an individual (part-time) to serve as Ombudsman 	<ol style="list-style-type: none"> a) Increase percentage of diverse and underrepresented-in-medicine faculty and retention data at each rank (faculty) and each level (staff) and learners b) Establish annual survey and publish results on issues of inclusion, engagement and career satisfaction c) All policies and practices are reviewed and updated d) A key performance indicator is implemented into all employees performance appraisals e) Development and implementation of mentoring program / resources and of tracking of participation and satisfaction indicators f) Development and implementation of onboarding program and tracking of participation and satisfaction indicators g) institute 1-2 new awards h) Ombudsman (Strategic Priority 5. Obj. A)
Investment	Timeline	
<ul style="list-style-type: none"> • NEW Director of Mentoring and Onboarding 100% Effort* • NEW Administrative support 100% Effort* • Faculty / staff time spent in mentorship activities • Operating expenses • Funding for two awards • Computers and Furniture 	<p>Director of Mentoring and administrative position are hired in FY 2019-20</p> <p>Mentoring and onboarding programs and their assessment plans are created in FY 2020-21</p> <p>Ombudsman hired in FY 2020-21</p>	
Responsible Person	Dr. Elza Mylona	

OBJECTIVE C: Recruit faculty and staff from diverse backgrounds with interests and expertise in health disparities research

Objective	Strategies	Metrics/Indicators
Recruit faculty and staff from diverse backgrounds with interests and expertise in health disparities research (HDR)	<ol style="list-style-type: none"> 1. Secure funding for a new faculty position 2. Establish endowed position for underrepresented faculty recruitment 3. Provide seed grants to promote HDR collaborations between EVMS faculty and advanced trainees and junior faculty from historically black colleges and universities (HBCUs), which would lead potentially to future recruitments 4. Provide protected time for EVMS faculty to engage in new HDR projects 	<ol style="list-style-type: none"> a) Hire 1 research faculty in the next 1-2 years b) Increase of staff from underrepresented minorities and other diverse populations in support of various research enterprises (existing or new)
Investment		Timeline
<ul style="list-style-type: none"> • NEW mid-career faculty 100% effort • Startup funding for health disparities researcher 		
Responsible Person	Dr. William Wasilenko	





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3. Strengthen Community Engagement and Health Equity

OBJECTIVE A: Gain consensus on values and share common definitions

OBJECTIVE B: Facilitate partnerships between EVMS and communities

OBJECTIVE C: Build trust through a Community Advisory Board

OBJECTIVE D: Engage Small, Minority-Owned and Women-Owned (SWaM) businesses

3. Strengthen Community Engagement and Health Equity

EVMS intends to strengthen community engagement and health equity by creating a better understanding of our core values and by building relationships with community organizations and small women-owned and minority-owned (SWAM) businesses. To help support that effort, a permanent Community Advisory Board (CAB) will be formed that will be demographically representative of the entire Hampton Roads region.

OBJECTIVE A: Gain consensus on values and share common definitions

Objective	Strategies	Metrics/Indicators
Gain consensus on values and share common definitions	<ol style="list-style-type: none"> 1. Conduct limited focus groups to gain consensus on definitions and values 2. Publish and disseminate institutional doctrine gained from the consensus for community, health equity and inclusion. 3. Articulate a general doctrinal value 4. Articulate specific values 5. Articulate principles derived from the values that guide action 	<p>a) One internal survey Likert-style items, 85% of respondents would agree or strongly agree with preferred definitions (as posted on website) of “community,” “health equity,” “inclusion,” and “community systems”;</p> <p>90% of respondents would agree or strongly agree with the preferred definition of “community engagement”</p>
Investment		Timeline
<ul style="list-style-type: none"> • Supplies/meeting expenses 		<p>Focus groups completed by EVMS Diversity and Inclusion by December 2019.</p> <p>Publish “doctrine” on web page by December 2019.</p> <p>Post consensus values and definitions by December 2019</p>
Responsible Person	Mr. Mekbib Gemed	

OBJECTIVE B: Facilitate partnerships between EVMS and communities

Objective	Strategies	Metrics/Indicators
Facilitate partnerships between EVMS and communities	1. Convene an EVMS Community Inclusion and Health Equity (CIHE) Committee with representatives from clinical care, education (including students), administration and research. The CIHE Committee will meet quarterly to conduct review and oversight of Community Advisory Board (CAB) activities (see Objective C)	a) Reports based on meeting discussions, including assessment of barriers to community engagement at EVMS, strategies to overcome identified barriers, validation of efforts and dissemination of results
Investment		Timeline
<ul style="list-style-type: none"> Copying costs; meeting refreshments 		Recruit committee membership by December 2019 Begin quarterly meetings within 6 months Develop institutional community engagement processes within 12 months Continue meetings on an ongoing basis
Responsible Person	Mr. Mekbib Gameda	

OBJECTIVE C: Build trust through a Community Advisory Board

Objective	Strategies	Metrics/Indicators
Build trust through a Community Advisory Board (CAB)	1. Establish a 10- to 12-member Community Advisory Board that is demographically representative of the Hampton Roads region based on geographic location, race, ethnicity, gender, age, veteran status, sexual orientation and gender identity. The CAB will meet at least 10 times each year, providing feedback on EVMS activities and assisting with information dissemination into the communities that CAB members represent	a) Ongoing reports on campus-wide efforts related to community engagement and outreach, diversity and inclusion, and health equity
Investment		Timeline
<ul style="list-style-type: none"> • NEW CAB coordinator (master's level with 1 to 2 years of community engagement experience to coordinate community engagement and CAB activities) 100% effort* • Faculty time to facilitate CAB meetings and provide operational oversight 20% effort • NEW Administrative support (50% FTE)* • CAB member travel: taxi fare or gas card; parking for members who drive their own vehicles • Refreshments for CAB meetings • Supplies • Computer and furniture 		Staff will be hired within 6 months. Recruit 10-12 CAB members within 12 months. Begin holding CAB meetings within 12 months. Generate reports within 1 month of each CAB meeting
Responsible Person	Mr. Mekbib Gemeda	

OBJECTIVE D: Engage Small, Women-Owned and Minority-Owned (SWaM) businesses

Objective	Strategies	Metrics/Indicators
Engage Small, Women-Owned and Minority-Owned (SWaM) businesses	1. Engage local businesses to learn about EVMS opportunities to work with internal stakeholders to use SWaM vendors	a) Evaluate contracting opportunities with local women-owned and minority-owned businesses for EVMS services (certified or otherwise)
Investment		Timeline
<ul style="list-style-type: none"> Supplies/Refreshments to engage SWAM businesses. Two events each year for 4 years. 		
Responsible Person	Mr. Steven Lee	





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4. Enhance Health Equity Research and Clinical Services Delivery

OBJECTIVE A: Foster research collaboration with historically black colleges and universities (HBCUs)

OBJECTIVE B: Promote and support research on health disparities

OBJECTIVE C: Use van for vulnerable communities

OBJECTIVE D: Implement telehealth

4. Enhance Health Equity Research and Clinical Services Delivery

EVMS intends to strengthen community engagement and health equity by creating a better understanding of our core values and by building relationships with community organizations and small women-owned and minority-owned (SWAM) businesses. To help support that effort, a permanent Community Advisory Board will be formed that will be demographically representative of the entire Hampton Roads region.

OBJECTIVE A: Foster research collaboration with historically black colleges and universities (HBCUs)

Objective	Strategies	Metrics/Indicators
Foster research collaboration with historically black colleges and universities (HBCUs)	<ol style="list-style-type: none"> 1. Develop seminar series and joint invited speakers 2. Promote inclusion of HBCU faculty on seed grants 3. Identify collaborative grants on equity and disparities 4. Coordinate with Strategic Priority #3, Obj. B, related to partnerships 	<ol style="list-style-type: none"> a) Increase in grants with HBCU faculty b) Increase in publications and student interns or applicants to EVMS programs
Investment		Timeline
<ul style="list-style-type: none"> • Utilize seed grants (Objective 2 below) to include matching support from HBCU and some student support 		<p>Latter half of year 1, develop process for connecting to HBCUs</p> <p>Year 2, launch seed grants and seminar series</p> <p>Years 3-4, ongoing activities</p>
Responsible Person	Dr. William Wasinlenko	

OBJECTIVE B: Promote and support research on health disparities

Objective	Strategies	Metrics/Indicators
Promote and support research on health disparities	<ol style="list-style-type: none"> 1. Promote a culture of diversity in the institution by educational awareness 2. Facilitate collaboration between newly hired and existing faculty (tied with Strategic Priority #2) 3. Introduce faculty awards for research addressing diversity; 4. Utilize strategies referenced in Strategic Priority #2, Obj. 3, related to new health disparities research (HDR) faculty, seed grants, etc.) 5. Develop an HDR cluster supported by new seed grants and faculty collaborations 	<ol style="list-style-type: none"> a) Increase in new HDR projects and new collaborations involving faculty and learners b) Increase in new grants and manuscripts
Investment		Timeline
<ul style="list-style-type: none"> • New seed grant funds and repurposing of some existing seed grant funds: One \$75K award and four \$25K awards for health disparities research each year for four years 		<p>Year 1, develop the HDR cluster, new RFPs for seed grants and begin recruitment of new faculty</p> <p>Latter year 1, year 2 and ongoing years, launch new seed grants</p>
Responsible Person	Dr. William Wasinlenko	

OBJECTIVE C: Use van for vulnerable communities

Objective	Strategies	Metrics/Indicators
Use van for vulnerable communities	<ol style="list-style-type: none"> 1. Provide services only to ambulatory and non-emergent patients requiring no additional assistance. 2. Begin with one service vehicle targeting a limited geographic area, approximately 5 miles. Determine route times and stops. 3. Display EVMS logo on vans to enhance community visibility. 4. Explore using existing vans from community-engaged learning activities 5. Utilize faculty mentors and learners and involve CABs and patient advisory boards 6. Identify communities and focal areas of health needs to address 7. Develop marketing and communication strategy 	<ol style="list-style-type: none"> a) Number of individuals served in the underserved communities visited b) Increased recognition of EVMS and satisfaction by underserved communities in the area
Investment		Timeline
<ul style="list-style-type: none"> • Utilize existing vans • Effort of a coordinating person • Faculty effort to assist learners • Operating costs such as gas and marketing • Advertising within clinics and along bus routes. Provide route guides for patients. 		<p>Latter half of year one, develop process for outreach to underserved communities in the area using mobile van</p> <p>Year two, assess use of services and outcomes</p>
Responsible Person	Dr. Ronald Flenner	

OBJECTIVE D: Implement telehealth

Objective	Strategies	Metrics/Indicators
Implement telehealth	<ol style="list-style-type: none"> 1. EVMS Medical Group to develop policies and procedures around compliance and to coordinate staff and faculty training 2. Implement telehealth education in the clinical settings. Pilot program at 1-2 sites, to be determined based on recommendations by likely primary, ophthalmology, dermatology and psychiatry 3. Consult with Sentara Healthcare 	<ol style="list-style-type: none"> a) Documentation of training of students, trainees, faculty and staff b) Tracking the use of telehealth for patient practitioner clinical E-visits c) Tracking the use of telehealth for inter-practitioner E-consultation between different specialties or from a specialist to a sub-specialist d) Analysis of telehealth billing and reimbursement numbers post-implementation of telehealth program
Investment		Timeline
<ul style="list-style-type: none"> • 10% Effort of an MD coordinator over 4 years 		Training of clinical staff, faculty and trainees in pilot program areas by 9 months
Responsible Person	Dr. Alfred Abuhamad	





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5. Benchmark for Excellence

- OBJECTIVE A:** Establish a culture that promotes and embraces diversity, equity and inclusion
- OBJECTIVE B:** Develop infrastructure to track current community engagement and outreach activities across the institution to maximize effectiveness and avoid duplication of effort
- OBJECTIVE C:** Develop communication strategies: internal and external
- OBJECTIVE D:** Establish an External Advisory Board for external experts' feedback on current best practices of community engagement to promote effective implementation, validate successful efforts and help disseminate our successes to national peers
- OBJECTIVE E:** Identify community health gaps



5. Benchmark for Excellence

The fifth and final priority to ensure EVMS continues to advance healthcare equity, as well as advance diversity and inclusion, is to create a Benchmark for Excellence.

Achieving this goal requires the five important objectives detailed below: Establishing a culture that promotes and embraces diversity and inclusion; identifying health gaps in the community; developing an infrastructure to track community engagement and outreach activities across the institution to maximize effectiveness and avoid duplication of effort; and acquiring feedback from external experts on current best practices in community engagement to validate our efforts and help disseminate our successes nationally

OBJECTIVE A: Establish a culture that promotes and embraces diversity, equity and inclusion (DEI)

Objective	Strategies	Metrics/Indicators
Establish a culture that promotes and embraces diversity, equity and inclusion (DEI)	<ol style="list-style-type: none"> 1. Create and hire DEI trainer position 2. Administer (and possibly create) new implicit bias training 3. Train initial cohort on “Institutional Circles” communication/facilitator methods 	<ol style="list-style-type: none"> a) DEI position hired b) Implicit bias training offered X times, to Y participants/groups c) Implicit bias materials/documents creation. d) Initial cohort of 24-26 faculty/staff trained in “Institutional Circles” method <ol style="list-style-type: none"> i. Training from individuals in training ii. Networking mapping, pre and post-training (ie Implicit Association Test) iii. Measures from IDI survey iv. Facilitator skills evaluation (self-compassion, mindful awareness, willingness to learn) v. Organizational competency, pre and post-training
Investment		Timeline
<ul style="list-style-type: none"> • NEW Bias Trainer 100% Effort* • Other General Expenses • Conference Expense • Food/Refreshments for meetings • “Institutional Circles” training cost, including travel expenses and accommodations for 2 outside experts over 2 days • Instrument fees for established assessment tests • Time invested in training and application by the facilitators (4% Effort over 4 years) • Computer and Furniture 		<p>Year 1: Hire DEI consultant. Develop and administer initial implicit bias training program and documentation. Conduct “Institutional Circles” training for initial cohort. Conduct pre-tests for “Institutional Circles” impact assessment</p> <p>Year 2: Expand implicit bias training to more people/groups. Conduct post-tests for “Institutional Circles” impact assessment. Employment/utilization of communication/facilitation strategies learned in training</p>
Responsible Person	Mr. Mekbib Gameda	

OBJECTIVE B: Develop infrastructure to track current community engagement and outreach activities across the institution to maximize effectiveness and avoid duplication of effort

Objective	Strategies	Metrics/Indicators
<p>Develop infrastructure to track current community engagement and outreach activities across the institution to maximize effectiveness and avoid duplication of effort</p>	<ol style="list-style-type: none"> 1. Create and hire OSPIE business analyst position 2. Data collection project: Identify community engagement and outreach activities currently offered by EVMS 3. Data infrastructure project: Design data repository and reporting structures 4. Establish process for ongoing assessment of activities, Identify responsibility for technical and content maintenance, and create official procedures for data/reporting requests 	<ol style="list-style-type: none"> a) Business analyst hired b) Community engagement and outreach data collection project plan developed and implemented c) Data infrastructure design completed and implemented d) Baseline report of community engagement and outreach activities/ accomplishments delivered upon completion of initial data collection and infrastructure projects e) Quarterly reports delivered after baseline report
Investment		Timeline
<ul style="list-style-type: none"> • NEW Community Engagement Analyst 100% Effort* • Involvement (time) of unknown number of people across the institution to identify sources of information, develop data and reporting infrastructure and procedures. • Project management tool • Vivo INCITES module (software) annually • Meeting expenses • Website design • Computer and furniture • Data Driven Community Engagement 		<p>Year 1: Hire DEI consultant. Develop and administer initial implicit bias training program and documentation. Conduct “Institutional Circles” training for initial cohort. Conduct pre-tests for “Institutional Circles” impact assessment</p> <p>Year 2: Expand implicit bias training to more people/groups. Conduct post-tests for “Institutional Circles” impact assessment. Employment/utilization of communication/facilitation strategies learned in training</p>
Responsible Person	Dr. Elza Mylona	

OBJECTIVE C: Develop communication strategies: internal and external

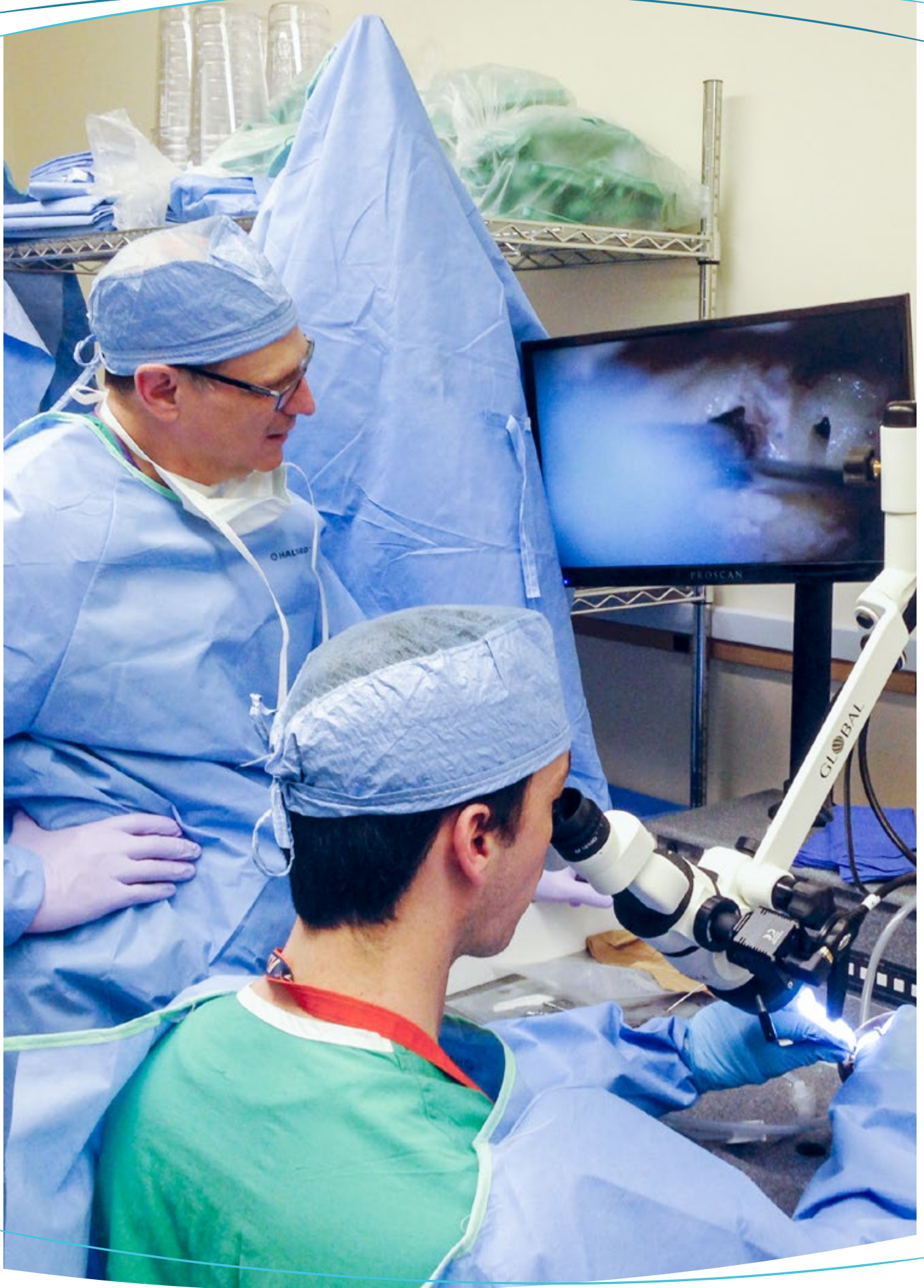
Objective	Strategies	Metrics/Indicators
Develop communication strategies: internal and external	<ol style="list-style-type: none"> 1. Create 1-year initial communication strategic plan for sharing information about EVMS activities and contributions 2. Identify opportunities and methods for varied and innovative communication approaches 	<ol style="list-style-type: none"> a) Communication strategic plan formulated and approved b) Minimum number (tbd) of communications annually; possibly by delivery method, content breadth/depth c) Some kind of impact assessment (ex. survey on how many/who received various communications, their feedback)
Investment		Timeline
<ul style="list-style-type: none"> • Staff time • Communication materials development (ex. brochures, magazines, videos) • Communication delivery costs (ex. hosted websites, mailing costs) • Perception Survey • Engage in 2-way communication 		<p>Year 1: Develop strategic communication plan and timeline. Initiate new communications through multiple delivery methods</p> <p>Year 2: Expand communication approaches, markets/targets, materials</p> <p>.</p>
Responsible Person	Dr. Vincent Rhodes	

OBJECTIVE D: Establish External Advisory Board (EAB) for external experts’ feedback on current best practices of community engagement to promote effective implementation, validate successful efforts, and help disseminate our successes to national peers

Objective	Strategies	Metrics/Indicators
<p>Establish External Advisory Board (EAB) for external experts’ feedback on current best practices of community engagement to promote effective implementation, validate successful efforts, and help disseminate our successes to national peers</p>	<ol style="list-style-type: none"> 1. Establish EAB with mission, bylaws, membership criteria, meeting schedule 2. Recruit 5-6 nationally recognized experts on community engagement to sit on External Advisory Board (EAB). The EAB will meet quarterly; one meeting will be on site 	<ol style="list-style-type: none"> a) EAB established and membership solicited b) Deliver annual report based on EAB meeting discussions, including specific projects or activities on which community feedback was sought, opportunities to address unanticipated or unmet community needs, and dissemination activities
Investment		Timeline
<ul style="list-style-type: none"> • NEW administrative/coordination support 10% effort* • Meeting materials (office supplies, food) • Meeting space/parking, travel • Membership honorariums for 1 on-site meeting for 6 attendees. Meeting refreshments 		<p>Finalize EAB membership within 6 months. Begin quarterly meetings within 12 months. Generate reports within 1 month of each EAB meeting</p>
Responsible Person	Mr. Mekbib Gameda	

OBJECTIVE E: Identify community health gaps

Objective	Strategies	Metrics/Indicators
Identify community health gaps	<ol style="list-style-type: none"> 1. Identify organizations/businesses who do regular community health assessments (ex. Sentara, Norfolk Health Dept.). 2. Create an information-sharing consortium with these partners focused on bringing the information together for a more holistic understanding of the gaps 3. Create and maintain warehouse for keeping accessible/analyzable information available to consortium partners. Identify responsibility for technical and content maintenance 	<ol style="list-style-type: none"> a) Contact and convene organizations who do regular community health assessments to explore consortium interest/opportunity b) Build information warehouse for tracking and updating of community health assessment findings
Investment		Timeline
<ul style="list-style-type: none"> • Involvement (time) of unknown number of people/organizations to identify sources of information, develop data and reporting infrastructure. • Technology allowing for sharing of information with both internal and external entities. 		<p>Year 1: Identify and contact possible partners for engagement. Convene inaugural consortium meeting to create plans for regular assessment and information sharing</p> <p>Year 2: Build warehouse and establish tools/procedures for access by both internal and external stakeholders</p>
Responsible Person	Mr. Mekbib Gameda	



Strategic Planning Process

Kick Off

- President Richard V. Homan, MD, launched the planning process in April 2019.
- Over 100 faculty, staff and trainees across EVMS convened to begin the work at the first retreat May 6, 2019.

Working Groups

- Five working groups were formed to identify and recommend key initiatives to advance diversity, equity and inclusion in the areas of education, research, clinical care, community engagement and administration.
- An Advisory Committee was formed to review the recommendations from the working groups.

Focus Groups

- Six focus-group discussions were conducted from May 6 to May 10 with a cross-section of EVMS constituencies on their views regarding challenges and opportunities at EVMS to advance diversity, equity and inclusion.
- The responses were shared with the working groups.

Second Retreat

- The working groups presented their draft recommendations at the second retreat convened June 17, 2019.

Review and Finalization

- The working groups submitted their final recommendations to the Advisory Committee on July 19, 2019.
- The Advisory Committee reviewed the recommendations and organized the recommendations into strategic priorities.
- The Advisory Committee met with Co-Chairs of the working groups July 25, 2019 to review and prioritize the recommendations.



Financial Overview and Projections

STRATEGIC PLAN 2020-2024 Funding Requests by Strategic Priority

Funding Projections by Mission	One Time	Recurring
1) Provide Enriched Training and Assessment for Access and Success	\$1,315,500	\$ 907,133
2) Foster and Maintain Diverse Workforce and Learner Population	\$589,250	\$1,673,191
3) Strengthen Community Engagement and Health Equity	\$27,000	\$631,572
4) Enhance Health Equity Research and Clinical Services Delivery	\$820,000	\$ 0
5) Benchmark for Excellence	\$253,354	\$1,081,558
Total	\$3,005,104	\$4,293,454
TOTAL STRATEGIC PLAN FUNDING		\$7,298,558

STRATEGIC PRIORITY 1: Provide Enriched Training and Assessment for Access and Success
Financial Projections

Objectives	One Time	Recurring				Recurring Total
		FY 2020 Year 1	FY 2021 Year 2	FY 2022 Year 3	FY 2023 Year 4	
A						
Faculty Lead	544,053	–	–	–	–	–
Staff Coordinator	213,705	–	–	–	–	–
Faculty Reviewers	272,026	–	–	–	–	–
Consultants/Evaluators	35,000	–	–	–	–	–
Simulation	20,000	–	–	–	–	–
Travel	2,500	–	–	–	–	–
Food	4,000	–	–	–	–	–
General Expenses	68,716	–	–	–	–	–
Supplies	40,000	–	–	–	–	–
Subtotal	1,200,000					
B						
GME Academic Support Lead		108,000	110,160	112,363	114,610	445,133
Presentation Supplies		1,500	1,500	1,500	1,500	6,000
Travel		2,000	2,000	2,000	2,000	8,000
General Expenses		9,000	9,000	9,000	9,000	36,000
Computer Software		3,000	3,000	3,000	3,000	12,000
Away Electives	67,500	–	–	–	–	–
Travel	30,000	–	–	–	–	–
Exhibit Fees	12,000	–	–	–	–	–
Office Furnishings	6,000	–	–	–	–	–
Subtotal	115,500	123,500	125,660	127,863	130,110	507,133
C						
Scholarships		100,000	100,000	100,000	100,000	400,000
Subtotal		100,000	100,000	100,000	100,000	400,000
Total Strategic Plan Funding	1,315,500	223,500	225,660	227,863	230,110	907,133

STRATEGIC PRIORITY 2: Foster and Maintain Diverse Workforce and Learner Population
Financial Projections

Objectives	One Time	Recurring				Recurring Total
		FY 2020 Year 1	FY 2021 Year 2	FY 2022 Year 3	FY 2023 Year 4	
A						
AAMC Programs	47,250	–	–	–	–	–
AAMC Pilot Project	10,000	–	–	–	–	–
Faculty Travel	20,000	–	–	–	–	–
Subtotal	77,250					
B						
Director of Mentoring		150,000	153,000	156,060	159,181	618,241
Administrative Support		62,500	63,750	65,025	66,326	257,601
Operating Expenses		1,500	1,500	1,500	1,500	6,000
Awards	4,000	–	–	–	–	–
Office Furnishings	8,000	–	–	–	–	–
Subtotal	12,000	214,000	218,250	222,585	227,007	881,842
C						
Research Faculty		192,000	195,840	199,757	203,752	791,349
Startup Funds	500,000	–	–	–	–	–
Subtotal	500,000	192,000	195,840	199,757	203,752	791,349
Total Strategic Plan Funding	589,250	406,000	414,090	422,342	430,759	1,673,191

**STRATEGIC PRIORITY 3: Strengthen Community Engagement and Health Equity
Financial Projections**

Objectives	One Time	Recurring				Recurring Total
		FY 2020 Year 1	FY 2021 Year 2	FY 2022 Year 3	FY 2023 Year 4	
A						
Supplies	1,000	-	-	-	-	-
Subtotal	1,000					
B						
Meeting Supplies		1,500	1,500	1,500	1,500	6,000
Subtotal		1,500	1,500	1,500	1,500	6,000
C						
CAB Coordinator		93,750	95,625	97,628	99,489	386,491
Faculty Facilitators		25,000	25,500	26,010	26,530	103,040
Administrative Support		25,000	25,500	26,010	26,530	103,040
CAB Supplies		6,500	6,500	6,500	6,500	26,000
Office Furnishings	6,000	1,750	1,750	1,750	1,750	7,000
Subtotal	6,000	152,000	154,875	157,898	160,799	625,572
D						
Meeting Supplies	20,000	-	-	-	-	-
Subtotal	20,000					
Total Strategic Plan Funding	27,000	153,500	156,375	159,398	162,299	631,572

STRATEGIC PRIORITY 4: Enhance Health Equity Research and Clinical Services Delivery
Financial Projections

Objectives	One Time	Recurring				Recurring Total
		FY 2020 Year 1	FY 2021 Year 2	FY 2022 Year 3	FY 2023 Year 4	
B						
Seed Grants	700,000					
Prior Strategic Plan Funding	(300,000)	-	-	-	-	-
Subtotal	400,000					
D						
Faculty Effort	120,000	-	-	-	-	-
Subtotal	520,000					
Total Strategic Plan Funding	520,000					

STRATEGIC PRIORITY 5: Benchmark for Excellence
Financial Projections

Objectives	One Time	Recurring				Recurring Total
		FY 2020 Year 1	FY 2021 Year 2	FY 2022 Year 3	FY 2023 Year 4	
A						
Bias Trainer		100,000	102,000	104,040	106,121	412,161
Conference Expenses		2,500	2,500	2,500	2,500	10,000
Meeting Supplies		1,000	1,000	1,000	1,000	4,000
General Expenses		1,000	1,000	1,000	1,000	4,000
Training Consultant	35,000	–	–	–	–	–
Instrument Fees	8,850	–	–	–	–	–
Facilitator Time	38,400	–	–	–	–	–
Office Furnishings	6,000	–	–	–	–	–
Subtotal	88,250	104,500	106,500	108,540	110,621	430,161
B						
Community Engagement Analyst		110,000	112,200	114,444	116,733	453,377
Project Management Tool		1,000	1,000	1,000	1,000	4,000
VIVO Software		18,000	18,000	18,000	18,000	72,000
Meeting Expenses		2,500	2,000	2,000	2,000	8,500
Website Design	20,000	–	–	–	–	–
Office Furnishings	6,000	–	–	–	–	–
Data Driven Community Engagement	72,104	–	–	–	–	–
Prior Strategic Plan Funding	(72,104)	–	–	–	–	–
Subtotal	26,000	131,500	133,200	135,444	137,733	537,877
C						
Communication Materials	12,500	–	–	–	–	–
Delivery Costs	12,500	–	–	–	–	–
Perception Survey	30,000	–	–	–	–	–
2-Way Communication	12,000	–	–	–	–	–
Prior Strategic Plan Funding	(50,800)	–	–	–	–	–
Subtotal	16,200					
D						
Administrative Support		12,500	12,750	13,005	13,265	51,520
Meeting Expenses		9,000	9,000	9,000	9,000	36,000
Honorariums		6,000	8,000	6,000	6,000	26,000
Subtotal		27,500	29,750	28,005	28,265	113,520
Total Strategic Plan Funding	130,450	263,500	269,450	271,989	276,619	1,081,558





EVMS
Eastern Virginia Medical School

**Advancing Health Equity and Inclusion
for Community and Academic Impact**