Draft SMART goals for DIHE efforts at ADFM [1]

ADFM works through its member departments and the family medicine organizations.[2] It is not in a position to implement DIHE changes in family medicine departments directly. These goals are actions ADFM can realistically take to encourage, support, and facilitate member readiness and ability to take action in their own departments or other spheres of influence. [3,4,5]

SMART Goals are shown here for the three main ways or "pillars" through which departments implement DIHE in their daily work[6] —with special attention to the overlapping effects of the pandemic and the movement for racial justice.

Care delivery & health	Workforce recruitment & retention	Learner recruitment & training
Patient diversity, inclusion, and equity	*Workforce diversity, inclusion, and equity*	*Learner diversity, inclusion, and equity*
A general goal is to run a care system that is attractive, welcoming, and well-suited to diverse patient populations—especially the patient populations your system draws from or is in a position to serve.	**A general goal** is to run a department or organization in which everyone can seek and has a fair chance to gain employment and want to stay—without prejudice of race / ethnicity, culture, etc.	**A general goal** is to run a learning institution in which everyone can apply and has a fair chance of acceptance, inclusion, and appropriate training without prejudice of race / ethnicity, culture etc.
The ADFM SMART goal: ADFM will publish a methodology for creating a *practice profile*—who your patients are now and who you could attract; what diversity for your setting now, and what it could be.	**The ADFM SMART goal:** ADFM will publish a methodology for creating a *workplace profile*—who works for (and with) you now and who you may want to attract; what diversity for your setting now and what it could be.	**The ADFM SMART goal:** ADFM will publish a methodology for creating a *learner profile*—who joins and who you may want to attract; a framework to recognize diversity and racism in your setting now, and what it could be. Scope: UME, GME, CME & leadership development in all three pillars. [9]
The *practice profile* tool points at key things for practices to look at, measure (and how):	The *workplace profile* tool points at key things for practices to look at, measure (and how):	The *workplace profile* tool points at key things for teaching sites to look at, measure (and how):
• The actual diversity in patient population you have or could have	• Actual diversity, inclusiveness, equity (experience) in your workplace; workplace disparities	• Actual diversity, inclusiveness, and equity in your educational settings; educational disparities
• Health outcomes or disparities in patient profile; a DIHE version of quality metrics	• The level of match between your workforce and the populations it serves.	• The level of match between your learners and the populations they likely will serve later.
• Ways to be routinely inclusive and inviting of diverse patients so they stay with you, addressing systemic racism / antiracism[7]	• Ways to be routinely inclusive and inviting of a diverse workplace so they stay with you, addressing systemic racism / antiracism; allyship [8]	• Ways to be inclusive & inviting of diverse learners so they finish; including adjustments in curriculum & learning experiences sensitive to systemic racism
• Ways to identify social determinants and disparities as part of practical incoming clinical information, e.g. vulnerability to pandemic.	• Ways to identify background influences on workplace access and success in a practical way as part of recruitment processes; barriers to inclusion	• Faculty development in teaching diverse learners
• Ways to treat and offer model of care for diverse patients	• Way to encourage promotion of diverse employees in equitable fashion	• Assessing progress with educational disparities and barriers to inclusion
		• Ways to identify background influences on educational access and success in recruitment
Equity in research to be a dimension of goals in all 3 pillars: Equitable research agendas, questions, populations, methods, use of results		
• Seeking equity in care delivery research	• Seeking equity in the research workforce	• Engaging diverse learners in research enterprise

End notes

[1] **SMART goals:** To be clear and reachable, goals are to be…
- Specific (simple, sensible, significant)
- Measurable (in ways meaningful and motivating).
- Achievable (agreed-upon, attainable—with resources in hand or obtainable)
- Relevant (to basic purposes—realistic, results-based, or steps on a developmental path)
- Time bound (in limited timeframe, e.g. 1 year; timely to the situation)

[2] **ADFM Mission:** ADFM supports academic departments of family medicine to lead and achieve their full potential in care, education, scholarship, and advocacy to promote health and health equity. **ADFM Vision:** Thriving, empowered academic departments of family medicine improving health for all.

[3] **ADFM DIHE Task Force call to action** (from *Advancing Diversity, Inclusion, and Health Equity to the Next Level* (AFM 2019; 17:89)

We need every Chair and Administrator in our member Departments to own this work with us. We will:

Educate: What is the connection between the 3 concepts--Diversity, Inclusion, and Health Equity? How they are related, yet different?

Connect these concepts to higher organizational performance and to achieving better health and health equity outcomes for patients and communities

Inspire and Develop a vision: Consider methodologies that bring these concepts/themes into the heart of ADFM and the broader Family of Family Medicine

Develop a framework which helps an institution conduct a gap-analysis with consideration of solutions to improve Diversity, Inclusion, and Equity.

Potential modalities for dissemination are:
- Webinars--similar to our popular "joy in practice" webinar series; webinars to educate chairs and administrators about this framework
- 1:1 consultations
- Identify and disseminate best practices for implementation of strategies to address gaps

We have reviewed definitions for diversity, inclusion, and health equity….**[but] the unique nature of our work—being responsible for teaching, research, and clinical care—requires further inquiry into how we will operationalize these definitions…**

[4] **Such published resources for departments** might eventually translate into consulting when a level of maturity and experience with them exists—possibly tapping experienced ADFM members as consultants to other departments such as what BRC has built up in the area of research capacity.

[5] **Timeframe for these 3 related SMART goals:** Journal publications by July 1, 2021 with some best practices from literature integrated, and more extended web-based resources. These may need to be done sequentially to maintain timeliness and match internal resources available at any given time

[6] **Definitions of common terms and now they apply in 3 pillars of DIHE action** appear in a separate document offered by FM dept. at U of MN.

[7] **Anti-racism:** " The active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably." *NAC International Perspectives: Women and Global Solidarity*

[8] **Allyship:** "An active and consistent practice of unlearning and re-evaluating, in which a person in a position of privilege and power learns to operate in solidarity with a marginalized group. *https://theantioppressionnetwork.com/allyship/*

[9] **Scope of learner profile:** UME, GME, CME and leadership development. The CME and leadership development aspects are to sustain continuous learning for DIHE among all faculty across all three pillars—care delivery & health, workforce recruitment & retention, learner recruitment & training.