



Diversity, Equity and Inclusion Committee Charter

Purpose

Provide direction for the Department of Family Medicine and Community Health's activities to promote health equity, diversity and inclusion. Advise on processes related to recruitment and retention of diverse learners faculty and staff. Review mentoring processes and evaluation documents utilized in hiring, curricular assessment, and clinical assessment for attention to diversity and disparity issues. Identify short-term and long-term goals for the Department of Family Medicine and Community Health related to health equity, diversity and inclusion in collaboration with the DFMCH Executive Team. Review demographic data and identify trends related to recruitment and retention of learners, faculty and staff. Monitor performance of process and outcome measures on the DFMCH Diversity, Equity and Inclusion (DEI) Dashboard.

Diversity is a reality created by individuals and groups from a broad spectrum of demographic and philosophical differences. Diversity, broadly defined, describes a range of personal experiences, values, and world views that arise from differences in culture and circumstance. These differences include race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, socioeconomic status and geographic region, among others. It is extremely important to support and protect diversity because by valuing individuals and groups free from prejudice and by fostering a climate where equity and mutual respect are intrinsic, we will create a success-oriented cooperative, and caring community that draws intellectual strength and produces innovative solutions from the synergy of our people¹.

At this time, the DEI Committee is prioritizing racial and ethnic diversity as the area of primary focus.

Recommends

- Actions for system change to improve selection/hiring and retention of learners, staff and providers from diverse backgrounds
- Actions to improve internal and external communication and messaging related to diversity, health equity and inclusion
- Process and outcome measures to be tracked in DEI Dashboard
- Strategies and corrective action to enhance performance of measures tracked on the DEI Dashboard

Covered Programs and Services

All service areas encompassed by the statewide Department of Family Medicine and Community Health's missions including clinical care, education and research.

Reporting Relationship: DFMCH Office of Community Health

Chair: Faculty or Staff Champion; Duties beyond DEI Committee leadership include representation on Leadership Council

¹ North Carolina State's Diversity Definition as adopted on Nov. 12, 1997, by the Administrative Council
<http://www.popecenter.org/commentaries/article.html?id=1603>



Members*:

Faculty or Staff DEI Committee Chair	DFMCH Human Resources representative
Department Chair or designee from Executive Team	Staff Representative, Educational Services
Faculty Representative, Community	Staff Representative, Clinical
Faculty Representative, Research	SMPH Representative
Faculty Representative, Residency	Member from the UW Health Patient and Family Advisory Group
Family Medicine Resident Representative	UW Health Representative
	Up to two Members-at-Large

*under-represented minorities hoped to make up 1/3 of the committee

Recorder: Administrative support

Meeting Frequency: Ten times per year

Attendance: Quorum is a minimum half of current number of members +1 necessary to enact and/or implement decisions. All voting outcomes are determined by a simple majority of a quorum. 60% participation expected for membership (the family medicine resident is excluded from this requirement).