

**Framework to Foster Diversity 2004-2009**  
**Penn State College of Medicine and Milton S. Hershey Medical Center**  
Mid-Point Update – December 2006

**Introduction:** The *Framework to Foster Diversity at Penn State 2004-2009* is at mid-point. The College of Medicine (COM) Dean's Council on Diversity and the Human Resource Office of Diversity, Inclusion, and Employment Equity are working to bring about greater diversity on campus that is inclusive for all persons, heightening cultural sensitivity, and cultural competence. Rotation of leadership is often a positive attribute for teams and accordingly, the Council's leadership witnessed a change in July 2006 when two very capable Council members stepped forward to take the helm in taking the work of the Council to the next level.

This document offers an update to the Framework that was submitted and approved in 2004. Each challenge is addressed as follows:

***Framework to Foster Diversity at Penn State 2004-2009***

**Challenge 1: Developing a shared and inclusive understanding of diversity:** In 2005, the Dean's Council on Diversity crafted a universal definition of diversity that speaks to the culture HMC and COM are attempting to create. A definition was developed that is easy to recall: *Diversity* is defined as inclusive of all cultures, respect for individuality, appreciate your uniqueness, value human kinds and minds. This definition demonstrates that diversity goes beyond race and ethnicity. It has been promoted at numerous venues throughout the organization. This definition and subsequent behavioral expectations coupled with purposeful, culture-specific skill-building workshops are helping us to move closer to our commitment to diversity and an inclusive organization.

Diversity of our workforce, students, patients and leaders is identified as a shared value for the institution. More prominence has been given to diversity and cultural competence education and training. A strategic plan for becoming culturally proficient has been adopted and is currently in place. Within the Dean's Council on Diversity, a Group for the Operational Oversight of Diversity (G.O.O.D.) was formed to provide direction and input to the strategic plan. G.O.O.D. also helps to ensure that the plan is aligned with the Framework to Foster Diversity. The strategic plan specifically addresses five key elements:

1. Access – language interpreter and translational services
2. Assessment and Training of Staff – cultural competency training is mandatory for all hospital employees. It is also available to all faculty and students.
3. Workforce Recruitment – targeted recruitment to help ensure the workforce reflects the patients and communities we serve.
4. Data Gathering – workforce, patient and community demographics to know whom we serve and be proactive in delivering culturally sensitive services.
5. Community – develop stronger partnerships with the community and provide educational services to help address health risks and health disparities.

G.O.O.D.'s membership includes mid-level and high level organizational leaders who possess the ability to make decisions and create change.

In 2005, an employee survey of all employees of HMC and COM was conducted by Sperduto & Associates, the same organization that conducted an initial survey in 2002. While it was not designed solely to capture the climate for diversity on our campus, it did include a group of questions related to diversity. When compared to national norms of other health care organizations, responses to specific questions about diversity indicated the COM was "above the norm." As compared to the data from 2002, the COM improved in 4 of 5 areas: Valuing diversity in the workforce, employee support of diversity, departments actively attempting to increase diversity of faculty and staff, and creating a welcoming climate for culturally diverse employees. There was no change in the willingness of employees to participate in increasing awareness, understanding, and acceptance of workforce diversity. Nonetheless, it is recognized that the COM is not reflective of the diversity of our nation. As such, recruiting and retaining diverse candidates and employees remains a challenge

Our Human Resources personnel have made strides in attracting and retaining a diverse pool of job applicants. Targeted recruitment postings in journals web sites that cater to diverse individuals are very evident. The College and Medical Center Human Resources offices are addressing hiring and retention of underrepresented groups and women by identifying departments and/or units where improvement and training are needed. A *Diversity Scorecard* for the medical center will be distributed in December 2006 to hospital administrators that identify their workforce in terms of race/ethnicity and gender. Workforce gaps and opportunities will be highlighted allowing the Administrator and the Department Manager to focus on increasing the diversity within the staff and positions. HR Liaisons and Recruiters will work closely with the specific areas to assist in closing the gap and seizing opportunities.

Cultural Competency training for senior and mid-level leaders was implemented in November 2006 and remains ongoing. As the leadership shifts, new leaders will be expected to participate in the training with their staff. Appropriate training curricula continue to be developed and promulgated for students, faculty, managers, supervisors and new employees. Training experiences will be reinforced through brown bag lunches and mini-workshops within and external to departments. Diverse representation on influential committees has occurred and will continue. This is evidenced by the Search Committees for the CEO and the Executive Director for the medical center.

Organizational Diversity goals typically amplify those identified in the Affirmative Action Plans. However, these goals and their progress need to be communicated organization wide. Likewise, measurement of progress towards those goals will be completed. Demonstration that acceptance of differences is a non-negotiable expectation of all organization members is a hallmark of managing the organizational climate. The celebration of diversity based on global calendar will focus on employee-involvement and ownership for creating greater awareness through direct participation of the employees in planning the events and sharing of their respective cultures. Leadership will set strong expectations in support of diversity and will behave in ways that demonstrate those expectations remains

intact. Measuring progress by incorporating appropriate diversity/cultural competence questions into HR40 annual performance reviews, evaluation of staff, management, and administration (including senior leaders) will be expected, as will demonstrated improvement on patient satisfaction surveys.

*Respect for others and Diversity Management* is one of five organizational wide core competencies required of all employees identified on the HMC Performance Evaluation & Development Plan. Leaders have trialed the new performance tool in 2006. Employees have been introduced to the tool and their performance will be assessed using this tool in 2007. Most importantly, *diversity* has been included as one of seven Shared Values and it clearly reflected in the update Strategic Plan, which will be released and posted on the campus Infonet in the near future. A draft can be viewed at <http://infonet.hmc.psu.edu/facts/summit/>.

**Challenge 2: Creating a welcoming campus climate:** Every member of the organization will be held accountable to certain standards of behavior, as well as sensitivity and responsiveness to issues of culture and diversity. (Many of the activities parallel those described in Challenge 1.)

*Addressing Diversity at HMC/COM*, an interactive program, is a part of the new employee orientation so that our commitment to appreciating and valuing diversity is clear. Orientation of newly hired persons will also include each being welcomed into a department/unit. The current Helping Hand Buddy program for staff and the Big Brother/Sister program for pairing incoming medical students with second year students continue to thrive. New Medical Student Orientation includes a workshop titled, *Overcoming the Barriers*, led by the 2<sup>nd</sup> year medical students who are members of the Multicultural Awareness Club (MAC), which provides an opportunity for students to look at their own diversity and the richness they bring to the medical college, reaching out to others for support and encourage students to move out of their comfort zone and connect with persons they may not normally connect with. The Campus Multicultural Coordinator provides coaching. For staff, departments are encouraged to develop an orientation booklet specific to that unit. Some of them have completed this task, while others are just beginning. The concept of mentoring has taken hold as a part of professional development and in support of the infrastructure.

In addition to orientation at work, newcomers, especially those from ethnic or racial minorities, will be assisted as they settle into the relatively homogeneous Hershey community. Partnering with religious connections or inclusion in organized social functions are options in assisting with assimilation into the local community. Two examples of this are the Penn State-Hershey Korean American Society, formed by a Korean Faculty member, open to all Korean employees and their families, and the Hershey Multicultural Club that is led by members of the COM and the community. Family members – especially spouses – are assisted with integration into the community. For those persons with English as a second language, the Hershey Public Library offers tutorials on CD Rom that have proven to be a viable resource. Information about relevant social events and school-related groups is available to any persons requesting this information. The Campus Multicultural Coordinator

and the Dean’s Council on Diversity serve as conduits to help facilitate the connections. If the spouse has a career, help with professional networking will be routine.

In the surveys and focus groups that are described in Challenge 1, questions that address climate issues to identify areas that need improvement will be included. Every organization member will be evaluated on the effectiveness of his/her interactions with coworkers, as well as on the evaluation of other work products. Employee behavior will be shaped through training and education so that individuals can be held accountable for her/his behaviors in performance evaluations. Management and leadership will serve as role models. All training and education will address components of effective work relationships and interactions. This previous expectation of *A Diversity of Multicultural Ambassador Group* will be developed in each work area and will meet quarterly for on-going training in addressing the work area climate that has not come to fruition at this point in time and remains a future endeavor. However, what has taken place and continues to do so is the training of employees from various work units to serve as Cultural Competency Trainers. The organization desires to become culturally competent to better able address the needs of our diverse patient populations. By December 15, 2006 approximately 22 employees will have completed a 4-day intensive train-the-trainer and will be able to teach a 3-hour curriculum to all of our employees. Future train-the-trainer workshops are anticipated given the massive number of employees employed at HMC and COM. This effort supports the Magnet Journey process currently underway as well as the organization’s strategic plan which requires a 2.5 year trajectory.

College and Medical Center Human Resources offices will be provided with resources necessary to conduct diversity related surveys, focus groups, and training programs. Financial, support staff and other resources will be available to the Dean’s Council for the provision of campus-wide activities that foster a welcoming climate. Such support may include the services of an events coordinator.

The EEO/AA office for the College of Medicine remains at University Park. Designating an EEO/AA Specialist from University to work with Hospital EEO personnel in HR will facilitate improved services including monitoring college and hospital policies for uniformity. This relationship will provide a unified approach to policy compliance and recruitment, retention and promotion of underrepresented groups and women.

	Hershey									
	Professor		Associate Professor		Assistant Professor		Instructor		Totals	
	#	%	#	%	#	%	#	%	#	%
<b>Female</b>	31	18.5%	35	21.3%	103	31.8%	20	39.2%	<b>189</b>	<b>26.7%</b>
<b>Male</b>	137	81.5%	129	78.7%	221	68.2%	31	60.8%	<b>518</b>	<b>73.3%</b>
<b>Totals</b>	<b>168</b>	<b>100%</b>	<b>164</b>	<b>100%</b>	<b>324</b>	<b>100%</b>	<b>51</b>	<b>100%</b>	<b>707</b>	<b>100%</b>

Our patient population is growing and has become more diverse. The advent of public transportation between Harrisburg and Hershey was a first step in closing the gap for accessibility and it continues. Our increased Hispanic patient population necessitates the need

for on-time interpreter services. The services of Language Line, a phone interpreter service was secured. Dual handset phones will be strategically placed on each patient care floor and in the Outpatient Clinic sites to make the service readily available to the provider and the patient. Future plans include piloting video interpreter services during the early 2007. And finally, an assessment will be taken over time as to the need for full-time live interpreters. This will require necessary services for foreign language translation and employment of a greater number of bilingual staff and communications personnel.

Conversational and/or medical Spanish lessons are now offered on a routine basis for staff and students. This challenge of increasing our attractiveness to the patient population will be met by also employing more diversified workforce in all areas of COM and HMC, including physicians and staff of diversified background, residents and students from different cultures. In general, an effort will be made to create an organization with an environment where all feel welcome and will be able to identify themselves with others and will be supported with cultural understanding and respect.

Seeking increased diversity of our faculty, postdoctoral fellows and house staff will continue in the recruitment and hiring processes. This may include pursuit of NIH funded minority loan repayment programs and NIH funded partnerships with minority institutions, as these programs provide individuals from underrepresented groups with opportunities for professional development in academic medicine and in research careers and will produce future leaders and role models. Inclusion of diverse individuals in professional training and networking will add value to the organization in creating a welcoming climate on campus. Support for the development of junior faculty through training, conferences, courses, and mentoring will continue as will the promotion of diverse faculty, postdoctoral scholars/fellows and house staff to leadership positions appropriate for their backgrounds and career goals.

Development of better working relationships with community partners (Hershey Foods, HERCO, Milton Hershey School, City of Harrisburg School District) will continue as a means for making Hershey an inviting place to live and work for persons of diverse backgrounds. Conversations with Calvin Johnson, MD, Commonwealth of Pennsylvania Secretary of Health, have begun to identify collaborations and partnerships that will service the minority communities. The Medical Center strives to become a more family friendly workplace that attracts people by offering job-sharing opportunities, domestic partner benefits, accessible elder care, and convenient, affordable child-care.

### **Challenge 3: Recruiting and retaining a diverse student body.**

The College of Medicine will continue the recruitment practices that have enabled it to successfully diversify its medical and graduate student classes.

A more supportive environment to include services for graduate and medical students with personal, academic adjustment, or disability related problems would be established. Students with national origins outside of the United States will receive appropriate support for integrating/assimilating/aculturating into the Hershey community. The demographics of the

Fall Student Enrollment figures for the Hershey Campus from 2004-2006 highlights the diversity of our student body.

<b>Fall Student Enrollment</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Multicultural	143	153	154
International	82	79	83
White	523	537	554
Total	748	769	791

The student data reflects there has been a steady state of increased multicultural and white student enrollment. Dr. Alphonse Leure duPree, Associate Dean for Academic Achievement is credited with helping to increase the enrollment of multicultural students. The International student body dropped in 2005 but rebounded in 2006. While the differences may not be statistically significant, the actual mix of diversity is valued and crucial to our success as an institution of higher learning. With regards to the gender mix, female students have been in the majority for some time. This is reflective of a national trend in medical schools.

Curricula at other medical schools and graduate programs have been reviewed to determine what goals should be set for students to acquire competencies related to diversity and culture. The curricula is being revised to include problem based learning cases inclusive of diversified populations and related health issues / diseases, population studies involving population based predominant gene expression of specific diseases. A new course titled Social Influences on Health will be initiated in the spring of academic year 2007-2008 for first year medical students. This course will include understanding how the culture and customs of different ethnic and religious groups affect healthcare, meeting the healthcare needs of gay, lesbian, bisexual, and trans-gendered persons, alleviating the disparity of health care for underrepresented and underserved groups, eliminating gender bias in healthcare, as well as ameliorating the effect of low socioeconomic status. All students will learn about the detrimental effects of stereotyping patients and allied health care workers and about healthcare disparities and differences in disease frequency and presentation in different populations. This approach will include measurable goals and objectives that will allow achievement to be documented. Likewise, inclusion of a class or series of lectures on the religions of the world and the influence of a faith tradition on how various groups view physicians and the healthcare system will be a priority. Lectures and seminars will also be conducted for the students and others by inviting the outside faculty and government officials to keep them abreast with the healthcare issues pertaining to different population, possibly disparities and initiatives / measures to improve those.

Faculty members will demonstrate a commitment to diversity and cultural competence by developing, organizing, promoting and leading activities that are aligned with this mission. Advising and mentoring diverse student groups will be encouraged and rewarded. Environment and education will be provided to students, residents and postdoctoral fellows through educational workshops, panel discussions, seminars, and other events.

More members of underrepresented groups will be employed as simulated patients. Partnerships with area hospitals serving more diverse patient populations and socioeconomic

groups than those served at Hershey Medical Center will be cultivated in order to develop formal and informal exposure to these groups along with concomitant learning opportunities.

**Challenge 4: Recruiting and retaining a diverse workforce**

Diversification of leadership at all levels of the organization, including senior management and department chairs will be accomplished through affirmative recruiting and hiring practices. This will include development and implementation of strategies to improve the success attracting diverse candidates in the search processes. Evaluation of the composition of search firms to ascertain that diverse groups are represented will be standard practice, as will be monitoring recruitment outcomes. Development of an internet diversity web site to encourage potential job applicants will be undertaken. Employees of underrepresented groups, representative organizations, and advertisements will be utilized in publications aimed at minority audiences in order to identify potential applicants. The data below reflects that the composition of COM faculty from underrepresented racial/ethnic groups i.e. African American, Hispanic American, and Native American is poor.

<b>Faculty</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
African American	6	17	11
Asian American	78	121	132
Hispanic American	4	5	9
Native American	0	0	0
Unknown	0	0	2
White	483	564	555
<b>Total</b>	<b>571</b>	<b>707</b>	<b>707</b>

The same holds true for COM Staff (executives, administrators, academic administrators, tech service and staff.

<b>Staff</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
African American	6	5	5
Asian American	35	36	37
Hispanic American	7	7	6
Native American	3	2	2
Unknown	0	0	0
White	499	498	481
<b>Total</b>	<b>550</b>	<b>548</b>	<b>531</b>

*Source: Penn State Fact Book*

Advertisements in the mass media will include photographs of underrepresented individuals to create the right image of our organization and to encourage the members of the minority community to join our workforce or to be our customers for the healthcare services. Establishment of formal relationships (pipelines) with schools with diverse student bodies to recruit in minority communities and at minority colleges and universities is already underway

and will continue on a broad basis. An active Memo of Understanding with Lincoln University implemented in November 2005 has begun to pave the way for collaborative workshops, teaching and research to build the pipeline for Lincoln University students interested in medicine or science at the College of Medicine. Early conversations have begun with Cheyney University that will eventually evolve into a similar working relationship. Implementation of college and high school internships and/or co-op programs within multiple units of the medical center and business units will be a priority, as will acknowledgement and rewards for promoting diversity related service and scholarship.

Professional and social networks for women and minority employees will be facilitated to help them feel part of the organization. The provision of buddies and mentors with similar, as well as dissimilar cultural backgrounds will be a priority for the next 2.5 years as we have not yet made progress in this area. Surveys and focus groups previously mentioned will be used to better understand factors important in retention of diverse employees. Continuous monitoring of the climate and opportunities for diverse groups will be routine. This will include exit interviews, review of grievances, as well as EEO and Affirmative Action Office and ombudsperson complaints. All underrepresented groups will be included in programs for workforce and professional development as well as mentoring programs. Creation of a career development plan for each employee will provide a strategy for growing within the institution rather than leaving it. Available employee support programs and common interest groups will be publicized through posters, website links, and programs as part of a campaign strategy. Acceleration of the introduction of “family friendly” policies and programs, expansion of rewarding and recognition of valued employees, and provision of professional development opportunities will be priorities at all levels.

A clear strategy to include measurable goals will be implemented at all levels of the organization. Senior management, managers, and department chairs will be held accountable for clearly articulated goals. However, all members of the organization will be expected to strive to meet goals and will be held accountable accordingly. Those persons responsible for achieving the goals will be provided with the resources, knowledge and skills necessary to accomplish them.

As persons with diverse backgrounds may feel isolated and excluded, leaders will need to be cultivated who are able to discern important information from their coworkers and staff as a means for developing solutions that promote employee retention.

### **Challenge 5: Developing a curriculum that fosters intercultural and international competencies.**

The College of Medicine and Medical Center will reflect an enhanced sensitivity to health and disease on a more global scale. Development of an awareness and appreciation for the variety of health care needs and customs of other cultures and underserved groups will be a manifest goal. Both students and faculty members will attain a more worldly perspective of the healthcare needs of others and the impact of nutritional status, availability of clean water, poverty, educational level, religion, politics, have on those traditional health care services available.

Curricula and research initiatives will be implemented to provide students with the skills and orientation needed to function effectively in our multicultural society and in the larger global environment. Reevaluation of what is taught in the first four years of medical training will be necessary to determine how intercultural topics can be incorporated. In the first and second year medical school curricula the effort has been initiated to revise the problem based learning of the case scenarios pertaining to different human disease conditions to be inclusive of the diversity aspects. This effort should bring out appropriate learning tools in the following few years. The fourth year humanities elective will allow for curriculum innovation and development by our students. Curriculum might be developed on the Hispanic perspective on death and dying, preventive health practices of Sudanese immigrants, and the effects of poverty on family planning. Dietary and religious observances of Muslims, Hindus, Jews and other groups might be explored as well as Amish perspectives of illness and debt. Students will gain an understanding of the cultural-specific challenges and barriers to providing healthcare to different groups, preferences of male versus female personal physician based on the cultural background and beliefs of the respective patient populations. Students will also acquire the understanding that enables them to effectively work with multicultural teams to deliver health care in a variety of settings.

CUMED, the component of the medical school program responsible for curriculum, will review and monitor faculty policies and practices for curricular transformation to determine expected as well as actual outcomes. The problems caused by the disparity in health-care and access to healthcare for the underrepresented and underserved, the elderly and the mentally ill will be integral to the curriculum. Therefore, all courses will include documentation of health disparities research as well as cases, modules, or simulated patients that help medical students to develop competency to practice in a multicultural environment.

More information and experiences related to epidemiological thinking and the critical role that public health plays in medical care in world communities would be a core element of the curriculum. Opportunities for international clinical and research rotations will be promoted. Students will be assisted in procuring visas and funding for travel expenses. Building international exchange networks will be facilitated to support students with these experiences. Service learning opportunities that allow students to integrate research and service while gaining experience in diverse communities will be increased. The number of clinical rotations that provide opportunities for students to practice in diverse communities also will be increased. A centralized effort will be made to bring the faculty and students together interested / involved in international service opportunities.

### **Challenge 6: Diversifying University Leadership and Management**

The legacy of senior leadership in the College of Medicine is that leaders have been predominately white male. There is danger that perpetuation of this legacy may send a message of *exclusivity* to the organization and the community and may obscure the progress in diversity that has been achieved at lower levels. More women and underrepresented groups need to be recruited, hired, or developed from within for these very visible key leadership positions. We will continue to promote hiring for skill first and foremost but expand the pool

to include more diverse candidates with a similar track record of excellent performance as non-diverse candidates. Contracting with an executive search firm will include a review of references and confirmation of the firm's record of a high percentage of diverse candidates in the recruitment pool and their ability to place diverse candidates with successful outcomes.

A strategy to change the mix of the very top leaders as well as other leaders throughout the organization remains a work in progress. Top leadership remains largely male and white. Three of 23 department chairs are female. In 2000, only one woman served as an assistant dean with no female associate deans. As we move into 2007, four women serve as associate deans. Even though some progress has been made, a plan to increase the number of women in leadership positions will be predicated upon developing some of the current diverse leaders in the organization, as well as bringing in new talent from outside the organization. Career development, succession planning, and the implementation of a career ladder will help women or underrepresented groups when diverse candidates aspire to stay in the organization. Creation of a mentoring climate at all levels of the institution to help in retention and promotion of a diverse pool of managers and leaders is a priority. Training leaders at all levels in the meaning and application of managing diversity will continue and will include developing action plans and means for holding leaders accountable for achieving diversity.

Specific Goals and timelines:

1. Obtain demographic data of our employees from both the HMC and COM HR offices to ascertain the scope of gender, race and ethnicity, age. Of particular interest are the employee demographics within leadership. (2004) COMPLETED
2. Search Committees for key leadership positions will be composed of diverse persons. Compositions of such committees will be reported to the respective HR Offices or another more appropriate office. (2004-2009) IN PROGRESS
3. Diversity Training for all organizational leaders beginning with senior officers conducted/led by the Dean's Council on Diversity and Human Resources. (2004-2005) IN PROGRESS
4. Diversity Training for all staff led by the Dean's Council on Diversity and Human Resources with additional internal training resources made available by the organization. (2005-2008) IN PROGRESS
5. Implementation of a Women and Minority Leadership Academy incorporating career counseling, career paths, "stretch" assignments and mentoring will be explored. This Academy needs to be a priority with sponsorship provided by The Center for Leadership Development and the Office of Professional Development in the next three years. (2005-2009) INCOMPLETE

#### **Challenge 7: Coordinating organizational change to support our diversity goals.**

Measurable goals for achieving diversity on our campus will be developed early on with concomitant articulation and public advertisement of those goals. Periodic information updates on progressing towards those goals will be made in a timely and public manner. The HR40 annual evaluation process, staff evaluations, and yearly review of administrators will provide a mechanism for insuring individual accountability. Implementation of new strategies, achievement of goals, and distribution of resources for diversity initiatives,

scholarships, and pipeline programs will occur by working with University Development, Alumni Relations, and Corporate Relations Offices. Funding for research on the positive impacts of recruiting a diverse workforce will be explored through the Office of Research Affairs, working in conjunction with the Chief Academic Liaison Officer, the Dean's Council, and the Center for Leadership Development.

Specific goals and timelines:

1. Job candidates for new and existing positions will be exposed to and interviewed using a selection process that utilizes behavioral-based interview questions to ascertain a candidate's support, or lack of support, of diversity. (2005-2009) IN PROGRESS
2. Partnerships will be established with the Governor's Advisory Commission on Asian Affairs, Hispanic Affairs, and African American Affairs to assist with attracting diverse pools of candidates. (2005-2009) IN PROGRESS
3. COM & HMC Performance Appraisals for leaders at all levels will include measurement of active involvement in achieving a more diverse workforce and creating a work climate of respect and inclusion. (2005-2009) COMPLETED
4. The Dean's Council on Diversity will review all new personnel policies as developed prior to final approval to help ensure the intent and language support the tenets of diversity and an inclusive workforce. (2005-2009) IN PROGRESS
5. Meet with HMC Leaders (Senior Management Team) to gain their buy-in for participating in bringing the Framework to the medical center's daily work life. (2004) COMPLETED
6. Implement gender and minority salary equity adjustments based on the completed salary study. (2004) COMPLETED
7. Ongoing biannual salary surveys to insure salary equity. (2006; 2008) IN PROGRESS
8. Benchmarking with other Academic Health Centers will be explored and implemented if a valid comparison group of peer institutions can be established. Penn State College of Medicine is somewhat unique in its status as receiving the lowest amount of state support of all state-related colleges of medicine. (2004-2008)  
CLOSED ISSUE – STATE FUNDING FOR THE COLLEGE OF MEDICINE WAS REDUCED TO \$0 AS OF 7/1/06.

**Summary:** This Mid-Point Update provides a “snapshot” of items accomplished or in progress based upon the Implementation Plan for the *Framework to Foster Diversity at Penn State 2004-2009* at the Penn State College of Medicine and Milton S. Hershey Medical Center. This update serves as an accountability tool that will serve as a compass for moving towards the completion of the plan by 2009. A great deal of effort has been expended and many positive things have been accomplished, especially if one views from the perspective of where we initially began. Our work is not yet complete in creating a truly inclusive environment. In fact, this a life long journey in the history of any organization. The implementation of the HMC Office of Diversity, Inclusion & Employment Equity, the Campus Multicultural Coordinator, and the expanded and enhanced direction of the Dean's Council on Diversity is expected to catapult diversity to the next level as the organization moves into the future.