INTRODUCTION

The Advisory Council on Community and Diversity (ACCD) administers an annual evaluation and reporting process that encourages and supports efforts to improve community and diversity within and across every division of Emory. This process recognizes that most community and diversity efforts occur at the divisional level, and that divisions themselves are best equipped to implement their own continuous improvement cycles, with guidance and assistance from the ACCD leadership and steering committee, as well as central administrative offices.

The ACCD emerged from and replaced Emory’s three president’s commissions, the President’s Commission on the Status of Women (PCSW), the President’s Commission on Race and Ethnicity (PCORE) and the President’s Commission on Sexuality, Gender Diversity and Queer Equality (PCSGDQE). The ACCD was formed to enable Emory community and diversity (C&D) experts1 and concerned faculty and staff to gain understanding of C&D challenges and successes across the enterprise; to provide informed guidance and recommendations to executive leadership; and to support divisions in completing goals, actions, and assessments in order to make Emory’s long-held values of access, equity, and inclusion a reality.

This year the ACCD conducted an evaluation of its structure, leadership, goals, and outcomes, which will be used to improve our process and inform our central recommendations.

ACCD VISION AND GOALS

Vision: Emory is actively engaged in, and holds itself accountable for, a continuous process of measuring, assessing and improving community and diversity.

Mission: Operationalize an infrastructure and process that encourages and supports the identification of attainable goals, concrete actions, and measurable improvements to community and diversity within each division of Emory.
   o Involve senior leadership, faculty, staff, students, alumni and patients in a continuous improvement cycle, guided by research that suggests that involvement of diverse constituencies improves collective understanding and collective problem solving.
   o Provide expertise and feedback on goals, plans, and assessments with the belief that feedback is critical to improving performance.

1 School-level chief diversity officers, leaders of offices serving marginalized and under-represented, experts in workplace discrimination, etc.
o Support the sharing of effective community and diversity practices across Emory.
o Provide a summary report on community and diversity efforts to the President of Emory University and the Emory community.

Connection to Emory’s mission: Emory believes that “the intellectual and social energy [resulting from] diversity is a primary asset” of the Emory enterprise and critical to fulfilling Emory’s mission “to create, preserve, teach, and apply knowledge in the service of humanity” in an increasingly global, diverse, and competitive environment.²

2014-15 DCCD REPORTS

Continuous Improvement Process

All 23 Emory divisions submitted annual reports that outlined their goals, actions, and accomplishments. During 2013-14 divisions collectively took action on 140 of the 212 divisional goals they identified in August 2013.

The DCCD report template was modified after the first year in order to more specifically guide divisions to record their community and diversity goals, plans, and methods of assessing progress. The 2013-14 reports often listed goals without specific plans and actions, thus a majority of reports did not fulfill the ACCD’s intention of being divisional planning documents. Using the new template, divisions collectively identified 194 goals for 2014-15, proposed specific plans to meet those goals 54% of the time, and proposed ways to assess their actions 88% of the time. While the low percentage of identified actions suggests that divisions need much more support in community and diversity planning, the high number of assessments tied to actions indicates that those who do understand the planning process also understand the need to assess the effectiveness of their actions.

Two divisions stood out for producing reports most closely embodying the continuous improvement process: Emory Saint Joseph’s Hospital and Emory University Hospital.

Promising Practices at Emory

The sharing of promising practices is one of the functions of the ACCD. Last year divisional practices were listed in the ACCD summary report, but based on the steering committee’s informal conversations with DCCD members and chairs, divisions are desiring more specific promising practice information, as well as opportunities for greater dialogue among DCCDs about community and diversity plans and initiatives. In response to these comments, the steering committee created a promising practices symposium subcommittee, which has planned a

symposium for the Emory community on April 3, 2015. In the future, the ACCD hopes to provide regular opportunities for divisions to share some of their best community and diversity work. Comments from DCCD members in this year’s survey also support the need to provide additional means of sharing information among divisions.

The steering committee’s analysis of DCCD reports revealed a number of promising practices occurring throughout the Emory community, some of which are summarized here. We highly encourage anyone who would like more information on these practices and programs to contact the appropriate DCCD members for more information. A list of members in each division is available in the appendix.

1. Involvement of Senior Leadership

Under the direction of Executive Vice President Mike Mandl, Emory University Business and Administration was very intentional in engaging its senior leadership in community and diversity efforts. Every Business and Administration unit wrote its own community and diversity report, all of which were included in the final DCCD report. The result was assurance that C&D goals and plans were being developed in every corner of the division. At senior leadership team meetings, there was ongoing dialogue about improving diversity. For example, strategies to increase workforce diversity were addressed at the annual leadership retreat. In addition, senior and executive staff completed 360 leadership reviews to identify leadership blind spots and improve their leadership of diverse staff. These reviews were developed into personal improvement plans.

2. Recruitment of Diverse Students

The Nell Hodgson Woodruff School of Nursing has embarked on a number of initiatives to diversify its student body and develop pipelines to the professoriate. They are engaged in a comprehensive and successful marketing campaign to attract male students, which helped to increase applications from males to Emory’s graduate program by 16% last year. In addition, Nursing has been awarded three grants to promote diversity:

- Bridges to the Baccalaureate (BttB) partnership between the school and the Nursing Program at Georgia Perimeter College (GPC). The program focuses on identifying students from underrepresented racial and ethnic minority groups and supporting them through the associate degree to the baccalaureate in nursing (BSN) and on to careers in nursing science in the PhD program in Nursing at Emory or at similar research-intensive institutions.
- Advanced Practice Primary Care for the Underserved Grant from HRSA to recruit, enroll, retain, and educate culturally diverse APN students to become
culturally competent providers of primary care focused on underserved populations.

- HRSA “Building Nursing’s Diversity at Emory” (BUNDLE) program that focuses on racial and ethnic minorities who are underrepresented among registered nurses.

3. Healthcare Accessibility for Patients with Limited English Proficiency (LEP)

In order to comply more fully with Title VI of the Civil Rights Act of 1964, entities within the newly formed Emory Hospital Group have implemented a number of best practices to provide patients with Limited English Proficiency (LEP) equal access to high quality healthcare. This year Emory Hospitals were engaged in the following best practices:

- Identifying and engaging LEP patients and families as Patient Family Advocates. Among other things, advocates perform hospital walk-throughs with staff to identify potential barriers for LEP patients and families.
- Creating signage in multiple languages or using universal signage.
- Providing more convenient and higher quality interpretation services.
- Providing print and online materials in multiple languages.

RECOMMENDATIONS

ACCD 2013-14 Recommendations – Follow-up

A function of the ACCD steering committee is to recognize overarching community and diversity goals and challenges and provide recommendations to executive leaders. Recommended goals and actions reflect areas the steering committee feels would best be improved through some level of central intervention or implementation. The ACCD informs and discusses recommendations with appropriate leaders and monitors the progress of recommended goals and actions.

2013-14 ACCD Steering Committee Recommendations

Four goals and associated actions were recommended for implementation in the 2013-14 academic year. The ACCD followed up with the appropriate units, and after further discussion, research, and reorganizations at Emory, some actions were modified. Each recommended goal and subsequent actions are listed below. Of these actions, 3 have been completed and 7 are in process.

Goal 1: Improve data collection related to community and diversity.

- Action: Many divisions across Emory are collaborating to develop a comprehensive data warehouse that will allow efficient integration of student, faculty, and financial data. This warehouse will permit institutional
analysis and reporting that will facilitate greater understanding of our diverse learning community.

- Action: A subcommittee of the ACCD developed standard demographic questions to be used in division-level surveys of students, faculty, and staff. These questions will permit comparisons across units, expand knowledge in some areas of difference (e.g., religion, sexual orientation) and are available online.

- Action: HR recommended a unit-based approach to climate surveys as questions can be tailored to the specific needs of the unit and are more likely to provide information relevant to local solutions to identified problems or concerns. HR is developing a climate survey toolkit that will recommend standardized questions to be used across units as well as information about how to develop customized questions. The ACCD will follow up with HR about incorporating the subcommittee’s recommended demographic questions into the toolkit.

- Action: The Emory Clinic is in the process of designing electronic standardized intake forms for all clinics and custom fields in the Global Patient Registration System to recognize LGBT identities and family relationships. The design group will consider feasibility/business needs for adding a “partner” option under marital status, sexual identity option, transgender option, and preferred greeting option. The Emory Clinic DCCD will present to the Care Transformation Team an EHC-wide diversity and inclusion plan, which includes this action.

**Goal 2: Increase employee diversity, especially at the tenure and tenure-track faculty, executive, and senior management levels.**

- Action: The Office of Equity and Inclusion (OEI), which opened September 1, 2014, will automate the hiring process for faculty by the end of Spring 2015. Automated processes incorporate Affirmative Action Plan data and goals and permit ongoing monitoring of faculty search processes. Plans are being developed to include senior administrative level positions in the automated system.

- Action: The Office of the Provost and the OEI appointed a Faculty Committee on Excellence and Diversity focused on increasing faculty diversity, establishing a best practices model for faculty diversity at Emory, and faculty retention.

- Action: OEI will train schools/units in using the automated hiring system and will expand diversity/equity training to faculty search committees.
Goal 3: **Centralize diversity training.**

- Action: OEI will be adding more diversity training to its portfolio based on available resources and is working to develop a team of trainers who will be able to provide a wider array of workshops. University Human Resources and the developing Center for Diversity and Inclusion in Campus Life report they do not have resources to fill the training gap at this time.

Goal 4: **Increase the role of the President and Provost in establishing community and diversity goals and expectations.**

- Action: The President and Provost expressed their support for establishing and sustaining a structure and process for the continuous improvement of community and diversity in each division informed by regular evaluations of the process.

- Action: The ACCD chair will provide DCCD reports and summary feedback to executive leaders so that they may better support the work of DCCDs in their area.

**ACCD 2014-15 Recommendations**

Three areas of concern emerged from analysis of the DCCD annual reports and surveys conducted as part of our evaluation of the ACCD process: 1) a need for community and diversity education and training, 2) more effective recruitment and retention of under-represented faculty and staff and 3) continued need to collect data about a range of differences across the Emory community. Consistent with a model that asks each division to develop goals and strategies for community and diversity, the concerns and possible strategies to address these concerns vary across divisions.

All of the ACCD steering committee’s 2014-15 recommended goals are continuations of 2013-14 goals. The ACCD goals and recommended actions, therefore, were modified in light of Emory’s accomplishments over the last year and reflect different needs and concerns across divisions.

**Goal 1: Increase Community and Diversity Education and Training.**

- Action: Develop a strategy to identify the educational needs and outcomes for diversity training both within and across divisions. This may include developing, delivering, and assessing training as well as finding external training resources. Training needs may require solutions situated in different units (e.g., faculty training in OEI, student programming in Campus Life, talking across difference programs in FSAP) but a general strategy could be
developed in a central unit by those with training/development expertise (e.g., HR: Learning and Organizational Development).

• Action: Provide central funding assistance to divisions requesting field-specific external training (e.g., working with Korean patients and families, diversity issues in marketing).

**Goal 2: Increase employee diversity.**

• Provide additional training and assistance to divisions in developing position-specific strategies, pipeline initiatives, and long-term recruitment and retention strategies aimed at diversifying staff.

• Continue to develop faculty and senior administration training and assistance aimed at diversifying the faculty.

• Evaluate and improve current efforts related to diverse faculty hiring and recruitment (Emory Dual Career Network, Diversity and Excellence Funds) and consider new efforts (recruitment travel funds, online tools and training).

**Goal 3: Improve data collection related to community and diversity.**

• Continue to support actions initiated in 2013-14 and in progress.

**ACCD CHANGES AND EVALUATION**

**ACCD 2014-15 Changes**

The first two years of the ACCD have seen significant reorganizations in community, diversity, equity, and inclusion efforts:

• The Provost established the Office of Equity and Inclusion in fall 2014
• Campus Life initiated planning for the (tentatively titled) Office of Diversity and Inclusion expected to open in fall 2015.
• The ACCD has moved from the Office of Community and Diversity to the Office of Institutional Research, Planning, and Effectiveness.

Changes were made to the 2014-15 ACCD process as well:

• A much more streamlined report template focused on establishing a continuous improvement process within each division was developed.
• The due date for DCCD reports was changed to August 1 based on feedback from division members.
• Steering committee liaisons were appointed to each division to provide support and consultation, answer questions, and guide divisions in the DCCD process.

• A plan for wider distribution of ACCD reports was developed that will provide executive leaders copies of reports from divisions they supervise, a copy of the summary report, and opportunities for discussion with the ACCD about the challenges, goals, and best practices in their areas. Distribution of reports will include
  o President of Emory Hospital Group: all hospital reports
  o School of Medicine Dean and President, Emory Healthcare Physician Group: School of Medicine and Emory Clinic Reports
  o Executive Vice President for Health Affairs: Health Sciences schools, Yerkes, and EHC reports
  o University Provost: All school reports

**ACCD Evaluation**

A formal evaluation of the ACCD was conducted in 2014-15 in order to examine leadership, structures, processes, and outcomes early in the life of the ACCD and to inform evidence-based improvements. Below is an overview of some key findings and recommendations for process improvement. A more detailed evaluation report will follow at a later date.

**Methods**

Three components of the ACCD – DCCD committees and reports, ACCD steering committee, and ACCD leadership – were assessed using a mix of direct observation and survey strategies. The components of the ACCD examined and evaluation methods are presented in Appendix 2.

The ACCD chair appointed a subcommittee that guided the evaluation process. Record reviews were conducted of DCCD reports, ACCD reviews and ratings of the reports, committee attendance, and leadership meeting notes. Satisfaction surveys were developed and distributed to DCCD committee members, DCCD chairs, division leaders, and ACCD steering committee members.

Response rates ranged from 30% of DCCD committee members to 50% for both DCCD chairs and division leaders, and 75% for ACCD members. While response rates typically vary across constituencies, these would be considered modest for key members of an organizational process. As a result, survey data are interpreted cautiously.

**DCCD Committees and Reports**

Reviews of DCCD reports revealed variability in the depth and quality of reports, but all divisions set diversity and community goals, developed strategies for meeting
those goals, and reported accomplishments in many areas. In addition, the majority of division leaders who responded to our survey believed that the ACCD process was useful for furthering the division’s progress toward community and diversity goals. This suggests that the decentralized approach established by the ACCD is allowing divisions to develop goals and strategies relevant for their divisions but that improvements to the ACCD process are needed.

Findings:

During both years of the process, reports for all 23 Emory divisions and entities were submitted. An analysis of the reports indicates that during 2013-14 these 23 divisions collectively took action on 140 of the 212 divisional goals they identified in August 2013. While it is clear that divisions completed a tremendous amount of goal setting as well as community and diversity accomplishments in 2013-14, they did not necessarily link goals to actions and accomplishments. In total, divisions reported taking action on 66% of their goals during the course of the year. This indicates that further support in both planning implementation and report writing may be necessary.

The revised 2014-15 DCCD report template was designed to more strongly guide divisions to write down their community and diversity goals, plans, and methods of assessing progress. The previous year’s reports often listed goals without specific plans for achieving those goals. In the 2014-15 report, divisions collectively identified 194 goals, proposed specific plans to meet those goals 54% of the time, and proposed ways to assess their actions 88% of the time. While the percentage of identified actions indicates that divisions need much more support in community and diversity planning, the high number of assessments tied to actions indicates that those who understand the planning process also understand the need to assess the effectiveness of their actions.

The review of steering committee ratings of reports suggests the need for divisions to improve their articulation of the continuous improvement process. Steering committee members made 18 recommendations to improve reporting on specific goals, actions, and assessments. These recommendations included

- the need for evidence-based goals, actions, and assessments
- more specificity in reporting of goals, actions, and assessments
- distinguishing between goals and actions
- focusing on fewer, more long-term goals.

Recommendations:

- Modify report template to guide reporting of specific goals, targets, actions, and assessments.
- Train DCCD chairs in the reporting process, with a focus on distinguishing between goals and actions, making evidence-based decisions, providing more specificity, and focusing on long-term goals.
ACCD Process

Steering committee members and DCCD chairs and members favorably rated efforts to improve the ACCD reporting process, and comments suggested that streamlining of the process should continue.

Findings:

In 2013-14, comments from divisions suggested that they would prefer an earlier report deadline and earlier feedback on their reports, so the report due date was moved from August 31 to August 1 in 2014-15. In each individual meeting with divisions in 2014-15, leaders and committee members were asked for their feedback on the ACCD and the process. Six divisions indicated they preferred an October 1 due date. Stated reasons for this included that October 1 is when other annual reports are due and that the due date should occur after the beginning of the academic calendar and after the end of the fiscal year. Other divisions either stated that they had no preference or did not indicate whether they had a preference. In survey comments, one DCCD chair noted that moving the date forward to August 1 was better because it allowed for early feedback from the steering committee. One DCCD member noted, “the timeline of the report is really impossible timing for those involved in pre-semester planning and activities.”

In individual feedback meetings and presentations, 4 divisions strongly suggested that the DCCD report be folded into the university’s annual reporting process.

Recommendations:

• Change the report due date to October 1.
• Incorporate the DCCD report into the university’s annual reporting process.

Steering Committee Workload

The responsibilities of the ACCD steering committee include reading and writing evaluations of DCCD reports, participating in DCCD presentations, attending steering committee meetings, serving as liaisons to divisions, and offering guidance on the summary report recommendations. A record review revealed that many steering committee members are experiencing difficulty in managing the committee workload and a restructuring of processes is needed to allow consistent and high-level participation and feedback.

Steering Committee Reviews
In 2013-14, steering committee members were asked to read and provide written reviews of all 23 reports. In 2014-15, each committee member was assigned 5 reviews.

In 2014-15, 77% of members (N=17) completed at least one written review. Five members did not complete any. Seven members (30%) completed all 5 of their assigned reviews. The average number of reviews submitted per member was 3.

DCCD Presentations and Division Meetings

Two additional components that require significant time from steering committee members are the 15-minute DCCD presentations and the 45-minute individual feedback meetings with division chairs and leaders. DCCD presentations account for approximately half of the steering committee’s total annual expected meeting time, excluding subcommittee meetings.

Division leaders and DCCD chairs and members were asked to comment on the usefulness of both presentations and division meetings. In comparing agreement, the results are similar. The majority of division leaders and DCCD chairs agree that both the presentation and meeting are useful, with none disagreeing. DCCD members responses are more variable, with the majority saying they “don’t know” whether either process was useful or neither agreeing nor disagreeing. This may be because many DCCD members did not attend the presentation or the division meeting, or because the feedback from either or both was not shared with DCCD members.

Survey comments and feedback from division meetings indicate more support for meetings than presentations. There were no positive survey comments from divisions about the presentation. Seven negative comments questioned the purpose of the presentations or indicated that the presentations did not provide useful feedback or were too brief. In feedback from individual division meetings, two divisions commented that they received useful feedback in the presentation. One division member said the limited presentation time was “a slap in the face” and that at least 30-45 minutes should be devoted to the conversation. Another division member said they were not sure what value the presentations had.

Survey comments on the division meetings were predominately positive. One DCCD chair commented, “Meeting with the ACCD chair and our deans provided the opportunity to give and receive feedback that will be useful in our future planning. I encourage this session to take place in the future.”

Steering committee attendance at division presentations improved from an average of 56% in 2013 to 62% in 2014. Full participation by members present was
impeded because some committee members at presentations did not read, submit questions for, and/or submit reviews of the reports being presented.

**Recommendations:**
- Establish clear terms and responsibilities for the steering committee.
- Eliminate division presentations.
- Streamline the liaison role with other steering committee requirements.

**Variability in Perceptions of the Process**

One of the most striking findings that emerged from surveys was the variability in perceptions of the ACCD process across division leaders, DCCD chairs, and DCCD members.

**Findings:**

DCCD chairs who responded to the survey consistently supported the ACCD process across a range of dimensions, followed by division leaders. Support was lowest among DCCD committee members. For example, the majority of chairs and leaders agreed that the process is useful in furthering the division’s progress toward community and diversity goals, and no leaders or chairs disagreed. By contrast, about half of DCCD members agreed that process was useful, with about a third neither agreeing nor disagreeing and about a tenth disagreeing.

Survey answers and comments suggest that DCCD members are much less involved in and informed about the ACCD process than DCCD chairs or leaders. Twenty eight percent of members didn’t know whether the ACCD process had improved or whether the report had been shared across the division. Most DCCD members do not attend the presentation or the individual feedback meeting, which likely contributes to the disconnection.

It appears that those leading the divisional committees that set goals and develop strategies are committed to the work of the committee but that both division leaders and members of committees have less favorable views of the process. This suggests a need to re-evaluate how the ACCD works with divisional leaders and DCCD committees.

**Recommendation:**
- Develop a communication plan to inform, communicate purpose to, and exchange feedback with division leaders and members.

**CONCLUSION**
Every division of Emory is setting community and diversity goals, and they are engaged in an array of community and diversity activities, a number of which are promising practices. Progress has been made on ACCD recommendations, indicating that Emory’s commitment to diversity is strong and the ACCD process is contributing to positive institutional change. Emory divisions continue to need support in creating a cohesive continuous improvement process for community and diversity. The ACCD process also needs additional streamlining, a greater focus on actions and assessments, and integration into existing structures for evaluating continuous improvement.
Appendix 1: Advisory Council on Community and Diversity Members
(updated 3/21/15)

2014-15 ACCD Steering Committee Members

Nancy Bliwise, Office of the Provost
Carolyn Bregman, Office of Development and Alumni Relations
Katherine Brokaw, School of Law
Lynell Cadray, Office of the Provost
Timothy L Fields, Office of the Provost
James Francois, Campus Life
Paula G Gomes, Human Resources
Vialla Hartfield-Mendez, Office of the Provost
Sheryl L Heron, School of Medicine
Timothy Holbrook, School of Law
Hal Jones, Emory Healthcare
Del King, Human Resources
Theresa Milazzo, Human Resources
Robin V Mitchell, Campus Services
Christine Ristaino, Emory College
Brenda L Roberts, Candler School of Theology
Jordan Rose, Emory College
Michael Shutt, Campus Life
Alicia Sierra, Goizueta Business School
Nate Spell, Emory University Hospital
Dona Yarbrough, Office of the Provost (Chair)
Bridgette Young Ross, Candler School of Theology

2014-15 Division Committees on Community and Diversity

Campus Life
Carolyn Livingston (Chair)
Tim Downs
James Francois
Mekeshua North
Scott Rausch
Jane Yang

Candler School of Theology
Anne Burkholder (Chair)
Teresa Fry Brown
John Snarey
Communications and Marketing
Stacey Jones (Chair)
Wendy Darling
Quinn Eastman
Leslie King
Ed Moseley
Monica Partlow
Melba Robertson

Development and Alumni Relations
Jennifer Crabb (Chair)
Joseph Doresy
Robin Harpak
Amanda Penn
Weslie Robinson
Camille Sears
Brenda Tran
Bernardo Villasenor

Emory Clinic
Billy Apicelli (Chair)
Alan Dubovsky

Emory College
Robert Lui (Chair)
Laura Papotto (Chair)

Emory Johns Creek Hospital
Jenna Garber (Chair)
Marilyn Margolis (Chair)
Jeff Gold
Adrienne Harris
Sandra Larry
Adedapo Odetoyinbo
Timothy Park
Hassan Shabbir
David Simmons
Tobie Walters
Emory Law School
Martha Fineman (Chair)
Sherman Roberts (Chair)
Tim Holbrook
Jim Hughes
Richelle Reid
Ethan Rosenzweig
Roxanne Walton

Emory Medical School
Rachelle Lehner (Chair)
Charlie Andrews
Josh Barwick
Paula Frew
Bob Lee
Michelle Reid
Sharon Weiss

Emory University Hospital
Robin Brown-Haithco (Chair)
Mary Beth Allen
Robert Bachman
Sharon Barrett
Dawn Burroughs
Carolyn Hill
Ira Horowitz
Rochelle Lofstrand
Cheryl McCravy
Lynn Ometer
Carol Pucciano
David Pugh
Dorothy Reed
Jennifer Shamloo
Nathan Spell
Samantha Thomas
Marjorie Timmer
Emory University Hospital Midtown
Toni Wimby (Chair)
Mike Armstrong
Justine Crawford
Liz Daunt-Samford
Donna Gordon
Bettie Graham
Beverly Green
Michelle Haddock
Sara Katzmark
Nancy Long
David Mafe
Noble Maleque
Dan Owens
Marjorie Perryman
Torry Robinson
Jim Stapleton
Patricia Turner

EU Orthopedics and Spine Hospital
Donald Miller (Chair)
June Conner

EVP Health Affairs
Samuel Shartar (Chair)
Michelle Boone
Gregory Jones
Holly Korschun
Richard Kuerston
Sidnee Paschal-Young

Finance and Administration
Peter Barnes (Chair)
David Payne (Chair)
Scotty Jenkins
Susan Newborn
Jackie Owen
Karen Paul-Reed
Melanie Pickett
Christine Rapalje
Rob Renner
Goizueta Business School
Earl Hill (Chair)
Benn Konsynski (Chair)
Patrick Brown
Corey Dortch
Michelle Kirkland
Melinda Kougioumtzis
Nwandi Lawsom
Mike Lewis
Jessica Lowy
Julie Remington
Rebecca Sandidge
Alicia Sierra
Tom Smith
Greg Waymire

Laney Graduate School
Damon Williams (Chair)
Katie Busch
Carey Drews-Botsch
Rosemary Hynes
Cora MacBeth
Ulf Nilsson
Jose Rodriguez
Lisa Tedesco

Nell-Hodgson Woodruff School of Nursing
Arnita Howard (Chair)
Angela Amar
Carolyn Clevenger
Sandi Dunbar
Kathy Kite

Office of the President
Gary S Hauk (Chair)
Thanicia Childs
Lisa Garvin
Angela Hale
Laura Perry-Bates
Audrey Turner
Betty Willis
Office of the Provost
Dona Yarbrough (Chair)
Nancy G. Bliwise
Lynell Cadray
Gray Crouse

Oxford College
Kathija Long (Chair)
Michelle Sheets (Chair)
Deric Shannon
Nichole Powell
Stacey Towler

Rollins School of Public Health
Robie Freeman-Michaux (Chair)
Richard Levinson (Chair)
Mohammed Ali
Karen Andes
John Blevins
Beth Brundige
Kristin Dunkle
Yonah Etshalom
Laura Kissock
Yang Liu
Deja Love
Helena Pachon
Victoria Phillips
Jessica Sales
Dirk Schroeder
Winifred Thompson
Kristin Unzicker
Karlyn Wilson
Gina Wingood
Frank Wong
Saint Joseph’s Hospital
Jeanne Landry (Chair)
Rosemary Smith (Chair)
Elaine Boone
Devald Desai
Heather Dexter
Teresa Edwards
Tinnie Garlington
Allison Hager
Kelly Ouellette
Ginger Parks
Tina Sapp
Paul Scheinberg
Joyce Soule
Elizabeth Wallace
Lucy Walsh

Yerkes Primate and Research Center
Verena D’mellow (Chair)
Sunday Buge
Shayla Edmondson
Leonard Howell
Mike Luttrell
Lisa Newbern
Mark Sharpless
Darryl Stanley
Maureen Thompson
Mark Wilson
Appendix 2: Evaluation Matrix

The evaluation matrix presented below shows the ACCD infrastructure and associated responsibilities and processes developed to meet ACCD goals. These were taken from the materials prepared for the “kick-off” presentation attended by ACCD steering committee members and provided to division leaders, DCCD chairs, and DCCD members. A subcommittee of the ACCD steering committee identified the quality dimensions to be evaluated as well as the methods used.

<table>
<thead>
<tr>
<th>Responsibilities/Process</th>
<th>ACCD Chair</th>
<th>Steering Committee</th>
<th>DCCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish enterprise-wide policy, practices and expectations that enhance Emory’s capacity for C&amp;D</td>
<td></td>
<td>Design templates</td>
<td>Establish working committee to address C&amp;D within unit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Dimension</th>
<th>ACCD Chair</th>
<th>Steering Committee</th>
<th>DCCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish practices ACCD practices are sound and lead to continuous improvement</td>
<td>Templates yield information about specific actions Who 1: SC members Method 1: Examine reviews Who 2: DCCD committee Method 2: Evaluation of DCCD reports</td>
<td></td>
<td>Not evaluated</td>
</tr>
</tbody>
</table>

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3 The ACCD process was originally chaired by the Chief Diversity Officer and Senior Vice Provost for Community and Diversity and is now chaired by the Special Assistant to the Provost.
<table>
<thead>
<tr>
<th>Responsibilities/Process</th>
<th>Review work of each major unit to determine whether C&amp;D are priorities and are being managed and led effectively</th>
<th>Determine metrics/indicators</th>
<th>Own process and select challenges and opportunities that are priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality Dimension</strong></td>
<td>Not evaluated</td>
<td>Not Evaluated</td>
<td>DCCD members express enthusiasm and support for the work of the committee Who: DCCD members and DCCD chairs Method: Survey</td>
</tr>
<tr>
<td>Responsibilities/Process</td>
<td>Meet with President and Provost to discuss successful and problem areas</td>
<td>Assist with evaluation of all units</td>
<td>Self-assessment of each focus area (faculty, staff, PSA/patients-students-alumni, local/global, facilities)</td>
</tr>
<tr>
<td><strong>Quality Dimension 1</strong></td>
<td>Develops action items to support continued improvement in problem areas Who: ACCD chair Method: Review recommendations</td>
<td>All steering committee members complete assigned reviews Who: SC members Method: Review SC feedback reports</td>
<td>Reports describe ongoing processes tied to unit goals Who: DCCD committee Method: Review reports</td>
</tr>
<tr>
<td><strong>Quality Dimension 2</strong></td>
<td>Develops action</td>
<td></td>
<td>Reports describe</td>
</tr>
</tbody>
</table>

and steering committee - Evaluation of DCCD reports
<table>
<thead>
<tr>
<th>Responsibilities/Process</th>
<th>Engage in annual town hall meeting to discuss state of C&amp;D</th>
<th>Provide assistance/direction to DCCD with setting priorities</th>
<th>Make recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality Dimension</strong></td>
<td>Not evaluated</td>
<td>DCCD committees are satisfied with level of support</td>
<td>Report includes specific actions to enhance C&amp;D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Who: DCCD chairs</td>
<td>Who: DCCD committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Method 1: Review feedback provided in individual meetings</td>
<td>Method: Review reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Who: DCCD committee</td>
<td></td>
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<tr>
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<td>Method 2: Survey</td>
<td></td>
</tr>
</tbody>
</table>

| items to address problem areas identified | outcomes of evaluating goals/programs |
| Who: ACCD chair | Who: DCCD committee |
| Method: Review recommendations | Method: Review reports |