

Dear Colleagues,

Earlier this summer, Mass General Brigham leadership promised to examine and work to eliminate the many impacts that racism has on patients and employees within our own system. To be clear – we know we can and must do better to tackle and overcome the barriers to equity that exist in our organization. Over the past three months, we have asked for input from staff, leadership, our board members and the community to create a path forward. I am eager to share an update on our progress with you.



Mass General Brigham's ***United Against Racism*** initiative is our roadmap for delivering the solutions our patients, our communities and our staff deserve. Our system-wide plan includes specific timelines and metrics of success on our journey to becoming an anti-racist organization. Our plan is more than words; it is an investment of our leadership teams and a multimillion-dollar commitment that will change our organization for the good. Leaders, including me, will be held accountable to achieving this goal. And yet, even with this new commitment, we must also acknowledge that this is merely our first step of many. You can and should expect much more from our organization moving forward.

The plan will include the following elements:

Leadership, Employees and Culture

- Increase the diversity of the Mass General Brigham and individual hospital Boards through targeted recruitment efforts
- Increase the diversity of leadership teams across the entire system with accountable goals related to hiring, promotion and retention
- Identify and act on reports of racism among staff and patients by implementing a system-wide incident reporting platform along with new resources to support escalation and resolution
- Implement system-wide anti-racism and anti-harassment training for all staff

Patient Care

- Establish system-wide leadership roles including a Medical Director for Health Equity and committing new data analytic resources devoted to anti-racism work
- Improve the accuracy of data on patient race, ethnicity and language preference for all patients via multi-model outreach and training of all patient registration staff
- Ensure access to care for non-English speaking patients by establishing centralized translation services for all written and electronic communications and expanding local interpreter services via video technology
- Reduce racial and community-based inequities in digital health care via home distribution of iPads and medical monitoring equipment (e.g. blood pressure cuffs), supporting enrollment in our electronic patient portal (Patient Gateway), hiring digital health navigators and investing in multilingual help desk support staff
- Eliminate racialized medicine by removing the inappropriate use of race in clinical decision tools and policies
- Establish a culture of health equity improvement by requiring each clinical department to identify a racial disparity in health care and implementing a process improvement project

Community Health and Policy Advocacy

- Enhance focus on social determinants of health including food and housing insecurity across all primary care practices
- Establish a system-wide community health worker program and food pantry to support community members in addressing social determinants of health
- Implement an innovative service line in partnership with community stakeholders to include mobile health units able to provide essential services related to preventive services, chronic disease management or substance use disorders
- Leverage community partnerships to increase diverse employee hiring; target financial investment opportunities; support a diverse construction and contractor workforce for large scale projects and engage local suppliers via purchasing strategies
- Establish anti-racist policy strategy to guide decision making in government and commercial payer contracts
- Use our collective voice to enact an external public policy agenda that supports equity and anti-racism

The development of our plan was guided by many leaders across the system, as well as by years of work involving our academic medical centers, community hospitals, specialty hospitals, office practices, post-acute facilities, home care and community health programs. We have drawn on the passion and expertise of every discipline in our system – clinicians and staff – all with a single goal.

The execution of the United Against Racism strategy will now require a collective effort across our entire system. Confronting the challenge of racism will require partnership not just among ourselves, but with the communities we serve. We must all be ready to step up at this critical time.

I look forward to sharing regular updates on our progress as we work together to address one of the most important public health crises of our time. This will be done in a transparent fashion with metrics and milestones. There is no doubt this work will be a long and difficult journey – but we are committed to traveling this path together.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Klibanski". The signature is fluid and cursive, with the first name "Anne" written in a larger, more prominent script than the last name "Klibanski".

Anne Klibanski, MD