MGH STRUCTURAL EQUITY PLAN
June 15, 2020

VISION

We will have diverse talent across the organization, performing and excelling in a supportive environment, trained to deliver high-quality care to, engage, and conduct research in partnership with diverse patients and communities that feel valued and respected.

OVERVIEW

MGH has developed a draft ten-point plan* to achieve this vision, and address structural and overt racism within and outside the organization. This plan outlines the key strategic initiatives, along with tactical and operational components.

*It builds on work across the organization, including recommendations from the 2017 Strategic Plan of Diversity, Equity and Inclusion; committee and departmental efforts; leadership and stakeholder engagement in 2019-20, and inputs solicited since June 1st, 2020. Details and key findings are provided in the Appendix.

Racism has been deemed a public health crisis. This plan is designed to create a comprehensive strategy to achieve our vision, and identify and address structural racism at MGH. It has multiple initiatives, each with specific goals, key activities, resources, timeline, oversight, accountability, rigorous evaluation metrics, and transparency.
**Point 1:**
**Vision:**
MGH will be equitable, just, and free from any structural racism in all policies and practices.

**Currently:**
There are multiple policies and practices at MGH that, through structural racism, have a disproportionate impact on minority patients and employees.

**Initiative:**
**Policy and Practice Review to Identify and Reconcile Structural Racism**

**Goal**

1. The goal of this initiative is to create a deliberate process to systematically identify such policies and practices and reconcile them.

**Key Activities**

1. Create a multidisciplinary task force that will develop a set of tools, and process, to systematically review key policies and practices both retroactively, and proactively for structural racism and disproportionate negative impact on minority patients and employees.

2. The review will be routine and holistic, but begin with key priority policies and practices surfaced by the MGH community. Recent examples include: (1) Bed assignment (priority of elective and surgical admissions which are more likely to be White patients, versus Emergency Department patients, which have a higher proportion of vulnerable and minority patients; (2) Use of specific qualifications for leadership positions which are not necessary to execute the position (e.g. Full Professor at Harvard Medical School) and thus limiting the pool of diverse candidates; (3) Choosing to locate ambulatory care sites in non-minority communities.

3. The review will span across all MGH operations, and the four pillars of the mission (clinical care, research, training/education, community health)
Point 2:
Vision:
MGH will be an inclusive environment that does not tolerate any forms of discrimination, racism, or microaggressions—and will have a mechanism to identify and address them should they occur.

Currently:
Employees, including clinical faculty and staff, are routinely subject to a spectrum of discriminatory behavior against them, ranging from overt racism to microaggressions.

Initiative:
Creation of a Reporting System and Reconciliation Plan for Critical Incidents of Racism, Discrimination and Microaggressions

Goal

The goal of this initiative is to develop an MGH-wide reporting system for racist or discriminatory behavior, along with policies, practices, processes and staff support efforts to effectively reconcile them.

Key Activities

1. Develop and deploy a comprehensive reporting system that employees can use to cite situations where they have been subject to racism as well as microaggressions. The system will be well-known to the MGH community, and easy to access and use.
2. Create a process to manage these complaints in a culturally competent fashion
3. Make support services available to victims of such behavior, and develop (when needed) and enforce processes that address individuals who engage in such behavior.

Point 3:
Vision:
All at MGH will be knowledgeable about the impact of racism on health and health care, and have practical, actionable tools to assure their behaviors are equitable, just, and anti-racist.

Currently:
MGH does not have a mandatory, institution-wide, role-specific learning pathway for all employees on the impact of racism on health, wellbeing, and health care; on how to
mitigate implicit bias; how to deploy effective bystander/upstander strategies against racism, discrimination, and microaggressions; and how to communicate effectively across cultures.

**Initiative:**
**Developing a Training Pathway on Racism and Associated Factors**

**Goal**

The goal of this initiative is to develop a comprehensive learning pathway that provides consistent, and continuous training for all those at MGH, tailored to meet their responsibilities, focused on the impact of racism on health, wellbeing, and health care, implicit bias, bystander/upstander, microaggressions, and cross-cultural care.

**Key Activities**

1. Create a multidisciplinary task force that will identify the key principles and learning objectives that should be taught in the areas of racism, implicit bias, bystander/upstander, microaggressions and cross-cultural care.

2. Buy/build training tools in all of these areas, and deploy them over a multi-year learning pathway, required for all at MGH, tailored to meet their responsibilities.

3. Develop a robust set of evaluation tools that go beyond pre/post-test and learner experience to patient experience and colleague experience.

**Point 4:**

**Vision:**

MGH will be accessible, affordable and available to all communities, and will deliver high-quality, timely, effective, compassionate, culturally competent care to all who enter our doors.

**Currently:**

There are longstanding and significant racial and ethnic disparities in health, access to health care, and quality of care.

**Initiative:**
**Assure Equity in Access to, and Delivery of Clinical Care**

**Goal**

The goal of this initiative is to improve access to care and identify and eliminate all racial and
Key Activities

1. Expand the current Annual Report on Equity and Healthcare Quality to include measures of (1) access to, and wait time for primary care and specialist care, including for those at all community health centers as well as (2) triage decisions and assignment to attending versus trainee, by race, ethnicity, language, gender identity and insurance status.

2. Develop interventions to eliminate access and assignment barriers to assure equity.

3. Increase community engagement in predominately Black/African American communities in Greater Boston and facilitate their receiving care at MGH.

4. Create interventions to address any and all racial and ethnic disparities in health care.

Point 5:

Vision:

MGH will not have any lab standards or clinical guidelines that are based on racist, faulty, and inadequate research and science.

Currently:

There are multiple examples of racialized science (race-based science based on old and faulty data, including “corrections” for being Black for certain lab values) and medicine that make up and inform current clinical care standards and processes at MGH.

Initiative:

Eliminate Racialized Science and Medicine

Goal

The goal of this effort is to identify and eliminate all forms of racialized science and medicine, built on racism and faulty and inaccurate data and assumptions.

Key Activities

1. Create a multidisciplinary task force that will identify examples of racialized science and medicine, and create a pathway to eliminate them.

2. The review will be holistic, but begin with key areas that include (1) eGFR adjustment for African-Americans and (2) “race corrected” pulmonary spirometry, among others.
3. The review will span across all clinical disciplines, and also inform current and future research efforts at MGH.
Point 6:

Vision:

MGH will promote economic and educational empowerment, and affordable access to health care delivered by us, for all its employees.

Currently:

Racism—structural and systematic—has led to all forms of inequality, including as it relates to income, education, and health care. This is felt acutely by lower-wage employees at MGH, who are socioeconomically disadvantaged, cannot afford educational advancement, and are not able to afford receiving their health care here.

Initiative:

Assure a Living Wage, Educational Development and Access to Care at MGH

Goal

The goal of this effort is to address all of these inequalities among our employees by (1) creating a living-wage indexed to Boston; (2) expanding funding for educational development; and (3) assuring they are guaranteed affordable insurance coverage so they can receive medical care at MGH if they so desire.

Key Activities

1. Invest in creating a living-wage indexed to Boston for all MGH employees.
2. Increase the educational stipend provided to employees.
3. Create an affordable insurance option for all employees so they can receive care at MGH if they so desire.
4. Assure employment protections for those with criminal histories, and clinical care protections for those who are incarcerated and receiving care at MGH.
**Point 7:**

**Vision:**

MGH will have diversity and equal representation across all levels of the institution, reflective of the diversity of our nation, and our community.

**Currently:**

Minorities are underrepresented at the governance and leadership level, in the clinical and nursing disciplines, as well as in research and community health.

**Initiative:**

**Commit to Diversity and Equal Representation:**

**Governance, Leadership, Clinical Care, Research, and Community Health**

**Goal**

The goal of this initiative is to increase the representation of minorities in all areas across MGH through the use of goals, timelines, accountability and transparency.

**Key Activities**

1. Each SVP, VP, Director and Nursing Leader must create a specific plan—with numeric targets, a timeline, and a detailed strategy—for increasing diversity in their respective area. This plan must be submitted and approved by a subcommittee of the Executive Committee on Diversity and Equity.

2. All those involved in research must create a specific plan for increasing diversity among their clinical trial participants—with numeric targets, a timeline, and a detailed strategy—for review and approval by a subcommittee of the Executive Committee on Diversity and Equity.

3. Any individual in charge of recruitment, retention, promotion and support will be required to complete a set of assigned courses from the to-be-created Diversity Leadership Academy (described below).

4. A multidisciplinary task force will be developed to create a process to (1) explore term limits for senior leaders, (2) explore term limits for Chiefs, (3) create diversity succession plans, and (4) foster diversity in governance.

5. Minority representation will immediately be mandated on all executive committees and leadership groups where decisions about contracting and other critical policy and practice decisions occur (with appropriate recognition for promotion as part of this responsibility).
**Point 8:**

**Vision:**
MGH Police and Security will assure an environment of safety, equity, trust, and transparency.

**Currently:**
Concerns of police brutality have led to significant efforts to reform policing. MGH Police and Security has several metrics related to equity, but others could be developed, and additional training can be considered, to assure equity and transparency.

**Initiative:**
Assure an Environment of Safety, Equity, Trust, and Transparency in Security

**Goal**

1. The goal of this initiative is to work with MGH Police and Security to identify new opportunities—including training, and metrics—to assure an environment of safety, equity, trust and transparency.

**Key Activities**

1. Create a multidisciplinary task force to work with MGH Police and Security to review training, protocols, and reporting metrics.

2. Implement task force recommendations, including in areas related to hiring, training, protocols, and new routine reporting (such as security calls by race/ethnicity of caller, assailant, and victim, among others) measures, among others.

3. Explore alternatives to security calls in specific clinical circumstances.
**Point 9:**

**Vision:**

MGH will make visible, and communicate its values—including commitments to equity, racial justice, inclusion, and against racism—and assure an environment that is welcoming to all.

**Currently:**

MGH has not fully and routinely applied an equity and anti-racism lens to its standard communication and marketing strategies, as well as its physical and virtual spaces.

**Initiative:**

**Deploy an Equity, Anti-Racism, and Inclusion Campaign**

**Goal**

The goal of this initiative is to develop a multi-modality campaign that demonstrates our commitment to equity, equality, and against racism. In addition, this campaign also should focus on the importance of dignity, respect, inclusion, and our commitment to these values, and enforcing these behaviors.

**Key Activities**

1. Create a multidisciplinary committee that will provide recommendations on key messages, and the display of such messages, in our physical and virtual space (this may be a subcommittee of the Executive Committee on Diversity and Equity). This will include a review of all names associated with any MGH site to assure these are historically aligned with our values.

2. Work with public affairs, and marketing, to develop creative messages internally and externally, including supporting multicultural media partners.

3. Deploy an arts, culture, and music initiative, among a broader portfolio of activities, that aim to make our diverse community feel more valued, and included.
**Point 10:**

**Vision:**

MGH will actively invest and engage in an advocacy strategy against racism in all aspects of our society.

**Currently:**

Racism, in all its forms, is pervasive throughout our society and all its institutions. As a health care institution dedicated to the wellbeing of our communities, and all we serve, we have a moral responsibility to strongly advocate against racism, and for equity and racial justice, inside and outside our walls. MGH has not built in a rigorous anti-racism and equity advocacy strategy.

**Initiative:**

**Engage and Invest in an Anti-Racism Advocacy Agenda**

**Goal**

The goal of this initiative is to work in partnership with Mass General Brigham (MGB) and organizations locally and nationally, to leverage our platform and thought-leadership in an advocacy agenda against racism everywhere.

**Key Activities**

1. Create a multidisciplinary task force that will develop an anti-racism advocacy platform and agenda for action.

2. Coordinate the development and deployment of this platform and advocacy agenda with MGB, and in collaboration with other key local and national organizations.

**INFRASTRUCTURE**

This ten-point plan will require significant financial investments to assure an infrastructure is in place for immediate and sustained execution against goals.

The initiatives articulated here will require funding in multiple areas and across multiple operations. The oversight and coordination of this plan will provide efficient and effective action, and assure economies of scale. The expectation that this portfolio could be executed with the current infrastructure in place would put the entire plan in peril, and risk failure.
METRICS

Metrics and measurement will be essential to our progress. We cannot manage what we do not measure, and the challenge has always been our inability to directly identify and measure structural racism.

An extensive measurement portfolio, as articulated here, will be necessary to both demonstrate our commitment to progress and transparency, as well as identify what is or isn’t working and course correct as needed. This will require a dedicated measurement effort, as well as requirements to deliberately assess these factors across all of our current measurement activities.

SUMMARY

The nation, and MGH are at a tipping point for racial justice. This time calls for us to act boldly, and courageously, to move from aspiration to rigorous, accountable, and transparent execution. MGH must demonstrate that it truly stands behinds its values of diversity, equity, and inclusion, and against racism in all of its forms, inside and outside our walls.

This ten-point plan is a demonstration of such commitment. It sets in motion a process that will forever change MGH for the better, and assure that we are willing to contribute our vector to bending the arc of the moral universe towards justice at this critical time in our history.

APPENDIX

Recommendations from the Strategic Plan on Diversity, Equity, and Inclusion
The MGH engaged in a year-long strategic planning process in 2017 focusing on diversity, equity and inclusion. This graphic demonstrates the process, and the key priorities that emerged from that efforts.

**MGH DEI Strategic Plan and Process, 2017**

**DEI Retreat (Diversity broadly defined) yields 5 Teams**

**Blue**: Environment of Safety; Programs on equitable care  
**Green**: Workforce diversity; D/I Training  
**Orange**: Diverse research participants; Diverse research/researchers  
**Purple**: Diversity in environment; Patient feedback on DEI  
**Red**: Central infrastructure; Embed DEI in leadership/ops

45 Tactics ranked, 6 emerge as top priorities, 9 “just do it”, others pending

- Central D&I Infrastructure  
- Enhance Workforce Diversity  
- Equitable Care Increase Pt Diversity, Education, F/JR

- Partner w/ Leadership to Embed D&I into Daily Operation  
- Reflect Diversity in Physical & Virtual Environment  
- Partnership & Participation of Under-represented in Research

*The MGH engaged in a year-long strategic planning process in 2017 focusing on diversity, equity and inclusion. This graphic demonstrates the process, and the key priorities that emerged from that efforts.*

**Strategic DEI Efforts Across the MGH Mission**
This graphic provides a visualization of the key efforts around diversity, equity and inclusion, and how they cut across all four pillars of the MGH mission.

Key Findings from Interviews with Chiefs, SVPs and Key Stakeholders
From 2019-20, the Chief Equity and Inclusion Officer met with all SVPs, Chiefs, and other key stakeholders across MGH (N=85) to assess their challenges, goals, how MGH might assist them, and the priorities that they thought were most important from the ten articulated in the 2017 Strategic Plan. A series of Town Halls, and informal multilingual coffee meetings with individuals from across the organization were also held, with findings supporting those above.

**Findings: Leadership/Stakeholder Interviews**

- **Biggest Challenges**
  - Lack of diversity in leadership/faculty/staff/patients and strategies to address this
  - Making diversity, equity and inclusion sustainable
  - Need for organizational culture to be more inclusive
  - Funding and accountability

- **Goals**
  - Training on cross-cultural care, implicit bias
  - Deliberate recruitment efforts, including mentorship, retention, development
  - Involvement of support staff
  - Reporting systems

- **How can I assist?**
  - Innovative ideas through collaboration across groups and departments
  - Better coordination hospital-wide
  - Consultation, knowledge-sharing
  - Benchmark data, measurement, accountability, and resources

- **Strategic Plan Priorities**
  1. Provide Equitable Care
  2. Enhance Workforce Diversity
  3. Environment of Safety and Trust
  4. Diversity and Inclusion Trainings

Signature Initiatives Emerging for 2020
Prior to the COVID-19 Pandemic, three signature initiatives had developed from the aforementioned assessment, which included a review of the 2017 Strategic Plan on Diversity, Equity and Inclusion; interviews with SVPs, Chiefs and key stakeholders across MGH; and town halls and informal coffee meetings. The signature initiatives covered three areas as described above, and detailed below. The goal was to present and socialize these with leaders, and across the organization, in the second quarter of 2020, but COVID-19 made that impossible. This background work has now been consolidated into this Structural Equity Ten-Point Plan, and is included here on the chance there is interest in specifically branding this work once it is deployed.

- Identify and address disparities in health and in care at MGH and our communities
- Equity in science
  - Identify and address racialized science (eGFR and correction for African-Americans)
Broadening Horizons

- Develop and deploy Leadership Academy to provide strategies for recruitment, retention, promotion
  - Leverage tools so those across organization have blueprint and structure for action

- Create goals, target, timeline, and accountability for diversity at all levels, and across MGH
  - Board and Leadership (effort underway at MGB)
  - Physicians (development fund with focus on primary care, then specialties; expansion of CTDA externally)
  - PCS (expansion and addition of efforts)
  - Research (deliberate strategy, expansion of PSDA externally)
  - Patients (employee initiative to encourage care at MGH)
  - Community Health

MGH Together

- **Determine the key factors that drive the feeling of inclusion at MGH**
  - Facilitators, barriers

- **Focus on inclusion effort across MGH**
  - Storytelling project
  - Physical space
  - Incorporation of diversity across all external/internal facing marketing/communication strategies

- Develop routine inclusion environmental assessment/measurement tool

- Create a stronger multicultural presence in our communities