

Boston Medical Center
HEALTH SYSTEM



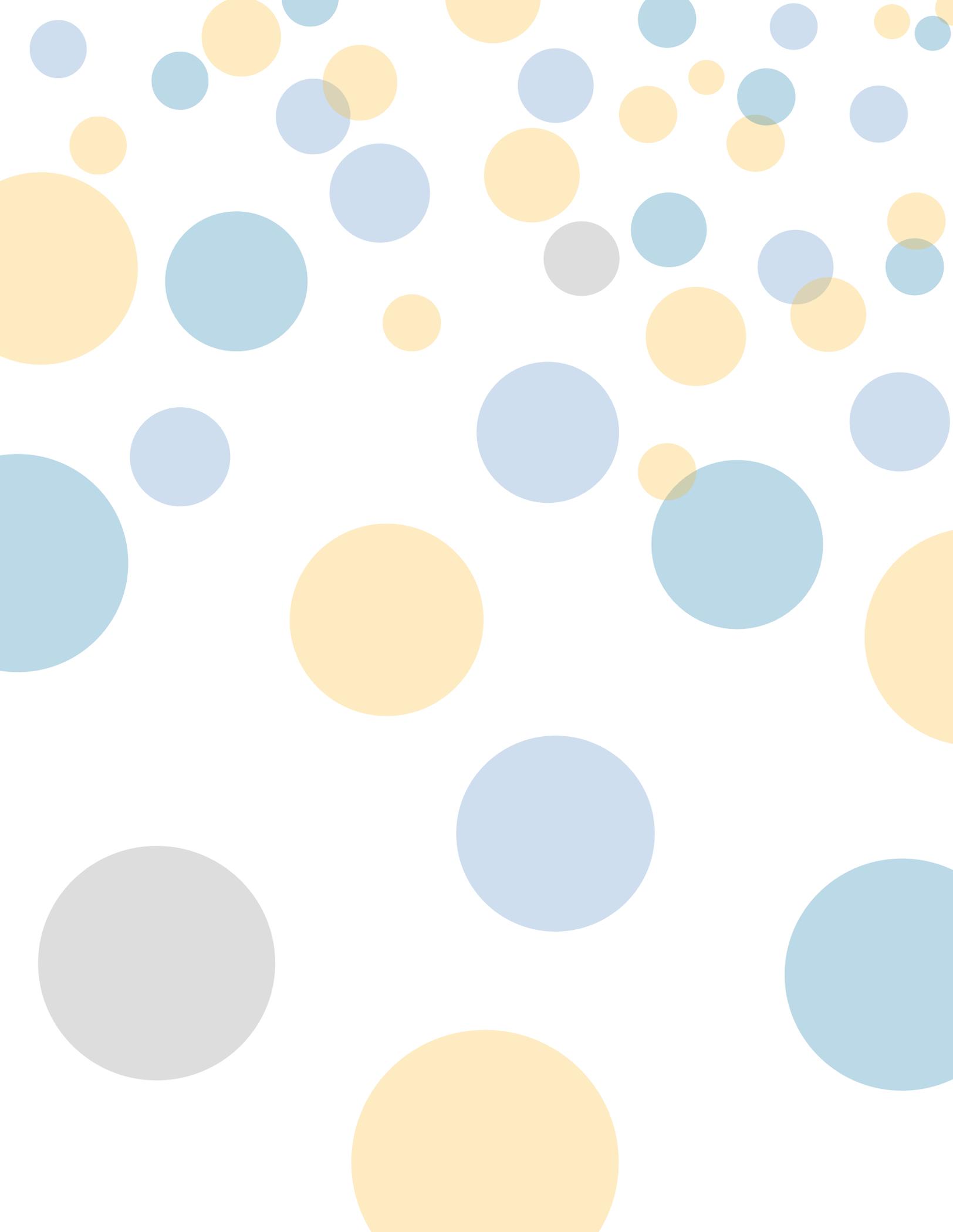
2022

TOGETHER

@ BMCHS

Diversity | Equity | Inclusion

YEAR IN REVIEW



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REFLECTIONS FROM KATE WALSH



We are also proud to have been recognized for our work in DEI including being **rated in the top five most racially inclusive hospitals** in the US for two years in a row by the Lown Institute.

Highlighted in the following pages are snapshots of the tremendous accomplishments, hard work, and innovation required to turn commitments into outcomes. We have showcased exceptional employees and teams whose minds are a never-ending wealth of ideas and whose hearts are always ready to serve.

“ ...TEAMS WHOSE MINDS ARE A NEVER-ENDING WEALTH OF IDEAS AND WHOSE HEARTS ARE ALWAYS READY TO SERVE. ”

WELCOME

As we near the end of 2022, I am extremely proud of how we have continued to challenge our perceptions, understanding, and approaches to Diversity Equity, and Inclusion (DEI) for ourselves, our patients and members, and our community.

Through introspection and action, we have advanced our work in **health equity, workforce development** and **cultural competence**, where everyone, every day is accountable for an inclusive work environment.

Our goals for the weeks and months ahead remain steadfast: to keep growing and learning, to **keep having courageous conversations**, and to keep working towards an inclusive environment where everyone feels seen, heard, and celebrated.

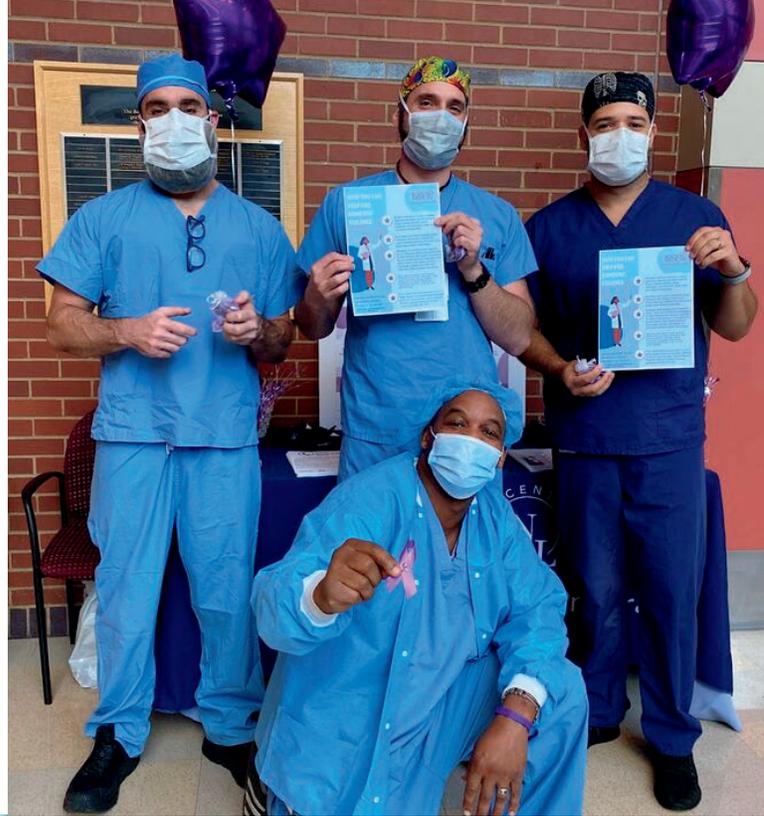
It never ceases to amaze me how tiny steps forward each day, can lead to important progress over time. Alongside all of you, I look forward to continuing to learn and witness the incredible work being done across our health system as we advance our mission of **exceptional care, without exception.**

Kate Walsh

CEO | Boston Medical Center Health System

our **MISSION**

For more than 100 years, Boston Medical Center has been driven by a commitment to care for all people, providing traditional medical care and programs and services that enhance overall health. All of this supports our mission to provide **exceptional care, without exception.**



our **VISION**

Our vision is to make Boston the healthiest urban population in the world by 2030. This internal benchmark sets the tone for our growth and a successful future and drives our culture, activities, and strategy.

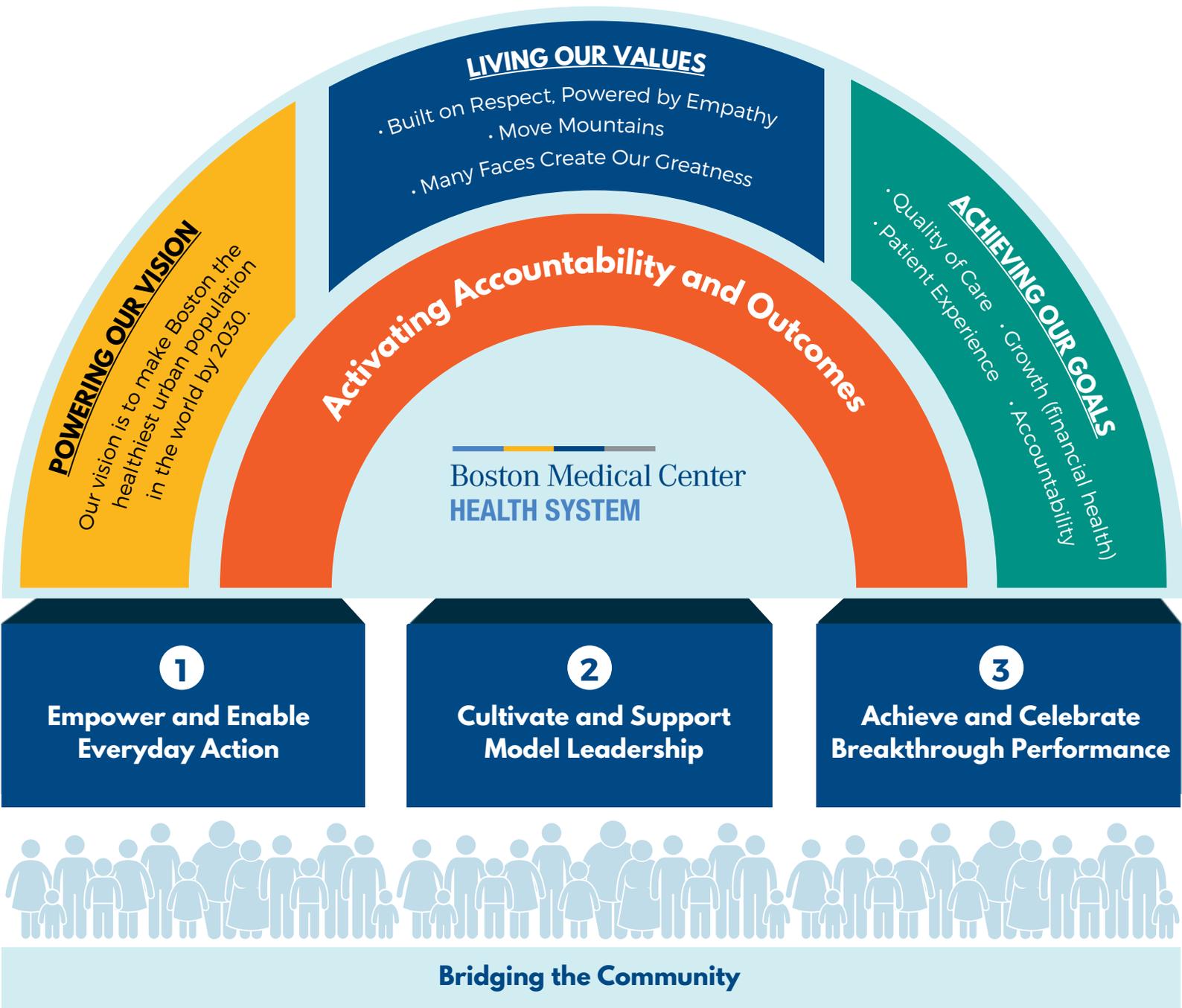
our **VALUES**

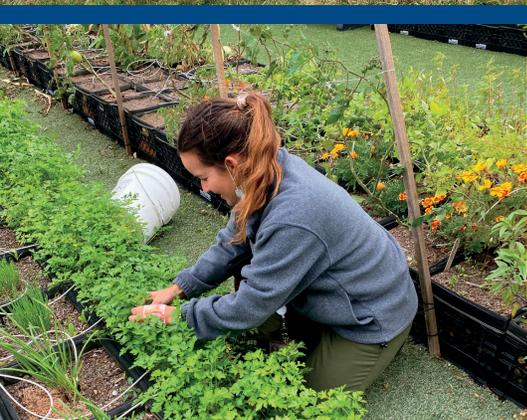


At BMCHS, our mission guides us, our values sustain us, and our stance sets our intentions and accountabilities for how we engage with each other and the communities we serve.

STRATEGIC FRAMEWORK

BMCHS's DEI Strategic Framework allows the organization to assess DEI initiatives through a critical and all encompassing lens. These dimensions are foundational elements to achieving our mission and vision. The wellbeing of employees, patients, and community depends on this holistic approach and fuels DEI efforts throughout our Health System.





**EMPOWER & ENABLE
EVERYDAY ACTION**

BMCHS CULTURE

The Culture Code brings to life BMC's core value of Many Faces Create Our Greatness, making it **actionable and apparent** in how we do our work every day. It distills large and seemingly abstract DEI concepts into five elements:

See The Other Person (S.T.O.P.)

Set aside assumptions and snap judgments. Every encounter is an opportunity to learn from each other, uplift, and connect.

Find your superpower and appreciate the superpowers of others

Our differences add value! Identify your unique strengths and join forces with those around you to raise the bar and deliver excellence.

Missteps happen, so can growth

Being your best self at work requires courageous self-awareness. Listening, sharing, and speaking up help us learn from mistakes and do better going forward.

Make it a 5-star hello

Active and genuine engagement begins with how we acknowledge each other. Even greetings in passing can change the course of the day.

We stand together

How we show up for each other matters. Your choices in interactions, as a participant or as a bystander, can leave a lasting impression that reflects on you, personally, and on BMCHS as a whole.

Boston Medical Center
HEALTH SYSTEM

CULTURE CODE

Living "Many Faces Create Our Greatness"

See The Other Person (S.T.O.P.)

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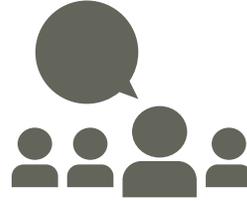
CODE



4.9★
average rating



75+ Evaluations



15+ Facilitations/
Consultations

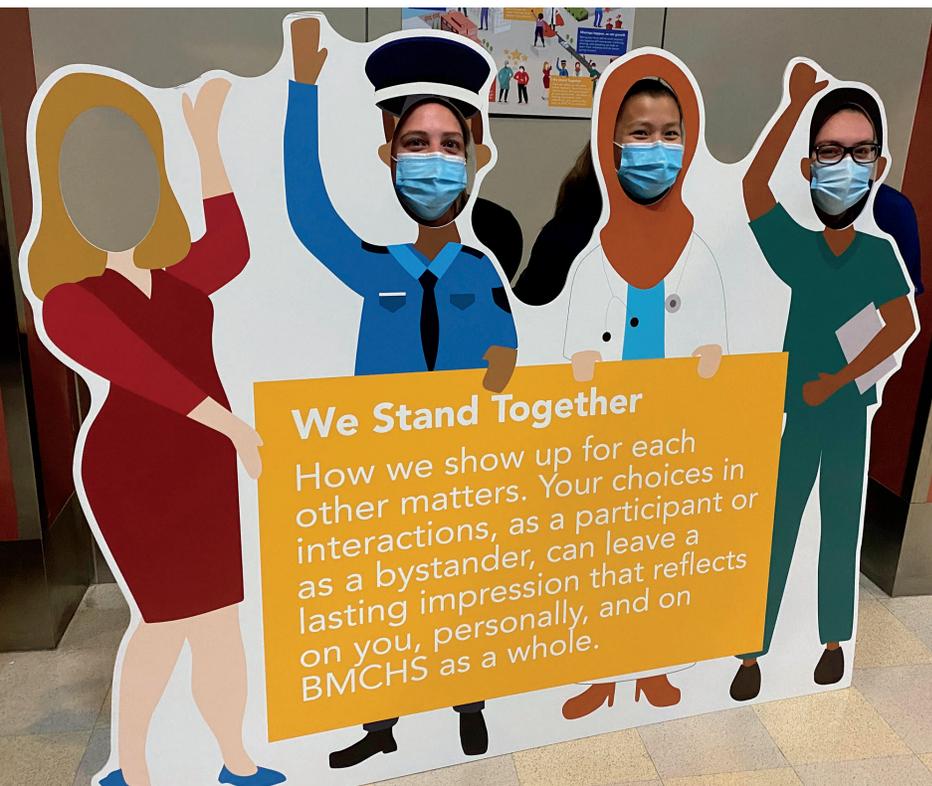
100

100% recommend
the workshop

The intention behind the Culture Code is to ensure we are taking **targeted actions and measures** where every employee views diversity, equity, and inclusion as **part of the organizational DNA** and operates thoughtfully, considerately, and intentionally. The Code helps us see and honor the humanity in our patients, our members, the community, and in each other.

CULTURE CODE WEEK

BMCHS hosted the first Culture Code Week in May 2022. This week invited all employees, remote and onsite, to explore the five elements through **high-touch experiences**. Various themed activities and **appreciation events** occurred to create a **deeper sense of belonging** within BMCHS and share practical methods and actions regarding how to create an inclusive culture in each employee's respective role, team, and beyond.



LGBTQIA+ STRIDES

*Revisiting this year's
Pride event and
advancements by the
Transgender Taskforce*

PRIDE!

Each June, BMCHS celebrates PRIDE - the global event highlighting the importance of self-acceptance, inclusivity, respect, visibility, and **support for legal protections** and equal rights for the LGBTQIA+ community worldwide.

This year, the hospital hosted a PRIDE event on Moakley lawn including resources provided by the hospital's Infectious Diseases Public Health team along with refreshments.

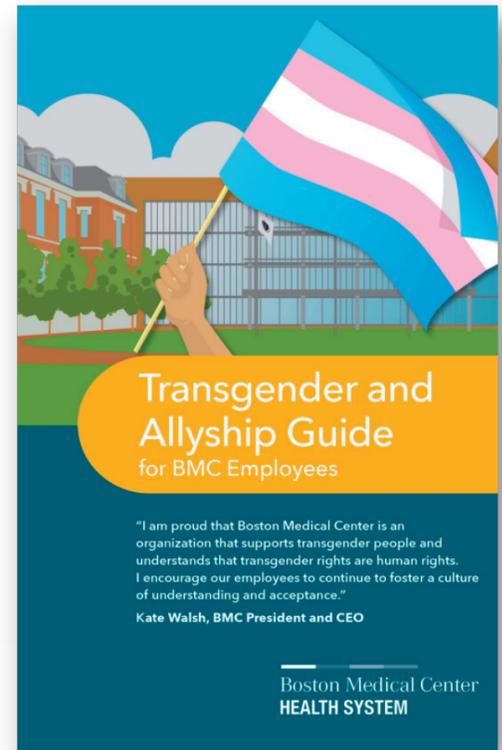
BMCHS is proud to celebrate our LGBTQIA+ team members and their contributions to the exceptional care we provide to all our patients and communities.

We are grateful for the invaluable perspectives, experiences, and talents they bring to the BMCHS community. Many Faces Create Our Greatness!



TRANSGENDER TASKFORCE

The Transgender Taskforce has further expanded supporting transgender colleagues by evolving the **Transgender and Allyship Guide** for employees. The updates provide resources such as community events, support beyond the hospital, and allyship resources like providing appropriate terminology for the transgender community and beyond. It exists as a tool for all employees to **utilize, learn, and support their colleagues** before, during, or after transitioning. The expansion ensures that BMCHS is fostering an inclusive environment for all employees in the health system.



The team also added Sexual Orientation /Gender Identity (SOGI) education to the Nursing and Certified Nursing Assistant Competency Day curriculum. This training allows healthcare workers to mindfully and respectfully inquire about a patient's identity thus **empowering patients to feel welcome** however they identify. This also helps BMCHS gather more accurate patient representation data.

Boston University medical students can sign up for a one-month elective course focused on Transgender Care where they rotate among various specialty departments that are part of the Center for Transgender Medicine and Surgery (CTMS). In addition to the elective option for students, CTMS works with Boston University's Center for Multicultural Training in Psychology program where pre-doctoral students spend an academic year providing patient assessments and other behavioral health services under licensed CTMS staff.

FILLING THE LANGUAGE GAP

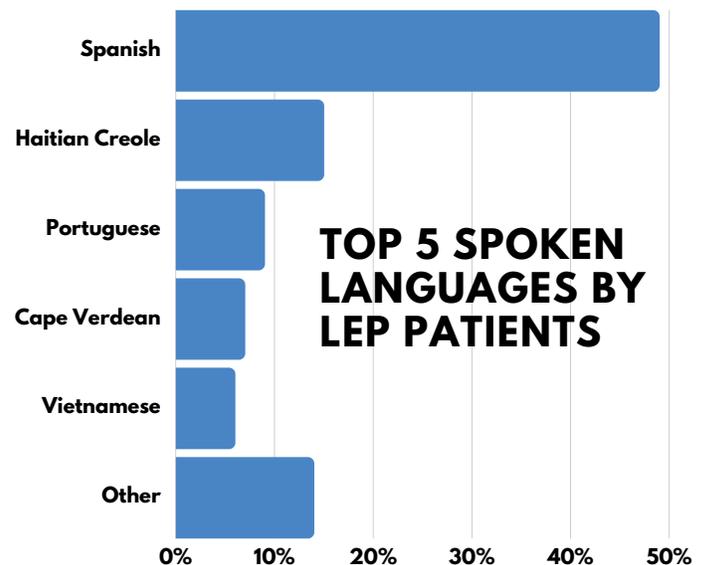
*Exploring the
Interpreter Services
Department and their
DEI contributions*

Boston Medical Center's Interpreter Services Department bridges any language gap between the staff and patients to ensure effective communication. It is one of the oldest and **most extensive interpreter services programs** in the United States. It has a team of 60 professional medical interpreters and language facilitators available to help patients in over **150 languages**.

At BMC, **26% of the patients** are considered Limited English Proficient (LEP); this means a person who does not speak English as their primary language and has limited ability to speak, read, write or understand English. Within that 26%, **almost half speak Spanish**, followed by Haitian Creole, Portuguese, and Cape Verdean.

The Interpreter Services Department approaches their DEI efforts on a departmental, hospital, and community level. Some initiatives include:

- Identifying new interpreter needs including the latest language need, **Pashayi**, which is **spoken by only one known patient to date**
- Providing interpreters in non-spoken languages like American Sign Language (ASL) and offering Certified Deaf Interpreters (CDI)
- Educating departments and local community groups about the importance of working with qualified medical interpreters and multicultural patients
- Partnering with Massachusetts Community Engagement (CEAL) and Boston Public Health to create videos to teach people how to do an at-home COVID-19 test
 - Videos made available in English, Spanish, and Haitian Creole



The work of the Interpreter Services Department makes actionable **Many Faces Create Our Greatness**. This mighty team helps reduce the circle of mistrust between diverse patients and the healthcare system.

CONNECTING THROUGH CONVERSATION

Compliance, Legal, and Risk Management established a collaborative effort to share thought-provoking topics and generate in-depth discussions and reflections among team members towards advancing DEI. This includes quarterly discussions on DEI topics including **linguistic diversity**, mental health and wellbeing, **intersectionality**, disability and ableism, **privilege** and racial profiling in research.

The concepts developed in these sessions have been useful in daily work with patients. For example, prior to beginning calls with patients, the Privacy team became more aware of language preferences and prepared in advance with the appropriate translator. The Privacy team is also responsible for maintaining the institution's Notice of Privacy Practices which is **now translated into the top five languages spoken by BMC patients**, English, Portuguese, Spanish, Haitian Creole, and Vietnamese. Additionally, the team has also worked with Interpreter Services to translate patient facing letters as needed.

While the original intention of these discussions was to introduce concepts through the lens of improving overall understanding and support for patients and colleagues, it has since evolved into **an accountability measure** as a way to regularly check in to ensure there is action tied to the learnings.

UPKEEPING THE KEEPERS

The Housekeeping team under Environmental Services makes a conscious effort to provide this diverse team with tools to lead them to success. When staff are assigned to their designated areas, the management team helps them grow within the hospital through a variety of means; things as simple as steady communication through monthly staff meetings, celebrating promotions, or elaborate employee appreciation weeks.

The leaders also emphasize that the role is not only about providing great cleaning services but also **connecting with patients and colleagues** to make a great impression and **expand their network**. The purpose is to give the housekeepers a vision of growth that will motivate and set them up for success. This approach has proven fruitful as there have already been 20 promotions since January, 2022.

200+
EMPLOYEES



EMPLOYEE BACKGROUNDS

Haitian
Hispanic
Cape Verdean
African American



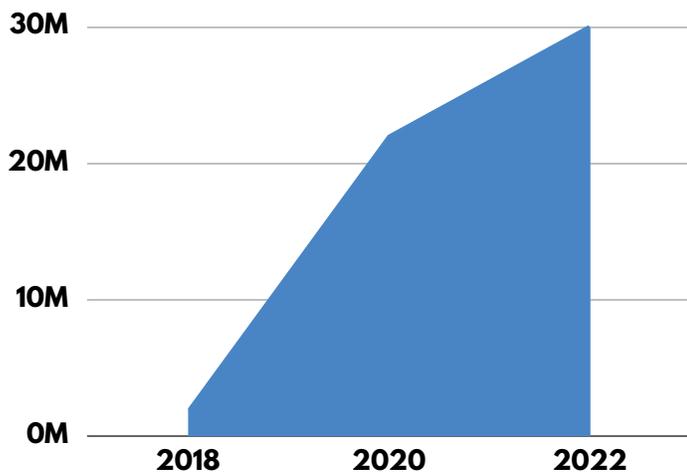
~10% PROMOTED
SINCE JAN, 2022



SUPPLY CHAIN SOURCING



Over the past few years, The Supply Chain team (SCO) has made a conscious effort to increase diversity among BMC's vendors, specifically ensuring that whenever possible BMCHS supports local, women-owned, minority-owned, veteran-owned businesses, and other **groups often underrepresented in corporate spending**.



The first task in this effort was implementing a tracking system. With the help of the hospital's Accounts Payable team and a third party vendor, SCO has established processes to track and validate current and future vendors that are considered under specific **criteria to be diverse**. Simultaneously, the team works with Group Purchasing Organization (GPO) which has a team that targets diverse companies to be added to SCO's contract portfolio.

Work continues to increase the DEI spending achieving over **\$30 million just three and a half years** after tracking began. Supply Chain is grateful to witness and support the community impact reflected in purchasing.



CULTIVATE & SUPPORT MODEL LEADERSHIP



PHARMACY RESIDENCY PROGRAM

Building opportunity and training future pharmacy leaders that are underrepresented in medicine through local and national connections

The Pharmacy Residency Program in Health-System Pharmacy Administration & Leadership (HSPAL) launched in July 2022. This is a combined HSPAL and MBA program run in collaboration with the Florida Agricultural and Mechanical University's - a Historically Black University - School of Business and Industry (FAMU SBI). The goal is to **develop the next generation of pharmacy leaders**; specifically as it relates to underrepresented minorities (URM) in pharmacy leadership roles.

This unique initiative exposes pharmacy residents to a solid clinical experience their first year, followed by a second year of a heavy concentration with pharmacy operations and health system administrative leadership teams. Learning from some of the best programs in the region, residents will **develop relevant clinical pharmacy** competencies and work on pharmacy and health-system business strategy supply chain management and more.



Upon graduation from the **two-year program**, residents will have gained a significant leadership experience while also earning an MBA in Health Care Administration from FAMU's online program.



AN EQUITABLE GIFT



The Kathleen E. Walsh Health Equity Fellowship, established this past year and gifted by Peggy Koenig, takes a unique approach to health equity. The fellowship will provide **support for early-career physicians** looking to build executive leadership skills to champion health equity. It will include experiential components giving fellows a deep **understanding of health equity**, structural drivers of health, racism in medicine, and hands-on project design and implementation experience within a large, academic medical center. The interdisciplinary fellowship, provided to one physician per year, will include structured mentorship from senior BMC leaders as well as advanced coursework at Boston University School of Public Health.

“This fellowship is designed to grow an army of Theas [Thea James, MD]. She teaches us time and time again to ask, ‘why,’ and then maybe more importantly, to ask, ‘why not. And, how can we help change our patients’ circumstances so they can thrive?’ Thea has been thinking about equity for years and challenging all of us to be better.”

Jeffrey Schneider MD, Chair of the Graduate Medical Education Committee



ANESTHESIOLOGY RESIDENCY PROGRAM

The Department of Anesthesiology has a proud tradition of training physician anesthesiologists and perioperative physician leaders since 1937. More recently, a key focus is strategically recruiting qualified individuals who mirror BMC’s diverse patient population. Currently, the program **exceeded BMC’s goal** of recruiting 20% of trainees who are underrepresented in medicine (URiM) by 2022. There are 16 interns and residents who are **URiM – 40% of the class makeup – double the target goal**. The program’s objective is to improve patient-provider communication and medical outcomes while staying anchored in BMC’s values and leaning in to Many Faces Create Our Greatness.





HEALTH EQUITY IN NURSING



The Nursing Department continues expanding DEI initiatives, including collaborating with the hospital-wide Health Equity Fellowship Program to **appoint their first Nursing fellow** - Medical Intensive Care Unit (MICU) nurse Monica Germain, BSN, RN, CCRN.

As a health equity fellow, Germain will gain experience in designing and implementing hospital equity projects, provide education to BMC nurses, work with interdisciplinary teams across the BMC health system and engage in coursework at the Boston University School of Public Health, leading to a graduate certification.

Monica Germain is no stranger to health disparities, having seen her parents, who emigrated from Haiti, navigate through challenging, complex healthcare systems and experience barriers to quality care due to lack of formal education, insurance coverage deficiencies, and racial inequity.

“I believe that with the current national dialogue around race and equity, there is an **urgency to create change** throughout the various healthcare systems. **I’m committed** to finding ways to elevate others in my community and the nursing field,” said Germain, who started in community health and transitioned to medical-surgical and critical care nursing at BMC. She is also a Pathways graduate from the most recent cohort! (see pg. 18)



INFECTIOUS DISEASES PUBLIC HEALTH TEAM

A diverse team of experts leading a multi-faceted approach to infectious disease support

The Public Health Team in the Infectious Diseases Department continues their work in support of **peer-driven patient navigation**. The team members use the power of their own life experiences to make **meaningful, lasting connections with their patients** and with each other. Through their pivotal role that helps patients navigate HIV diagnoses, they openly discuss topics such as immigration, HIV, LGBTQIA+ identities, addiction, and family life. Their stories showcase a **shared humanity that exists among us all** regardless of status or background.

The Public Health team has been holistic in their approach to fostering an inclusive environment leading to numerous positive outcomes:

- Continue community advocacy work including HIV pre-exposure prophylaxis access for all, with a focus on persons who do not engage in traditional health care settings, such as persons experiencing homelessness, actively using drugs and engaging in sex work.



- Increased public health grant support by **136.4%** from 2019 to 2022 to expand BMC's reach and impact.
- Successfully responded to the mpox public health emergency by **launching one of the first vaccination sites in the state**; it included online scheduling and same-day vaccine access.
- Revamped their HIV Patient Advisory Council, initially established in 2001, to **incorporate persons at risk of acquiring HIV** and participants to match the patient population.
- Acquired HRSA funding in support of a new project focusing on individuals aging with HIV, **a new collaboration** between the Infectious Diseases and Geriatric teams, **targeting people with HIV over 50 years** of age.
- Continue their work in several health equity, addiction and HIV advisory committees, including subgroups focused on **vulnerable populations** at high risk of acquiring and transmitting communicable diseases.





PATHWAYS

Fast-tracking career advancement for high-potential employees of color within the health system

Pathways, A Leadership Acceleration Program for BIPOC Employees, **graduated their 4th cohort of 25 leaders** in September 2022. This initiative aims at increasing diversity, equity, and inclusion at the leadership level across BMCHS. The program's goal is simple but transformative: **to help fast track career advancement for high-potential employees of color within the institution.** In the most recent cohort, 12 participants have already been promoted, 11 of which occurred during the program.

Pathways is an **intensive six-month program** that provides wrap-around career development support holistically through 360° assessments and customized career advancement plans. Providing strategic leadership development and training allows space where participants can further cultivate their strengths and build their skills in preparation for their next career step. The curriculum is carefully curated focusing on topics such as improving leadership communication, leading across differences, and resiliency to set up participants for success as rising leaders at BMCHS.





“Working on the Health Plan side, I do not get to connect with my colleagues at BMC very often, however, Pathways is a great program that allowed me to network and get to know my colleagues better who work at the hospital. Pathways helped me grow by giving me the opportunity to become more confident in my skills, knowledge and the experience I have gained. I plan to use the skills I gained from the program to continue contributing to my team and the organization as a whole. I hope to one day be in a leadership role where I can continue doing great work and serving our population at BMCHS.”



Helder Varela | WellSense Health Plan Program Operations Manager | Pathways Alum

4 
cohorts

6 
months

40 
promotions

Each participant’s current manager plays an active role in their career growth plan during and beyond the length of the program. Participants credit their manager’s support in identifying their potential and nominating them to Pathways, illustrating how **the program improves the dynamic between managers and their teams** and prioritizes career mobility within the health system. Ultimately, the program **also supports economic mobility**, breaking a systemic issue in the United States of overlooking talent due to race. This culture shift greatly benefits the institution by mobilizing current employees familiar with BMCHS who can carry institutional knowledge to better problem solve and advance ideas at the manager level and beyond.

“One of the things I enjoyed about being a part of the program was seeing the growth in all of us i.e. the shy ones speaking up more; those who hate public speaking now standing in front of the class to discuss lesson plans. Pathways has helped me grow into a more secure ‘me’. Helping remove the fear and replace it with confidence.”

Sierra Jamal-Muhammad | Ambulatory Service Representative | Pathways Alum



Scan with your phone or click on the QR code to watch the recap!
<http://bit.ly/3X3ZT8i>

PATHOLOGY & LABORATORY MEDICINE

The Pathology and Laboratory Medicine Department continued accelerating their vision and mission to work together on a **DEI-central foundation** to increase the number of faculty, trainee physicians, and students, who have been and are under-represented in this particular field, in medicine and science in general.

With over 300 members in the department, **this group represents cultures from around the globe**. This encourages the leadership team to ensure they champion a workforce that celebrates the diversity of their department and **incorporates DEI into their everyday work**. Examples of this include celebrating members who continue to do exceptional work within the Pathology Department:



Aishatu Isah Ladu, MD, MPH, Assistant Professor of Pathology & Laboratory Medicine, is the first woman of African descent to join the faculty and is an active participant in quality care for patients, resident education and scholarly work in breast cancer research.

Dennis Jones, PhD, Assistant Professor, began in late 2018. He recently received the Breast Cancer Research Foundation-American Association for Cancer Research Career Development Award to Promote Diversity and Inclusion as well as the Karin Grunebaum Cancer Research Foundation Faculty Research Fellowship to support his cancer research program.





Reggie Thomasson, MD, Assistant Professor and Medical Director of Blood Bank and Transfusion Medicine, and Associate Residency training Program Director, was elected the Diversity Advocate in the Pathology Department. Building on focused awareness around the recruiting and promotion process of underrepresented groups. In 2022, 50% of the entering Pathology residents came from underrepresented in medicine (URiM) groups.

Elizabeth R. Duffy, MS, Assistant Professor, led a stated vision and goal to create opportunities for students who are historically underrepresented in science and medicine. Over the past several years the program has had successful outcomes bringing diversity to the department's student body.



Yachana Kataria, PhD, Assistant Professor and Medical Director for Clinical Chemistry, helped lead the implementation of the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) 2021 equation at BMC. How kidney function is measured guides medical decisions. The race correction factor led to decreased access and poor quality of care among historically underserved Black patients. Utilizing race in an algorithms does not account for diversity within communities of color and ultimately impedes care of patients with kidney disease.

Furthermore, as a population health researcher, Dr. Kataria is also helping understand the **socio-environmental, racial, and ethnic disparities** in monoclonal gammopathy, identifying circumstances where abnormal proteins are found in the blood. As a co-investigator, the most recent findings of the group suggest that **prevalence in Black people is much higher** than what would be the expected prevalence.



This subsequently prompts the team to better understand the factors to help inform opportunities for **risk reduction in high risk populations**.

A LEAP IN AMBULATORY

LEAPs and bounds toward developing future Operations Managers through an accelerated leadership program for employees of color

The Ambulatory Leadership Acceleration Program (LEAP) is a **6-month program** that aims to provide individuals from under-represented backgrounds with the opportunity to strengthen skills and gain experience that will prepare them for **operations management roles** in the Ambulatory Department. In order to foster a management team that **better reflects** the composition of the **patient populations** that the health system serves, this program specifically targets developing individuals who identify as Black/African-American or Latino/a/x.

The program kicked off its pilot class in October 2021. As a part of the curriculum individuals took **17 learning modules** taught by BMC subject matter experts, participated in personalized mentorship and networking, and **completed an action-oriented capstone project**. In February 2022 LEAP graduated ten up-and-coming leaders. Six graduates have already been promoted.

In October 2022, LEAP launched the start of their second cohort integrated with key learnings from the pilot program.





**ACHIEVE AND CELEBRATE
BREAKTHROUGH
PERFORMANCE**

HEALTH EQUITY ACCELERATOR

An ambitious and aggressive approach to eliminating the race-based health equity gap

During its first year of operation, the Health Equity Accelerator **established a core infrastructure** to advance health equity throughout the BMC health system. This work included a robust team to **engage patients and the community**, key capabilities in analytics, a hearty portfolio, and substantial investments to **facilitate economic mobility** and remove upstream barriers to equity. Hundreds of colleagues are directly involved in transforming the system to erase differences in health outcomes among people of different races and ethnicities.

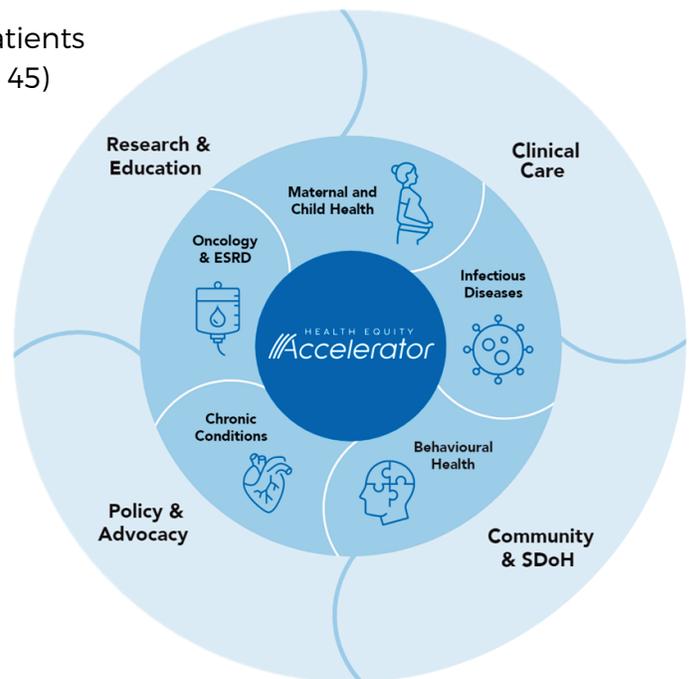
Priority Clinical Areas: Equity in Pregnancy and Reducing Disparities in Diabetes

In 2021, a comprehensive effort launched in the clinical priority of pregnancy. A multidisciplinary workgroup including doctors, nurses, midwives, birth sisters, operational colleagues, analysts, and others, poured through hundreds of patient interviews, data analyses, and literature reviews to better understand this issue and develop a plan of action.

The Accelerator also launched a new multidisciplinary team to address the large disparities in diabetes outcomes for our Black, Hispanic, and Latino/a/x patients compared to non-Hispanic white patients. (See pg. 45)

Research and Education

- An initial class of Health Equity Fellows began, welcoming Anthony Mell, MD and Monica Germain, RN, BSN to a 2-year program that will develop the next generation of **Health Equity Leaders**
- The Accelerator awarded **3 Health Equity Grants** to research projects covering inequities in a wide variety of issues: Parkinson's disease; mental health of children who witness violence; and social resources navigation for families in the ICU
- A quarterly program was started for smaller seed grants to support projects based on the BMC campus. The first 9 recipients of this program are focused on a range of issues such as **promotion of employees from underrepresented groups**, a mental health intervention in partnership with Black churches, transportation coordination, group supports for pregnant refugees, and **language barriers in orthopedics and the pediatrics ED**. Each health equity grant proposal has been designed to identify a root cause for a disparity, and present an intervention intended to mitigate or eliminate the gap.



Engaging with the Community and Disseminating the Accelerator's Work

Underpinning the Health Equity work is the voice of patients and the community. Throughout this first year of operation, **over 15,000 patients have been engaged** exclusively for Accelerator projects, through surveys, in-depth interviews, and focus groups.

The Accelerator had a large presence at community events to provide **tailored services and information** in response to community needs and requests. Clinical teams fulfilled requests made by event organizers. This included a longstanding partnership with the BMC Mobile Vaccination team. The two groups frequently attended events together to combine the vaccine offering with information regarding additional health resources.



The Massachusetts Community Engagement Alliance (CEAL-MA) partnered in this work and **provided culturally relevant and accessible information on the vaccine**, long COVID, and COVID treatment. Some community events at which the Accelerator provided tailored services during summer 2022 included:

- The Haitian American Unity Parade
- King Boston's Juneteenth Block Party
- Boston Caribbean American Carnival
- Mattapan CHC's Care in the Square
- Score 4 More Ultimate 3 Tournament

In addition to joining community events to provide services, **platforms were created** specifically to hear the invaluable **perspectives of community voices**. The three groups who advised the Accelerator are:

- 1) The Equity Partnership Network (EPN) – EPN receives regular updates at quarterly meetings, gives feedback, and provides guidance and input on various initiatives.
- 2) The Accelerator Community Advisory Committee – An arm of the EPN that provides high-level, strategic guidance on the Accelerator and its development at quarterly meetings.
- 3) The Youth Advisory Board – A recently established group with 10 members, all of whom are Black, Indigenous, and People of Color between 16-25 years old, living in Boston.

By working closely with the community to redesign care and organizational structures to better support the needs of local communities, barriers become removed and progress is made towards finding a way to true health equity.

OFFICE OF THE GENERAL COUNSEL

Achieving Mansfield Rule Certification to advance inclusivity in law

BMC Health System's legal department is in the middle of a **rigorous two-year process** to obtain Mansfield Rule Certification. This is a national program named for Arabella Mansfield, the first woman admitted to the practice of law in the United States. The Mansfield Rule Certification **measures and certifies** whether legal departments have affirmatively considered lawyers for various opportunities who are in any of the following categories: female, racially and ethnically underrepresented, are part of the LGBTQIA+ community, and lawyers with disabilities. These opportunities include open positions, significant leadership roles, **opportunities in the department**, and when engaging outside counsel.

The overall goal of the Mansfield Rule is to diversify leadership within the health system's legal department and the outside counsel they engage. This includes tracking how they hire internal and external counsel, promote lawyers, and make decisions about **high-visibility opportunities** and assignments to ensure a diverse panel of candidates. Having a diverse legal department, with different perspectives and experiences, allows the legal team to work more effectively with colleagues across BMCHS and strengthens the ability to provide counsel that best supports the exceptional care provided to patients.



Holistic patient care through housing

ROUNDHOUSE

In January 2022, the hospital opened a **new clinical and housing facility** on Massachusetts Avenue at the Roundhouse Hotel. The facility has been operating successfully for the past 10 months and serves people experiencing homelessness with substantial behavioral health needs. It offers housing and clinical services **intended to stabilize the individuals** who are seen in BMCHS's programs.

This initiative launched in partnership with the City of Boston in an effort to **address the homelessness and behavioral health crisis** at Mass & Cass. As the 2022 winter set in, there were approximately 150 individuals living in tent encampments just south of Melnea Cass Boulevard, many of whom were in grave need of shelter and clinical care. BMC stepped forward with this set of programs in support of the City's emergency actions.

As the largest safety net health system in New England and located centrally among some of the most vulnerable patients, BMC has been well positioned to provide these services. These individuals being served now have an opportunity to regain control of their wellbeing in a space comfortable and familiar to them.


61% OF INDIVIDUALS REFERRED TO SUBSTANCE USE DISORDER TREATMENT RESOURCES


60 RESIDENTS

>1300
INDIVIDUALS PROVIDED CLINICAL CARE

IMMIGRANT & REFUGEE HEALTH CENTER

The Immigrant and Refugee Health Center (IRHC) connects all of Boston Medical Center's existing programs and expertise in immigrant and refugee health care into **one central point of entry** where any immigrant patient can connect with all of the BMC medical, mental health and social services that they need in order to heal, rebuild and thrive. Recently, this team explored anti-racism in multiple capacities. The Leadership Advisory Council includes someone from every program that feeds into IRHC. The council participated in a year-long cohort training through the Department of Public Health called Promoting Workforce Resiliency Through Trauma-Informed & Equitable Leadership Practices. This effort ensures that all programs have the **same DEI management** baseline and antiracism training. Their learnings included focusing on reviewing the hiring process and making team communications less hierarchical to involve a broader array of team members.

Following the training, IRHC wrote and edited a clinic-wide Statement of Commitment to Antiracism. This action helped **spark group conversations** about how IRHC thinks about **racism and the immigrant experience**. It has paved the way to many new ideas built on a foundation of courageous conversations.



BRIDGING THE COMMUNITY



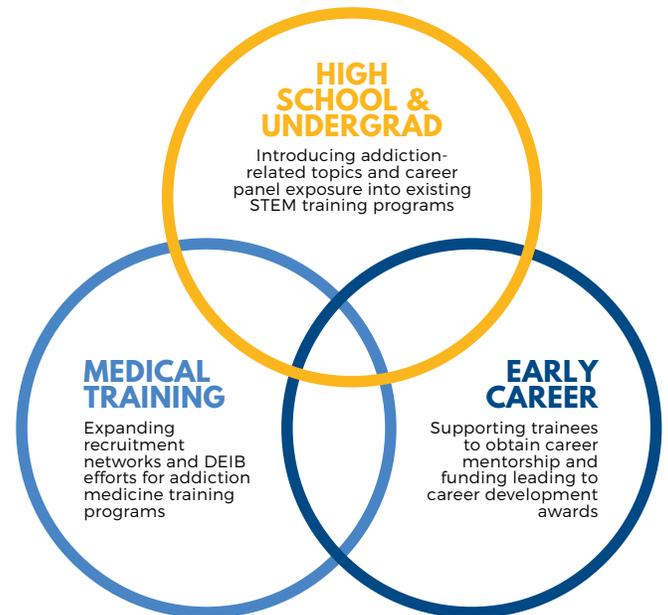
A BRIGHT IDEAAA

Reducing the stigma of addiction medicine through education and mentorship opportunities beginning as early as secondary school

The **I**nclusion, **D**iversity, and **E**quity in **A**ddiction medicine, **A**ddiction research, and **A**ddiction health professions (IDEAAA) Program aims to improve and foster diversity, equity, inclusion, and belonging (DEIB) within the field of addiction through the education, mentorship and advancement of people who are historically excluded and underrepresented in the workforce addressing addiction.

Over the past year, IDEAAA worked on a variety of initiatives across the pipeline of potential health sciences trainees. They collaborated with several local programs like Boston Area Health Education Center, Upward Bound Math

Science, and BMC Summer Volunteer Program to integrate addiction-related didactics, tours of treatment settings at the hospital, and career panels into their programming. In partnership with the Center for AIDS Research (CFAR) Providence/Boston, the team implemented **an experimental learning community** over the summer for undergraduates interested in HIV and substance use research.



Additionally, IDEAAA launched a research project focused on interviewing trainees from underrepresented groups (URGs) about their experiences in several addiction medicine training programs at BU and BMC. The project's goal aimed to evaluate participant experience in order to inform efforts to improve DEIB within these programs. The IDEAAA team also supported junior faculty and trainees from URGs by **participating in PhD dissertation committees** and facilitating the receipt of bridge funding and mentorship that can support **attainment of career development awards** or early independent funding within the

field of addiction research. The team also received two CFAR supplements that allow them to combine HIV and substance use training for early-stage learners – this funding will be used for mentor training that includes focused training on mentoring across differences of backgrounds and perspectives.

NOURISHING OUR PATIENTS & COMMUNITY

BMC has long stood by the belief that **food is medicine**. Since its inception, the Teaching Kitchen committed to nourishing the community through a three-pronged approach: the growing of produce in the BMC Rooftop Farm, distribution of food in the Preventative Food Pantry, and the instruction of healthy cooking in the BMC Teaching Kitchen. With an already well-established **medical nutrition therapy** (MNT) program offered in both inpatient and outpatient clinical settings by Registered Dietitians, this foundation supports the development of future programs that address nutrition-related chronic disease.

“ I PREFER THE HOME ENVIRONMENT. YOUR KITCHEN LOOKS LIKE MY KITCHEN. ”

The Teaching Kitchen integrated cooking classes with a virtual diabetes self-management class and created a **new “Healthy Habits” series** which covers nutrition recommendations for metabolic diseases and practical food skills. These efforts have helped patients feel whole and like they are better able to support their own wellbeing in a way that is familiar and practical. This includes **incorporating cultural traditions** into the care plan which allows for better treatment plans and improved patient engagement. As a result, clinicians are better able to create reliable nutrition resources.

Proving through action that food is medicine

The Teaching Kitchen members evaluated the diversity, equity, and inclusion of its program to better understand the impact their patient population and identify areas for improvement and growth. They focused on three objectives: **cultural inclusivity**, potential barriers to cultural appreciation and representation, and **creating new methods** to increase the Teaching Kitchen’s utilization and exposure to the associated resources it provides online. Their findings produced results that identified three areas of opportunity:

1. Low patient engagement
2. Limited cultural competency in Teaching Kitchen classes by staff
3. Language barriers

As a result, the team established short-term actions and long-term goals like applying the **“flexible recipe” technique**. This allows content to be adapted based on the ingredients a participant prefers and/or has available. This method allows for the participant to healthily navigate their own personal eating pattern. Efforts like this and others improve the patient experience and patient outcomes.



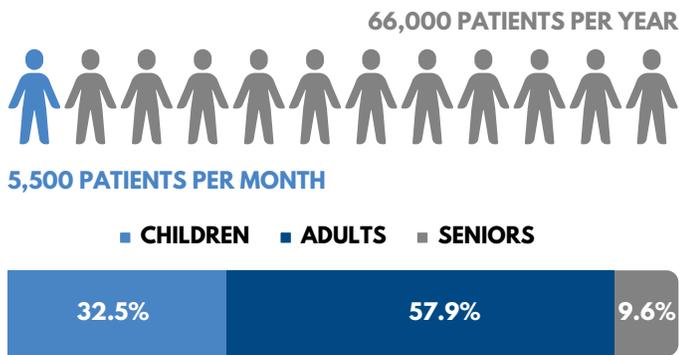
Check out what we cooked up for Hispanic Heritage Month!

<http://bit.ly/3TW3Fhr>

A NUTRITIOUS PRESCRIPTION

A medical approach to increasing access to healthy food

Created in 2001, the Food Pantry addresses nutrition-related illness and under-nutrition for BMC patients. **Primary care providers** refer patients with special nutritional needs to the Pantry by **writing “prescriptions”** for supplemental foods that best promote physical health, prevent future illness and facilitate recovery. The Pantry is often used by patients with cancer, HIV/AIDS, hypertension, diabetes, obesity, heart disease and other chronic conditions. The staff members are fluent in four languages and have played an important role in assisting BMC’s many refugee and immigrant patients.



BMC'S ROOFTOP FARM PROVIDES 70% OF ITS VEGETABLE HARVEST



600,000 POUNDS OF FOOD PER YEAR

All year round, the pantry provides fresh fruit, vegetables, and meat – items that are usually costly for families with a low-income stream. The Food Pantry fills a systemic gap by holistically linking physicians and nutritionists to collaboratively help the health of patients.

The pandemic required the Food Pantry to re-assess the way they reach the hospital's patient population. While visits to the Pantry fluctuated slightly, **referrals increased by 40%**. This resulted in the Pantry creating a more accessible solution by adding home deliveries which have **regularly fed 130 families** twice per month. Families can visit the Food Pantry every two weeks (maximum twice per month) and receive three to four days' worth of food for their household each time.



AFRICAN BRIDGE NETWORK

Providing opportunity and access to engaged and qualified immigrants



African Bridge Network (ABN) is a local non-profit that provides pre-placement training and post-placement **career support to African immigrants.**

In partnership with the City of Boston and three other local hospitals, BMC participated in the Immigrant Professionals Fellowship run by ABN. In preparation of the fellowship placement, each candidate received a four-week workplace readiness immersive training and completed a Research Administration course by Emmanuel College. This fellowship also addresses racial and economic disparities in the healthcare field by bringing representation from a broad range of international communities to build more networks and connections among locals in the Greater Boston area.

Boston Medical Center had the privilege of hosting 2 outstanding professionals in a 3-month fellowship. We are pleased that **one of these fellows was hired full-time** to join the Ambulatory Department.

“It was such a great opportunity that ABN gave me to be a fellow at BMC. The experience since the fellowship until now has been amazing. I am very grateful to be part of the mobile vaccine team and serve the community. I would like to thank BMC for supporting foreign-trained healthcare professionals like me.”



*Christelle Etienne
ABN alum and Ambulatory Service Representative*

PHARMACY AT CODMAN

BMC Pharmacy’s partnership with Codman Square Health Center began in 2020 with just one pharmacy student participating in a **summer internship program.** In two years, it has evolved to include nine trainees from local high schools who are interested in obtaining their Massachusetts Pharmacy Tech Trainee License. High school students are placed in pharmacies throughout BMC (Inpatient, Yawkey Ambulatory Care Center, Outpatient, Preston and Shapiro Ambulatory Care Center units).

The summer internship introduces general information about medical distribution and the robust process for issuing medication to patients. This unique program **exposes underrepresented minorities** from at-risk environments, at an early age, **to a healthcare career.** This builds a pipeline of pharmacy technicians that represent BMC’s patient population. The program offers another opportunity to connect with the community and provide a unique opportunity for underrepresented in medicine (URiM) youth to become, not only recipients but administrators of health care.

HEALing COMMUNITIES

The Racial Equity and Social Justice Strategy Committee (RESJ) is comprised of individuals across BMC teams of HEALing Communities Study Massachusetts (HCS-MA), The **15-member committee** aims to support HCS-MA in thinking about **how racialized ideology**, policy and practice **embedded in systems** and institutions **impact intervention efforts**. They addressed this by identifying strategic priorities that helped them develop solutions that align and support community needs.

The work is guided by three priorities:

- Identify and address gaps on **existing racial inequities** in Opioid Use Disorder (OUD) prevention and treatment services throughout HCS-MA
- Increase **awareness of micro aggressions** experienced on the job in an effort to name and eliminate them
- Support better integration and implementation of racial equity throughout the HCS-MA communities

With the strategic priorities as their anchors, they **produced vast ideas** that intentionally align to support and **tangibly provide solutions** for the community. These include:

- Sharing resources to help staff improve their skills at identifying and addressing racial inequities.

- **Increasing percentage** of Black, Indigenous, and People of Color (**BIPOC**) on the **HCS staff**, Community Advisor Board and community coalitions, and in the populations served by HCS.
- Identifying and increasing availability of and **access to culturally meaningful, translated materials**.
- Identifying and increasing percentage of Opioid Education and Naloxone Distribution, Medications for OUD, and safer prescribing practices, among MA Heal populations of color, including people who experience linguistic and cultural barriers.
- Ensuring that fatal opioid overdose rates are reduced among these populations, and not perpetuated through the HCS study activities, by comparing current overdose rates to the study's outcomes.
- Maintaining accountability by outlining progress towards achieving the committee's goals and objectives in monthly updates.
- **Creating space** through the Monthly Discussion Meetings and panels **to collaboratively learn**.
- This year's panels included an in-depth discussion on redlining, a conversation surrounding the fatal opioid crisis in Massachusetts, and an exploration of building a more just future for the local community through public health and medicine.



GRADUATE MEDICAL EDUCATION

The GME team continues expanding their reach and supporting URiM residents

A new academic year has rounded the corner, and GME's focus has remained steadfast in increasing the number of Underrepresented in Medicine (URiM) Residents and Fellows within their programs. Studies show that **patients have better health care outcomes** when treated by physicians that look like them. The GME's goals in this area are twofold.

1. Provide a space where all trainees, especially URiM trainees, are welcomed and feel supported, enhancing their learning experience.
2. **Build a health care system** where the health system's patients have the opportunity **to be treated and cared for by physicians who look like them**, understand their culture, and can connect.





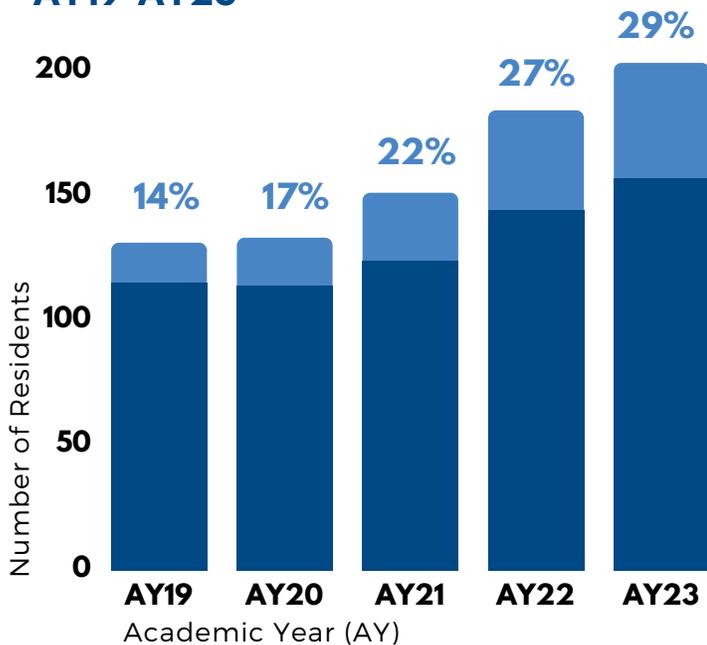
The team had another successful year of **incorporating DEI resources** into the New Residents Orientation available to all employees as well as **customized** for GME. This includes the GME DEI Council which is comprised of Fellows ready to assist as an optional first point of contact for new residents who wish to raise a concern.

GME and the URiM Resident and Fellow Steering Committee are committed to their support in **providing educational opportunities** and a safe space for URiM trainees to connect.

Most recently, GME hosted a social on Martha's Vineyard for the **URiM trainees** where a panel of URiM BMC and non-BMC Faculty **spoke about their experiences of being a URiM physician**. This was a fantastic event to welcome the new URiM Interns, promote cross program relationships, and get to know the faculty.

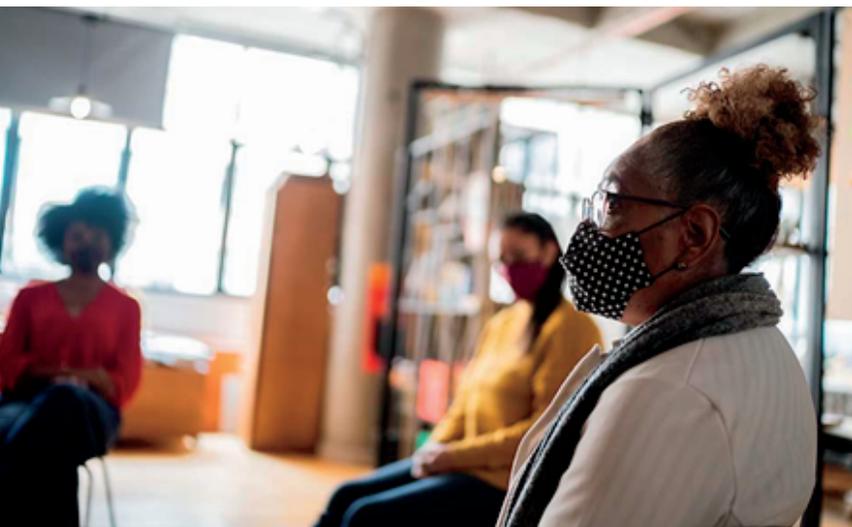
The URiM Resident and Fellow Steering Committee has worked to create and support a URiM cross-program trainee community at BMC by leveraging social media to promote opportunities and engage current URiM trainees and future students interested in BMC.

PERCENTAGE OF RESIDENTS WHO IDENTIFY AS URIM, AY19-AY23



CLINICAL RESEARCH NETWORK

As part of the Clinical Research Network's (CRN) mission to break down barriers to diverse participation in research and enhance equity in scientific discovery, the team partnered with BMC's Interpreter Services Department and Massachusetts's Community Engagement Alliance (MA-CEAL) to **improve linguistic diversity in clinical research studies**. The team is developing a curriculum to **train medical interpreters** in the "language" and processes of clinical research and to empower their 64-member strong interpreter services program (one of the oldest hospital-based interpreter programs in the country) to play a more active role in the research process. As a complement to these efforts, the CRN is also working with the Clinical Trial Office to **develop new costing models** to sustain a robust interpreter services program including improved language support for externally funded research grants.



Enrollment in clinical trials in the U.S. is overwhelmingly white and exclusive of non-English speakers. BMC lived that experience during the pandemic, **when Black and Latino/a/x people** made up **75% of the hospital census**, but **only 21% of trial participants**. However, the hospital serves a community that is 60% Black or Latino/a/x and 30% of all patients speak a primary language other than English. This disparity lead to insufficient data and extends a

legacy of structurally racist care. This prompted the team to develop a new approach to science that explicitly seeks and is welcoming of diversity to enhance scientific rigor.

The CRN, MA-CEAL and the Interpreter Services Department hope to change that through a **new 3-part training program** that will encourage open dialogue about past harms and bias in research for the surrounding communities of color, share how current regulatory agencies, Institutional Review Boards and regulations help to protect patients who volunteer to participate in research, and empower the interpreters to advocate for the Limited English Proficiency (LEP) community throughout the research lifecycle.

MASSACHUSETTS COMMUNITY ENGAGEMENT ALLIANCE (MA-CEAL)

The Massachusetts Community Engagement Alliance (MA-CEAL), led by Boston Medical Center, is part of a nationwide initiative funded by the National Institutes of Health (NIH). This work includes **providing education** to local community members and leaders to **address misinformation gaps** and mistrust around emerging infectious diseases like COVID-19, delivering ambassador and physician-led vaccine education, enhancing access to COVID-19 treatments, disseminating information about long COVID-19 care, and promoting equitable access to clinical research participation.



Over the past two years, MA-CEAL has been present at **over 80 community events**, which included participation in Boston Haitian Flag Day where they worked with the BMC vaccination team to provide information about COVID-19 vaccines, as well as access to testing and vaccinations. They also **led a community conversation** in Spanish at the Mexican Consulate answering questions from the audience on COVID-19 pediatric vaccines. The event was very well received and it led to an ongoing partnership between the Consulate and BMC. MA-CEAL looks forward to helping BMC build new relationships in the community.

MA-CEAL is part of a larger national effort to increase community engagement and research participation. BMC was the one site chosen by the NIH to lead efforts in Massachusetts which primarily focus on community-based participatory research (CBPR) with an emphasis on COVID-19 and other emerging infectious diseases. MA CEAL's primary focus is building trust in science and medicine such that the disparity can be mitigated. That mission to build trust goes down many roads and raises many questions:

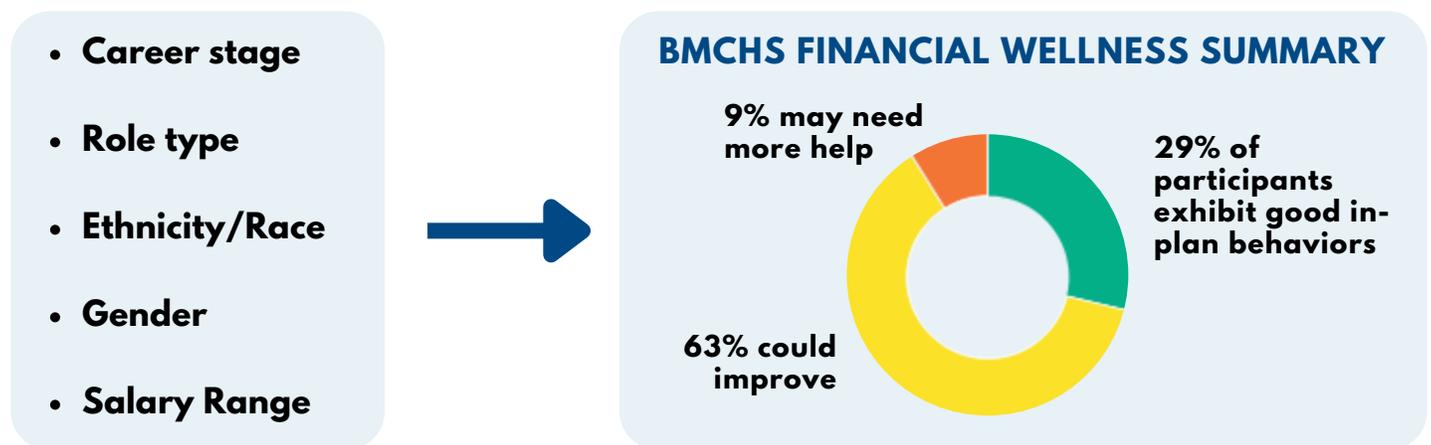
- How can we build our community's confidence in vaccines?
- How can we communicate the importance of diverse participation in clinical research?
- What are the challenges and questions that prevent vaccination and research participation by diverse populations?
- How can we engage and partner with our communities to find equitable solutions?

CLOSING THE WEALTH GAP

Using a customized financial wellness assessment to help accelerate financial literacy

The BMCHS Benefits Department partnered with TIAA, its 403(b) Retirement Plan provider to identify and **close any demographic wealth gaps** and ensure that all employees have equal opportunity to save money and build a secure financial future.

TIAA performed for BMCHS a Financial Wellness Assessment that identified areas of opportunity to support employee planning for lifelong financial security. BMC provided internal census data which was matched to behavioral data to provide assessments of financial wellness across attributes including:



From a diversity perspective, there were no material differences based on a need for course correction, although the assessment **did identify some areas of focus** on how different groups save and invest.

Post assessment, TIAA performed a few high level actions to help support various demographic groups that could benefit from more targeted financial guidance:

- For the **administrative function**, there is area for improvement at the intersection of ethnicity and career stage, specifically for African American/Black and Hispanic/Latino early career employees
 - TIAA conducted several in-depth interviews with Black employees from across BMCHS that revealed opportunity for increased adjustments for saving and investment strategy
- For **young professionals**, a direct mail campaign highlighting employee matching
- For **employees age 50+**, a custom landing page centralizing retirement resources
- For **employees in Nursing**, a customized series of on-demand workshops on a variety of financial education topics

With the development of these findings, more opportunities and ideas will continue to flourish to support this work.

GRAYKEN CENTER FOR ADDICTION

The Grayken Center for Addiction launched a research initiative May 2021. After much research and planning, they've kicked off two of four Conferences of Addiction Experts that include Black people with substance use disorders (SUDs), researchers in the social sciences, and addiction treatment providers. During the first conference, they **discussed provider-level factors** that determine what makes treatment more appealing and effective for a Black person who has SUD, and the second **focused on the impact of trauma**. The group explored the **needs and desires for substance use disorder (SUD) treatment** within this patient population, as well as identified and prioritized major key factors that impact treatment for Black people with SUD.



As a result, the Grayken team has begun compiling a list of steps that can be taken to change the current treatment system and environment in order to make SUD treatment more appealing and effective for Black people. They have also begun identifying factors that appear to be important but are not completely understood based on current literature and focus group findings. This list will form the basis for a research agenda for future patient-centered outcomes research.

A secondary impact this group intends to have is to inspire the research communities, within the health system, regionally and nationally, to create patient centered outcomes that will answer questions most meaningful to Black people with lived SUD experience. Lastly, it **strives to inspire and stimulate others** – providers, health system leaders, payers and policymakers – to devise new approaches to anti-racism in addiction treatment.



BOSTON MEDICAL CENTER'S

BROCKTON BEHAVIORAL HEALTH CENTER

The newest facility to join the ranks of Boston Medical Center's esteemed programs **opened its doors officially October 1st, 2022**. As part of BMC's mission to provide comprehensive, **holistic care**, and to help fill an important unmet need in Massachusetts, the Brockton Behavioral Health Center provides innovative care to people with substance use disorders and mental illness. It has **two acute inpatient psychiatric units** and one clinical stabilization service. The Center provides specialized, **culturally competent**, relevant, and innovative practices.

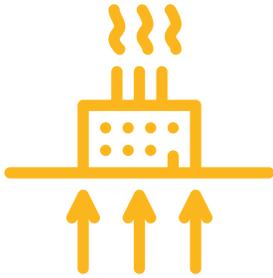
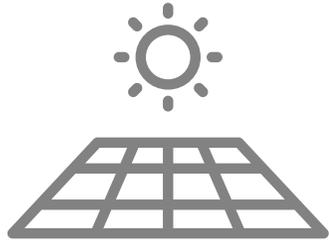
For example, group sessions may include yoga, art or music therapy, and more.

Much effort was invested when deciding where to house this facility. Brockton was chosen because **40% of BMC's patients** who have MassHealth insurance **live within 20 miles of the site** – meaning the facility, “sits at the intersection of racial health justice and environmental justice,” says Kate Walsh, CEO of BMCHS.

**CARBON NEUTRAL
64,000 SQ. FT.
FACILITY**



**SOLAR PANELS
ON THE ROOF**



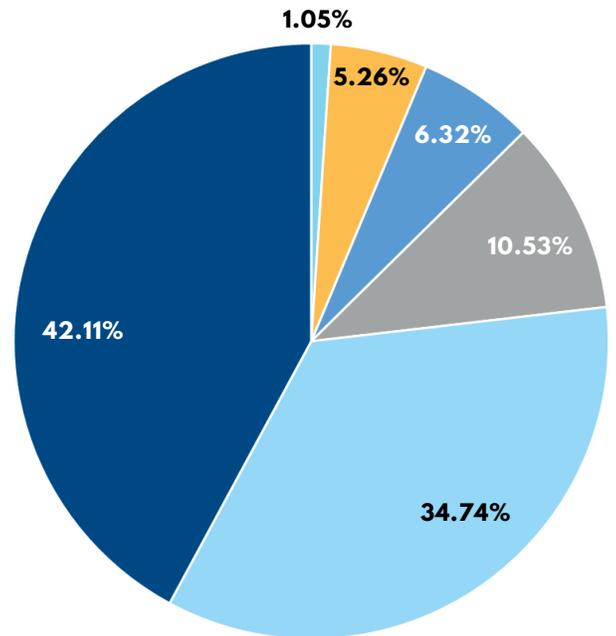
**GEOHERMAL HEATING
AND COOLING SYSTEM**

There was **intentionality** in ensuring most job positions would be filled by Brockton residents and those in the surrounding towns. **Sixty-four percent of the facility's staff** reside in Brockton or within a 15-mile radius. This has an impact on the local economy and community development.

Over 50% of the staff identify as part of the BIPOC community. The **facility's staff reflects the makeup of the communities it serves** to ensure that patients "see themselves" when addressing their mental health and substance treatment needs. This reality supports the importance of representation within the recovery journey for patients.



STAFF ETHNICITY BREAKDOWN



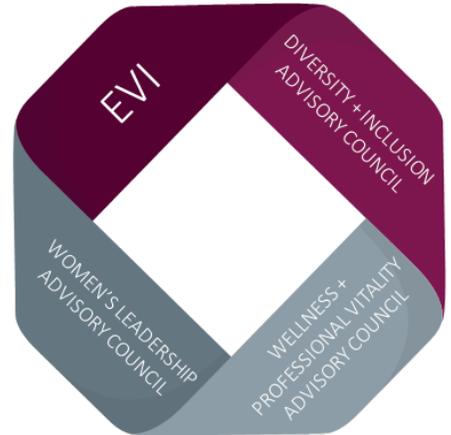
- American Indian or Alaska Native
- Hispanic or Latino
- Two or More Races
- Undisclosed
- White
- Black or African American



BOSTON UNIVERSITY MEDICAL GROUP

The Office of Equity, Vitality, and Inclusion (EVI)

The Office of Equity, Vitality, and Inclusion (EVI) provides strategic leadership for campus-wide gender equity, racial equity, and professional vitality pursuits. **They develop guidelines, tools, and initiatives** that **promote structural change** and enhance institutional alignment. EVI is comprised of three faculty-led advisory councils: Diversity and Inclusion, Wellness and Professional Vitality, and Women's Leadership.



L **LIGHTS ON**
Acknowledge the issue

I **INTENT VS IMPACT**
Understand the impact; do not focus on intent

F **FULL STOP**
Stop and focus energies on ways to reduce harm

T **TEACH**
Explain or learn why someone feels harmed

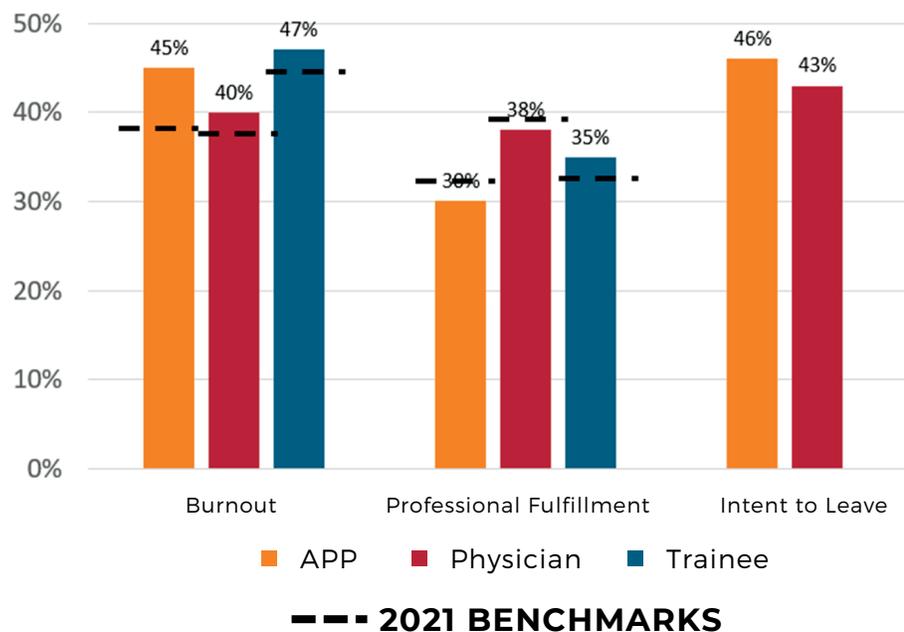
LIFT™ Workshops

LIFT™ (Lights On, Impact vs. Intent, Full Stop, Teach) is a communication tool and framework to **create a more inclusive, psychologically safe institution**. As part of a broader effort to ensure all clinicians and staff have the same foundational understanding of these topics, more than 330 clinician leaders participated in 90-minute interactive workshops. A key goal of these workshops is for participants to develop the skills and confidence in providing and receiving feedback as well as being a bystander/upstander. This applies to any situation whether among peers, in a power differential, or walking back a mistake.

The core of an inclusive culture is a learning environment. No one is born knowing how to do everything. This workshop is to **increase everyone's understanding** of the impact of words and to **develop the skills for effective communication**. As language continues to evolve, the point is not to get it right all of the time, but to think critically about the implications of one's behavior, and indicate to those in one's surrounding that BUMG only tolerates respecting all identities.

2022 Clinician Vitality Survey

More than **two-thirds of BUMG faculty** and **over half of BMC trainees** participated in the 5th Annual Clinician Vitality Survey.



The next step is to **analyze** the findings by race, gender, clinician type, and work unit, **investigating specific factors** that influence workplace wellbeing such as leadership, control over schedule, teamwork, and mistreatment. EVI will be meeting with each clinical department and section to share and discuss the detailed results, and **update goals** and action plans created last year.

Examples of local equity and vitality efforts by clinical departments and sections can be found [here](#).

EVI shares relevant data with institutional leadership groups, committees, and others whose work can be informed by the results.

Faculty of Color Gathering

Seventeen faculty gathered for EVI's first affinity-based community and networking event. **Open to all clinical faculty of color**, the aim was to promote connection, collective healing, and joy. EVI looks forward to partnering with institutional groups to sponsor events for other affinity groups in the future.



DEI



WellSense

HEALTH PLAN

WellSense, formerly BMC HealthNet Plan, has navigated **new branding and new work around DEI**. They have engaged in employee-led DEI programming, a health equity diabetes pilot, and a LIFT training pilot. The robust engagement anchors in their objectives of building health equity capabilities and cultural awareness while increasing inclusion. The overall impact of these efforts is **newfound and enhanced awareness of DEI**, Health Equity, and the importance of mental health. As the team turns the corner onto this new horizon, they look forward to continuing their efforts.

MONTHLY DEI TOPICS IN WEEKLY NEWSLETTER

Monthly topic recognitions posted in The Weekly Sun newsletter and The Pulse employee communications platform covering DEI topics like Native American Heritage, women's rights, the LGBTQIA+ community, and more.

COMMUNITY FORUMS

Forum on “Preventing and Healing Compassion Fatigue and Job Burnout Using Self-Care” for employees.

Forum on domestic violence led by Joanne Timmons, MPH, Manager of the Domestic Violence Program at BMC.

HEALTH EQUITY PILOT

A focus on improving diabetes support for Black and Latinx/e members.



ROUNDTABLE DISCUSSION

Black History Month: Health disparities and the impact on Black members/patients (with BMCs Health Equity Accelerator Trina Cherry and Elena Mendez Escobar).

SOCIAL JUSTICE RESOURCES

Postings in The Weekly Sun newsletter and The Pulse employee communications platform covering: prejudice, slavery in America, human rights, and more.

HEALTH EQUITY PILOT

WellSense reviewed data compiled by the Health Equity Accelerator that showed inequities in key diabetes measures for Black and Latinx members:

- **Latinx members have worse A1C measures** than their white counterparts (18%)
- **Black and Latinx members were 14% less uptake** to statin medication

The team decided to take a human-centered design approach to developing a health equity pilot to improve these measures and **commissioned a qualitative study** using member interviews to gain insights from Latinx and African American members around diabetes care. Findings showed four key areas where extra support was needed:

Time and Planning

- Family caregivers put themselves last; making sure their families are taken care of sometimes leaves less time for self-care

Cultural Influences and Beliefs

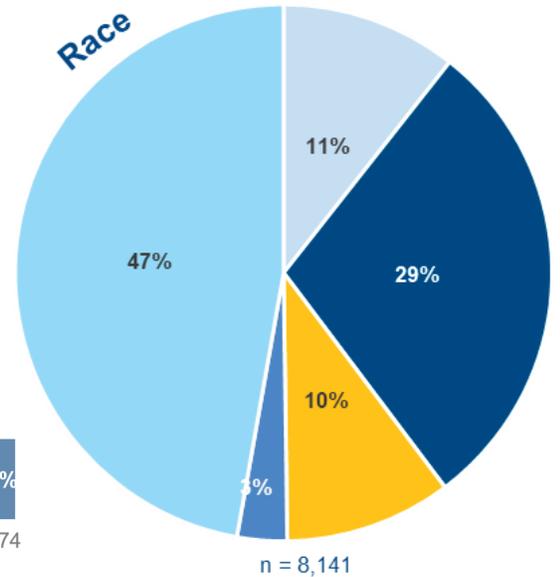
- The importance of adapting nutritional advice to accommodate cultural backgrounds. Diet recommendations must be tailored to the culinary customs of each of our patients to increase the likelihood that they'll be able to successfully implement them

Financial and Resource Limitations

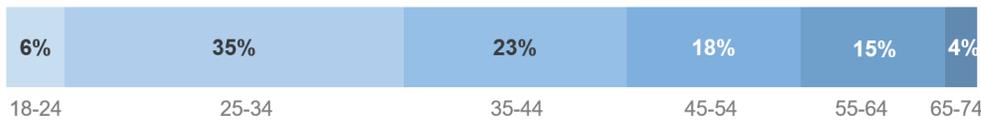
- Individuals often lack support and guidance (both emotional, financial)
- The time responsibilities of care-giving leave little room to focus on active treatment of their diabetes
- Comorbidities, like a mental health diagnosis or high blood pressure, can increase the difficulty of navigating medicines and care

The WellSense team's next steps will be to utilize the findings above to identify interventions that help address the barriers to improve overall member wellbeing.

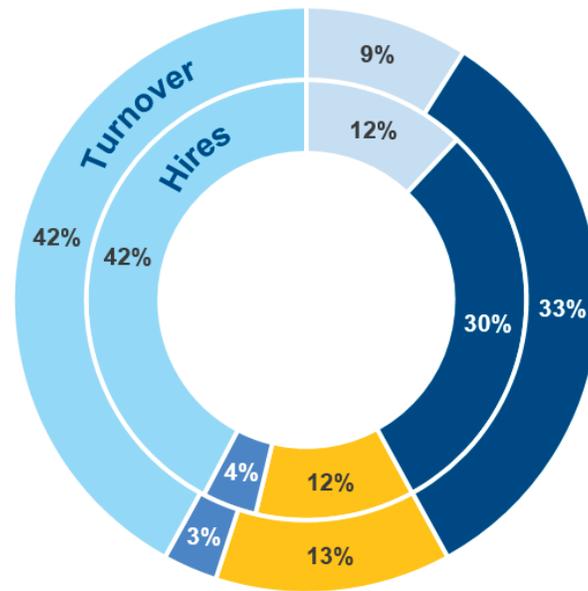
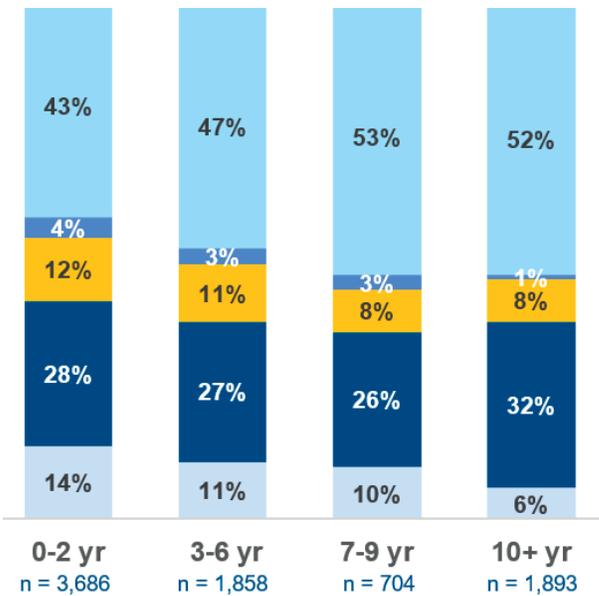
2022 DEI BY



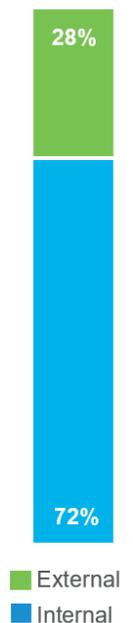
Total Employees by Age Groups



Tenure



Positions Filled



2021 Press Ganey Survey | Diversity Questions

Question	BMC	% Unfav	Natl Avg
This organization values employees from different backgrounds.	4.24	5%	0.00
This organization demonstrates a commitment to workforce diversity.	4.24	4%	+0.06
All employees have an equal opportunity for promotion regardless of their background.	3.88	12%	-0.09
My coworkers value individuals with different backgrounds.	4.19	5%	-0.03
The person I report to treats all employees equally regardless of their background.	4.22	6%	-0.07

Organizational strength

THE NUMBERS



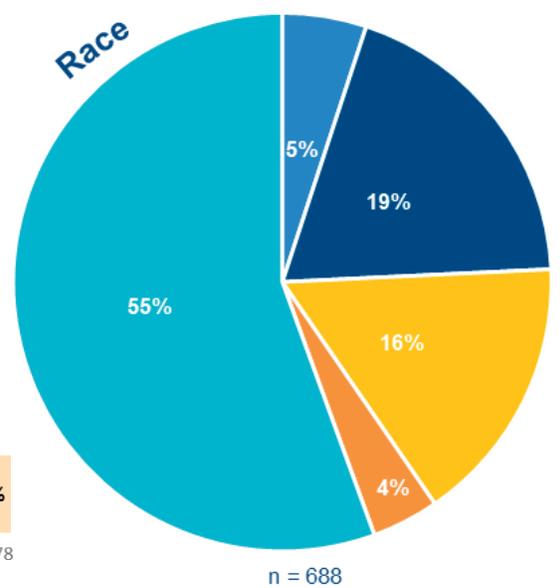
688 Employees

80% Female

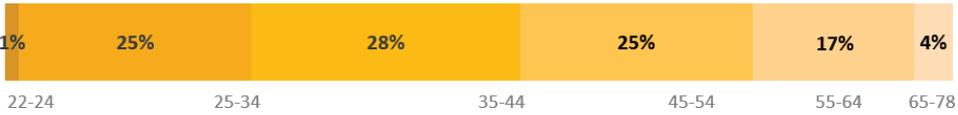
20% Male

2% Self-identify as Veteran

4% Self-identify have/had a disability

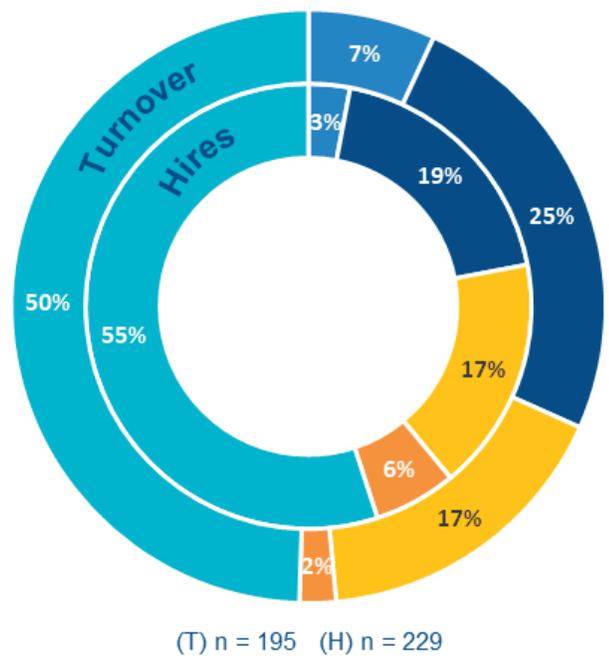
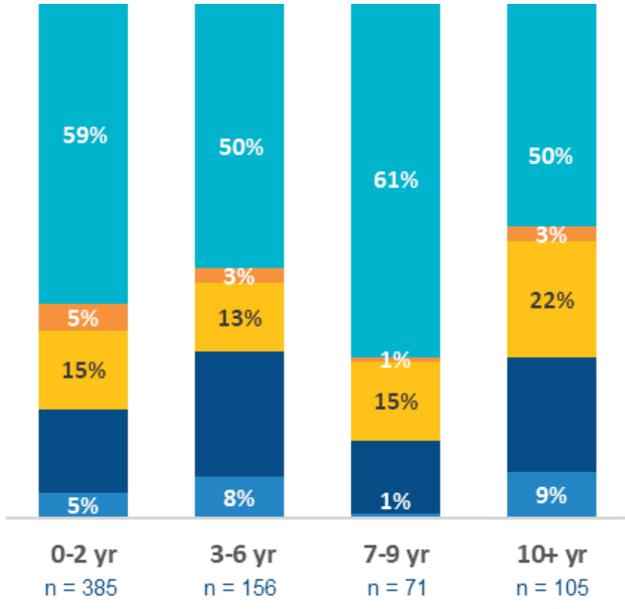


Total Employees by Age Groups



■ White
 ■ Two or More Races
 ■ Native Hawaiian/Other Pacific Islander
■ Hispanic/Latino
 ■ Black/African American
 ■ Asian
 ■ American Indian/Alaska Native

Tenure



Positions Filled



2021 Press Ganey Survey | Diversity Questions

Question	BMCHP	% Unfav	Natl Avg
This organization values employees from different backgrounds.	4.30	4%	+0.06
This organization demonstrates a commitment to workforce diversity.	4.32	2%	+0.14
All employees have an equal opportunity for promotion regardless of their background.	3.86	12%	-0.11
My coworkers value individuals with different backgrounds.	4.31	2%	+0.09
The person I report to treats all employees equally regardless of their background.	4.40	2%	+0.11

■ Organizational strength

ONWARD AND UPWARD...



We are extremely grateful for yet another year of deeply caring for our patients, our members, and our community. While the last few years have been quite challenging around the globe, our values have withstood the test of time, and remain tethered to a key tenet of our values - **inclusion always**. Our 3rd annual DEI Year in Review represents what it looks like when everyone comes together to move DEI from a series of nouns to a commandeering verb.

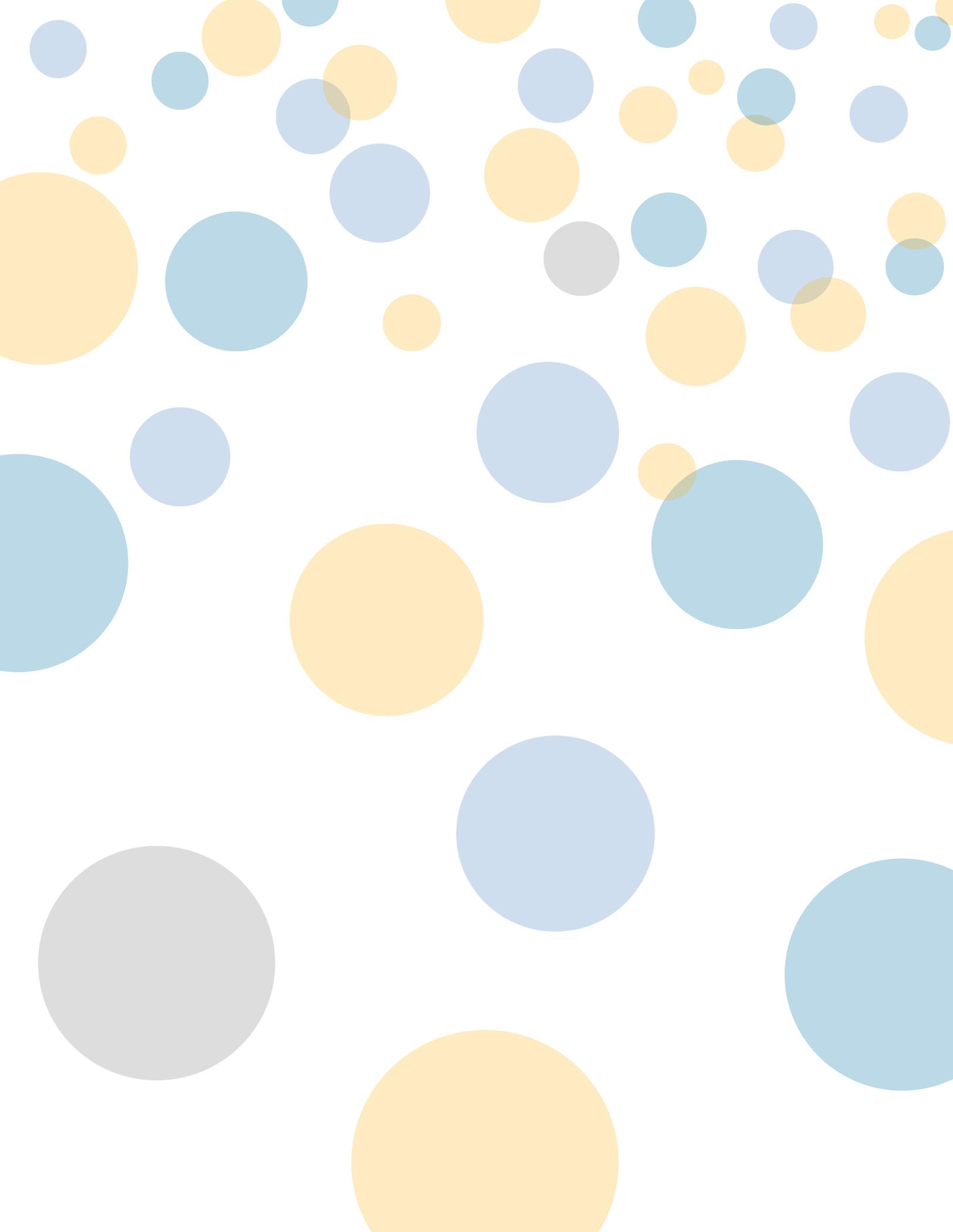
On behalf of the BMCHS executive team, we give special thanks to the departments, teams, and individuals represented in this review for continuing to deliver meaningful DEI outcomes. We are proud of our accomplishments, yet eager to continue systemic progress in service to the entire BMCHS community.

In 2023, we will continue to reinforce our core purpose of **exceptional care, without exception** and our commitment to collective success. While there is always more to do, we remain humbled and intentional in our approach to fostering an inclusive and respectful environment for **everyone, every day**.

Many thanks for your continued support!

A handwritten signature in black ink that reads "Lisa Kelly-Croswell".

Lisa Kelly-Croswell, Sr. Vice President & Chief HR Officer





Boston Medical Center
HEALTH SYSTEM

2022

TOGETHER

@ **BMCHS**

SEEN. HEARD. CELEBRATED.