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Over the past year, it’s become increasingly clear how important our core value of many faces create our greatness is. It is the foundation of our mission to provide exceptional care, without exception and is an essential part of what makes Boston Medical Center Health System a great place to work. Throughout the ongoing response to the COVID-19 pandemic and national turmoil, I’ve been amazed by the compassion, dedication, and resilience of our team members. The commitment to our patients and members, their health needs, and to breaking down the barriers that get in the way of their best health has been nothing short of remarkable.

The following pages contain just a few of the many noteworthy initiatives and efforts from across our Health System to promote racial and social justice and help transform us into an organization that sustainably advances health equity. I’m continuously inspired by the ways our teams and departments are raising their voices and taking action to strengthen what we can do to both care for our communities and each other.

But, this is not a “brag book.” Our work—as individuals and as an organization—in Diversity, Equity, and Inclusion is far from finished. What I am most energized about is continuing to leverage the fundamental strengths of our Health System to create meaningful change for our employees and those we care for, while remaining a welcoming place of healing and hope for all those we have the privilege to serve.

— Kate Walsh, President & CEO
At BMC, 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.

For more than 100 years, Boston Medical Center has been driven by a commitment to care for all people, providing not only traditional medical care, but also programs and services that enhance overall health. All of this supports our mission to provide exceptional care, without exception.

Diversity, equity, and inclusion — it’s in our DNA and our success depends on it. Our collective perspectives empower us to deliver on our mission — exceptional care, without exception. We show up every day for each other, our patients, our members, and our community. We are committed to growth and intentional action to elevate our shared humanity and to ensure every member of our community feels seen, heard, and celebrated.
Centering on Equity: From advisory group to a new center at BMCHS

In August of 2020, BMCHS launched its Health Equity Advisory Group. As the daily news cycle flooded with headlines of heartbreaking pandemic numbers, a halted economy, civil unrest, and racial injustice, a group of more than 80 leaders from across the hospital, physician group, and health plan began meeting regularly to define the health system’s organizational approach to racial health equity.

The Advisory Group divided into teams that examined every aspect of organizational mission and operations; from our clinical operations, to specific areas of high inequity (e.g. mother and child health), to our ACO and community programs, to our research and education programs. Alastair Bell, Executive Vice President and Chief Operating Officer, who convened the group, sees its work as all encompassing.

“No Health Equity is at the core of our Health System,” says Bell. “This is not a stand-alone initiative among many others. We need to build on the work that we’ve done over the last few decades and ensure we are transforming everything we do.”

At the outset, principles and norms were established to guide the process, including humility, intersectionality, a community-based mindset, and a patient-centered approach. The Advisory Group explored more than one hundred baseline analyses, interviewed patients, and conducted a literature review to identify the largest health inequities and their underlying drivers.

“As we looked at the data on health outcomes in Boston, we saw significant outcome gaps between white communities and communities of color,” says Elena Mendez-Escobar, Executive Director of Growth and Innovation at BMCHS, who helped coordinate the work of the Advisory Group. “We all realized we needed to do more to understand how structural racism is creating invisible barriers to health and act to remove those barriers.”

After months of collaborative effort, the groups reported their findings and made recommendations for clear strategic goals, as well as a long-term vision to advance health equity across the organization. A prioritized list of 60 initial initiatives embedded across all areas of the system was generated through group recommendations, including a process to continuously measure and monitor efficacy and efficiency of BMCHS social programs, with an explicit lens to close racial gaps.

Dr. Thea James, BMCHS’s Vice President of Mission, also served on the advisory group. To her, the work underway represents the
“We want to change life trajectories and create opportunities for self-determination and for people to thrive and be able to prioritize their health.”

— Dr. Thea James

Health System’s unique composition of passion and capacity to create sustainable, transformative opportunities for the communities we serve.

“This work requires the ability to recognize inequity, and know that charity is not a solution,” says Dr. James. “We want to change life trajectories and create opportunities for self-determination and for people to thrive and be able to prioritize their health.”

One of the many exciting outcomes of the initial efforts of the Health Advisory Group was the inspiration to launch The Center for Health Equity at BMCHS. With the vision of achieving racial health equity through transforming care beyond traditional health care services, the center will set strategy and build infrastructure to accelerate the portfolio of health equity work across our health system. The activities of the center will be aimed removing structural barriers for health equity both outside of our system (e.g., promoting economic mobility and breaking down barriers that limit our patients’ potential) and inside of our system to ensure equitable care. It will also build a series of important mechanisms for this work, such as a robust patient and community engagement function, research, advocacy, workforce development, and performance management.

1 NICHQ’s framework “From Savior-Designed to Equity-Empowered Systems” https://www.nichq.org/insight/20191203_from-savior-designed-to-equity-empowered-systems

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BMC DEI REVIEW 2020 05
As a part of developing a system-wide DEI strategy, an extensive internal and external assessment was conducted to inform strategic imperatives. Focus groups and 1:1 meetings with more than 160 current employees, alumni, and stakeholders provided insight into strengths and opportunities and methods for approach. One of the key takeaways from the survey was the reaffirmation of the pivotal role managerial leadership plays in ensuring inclusive and thriving team environments.

In order to drive the strategic imperative “Cultivate and Support Model Leadership,” BMCHS launched a training experience for managers and leaders aimed at increasing awareness around implicit bias and microaggressions, as well as techniques for addressing them when they occur.

BMCHS worked with an external firm to create the interactive, group-based training module targeting topics such as cross-cultural communication, health equity, stereotypes, dimensions of diversity, micro-inequities, and applying the SMARTER goal setting model to deliver on DEI objectives for themselves and their teams. The training sessions began in-person in January of 2020 and, after a brief hiatus, relaunched and shifted to virtual sessions to ensure learning could continue despite the limitations caused by COVD-19.

To date, more than 900 leaders from across the health system have completed the training, giving it an overall rating of 4.6 out of 5 points for overall engagement and efficacy, and overwhelmingly said they would recommend this course to others. 89% of participants agreed or strongly agreed that they were more aware of implicit bias and its effects following training. 90.0% of participants also agreed or strongly agreed that they were more aware of strategies to better address biases following training.

The next phase of this training will include preparing BMCHS team members as certified facilitators for the module to accommodate flexible, ongoing training for newly-hired and promoted staff across the health system.
Celebrating the Service of Our Veterans

The Veteran and Active Duty members in our organization understand and are committed to the delivery of exceptional care without exception. They hold a variety of positions from front-line clinical staff engaged with our patients to administrative and leadership roles. Our BMCHS community is enriched by their experience, knowledge, and skill-sets.

For Veterans Day 2020, we took a special moment to recognize the many veterans and active service members that we are honored to work alongside every day. Veterans and friends from across the health system joined together for a virtual, interactive, zoom celebration to reminisce and share their experiences from their time of service. The event featured a moderated panel of five men and women from different branches of our armed forces speaking to the challenges and successes of transitioning from active duty to civilian life and the ways their enlistment prepared them for their careers at BMCHS and beyond.

To commemorate Veterans Day this year, we also designed a special edition challenge coin that was delivered directly to more than 100 BMCHS veteran community members. Each of the elements of the coin design represents an important characteristic of our BMCHS veterans in furthering our mission, values, and vision.

BMCHS Veteran Challenge Coin Design Details:

- Rope trim – represents strength & the bond of unity
- Blue enamel – represents steadfastness & commitment in their dedicated service to our country and to the important work of BMCHS
- Gold-tone metal – represents the precious value of our veterans’ contributions
- Starburst – represents brilliance & shining example of our veteran community at BMCHS
- 5 branches – represents the service branches of current BMCHS veterans
PATHWAYS 2020

Demetriouse Russell, a business strategist and professional coach who works with Pathways as a co-facilitator, says he admires the mutual commitment from the BMC and participants to intentionally develop the next generation of talent.

“This work is a marathon within a marathon. The world has a long way to go in creating parity of opportunity with race, gender, and sexual orientation within organizations. I can envision Pathways producing a CEO for BMC,” Russell says, adding that he has been consistently impressed by Pathways participants and the program’s goals.

There have been two cohorts thus far leading to 16 promotions. Pathways alum Joel Fuertes is one of the 16 recently promoted. Fuertes, who came to BMC six years ago, believes Pathways was integral to helping advance his career to operations supervisor in the Department of Neurology.

“I didn’t have the normal track of other operations supervisors who were able to attain their current position,” explains Fuertes, who began at BMC as an ambulatory service representative. “Pathways was a great opportunity for me to hone in on my personal skillset as a leader. I can’t say enough about the mentors and the career navigators and the many, many individuals involved in the process.”

The cohort enjoyed spending one-on-one time with leaders from across the organization and connecting through the friendships formed and mentors gained. An alumni group is being established to ensure lifelong learning.
PATHWAYS 2020 Cohort

PATHWAYS Program Components:

- 360° Assessment and Review
- Mentor Circles
- Networking Events
- Career Development Plan
- Stretch Assignment
- Speaker Panel Series
- Coaching
- Career Navigation

BMC DEI REVIEW 2020
It’s been said that “when strategy and culture collide, culture wins.” While developing a comprehensive DEI strategy for the health system, intentional efforts were made to ensure that a values-based, action-oriented approach remained at its core. “Empower and Enable Everyday Action” was selected as the first strategic imperative with the understanding that unlocking the power of personal accountability is often the largest driver of collective progress.

To help increase awareness around individual impact, BMCHS created “The Culture Code.” Developed with insights and feedback from an interdisciplinary and cross-functional advisory team of more than two dozen members, The Culture Code distills larger DEI concepts into five actionable elements:

- See The Other Person (STOP)
- Missteps happen, So can growth
- Find your superpower & appreciate the superpowers of others
- Make it a "5-Star" hello
- We Stand Together

For its inaugural introduction, Culture Code was presented to the BMCHS community at various leadership and town hall meetings, and managers across the system took part in interactive virtual experiences to help familiarize them with the code and prepare them to embed the five elements through monthly team-based activities. Each activity is focused on an element of the code and provides an opportunity to explore the dimensions of diversity, equity, and inclusion in personal and small group settings.

In addition to the monthly activity cycle, plans are currently underway for a robust all-staff rollout of The Culture Code, including Take Action Guides (TAGs) and other opportunities to expand individual and team use of the code into daily interaction and operations.
There was value in establishing a Culture “Code” because codes resonate on 3 interrelated levels:

1. **ACCESS**
   - Codes can provide access — Security codes, log-in/ password information, prize codes

2. **CULTURE CODE**
   - Codes can be algorithms — A set of clear steps that are systematically applied to transform input to a desired output
   - Codes can represent understood collective norms — The “Code of the West” “In this house we...”

3. **OUTCOMES**
   - Unlock the power of personal accountability
   - Attach memorable illustrated artwork to reinforce core concepts

**THE APPROACH:**

Create easy-to-remember “golden rule” & mantra-style prompts that can be used daily

“De-mystify” the concept of meaningful actions that promote inclusion and equity

Unlock the power of personal accountability

Attach memorable illustrated artwork to reinforce core concepts

**Team Member feedback on The Culture Code:**

“I am grateful for the Culture Code as it embodies many of the values I have carried for a long time and I feel more aligned with BMC and committed as an employee. Thank you!”

“Love this! Very helpful and a neutral, engaging way to start the conversation and move it forward.”

“[Culture Code] is yet another reason why I love BMC. I can be part of an efficient, high-performing operation to get the COVID vaccine to patients and employees while at the same time participating in meaningful activities like this to advance our values.”
BMC-led initiative receives $5 million grant for inclusive local hiring & affordable housing

Boston Medical Center is the lead organization in a monumental grant awarded by JPMorgan Chase as a part of its AdvancingCities Challenge, part of the firm’s $500 million, five-year initiative to advance inclusive recovery and help create greater economic opportunity in cities.

BMC joined partners Boston Children’s Hospital, Brigham and Women’s Hospital, Health Resources in Action in teaming up with the City of Boston and four community partners (the Dudley Street Neighborhood Initiative, BlueHub Loan Fund, Action for Equity, and Jewish Vocational Services) to create The Boston Opportunity System (BOS) Collaborative that will receive a $5 million philanthropic investment to establish neighborhood-based training strategies for 1,100 residents of color, and fund 250 new and preserved affordable housing units in historically underinvested Boston neighborhoods, including Black and Latinx communities.

The AdvancingCities Challenge supports collaborative and holistic solutions that tackle pressing needs and systemic challenges to help create more access to capital and opportunity—key factors in addressing social determinants of health. This year, the competition attracted more than 150 proposals from 78 communities across 35 states and territories. The BOS Collaborative efforts made Boston one of just seven cities in the U.S. to receive the grant.

Dr. Megan Sandel, a BMC pediatrician helping to lead the effort, believes the community-embedded nature of The BOS Collaborative’s approach will lead to stronger positive outcomes for the programs and initiatives funded by the grant. She hopes to attract grants from other sources to sustain the Boston initiative, broaden its impact, and keep it going.

“We recognize that where you live may be the strongest predictor of your health,” Sandel said. “More and more, we have to be thinking in place-based terms. We have to get outside of [the hospital’s] four walls.”

BMC applied for the grant in January of 2020, before the COVID-19 pandemic upended Boston. But the coronavirus has underscored the project’s importance
“More and more, we have to be thinking in place-based terms. We have to get outside of [the hospital’s] four walls.”

- Dr. Megan Sandel

and now funding can be used to help strengthen the necessary recovery efforts in Boston and address the needs of Black and Latinx communities, which have suffered disproportionately both from the COVID-19 pandemic and generations of disinvestment.

BMC plans to spend $1 million of the grant on administrative costs, including hiring two staff members to help oversee the program. The other $4 million would be split evenly between job training and affordable housing efforts.
DEI Initiatives at
BMC Healthnet Plan / Well Sense Healthnet Plan

In 2020, colleagues at the Boston Medical Center Healthnet/Well Sense Healthnet Plan stayed connected through ongoing opportunities to learn more about each other and foster greater inclusivity among each other as they extended exceptional service and support to plan members.

- **Health Equity Forum**: Exploring and understanding the impact of Social Determinants of Health
- **Transgender Health Forum**: Increasing awareness around member access to inclusive care
- **Safe Space Sessions**: Facilitated discussions with behavioral health and resiliency clinicians
- **Integrated DEI Communication**: Feature DEI topics included in every weekly newsletter
- **DEI Training for Leaders**: 92% of Health Plan leaders completed unconscious bias and microaggression training
- **Parent Support Forum on Anti-Racism**: Resource for families on how to talk about racism with children
- **DEI Assessment**: Externally run assessment on cultural inclusivity and diversity growth opportunities

Quarterly forums featuring guest speakers on topics such as racial injustice, mental health, and domestic violence.

"This Is Where We Live" Forums
BMCHS’s commitment to diversity, equity, and inclusion is more than a talking point – it’s the thread that connects our community and it’s woven into our interactions and operations. While our work at the organizational level is a driving force behind our impact, the numerous innovative and successful initiatives that are generated by teams and departments throughout BMCHS carry that impact even further as we do the daily work of making a positive difference in the world.
Reducing Barriers in Patient Service: Specialty Pharmacy

Over 40 pharmacists and liaisons from Specialty Pharmacy and the Complex Care Management team participated in a focused implicit bias training aimed at eliminating medication access barriers that patients may have and providing inclusive support to providers.

“These trainings are extremely useful because there are certain biases we can hold without knowing,” said Felix Okonkwo, Former Specialty Pharmacy Liaison Supervisor (Current Neurology Operations Supervisor). “It’s good to have a resource like this that teaches and reminds you so you can fix [any bias] and be ready to really engage in deeper conversation with others.”

GME Puts Diversity & Inclusion Front and Center

Of the cohort of residents that joined BMC in July of 2020, 22%—more than 1 out of 5—self-identify as underrepresented minorities (URM). With the national average of active URM residents in the US at 11.7%, the Graduate Medical Education department (GME), sees BMCHS’s above average numbers as a direct result of intentional efforts across programs to increase diversity and inclusivity in recruitment.

“It doesn’t happen by accident,” says Dr. Jeff Schneider, an Emergency Department physician and Chair of GME. “It comes from chairs, and program directors, and residents making this a priority. Understanding that diversity creates a better learning environment, and that the diversity of our patient population should be reflected in the diversity of the people caring for them.”

Initiatives around data transparency and holistic interviewing processes were launched to aid in addressing areas of unconscious bias that negatively affect URM trainee recruitment. A GME Diversity & Inclusion Council comprised of residents, fellows, and program directors, was created to evaluate trends and collect data to improve the learning environment. A GME Cohort Mentorship Program was also launched to provide cross program guidance for URM trainees as they transition into their first year of residency at BMC. In addition, the established URM Steering Committee continues its ongoing activities to create further interpersonal and community engagement opportunities for residents of color.

“Residents are excited to join BMC because of our mission and the things we’re doing in our approach to patient care,” says Shawnda Walker, URM Program Manager. “Setting up best practices around recruitment and continuing to build an inclusive climate and culture helps ensure there’s a sense of belonging that supports all of our residents as they do the work they’re passionate about.”

1 AAMC defines URM as Black/African American, Hispanic/Latina, Native Americans/American Indians, Alaska Natives, and Native Hawaiians.
2 AAMC A/Y19-20 data reported
New Committee Spotlights DEI in Critical Care Nursing

The nursing department has developed a number of strategic initiatives in its efforts to increase diversity in recruitment and leadership throughout their teams. A thorough data assessment revealed a particular opportunity for growth in areas of specialty nursing. In 2020, the Critical Care Division launched a Diversity & Inclusion Committee aimed at creating access and opportunity in critical care, as well as optimizing the benefits of cultural proficiency in care delivery.

“We are giving excellent care,” says Monica Germain, a RN in the Medical Intensive Care Unit and committee chair, “and there are ways we can take that even further by being aware of cultural aspects of care as well.”

One of the committee’s early projects was establishing a mentorship program for nurses interested in Critical Care. Participants are able to shadow on the unit to see critical care nurses at work and consider whether they are interested in a critical care role. The committee also began an experienced nurse transition program where Medical & Surgical nurses are able to apply and be considered for roles in one of the ICUs. Other programs initiated by the committee include advising on DEI training content for inclusion in annual Competency Days and partnerships with local associates degree nursing programs at Roxbury Community College, Labouré College, and Bunker Hill Community College to encourage nursing students to get to know to BMC and apply for our new graduate programs.

Germain hopes the CCD committee can be a template for other specialty nursing area across the hospital. “[Diverse teams] and cultural awareness are so important, not just in critical care nursing, but for care period,” she says. “Just always making it a point to ask, ‘Where can I make a difference?’ goes a long way.”

Equity in Acquisition: Supply Chain

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

Their first goal was implementing a tracking system; and with the help of BMC’s Accounts Payable team & a current BMC vendor, the SCO has established processes to track and validate current and future vendors considered to be diverse. These efforts have also been enhanced through SCO’s work with the Health Anchor Network and other internal partners to help implement national industry best practices in relation to diversity spend.

With the onset of validated tracking and continued collaboration, documented FY20 diverse spending has reached nearly $22 million! Leadership in the department looks forward to seeing that number rise and enjoys witnessing BMC’s values and community impact reflected in purchasing.
Inclusion in Research: Clinical Trial Office (CTO)

With no approved clinical treatments available when the first COVID-19 surge hit, clinical research opportunities emerged as one of very few options for intervention and understanding of the disease. From March to December of 2020, 75% of BMC inpatient COVID-19 inpatient admissions were Black/African-America & Latinx, yet only 21% of the same group chose to enroll in interventional trials that provided alternative care options.

The CTO team worked with trial sponsors to include important cost coverage for translation of consent forms, transportation vouchers, and other incentives that were vital to increasing participation. And while their efforts were successful in boosting enrollment, CTO director Johanna Chesley, says these efforts are only the beginning of the work.

“Scientific advancements in care are built on stories we get from data,” Chesley says. “Health equity comes when we’re telling a more complete story that doesn't leave anyone in our communities out.”

The CTO is currently expanding its equity efforts through strategic partnerships, locally and nationally, aiming to decrease trial hesitancy and further increase community participation in research.

BMCHS on the frontlines of Gender-diverse care

As societal understandings of gender identity and expression continue to evolve, the Center for Transgender Medicine and Surgery continues to break down barriers to provide more opportunities, access, and education to the transgender community and our BMCHS teams. With the start of the pandemic, they took action to provide additional care options via telehealth services and were able to respond to a significant increase in new consultations and behavioral health visits, even expanding access to support groups to accommodate patient needs.

In addition to the publication of the Transgender Resource Guide for employees, last year brought expanded opportunity to highlight the center's work through various publications and programming regarding the needs of transgender/gender-diverse patients. A strong effort in collaboration with BMCHP provided education for team members about some of the barriers transgender patients often experience, and allowed them to work collectively to improve gender-affirming service. The CTMS Nurse Liaison, in collaboration with the NY Langone Medical Center LGBTQ+ Clinical Coordinator, established monthly web-based chats for nurses across the country and Canada involved in gender-affirming medical and surgical care. Externally, multiple presentations occurred, including the New England AIDS Education and Training Center’s HIV and Aging Conference in last September and the Exeter Health Resources LGBTQ Health Symposium in August.

One particularly celebratory moment in 2020 was BMC’s Transgender Taskforce internal collaboration with the OBGYN department in facilitating a successful—both clinically and culturally sensitive—birth of a baby born to a transgender man.
Listening and Learning Together: Guided Discussions as a Resource

The turbulent year of 2020 highlighted the value of our collective and diverse experiences as one of our greatest resources, with meaningful conversations being key to increased understanding and cooperative growth. In order to foster more effective dialogue among our team members, a cohort of subject matter experts from across the health system was assembled last Fall to facilitate guided discussions throughout the organization and helped streamline the scheduling process for easier access and planning.

Facilitators included resiliency, health equity, leadership development, and D&I experts who guided teams through authentic dialogue around a range of topics aimed at activating more inclusive behavior and practices.

Pharmacy Department Goes "All-In" with New Fellowship

The newly-launched All-In initiative was developed by the Pharmacy Department to further promote equity and inclusion in the field of pharmacy. Through a thorough analysis of data, they landed on their first program, the All-In Scholarship, offered to students in their final year of pharmacy school rotations. The committee has created a robust, 12-week program with a $10,000 stipend to ensure that they set these students up successfully for future careers, ideally at BMCHS!

During the rotation, each participant is partnered with a pharmacist mentor who is also from an underrepresented minority background and serves as a touchpoint throughout the students’ experience. Targeted outreach introducing the program began first with pharmacy programs at Historically Black Colleges and Universities, as the committee’s external findings and internal analysis showed there was an opportunity gap for advancement in the field that could be served by increased institutional partnerships. The inaugural push was an immense success, receiving 39 applicants in total, and two remarkable candidates selected for the scholarship.

In addition to the scholarship, the All-In Committee is creating a specific team-based cultural competency training for the department building on BMCHS’s DEI trainings to ensure current and future All-In participants are included during their experience and have the opportunity to contribute and learn alongside their colleagues.
CURRENT PRESS GANEY DIVERSITY QUESTIONNAIRE RESULTS

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<th>BMC</th>
<th>% Unfav</th>
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<td>This organization values employees from different backgrounds.</td>
<td>4.27</td>
<td>4%</td>
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<td>This organization demonstrates a commitment to workforce diversity.</td>
<td>4.25</td>
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<tr>
<td>All employees have an equal opportunity for promotion regardless of their background.</td>
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<td>4.23</td>
<td>6%</td>
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Organizational strength

POC % Representation in Management Levels

- **2021 Target Management representation goal**: 33%
- **2014 Management representation**: 22%

DH guided discussions: 40 participants per session
BY THE NUMBERS

549 Employees | 78% 22%

Race
- 68% White
- 20% Black/African American
- 7% Asian
- 3% Hispanic/Latino
- 15% Two or More Races

Managers Completed D+I Manager Training
- N = 131

CURRENT PRESS GANEY DIVERSITY QUESTIONNAIRE RESULTS

<table>
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<th>BMCHP</th>
<th>% Unfav</th>
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<td>My coworkers value individuals with different backgrounds.</td>
<td>4.25</td>
<td>1%</td>
<td>-0.02</td>
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<td>The person I report to treats all employees equally regardless of their background.</td>
<td>4.41</td>
<td>3%</td>
<td>+0.05</td>
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Looking Ahead...

Our organizational commitment to diversity, equity, & inclusion is driven by the everyday action and dedication of our team members. Strategies are simply words on paper until they are brought to life by the people who activate them; and despite the very real challenges of 2020, we’ve continued to see our values come alive in innovative and meaningful ways, impacting BMCHS and the communities we serve. There is much yet to be done, but I can’t imagine a more unshakable and passionate team to be a part of in pursuit of this goal. I’m excited to see where 2021 takes us as we build on these efforts to champion health equity, deliver exceptional care, and honor our shared humanity, together!

— Lisa Kelly-Croswell, SVP/CHRO