Beth Israel Lahey Health
Diversity, Equity and Inclusion Progress Report
January 2022
Fostering a culture that embraces diversity, equity and inclusion is essential to the work we do – for our patients, our workforce and the communities we serve. I am honored to serve as BILH’s inaugural Chief Diversity, Equity & Inclusion (DEI) Officer. Having completed the initial six months in this role, I am pleased to share the inaugural edition of the DEI Progress Report. As we advance our work together, we will provide updates on our progress, share DEI metrics and highlight efforts occurring across our organization.

We are proud of the progress we have made to date and acknowledge that we have a long journey ahead, particularly in an environment in which we continue to battle a once-in-a-lifetime pandemic and unprecedented workforce challenges. The level of support and commitment to equity and inclusion from our caregivers, staff, leaders and Board members is an inspiration and will ensure that we continue to make meaningful progress in this important work.

Juan Fernando Lopera
Chief Diversity, Equity and Inclusion Officer
Beth Israel Lahey Health
As a system, BILH embarked on its DEI journey in 2020 with the creation of the BILH DEI Task Force, to gather perspectives from our clinicians and staff across the organization and develop a multiyear roadmap. The DEI Task Force's recommendations have been invaluable as a springboard for developing both near-and long-term priorities. The members of the DEI Taskforce have transitioned to serving in the newly established BILH DEI Council, which meets throughout the year to help guide and inform BILH’s DEI efforts.

BILH’s DEI vision is to

“Transform care delivery by dismantling barriers to equitable health outcomes and become the premier health system to attract, retain and develop diverse talent.”

This vision is supported by three primary goals that will allow us to measure long-term progress.

1. **Talent**: we aim to have a workforce that mirrors the increasing diversity in the communities that BILH serves, with a focus on representation in leadership and care delivery roles.

2. **Patients**: we aim to eradicate disparities in health outcomes within our diverse population of patients.

3. **Community**: we aim to expand investments in underrepresented communities to close socio-economic disparities that impact population health.

BILH has also embarked on an enterprise-wide strategic planning process to define BILH’s long-term vision, strategic position, and system priorities and initiatives, with DEI embedded throughout all work streams. The planning process includes more than 160 participants from across BILH, with 35% racial diversity and 43% female representation. Incorporating DEI into the fabric of our strategic plan and the investments we make moving forward is critical for long-term success and sustainability of our efforts.

Additionally, we have launched the triennial Community Health Needs Assessment (CHNA), which is being coordinated across our system, collaborating across hospitals, with efforts focused on engaging hard-to-reach communities, using equity as a guiding principle.
### Progress Updates

In Fiscal Year 2021 (ending September 30, 2021), we made notable progress on our three primary DEI goals.

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| **Talent:** Implement of protocols to remove bias and inequity from selection, hiring and promotion practices, starting with leadership positions (e.g., bias and anti-racism training for leaders, guidelines for diverse slates of candidates for new leadership roles, behavioral interviews with DEI focus) | Results for new BILH positions, include:  
  - 75% adherence to protocols  
  - Of 23 new vice presidents hired in FY21, 35% were women, and 50% were people of color  
  - Of 133 new directors hired in FY21, 65% were female, and 19% were people of color |
| **Patients:** Create and adopt standardized processes to increase the capture of patient demographics (e.g., race, ethnicity, language, gender identity, sexual orientation, etc.) |  
  - Implemented patient demographic data collection standards across all electronic medical records (details)  
  - Supported patient registration staff collecting demographic data with talking points and other resources  
  - Completed assessment of all electronic medical records to determine level of completeness for self-reported patient data: currently at 92% for race and 88% for ethnicity |
| **Community:** Analyze current baseline spending with diverse suppliers (e.g., minority, women, and LGBTQ-owned businesses) and develop policy to increase opportunities in requests for proposals |  
  - Baseline analysis conducted shows $33 million of spending with diverse suppliers  
  - Developed diverse supplier policy, requiring at least one diverse business in every contract bid, to be rolled out as part of Workday implementation in 2022 |

As we turn our focus to Fiscal Year 2022, we are building on the progress we made last year to transition from process-based goals to outcomes-based goals across the same three DEI areas of focus: talent, patients and community.

**Our DEI goals for Fiscal Year 2022 include:**

| **Leadership** | Achieve a significant increase in BIPOC* representation among new leadership hires (directors and above) with an aim of at least 20% representation  
*BIPOC — Black, Indigenous and People of Color |
| **Diabetes Disparities** | Conduct racial and ethnic disparity analysis for a measure of diabetes care, with an aim to reduce the racial/ethnic gap by 20% over FY21 baseline |
| **Supplier Diversity** | Increase spend with diverse businesses by 20% over FY21 baseline |
DEI FY22 Workplan

We have established a DEI workplan to prioritize the efforts over the coming year. This workplan supports our system DEI goals and addresses priorities identified by the DEI Task Force and incorporates input from DEI-focused listening sessions across BILH’s hospitals and business units, led by the Chief Diversity, Equity and Inclusion Officer.

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| **DEI Infrastructure** | • Hire and staff the DEI Office; key positions include assistant vice president for DEI, two regional executive directors for BILH north and south and a vice president of health equity  
• Establish transparent DEI metrics and key performance indicators  
• Expand DEI employee demographic data collection and reports as part of the Workday implementation |
| **Culture of Belonging** | • Establish a system-wide anti-discrimination policy and code of conduct to promote inclusion and belonging  
• Establish system-wide solution for continued DEI learning and development  
• Conduct employee satisfaction surveys, incorporating DEI  
• Support hospital- and business unit-level DEI councils and employee resource groups and share best practices and resources across the system |
| **Representation** | • Increase BIPOC representation at leadership and board levels  
• Increase BIPOC representation in care delivery and research (physicians, nurses, researchers, medical students, residents, fellows) |
| **Workforce Development** | • Establish BILH-wide programs for retention and advancement of diverse talent  
• Establish partnerships with organizations focused on diverse talent development |
| **Multicultural Marketing & Communications** | • Establish BILH-wide processes for cultural observances and rapid response protocols to address social and racial justice issues  
• Expand external marketing efforts to increase awareness for diverse communities |
| **Health Equity** | • Establish the Center for Health Equity Research to advance research in health disparities and improve health care equity  
• Establish data collection and analysis infrastructure for closing health disparities and addressing social determinants of health among BILH patients  
• Expand community-participatory research and increase diverse representation in clinical trails |
| **Supplier Diversity** | • Establish supplier diversity program to grow current base of diverse vendors and spending |
| **DEI Philanthropy** | • Establish opportunities for donors who wish to contribute to racial justice and health equity programs at BILH |
DEI Scorecard

Transparent DEI metrics and key performance indicators are a key strategic priority that will allow us to measure progress over time. Enclosed is an initial baseline of diversity metrics for leadership, board, patients and suppliers. We expect to expand on these metrics over time.

**Workforce, Leadership and Board Diversity:**
Across all staff, BILH racial and gender diversity is above the level observed across our patient service area. Opportunity to increase BIPOC representation is most significant in leadership positions, at the director level and above.

**Patient Diversity:**
Based on 2019 data, 19% of patients hospitalized across BILH were Non-White (BIPOC) vs. 25% Non-White (BIPOC) patients hospitalized in BILH’s Service Area.

**Supplier Diversity:**
Total FY21 spend with diverse suppliers was $27 million, with the majority of diverse spending attributed to certified women-owned and minority-owned businesses.

* Source: MA Center for Health Information and Analysis; 2019 Acute Hospital Inpatient Discharge Dataset; Non-White patient definition includes all races and ethnicities except White (Not Hispanic or Latino) and “Unknown” based on CHIA race/ethnicity classifications
* **BILH:** Beth Israel Lahey Health; **AJH:** Anna Jaques Hospital; **BH/AGH:** Beverly Hospital/ Addison Gilbert Hospital; **BIDMC:** Beth Israel Deaconess Medical Center; **BH/ID-M:** Beth Israel Deaconess Milton; **BID-N:** Beth Israel Deaconess Needham; **BID-P:** Beth Israel Deaconess Plymouth; **LHMC:** Lahey Hospital & Medical Center; **MAH:** Mount Auburn Hospital; **NEBH:** New England Baptist Hospital; **WH:** Winchester Hospital

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**MBEs, $10.1m**

**WBEs, $12.1m**

**VETs, $5.1m**

**Total, $27.2m**
DEI Highlights

Recognizing that DEI efforts occur across and throughout our system, we would like to share additional highlights that demonstrate our commitment to and progress toward a culture that embraces DEI. Click on the links below to learn more.

- **Health Equity:** BILH continues to build health equity infrastructure and is actively involved in external efforts to advance health equity at the state and national level. These efforts include:
  - **The Center for Health Equity Research:** An ad hoc Committee has been assembled to search for the Richard A. and Florence Koplow - James L. Tullis Professor (or Associate Professor) of Medicine (Full Time) at Harvard Medical School. The candidate will serve as the Director of the new Center for Health Equity Research at BIDMC and BILH and as a member of the faculty of the Division of General Medicine in the Department of Medicine at BIDMC.
  - **Vaccine Equity Recognition:** The Beth Israel Deaconess Care Organization (BIDCO), one of the BILH Performance Network Medicaid (MassHealth) Accountable Care Organizations (ACOs), achieved the highest COVID-19 vaccination rate among MassHealth members age 18+ residing in the 20 towns and cities identified as disproportionately impacted by the pandemic.
  - **Massachusetts Hospital Association (MHA):** BILH is a member of MHA’s Standing Committee on Diversity, Health Equity & Inclusion. The committee advises MHA on strategies, initiatives, data, and partnerships that will advance diversity, cultural competency, health equity and inclusion across hospitals. A health equity priority includes reconsidering the use of race in clinical algorithms (see NEJM reference) across MHA member hospitals.
  - **Executive Office of Health and Human Services (EOHHS):** BILH is actively involved in various EOHHS health equity advisory groups to align quality measurement, standardize patient demographic data and establish accountability for reducing health disparities.
  - **MassHealth:** EOHHS announced its submission to extend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services. A key priority for the 1115 Waiver is to address health equity and BILH has been actively involved providing comments to advance the program objectives.
  - **BCBSMA Health Equity (BCBSMA):** BILH, along with other providers in the BCBSMA Alternative Quality Contract (AQC), is engaged in BCBSMA’s recently announced efforts to incorporate health equity into the AQC quality measurement and payment.
  - **National Quality Forum (NQF):** BILH is a standing member of the NQF Health Equity Advisory Group to provide input on measures under consideration for reducing health differences closely linked with social determinants of health.

- **Workforce Diversity Initiative:** Lahey Hospital & Medical Center (LHMC), Beverly and Addison Gilbert Hospitals and Winchester Hospital have together received a $1.13 million gift from the Cummings Foundation. The gift will support efforts to address structural barriers to career advancement – including training, childcare and English proficiency – and provide opportunities for professional growth.

- **NameCoach:** To promote inclusion and belonging, NameCoach, an audio name pronunciation tool, will be piloted at BIDMC with plans to expand across BILH. NameCoach allows employees to self-record their name pronunciation, and incorporate into email signatures. The initiative was inspired by Sidhu Peña Gangadharan, MD, of BIDMC, and Kwadwo Ofosu-Barko, MD, of LHMC.

- **Employee Stories:** BIDMC launched the inaugural “Stories That Shape Us” event, which featured six employee storytellers, displaying the diversity that shapes our wonderful culture.

- **American College of Physicians DEI Award:** Daniele Olveczky, MD, FACP, received the 2021 Diversity, Equity & Inclusion Massachusetts Chapter Award. Dr. Olveczky is the BIDMC Interim Director of the Center for Diversity Equity and Inclusion and leads efforts for recruitment and retention of underrepresented in medicine (URM) students, trainees and faculty.