

2025 Future State: Areas for Action

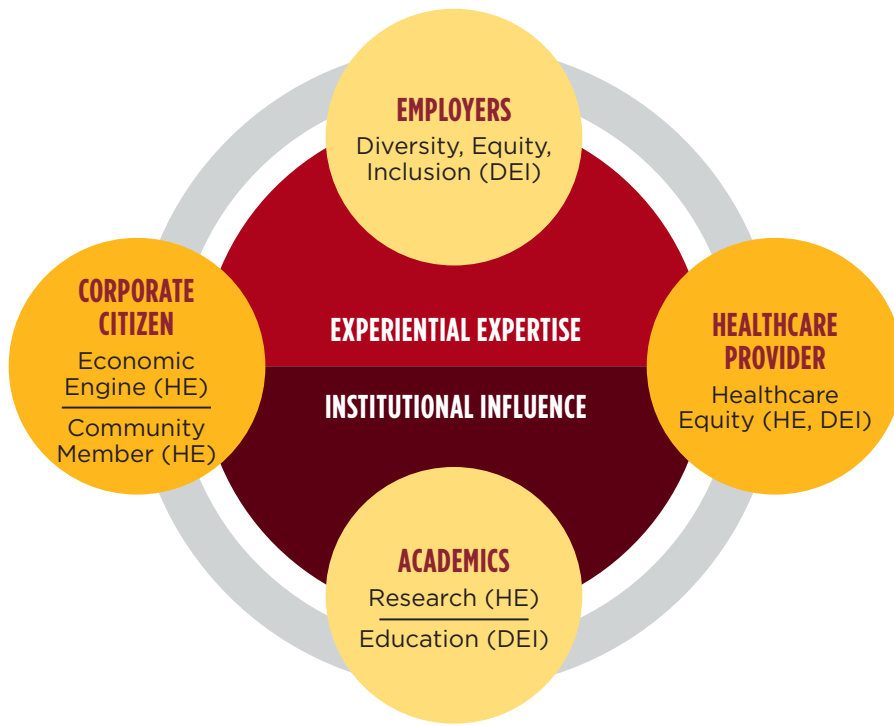
In this section, the HOPE Commission presents a vision: areas for action, current state assessment, and 2025 future state. These are organized by the four key areas that the M Health Fairview partnership–Fairview Health Services, University of Minnesota Medical School, and University of Minnesota Physicians–should focus on: Employers, Healthcare Provider, Academics, and Corporate Citizen. Additionally, we provide recommendations for coordinating mechanisms to build momentum to drive this work forward.

VISION FOR KEY AREAS

- **Employers:** The M Health Fairview partnership will be the employers of choice for all those who believe in health equity and that healthcare systems can be a force for positive change, especially for BIPOC communities and other marginalized individuals. Employees will have courageous and caring conversations and be encouraged to bring and develop their full selves.
- **Healthcare Provider:** The M Health Fairview system will be the preferred provider of healthcare, especially to BIPOC and other marginalized individuals, who know they will receive high-quality care and feel accepted, valued, and respected when receiving care.
- **Academics Institution:** The M Health Fairview system will have a national reputation as a place where innovations to increase inclusion, equity, and access are supported and championed. Trainees will be drawn here to learn how to eliminate healthcare disparities.
- **Corporate Citizen:** The M Health Fairview partnership will have trust with marginalized communities, who know that we are an attuned learning system that openly strives to achieve health equity and shares power to create healthy, resilient communities. Together, we will intentionally apply our long-term, place-based economic power and human capital in partnership with community to mutually benefit the long-term wellbeing of both.

To ensure that the M Health Fairview partnership can jointly advance anti-racism and inclusion efforts, there needs to be an infrastructure and resources aligned to our current system structures driving it. To that end, we have asked the following accountable leaders from each respective partner organization to review the HOPE Commission recommendations and subsequently develop 2021 targets and work plans for each of the key areas of focus. We will work collaboratively with these named leaders across the organizations to create action plans for their respective areas of responsibility, which we ask to be submitted to us by April 2, 2021. For Employers, the action plans will be led by Fairview Chief People Officer Mary Nease, University of Minnesota Physicians Human Resources and Information Technology Officer Nick Nyhus, and Medical School Director of Human Resources Michele Morrisey. The Healthcare provider essential plan will be led by Chief Quality Officer Abe Jacob, MD. Academics will be led by Chief Academic Officer Brad Benson, MD. The action plan for Corporate Citizen will be led by Chief Public Affairs Officer Andrea Mokros and Assistant Vice President for Communications Anette Lillegard, and Vice Dean for Diversity, Equity and Inclusion Ana Núñez, MD.

ADVANCING HEALTH EQUITY (HE) AND DIVERSITY, EQUITY, AND INCLUSION (DEI) THROUGH KEY AREAS OF FOCUS



- The work of the HOPE Commission has been to identify foundational and transformational opportunities for our organizations to advance health equity (HE) and promote diversity, equity, and inclusion (DEI).
- This work will be operationalized through key areas of focus, and require broad engagement not only from leadership, but also from employees throughout the organizations.

RECOMMENDED INFRASTRUCTURE TO ACHIEVE 2025 STATE

KEY AREAS OF FOCUS

As noted above, the HOPE Commission proposes implementation of key initiatives and activities organized by the four key areas of focus institutional roles: Employers, Healthcare Provider, Academics, and Corporate Citizen.

At the core of the diagram are fundamental approaches to our work: concurrently leveraging our influence as a large system, as well as centering the perspectives of those most impacted by these issues.

Running throughout the key areas of focus is a ring demonstrating the interconnection and interdependence of the issues and initiatives between them. The structure to advance these efforts should reflect these independent and interwoven areas of work.

These major initiatives will require coordination across many of the key areas of focus. Several major initiatives arose from the major themes from the listening and learning sessions.

The HOPE Commission, with the support of their executive champions and sponsors, has initiated a multi-year transformational change effort to drive more equitable outcomes and inclusive environments and experiences for patients, employees, and communities. The Commission doesn't intend to fragment, replicate, or disregard past or present work underway across the system, but rather to build on those current efforts and coordinate them where possible, and to suggest new approaches where none currently exist. The HOPE Commission will not be expected to change the academic health system into an anti-racist and inclusive one on its own. Rather, the HOPE Commission has been charged to make recommendations for action that will empower the enterprise itself to make and sustain changes for the long run.

Recommendations and 2021 Next Steps

In standing up this work, the HOPE Commission has worked to honor the complexity of perspectives and approaches. This includes recognizing that the M Health Fairview partnership needs to move quickly to address the urgency of racism and other forms of marginalization, *and* that we need to take the time to engage meaningfully and hear from all stakeholders. It means we understand that we need to avoid putting the onus on those most impacted to tell the system what to do, *and* that by positioning those with the most experience and expertise to identify what's needed, the enterprise will generate more sustainable solutions. With an effort this large, holding this complexity will be necessary over the course of the multi-year transformational change effort.

The HOPE Commission was tasked with making recommendations for making M Health Fairview an anti-racist and inclusive academic health system. This work will not be easy, simple, or immediate. In fact, as we begin this work in earnest, things may feel like they are getting worse before they get better. Similar to treating a festering infection, we will need to uncover and expose the wound, so that we can tackle the infection. We will have uncomfortable conversations about race, gender, religion, and other aspects of diversity. It is critically important for us to have these conversations in order to see improvement.

Our proactive anti-racist and inclusivity work must begin now, and it must be integrated into all facets of our work to ensure that it continues into the future.

The HOPE Commission makes its recommendations in two parts: Enterprise Transformation and Embedding Into Everyday Work.

SECTION 1: ENTERPRISE TRANSFORMATION

The M Health Fairview partnership has already taken some actions in 2020, as a result of what the HOPE Commission learned during its work. For instance, work to improve the quality of the demographic data of our employees and patients is already underway. We have also joined other members of the Minnesota Business Partnership in calling for legislative reform of Minnesota law enforcement practices, such as training police officers in de-escalation techniques, training officers in working with people from different cultures, and making it less difficult to remove police officers with records of abuse. Recognizing that issues of equity are influenced by the outcomes of elections, the partner organizations signed onto the VotER initiative to expand access to voting.

But much more work needs to happen in the coming years. Based on our listening and learning, the HOPE Commission recommends that the M Health Fairview partnership leaders take the steps outlined below to create a much stronger anti-racist and inclusion plan and infrastructure. Without addressing these fundamental issues, other efforts at change will be far more difficult, and those efforts undermined. On the other hand, downstream recommendations will be facilitated and accelerated after addressing the following foundational pieces:

Implement Enterprise Transformation

- **Reliable Metrics.** Develop a reliable system of metrics to measure progress in workforce diversity. Each of the partner organizations should report regularly on diversity of overall staffing, senior leadership, and healthcare provider staffing once the system is established.
- **Evaluation of Impact.** Systematically evaluate the impact of policy and operational changes on diverse populations.
- **Equitable Policies.** Develop systems to conduct equity impact analyses prior to approving policies or major operational changes, and integrate these into all parts of the system.
- **Accountability Structure.** Incorporate equity goals and lenses into Tier 5 Strategy Deployment for system-wide visibility. Require that individual employee goal-setting include individual diversity, equity, and inclusion goals.

- **Culture and Capabilities.** Fairview, Medical School, and University of Minnesota Physicians executives and senior leaders will undergo training and development using the Intercultural Development Inventory (IDI) assessment and planning framework, starting in 2021. The M Health Fairview system should convene a regular schedule of listening sessions with employees, patients, and community members to discuss progress and identify opportunities toward becoming a more anti-racist and inclusive academic health system. The M Health Fairview system should build and support employee, patient, and community networks focused on anti-racism and inclusion as opportunities for sharing resources, building connections, and supporting stakeholders who can help move the enterprise forward in this work.
- **Leadership Diversity.** Increase the amount of racial and gender diversity on the Boards of Directors of the Joint Clinical Enterprise partners, and integrate the organization's work in health equity and diversity, equity, and inclusion work into that of the Board. Executive leaders should identify a select number of major initiatives to visibly champion and advance.

SECTION 2: EMBEDDING INTO EVERYDAY WORK

Because this work needs to become embedded within the enterprise, it will necessarily involve the engagement of responsible operational leaders. The HOPE Commission looks forward to partnering with them in the weeks and months ahead to more concretely detail specific steps to be taken throughout the year. It will be necessary for this work to become embedded into the everyday work of every employee for it to be successful.

Responsible Executive Sponsors are charged with submitting their essential work plans for each key role to James Hereford and Dean Jakub Tolar by April 2, 2021.