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# HOPE Commission

2021 PLAN



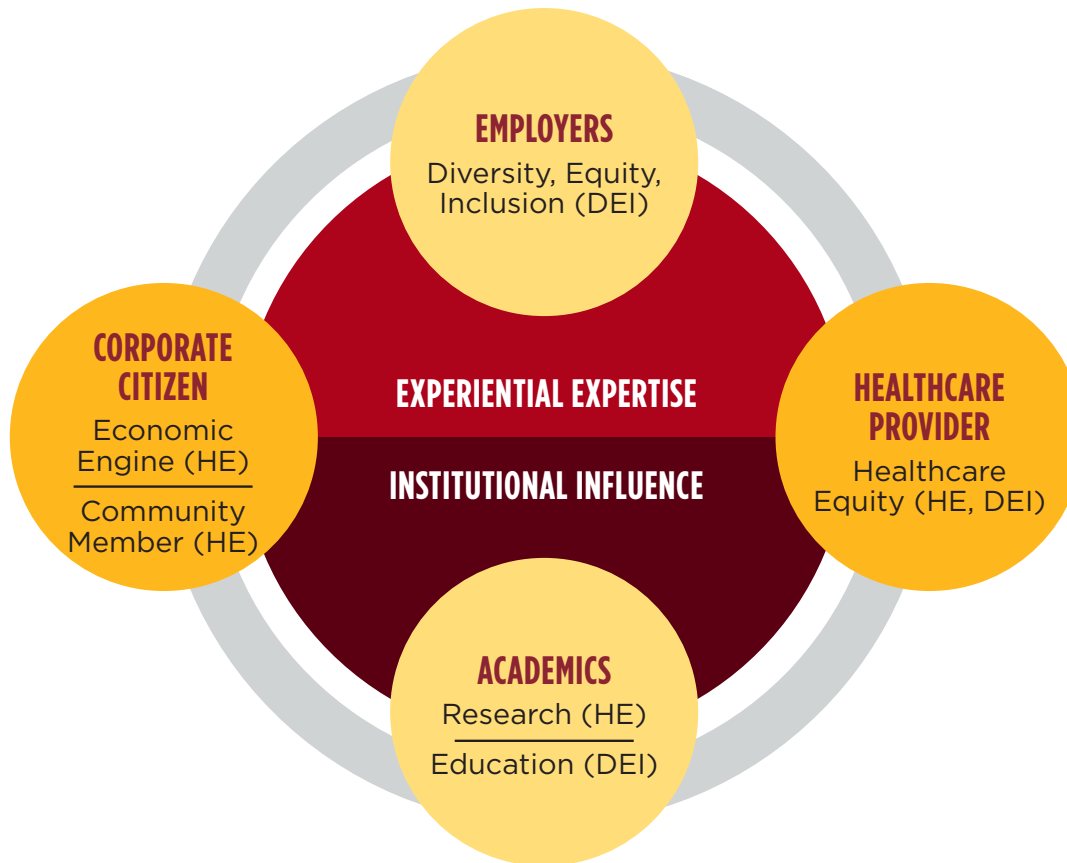
Advancing our ambitious anti-racism and inclusion efforts requires deliberate effort, resources and workplans to drive us forward. Following the delivery of the HOPE Commission report in February, James Hereford and Dean Jakub Tolar, MD, asked accountable leaders from across the M Health Fairview partnership to review the HOPE Commission recommendations and work with the appropriate departments to develop 2021 targets and work plans.

For Employers, the action plans will be led by Fairview Health Services (FHS) Chief People Officer Mary Nease, University of Minnesota Physicians (UMP) Human Resources and Information Technology Officer Nick Nyhus, and University of Minnesota Medical School (UMMS) Director of Human Resources Michele Morrissey. The Healthcare Provider work 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.

The following pages outline the 2021 Work Plans as determined by this leadership team. As we move forward, this work will become embedded across our organizations, through the performance dimensions and as key work priorities. Every employee will play a role in driving this transformational change effort and advancing us towards our 2025 goals.

To begin, the HOPE Commission laid out where we're starting and where they want us to go in key areas:

## 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.

## **DEVELOPING THE FUTURE STATE: A FRAMEWORK FOR ACTION**

The Anti-Racism and Inclusion Development Continuum for M Health Fairview (depicted in the table on next page) acknowledges that there are multiple developmental levels on our journey toward becoming an anti-racist and inclusive health system. By recognizing where we identify on the spectrum, we are better equipped to meet ourselves where we're at, take hope as we make progress, and aspire to even higher levels of learning and doing in order to provide equitable culture, experiences, and outcomes for our employees, patients, and communities.

To assess at any time our current standing and measure our enterprise progress along the continuum, we must identify opportunities for development. We know that we are currently compliant with mandatory regulatory requirements, and have some intentional inclusion efforts. However, we also currently have unreliable metrics regarding both patient and employee race, gender, and other domains of identity that may be marginalized. Further, we do not regularly connect the metrics we have to meaningful desired outcomes, such as detailed analyses of healthcare outcomes for patients, or differences in promotion rates for employees. In order to move along this development continuum we must transform our culture, policies, leadership, and approach to outcomes, as a unified clinical enterprise.

# ANTI-RACISM AND INCLUSION DEVELOPMENT CONTINUUM FOR MHFV

	LEVEL 1: DOESN'T KNOW (NOVICE)	LEVEL 2: KNOWS (BEGINNER)	LEVEL 3: KNOWS HOW (INTERMEDIATE)	LEVEL 4: SHOWS (EXPERT)	LEVEL 5: DOES (SUPERIOR)
<b>Culture, Policies, and Leadership</b>	Command and control structure reinforces hierarchy of human value. Often will equate homogeneity with excellence.	Compliance with EEOC and other mandatory regulatory requirements. Often denies any issues regarding DEI.	Develops intentional inclusiveness efforts such as hiring goals and policies, but little change in actual decision-making. Colorblindness philosophy (hiring for diversity, on-boarding for homogeneity).	Acknowledgement of structural barriers to equity, including specific group privilege and presence of systemic oppression. Organization reflects and invests in diversity.	Learning organization that undergoes intentional restructuring to promote inclusivity and equity; Organization leverages diversity for desired high-quality outcomes.
<b>Employee Experience of Workplace Culture</b>	Unilateral tolerance philosophy often gets used to suppress minority voice.	Tolerance of differences without acceptance or inclusion of those differences.	Acceptance of differences in background, but not acceptance of differences in culture or ideas: e.g., Racial, ethnic, and gender minorities are often described as “poor fit” for leadership positions.	Culture of acceptance of diverse backgrounds and ideas, but operationalization of diverse ideas isn't supported by organizational structures and relies on individual adaptation.	Organizational adaptability reinforces individual acceptance and adaptability. Employees have the resources they need to be adaptable and inclusive—from interpreter and translator services to necessary environmental accommodations such as gender-neutral bathrooms.
<b>Outcomes for Employees, Patients, and Community</b>	Unreliable or absent metrics.	Track regulatory metrics alone. Unable to connect metrics to meaningful desired outcomes.	Intermittently collects and analyzes data by gender, race, ethnicity, language, age, and socio-economic status. Finds predictable disparities in outcomes by demographic status.	Reliable and routine data analysis to monitor for disparities. Disparities that are noted undergo specific improvement plans with dedicated resources and rapid quality improvement cycles (targeted universalism).	Excellent and equitable universal outcomes resulting from interventions and resources to targeted sub-populations that create inclusion and innovations for the whole.

Adapted from: Jackson, BW. Chapter 9: Theory and Practice of Multicultural Organization Development in Jones BB and Brazzel M, eds. *The NTL Handbook of Organization Development and Change: Principles, Practices and Perspectives*. Wiley; 2014:175–192. <https://doi.org/10.1002/9781118836170.ch9>.

# EMPLOYER: FROM > TO

AREA	CURRENT STATE PERCEPTION	2025 STATE
Hiring Practices	Hiring practices exclude (job qualifications/ where advertised).	Hiring practices have clear intentionality in diversifying workforce (where advertisements/ recruitment, etc. happen and how job descriptions and hiring processes are conducted to be inclusive)
Organizational Diversity	Organization appears homogeneous/ diversity isn't elevated (as a subset - Leadership training structure does not have clear and distinct learning goals around diversity, equity and inclusion)	Diverse Employees are visible within organization as leaders, influencers, and valued team members
Culture of Support and Belonging	<p>Culture of tacit support for disrespectful behavior.</p> <p>Also fear about "saying the wrong thing."</p> <p>Consistent diminishment of microaggressions and discrimination, no organizational support to adequately address these things - people from marginalized communities feel unsupported.</p>	<p>"Radical Belonging"</p> <p>Employees and Leaders who discuss, learn about, model diversity practices are visible within the organization as leaders, influencers, and valued team members.</p> <p>Clear restorative justice policies and procedures and employee supports.</p>
Workforce Planning	Pipeline programs are piecemeal and without coherent trajectory to highest levels of employment	<p>Visibility of diverse leadership and staff.</p> <p>Coherent pipeline structure with initial cohorts engaged.</p>
Right-Size for Transformational Change	Staffing not commensurate to size of organizations/Joint Clinical Enterprise (JCE); accountability and process for addressing grievances unclear	Direct accountability to CEO for inclusions and growth; staffing and resources to drive transformative change

# HEALTHCARE PROVIDER: FROM > TO

AREA	CURRENT STATE PERCEPTION	2025 STATE
Emphasis on Quality, Equity and Safety	Mistrust and stories of inequitable care for patients with marginalized racial, ethnic, and other identities. Equity not uniformly pursued as an institutional goal.	Data that is reinforced by individual stories that shows high quality healthcare for all patients.
Organizational Diversity	Inadequate levels of supports for a diverse patient population, such as inadequate interpreters/translation services, food choices, art/décor and personal care items.	<p>All patients feel welcomed, respected and cared for by M Health Fairview as a system.</p> <p>MHFV has demonstrated innovations in addressing health needs.</p>
Community Collaboration	Limited efforts for engaging healthcare infrastructure, staffing, and resources to engage, obtain input, and partner with community to address barriers to education, care and access	Integrated, longstanding, and trusting community partnerships to address upstream and downstream health needs and opportunities

# CORPORATE CITIZEN: FROM > TO

AREA	CURRENT STATE PERCEPTION	2025 STATE
Purchasing for People and Place	No targeted programs in place focused on increasing purchasing from vendors and contractors that would bring wealth into marginalized communities	Build community health by building community wealth: direct targeted dollars to accomplish our purchasing needs
Invest for Inclusive Impact	Initial research conducted and measurement tools put in place; no targeted programs in place to direct dollars to impact investing.	Leverage investment portfolio to support place-based investing and create economic development in underserved communities in our markets. Investment management firms reflect diversity, equity and inclusion values and make-up/composition.  Utilize measurement tools to benchmark progress.
Advocate for Equity	Public policy agenda focused on healthcare with limited focus on addressing social risk factors/determinants of health	Leverage our institutional size and platform to advocate at local, state and federal level for policies that increase health equity
Effect Environmental Justice and Health Equity	Varying recycling and composting programs to address waste and minimizing carbon footprint with limited staff and system resourcing	Improve community health through environmental justice including green practices, food programs, transit/ carpooling, and land use
Community Collaboration	Limited efforts for engaging healthcare infrastructure, staffing, and resources to engage, obtain input, and partner with community to address barriers to care and access	Integrated, longstanding, and trusting community partnerships to address upstream and downstream health needs and opportunities
Assume National Leadership	Fairview seen as behind on diversity, equity and inclusion issues with little beyond charitable approaches	CEO and Dean seen as local and national leaders achieving quadruple aim (enhancing patient experience, improving population health, reducing costs, and improving the work life of health care providers) through robust diversity, equity and inclusion strategies and success
Board Members Reflect Community	Little to no racial diversity on Fairview Health Services corporate board  No clear health equity or diversity, equity and inclusion accountabilities or resources from Fairview Board	Representation that mirrors our community and patient population of the future, with leadership and resourcing of health equity and diversity, equity and inclusion goals
Courageous Leadership Promoting Values-Aligned Change	Bureaucratic, risk-averse institution that does not seem to grasp urgency of racism and other forms of marginalization and prioritizes organizational efficiencies above all else	Enterprise that appears to balance mission and margin, is transparent about its decision-making, and whose words and actions appear to align consistently

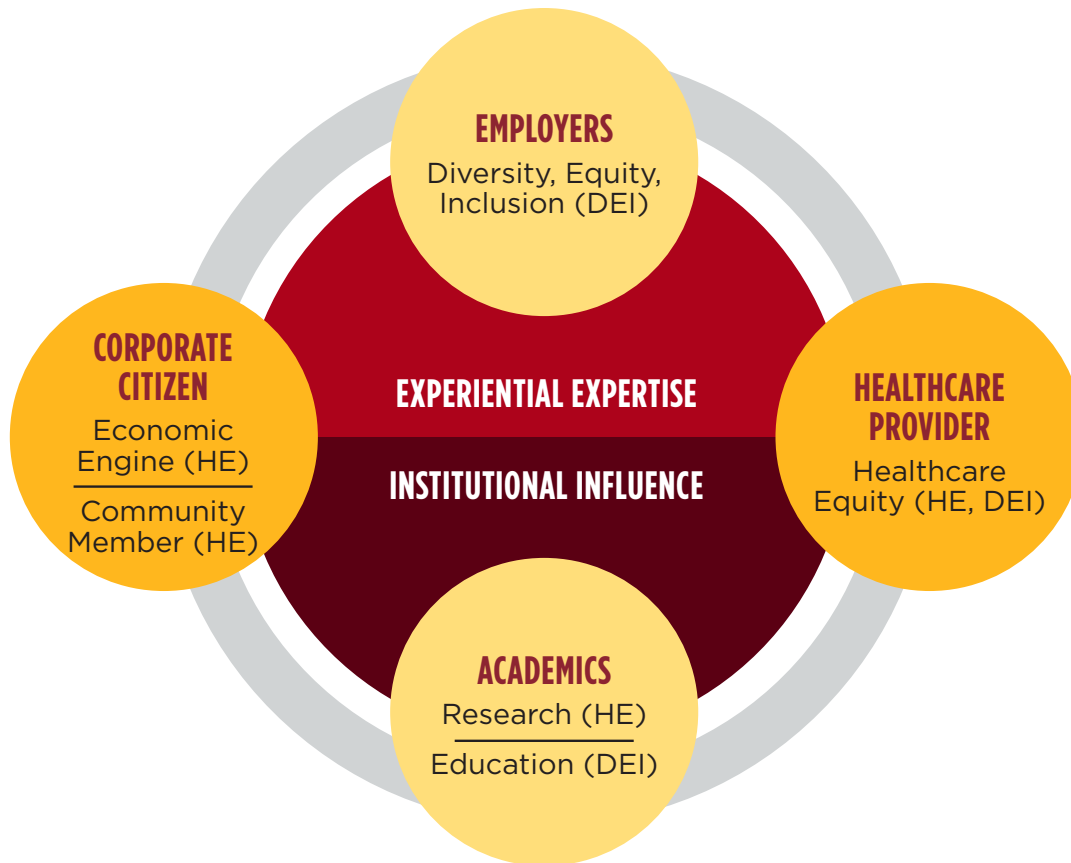


# ACADEMICS: FROM > TO

AREA	CURRENT STATE PERCEPTION	2025 STATE
Knowledge and Skill Gap	Inadequate diversity, equity and inclusion and health equity knowledge and skills across the continuum	<p>Research infrastructure supports best practices in health equity and diversity, equity and inclusion and prevents reinforcement of eugenics science</p> <p>Robust longitudinal curriculum and assessments for diversity, equity and inclusion and health equity.</p>
Community Collaboration	Limited efforts for engaging healthcare infrastructure, staffing, and resources to engage, obtain input, and partner with community to address barriers to education, care, and access	Robust and identifiable community partnerships that provide: Community Faculty (experiential expertise), research relationships, and community advisors.
Culture of Support and Belonging	<p>Culture of tacit support for disrespectful behavior.</p> <p>Mistreatment and exclusion in clinical learning environment.</p> <p>Poor retention of trainees with marginalized identities</p>	<p>“Radical Belonging”</p> <p>Robust policies and practices regarding workplace diversity, equity and inclusion are aligned between UMN and M Health and inclusive of trainees.</p>
Workforce Infrastructure	Poor pipeline integration	Visibility of diverse leadership and staff. Coherent pipeline structure with initial cohorts engaged.

# 2021 Work Plans

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



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# INITIATIVES ACROSS KEY AREAS OF FOCUS

AREA(S)	RECOMMENDATIONS FOR MAJOR INITIATIVES	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
<p>Hiring Practices/ Workforce Planning/ Organizational Diversity</p>	<p>Kindergarten Through Employment To Leadership pipeline program(s) with a continuum of financial and mentorship support</p>	<p>Grow and expand diverse and holistic talent pipelines for key clinical roles, in coordination with UMP, Medical School, community and academic partners</p>	<p>Engage community leaders from early-childhood educators, youth organizations, after-school programs, and existing college and healthcare sciences schools pipeline programs to form a working group to devise a holistic and supported pipeline.</p> <p>Modify student placement priorities to include diversity goals and HR pipeline initiatives.</p> <p>Audit existing education partners &amp; diversity of their students placed in our healthcare system, with the goal of identifying gaps.</p> <p>Identify education programs to increase the diversity of students within our system and either create new partnerships or strengthen partnership with these programs.</p> <p>Add race/ethnicity/self-identified gender questions to MHFV student onboarding process within our learner management system.</p> <p>By 10/31/21, determine 2021 student placement diversity baseline within our system and set student placement diversity goal for 2022.</p>

# INITIATIVES ACROSS KEY AREAS OF FOCUS CONTINUED

AREA(S)	RECOMMENDATIONS FOR MAJOR INITIATIVES	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
		<p>Explore ways to financially support underrepresented students and trainees in the health sciences at UMN.</p>	<p>Assess need and approach to scholarship support for underrepresented health sciences students. We anticipate this effort to be in partnership with Medical School as well as community advisors, academic participants, and University of Minnesota Foundation fundraising support.</p> <p>Partner with HR to explore development of paid internship opportunities for underrepresented health science students within the healthcare system to expose them to potential career opportunities within MHFV.</p> <p>Impact Evaluation: By 12/31/21, identify scholarship targets for fundraising efforts in 2022, and identify number and locations of paid internship opportunities to be offered in 2022.</p>
Community Collaboration	<p>Robust infrastructure to optimize community voice across all organizational key roles.</p>	<p>Develop strategic plan to coordinate existing community engagement efforts to optimize community voice across all organizational key roles.</p>	<p>Inventory existing community engagement efforts including pipeline relationships, research community advisory boards, Customer Experience efforts and Community Advancement.</p> <p>Develop a working group representative of key areas of focus to map community engagement opportunities and gaps.</p> <p>Propose infrastructure necessary to optimize community collaboration across key areas of focus.</p>

# INITIATIVES ACROSS KEY AREAS OF FOCUS CONTINUED

AREA(S)	RECOMMENDATIONS FOR MAJOR INITIATIVES	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Workforce Infrastructure	Kindergarten Through Employment To Leadership pipeline program(s) with a continuum of financial and mentorship support	Explore deferred and forgivable loan programs for Underrepresented Minority in Health Professions (URM) trainees, perhaps as part of early employment contracting.	<p>Participate in an effort led by UMN/UMP/FHS HR to assess current tuition reimbursement and loan deferral/forgiveness options for URM trainees and UMP/UMN/FHS employed workers.</p> <p>Participate in an effort led by UMN/UMP/FHS HR/Legal to understand additional tuition reimbursement and deferred/forgiveness loan options we could potentially offer URM trainees and URM new recruits.</p> <p>Participate in effort led by FHS and UMN leadership/finance regarding projected costs and funding mechanisms for these tuition/loan options.</p> <p>Impact Evaluation: By 8/31/21, identify potential tuition/loan options for URM trainees/URM new recruitments to increase diversity recruitment/retention efforts, and present these options to leadership for consideration for 2022 benefit year.</p>
Courageous Leadership Promoting Values-Aligned Change	<p>Establish accountability and resourcing structure and plan</p> <p>Establishment of learning culture including terminology to create common language.</p>	Establish reporting mechanisms and dashboard to report progress out to the organization	Developing dashboard and report to be housed on HOPE Commission website
Right-Size for Transformational Change	Develop clear accountability structures, including greater resources to ensure accountability to diversity equity and inclusion and health equity goals.	Creation of mechanism to oversee implementation and coordination of health equity and diversity, equity and inclusion efforts across organizations and ensure work is performed.	Exploration and development of mechanism aligned with HOPE Commission and executive sponsors

# EMPLOYER: PROPOSED 2021 WORK PLAN

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Hiring Practices	Hiring processes should align with diversity, equity and inclusion goals	<p>Interrogate and reimagine hiring processes to align with diversity, equity and inclusion goals. This will involve a thoughtful revision of job descriptions, clear value signaling, eliminating unnecessary qualification burdens, and establishing metrics regarding expected finalist demographics for positions.</p> <p>Establish a system to effectively and meaningfully track employee demographics and establish benchmarking goals.</p> <p>Develop a system to not only evaluate for salary equity in-position, but also look at equity in promotion.</p>	<p>Evaluate hiring processes, job descriptions, qualifications for bias (all)</p> <p>Implement new sourcing and interviewing tools (UMMS increase, FV implement, UMP consider)</p> <p>Launch Self Identification Campaign to clean workforce data and expand categories (all)</p> <p>Develop diversity, equity and inclusion metrics in leaders' workforce dashboard (all)</p> <p>Annual pay equity audit and action plan (all - UMMS to implement for staff)</p>
Organizational Diversity	Focus on Organizational Representation Goals and internal leadership development practices.	<p>Support Employee Resource Groups (ERG) that focus on diversity, equity and inclusion and health equity</p> <p>Internal leadership training programs, such as Rothenberger Leadership Academy, should intentionally set participation diversity goals and provide targeted education on fostering equitable and inclusive leadership practices.</p> <p>Set annual goals for underrepresented minority hires into both entry level and leadership positions.</p>	<p>Employee Resource Group expansion (FV to include disability, Asian, others - UMP UMMS review and expand current state)</p> <p>Evaluate areas of underrepresentation and set goals (all AA goals and internally established stretch goals, +UMMS/UMP AAMC data)</p> <p>Build diverse slates into succession planning (all)</p>
Culture of Support and Belonging	<p>Campaign re: reimagined culture with identified operational supports</p> <p>Name the culture we want in the future and start to live into it with accompanying policies (accountability for leadership) and education and supporting processes.</p> <p>Staff/Employee/ Leadership Education and Resources</p>	<p>"Radical Belonging" culture campaign</p> <p>Joint Educational Resource Creation/Curation with UMN and Fairview</p> <p>Leadership development in diversity, equity and inclusion competency</p>	<p>Build a culture campaign (Evaluating options, nuance by employer)</p> <p>Build employee relations and grievance processes that emphasize learning and support (all, governing framework differs by employer)</p> <p>Joint educational resource creation and curation (all)</p> <p>Establish IDI and leadership development in diversity, equity competency participation goals by year (all)</p> <p>Incorporate diversity, equity and inclusion into education for all employees (E.g. Safety Always, UMN EOAA Diversity Ally)</p>

# HEALTHCARE PROVIDER: PROPOSED 2021 WORK PLAN

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
<p>Emphasis on Quality, Equity, and Safety</p>	<p>Generate reliable data and set health equity goals.</p> <p>Align policies with Health Equity goals.</p> <p>Radical Belonging Culture Campaign – steps described in employer</p>	<p>Add “Equity” as a core area so that Quality and Safety become “Quality, Equity and Safety.”</p> <p>Incorporate diversity, equity, inclusion and health equity into Patient Communication Course and Safety Always Training</p> <p>Implement Patient Sociodemographic Registration Redesign project.</p> <p>Build diversity, equity and inclusion and health equity sub-goals into Tier 5 Quality and Safety metrics and report results and progress.</p> <p>Embrace health equity impact reviews as part of all staff and patient care policies.</p> <p>Evaluate our workplace violence policy</p>	<p>Healthcare disparities analysis; Vizient collaborative on Social Determinants of Health; IHI Alliance Equity and Healthcare workgroup; System Health Equity Committee</p> <p>Data visibility</p> <p>Eliminate race as part of eGFR calculation</p> <p>Redesign registration process to collect REaL/SOGI/Social Determinants of Health demographics for implementation as part of EPIC single instance</p> <p>Build “just culture” employee/leader platform with HR</p> <p>COVID vaccination disparity strategy - Four Pathways – including internal (employees) and external (patients) approaches</p> <p>Total cost of care initiative as part of strategy deployment</p> <p>Update Compass reporting system to include discrimination and microaggression under the title of “Safety and Security of Employee”</p>
<p>Organizational Diversity</p>	<p>Identify largest minority populations within care settings to co-develop plan for necessary institutional services and supports.</p>	<p>Expand services (interpreter and translation capabilities, food choices and personal care items) likely to be used by largest minority populations within each care setting.</p>	<p>Coordinate with Operations Team to create go-forward plan beyond 2021</p> <p>Evaluate spaces, services and policies for diversity, equity and inclusion (e.g. interpreter and translation capabilities, food choices, holidays)</p>

# HEALTHCARE PROVIDER: PROPOSED 2021 WORK PLAN CONTINUED

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Community Collaboration	Develop partnerships with communities and local businesses to creatively address both upstream and downstream health needs.	<p>Outreach to groups and individuals that advocate for and represent minority communities. Develop community advisory network to help identify and prioritize needs and potential innovations.</p> <p>Engage community through Community Health Needs Assessment (CHNA), Community Impact Report and other processes to collaboratively prioritize needs and opportunities to create culturally-responsive, equity-minded innovations.</p>	<p>Develop a process and workflow for gaining input from community advisory network in setting research priorities that address community needs, including Reliable Metrics/Data/Infrastructure Development</p> <p>Leverage Minnesota Immunization Networking Initiative (MINI) model to continue to impact health disparities (similar to deployment in vaccines)</p> <p>Work with foundation to build/strengthen partnerships and strategize funding opportunities.</p> <p>Leverage existing relationships with public health leaders (i.e. Ramsey County) to expand services</p> <p>Align charter for System Health Equity Committee to HOPE Commission goals</p>



# CORPORATE CITIZEN: PROPOSED 2021 WORK PLAN

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Purchasing for People and Place	Establish programs for purchasing from local vendors, suppliers and contractors that are centered in marginalized communities	<p>Develop targeted set of categories and identify local vendors in each category</p> <p>Quantify opportunity to redirect spend; establish percentage goal for suppliers and contractors centered in marginalized communities for future years</p> <p>Track vendors and contracts by located, identify current and potential diverse and women owned businesses, set short and long term goals (UMP, Medical School)</p>	<p>Leverage Anchor Institution work, including existing benchmarks and dashboards to create ongoing measurements of progress</p> <p>Implement at least 5 new local vendor relationships</p>
Invest for Inclusive Impact (Fairview Only)	Develop place-based investment program with targeted goals for inclusive impact in local neighborhoods and communities	<p>Develop impact investment approach through Finance Committee of FHS Board. Define types and levels of investments for consideration as place-based investments.</p> <p>Identify opportunities for local, place-based investments, and identify additional resources needed to support a place-based investment program.</p> <p>Include diversity as a formal factor in our investment manager and selection process. Collaborate with other health organizations to encourage portfolio managers to improve diversity of organizations.</p>	<p>Partner with Board to develop types and levels of investments</p> <p>Create menu of opportunities to evaluate</p> <p>Reach out to area health organizations, align on 'ask' and next steps</p>
Advocate for Equity	Advocate for equity in local and national policy-making affecting community health and health equity	<p>Identify and advocate for key policy items in MHFV's legislative agenda, in partnership with local and national alliances and organizations.</p> <p>Continue to invest in Community Health Workers, Bilingual Community Liaisons, and Cultural Brokers as advocates on the individual level to improve health equity.</p>	Continue to add Fairview Health Services/M Health Fairview name and resources to community efforts at the Capitol and with key community organizations

# CORPORATE CITIZEN: PROPOSED 2021 WORK PLAN CONTINUED

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Effect Environmental Justice and Health Equity (Fairview Only - UMP/Medical School processes managed by UMN)	Effect health equity through local environmental justice initiatives	Establish waste reduction goals toward zero waste, through mitigation strategies for food, packaging, and materials waste.  Review and advocate for policy related to pollution and air quality.	Set baseline, establish goals and step-ups that take us to 2025  Identify industry best practices
Community Collaboration	Develop partnerships with communities and local businesses to creatively address both upstream and downstream health needs	Deploy sponsorship dollars and employee volunteerism as a demonstration of organizational values and commitment	Leverage sponsorship dollars to underscore and reflect key organizational values, partnerships in community
Assume National Leadership	Public statement of intention to cultural transformation, with transparent goals and processes for accountability.	Publication of HOPE Commission Report and Recommendations by February 2021.  Leadership inventory using validated assessment (IDI)	Completed February 2021  Completed Winter 2021
Board Members Reflect Community	Targeted recruitment to increase Board representation of underrepresented groups and development of processes to champion health equity and diversity, equity and inclusion.	Establishment of FHS Board diversity, equity and inclusion task force and implementing identified UMP board recommended actions. (Fairview Only)  Targeted recruitment to increase Board representation of underrepresented groups. (Fairview Only)	Task Force established in January 2021  In progress (new members added February 2021), ongoing Board recruitment efforts underway
Courageous Leadership Promoting Values-Aligned Change	Create transparent systems, policies and processes to address health equity and diversity, equity and inclusion issues with clear goals and accountability	Implement system-wide structure to ensure policy creation and implementation is evaluated for equity.  Identification of responsible leaders and resources to carry out this work over multiple years.	Engage Enterprise Leadership Team (ELT) and FHS Board Health Equity Task Force to implement process, determine best practices nationally, finalize by end of 2021  Completed (as outlined in this report)

# ACADEMICS: PROPOSED 2021 WORK PLAN

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Knowledge and Skill Gap	<p>Include health equity competencies on research Institutional Review Board (IRB) oversight</p> <p>Partnership between Medical School and FHS regarding health equity and diversity, equity and inclusion skills and development support</p>	<p>Utilize research oversight structure to promote necessary changes to ensure appropriate use of race in research study design and analysis.</p>	<ol style="list-style-type: none"> <li>Partner with University research leadership (e.g., Vice President for Research for UMN and Vice Dean for Research in the Medical School) to design strategy to ensure appropriate use of race in research study design and analysis.</li> <li>Reliable Metrics/Data/Infrastructure Development: Catalogue the necessary competencies for research oversight structure members relative to critical race theory and health equity.</li> <li>Impact Evaluation: Research oversight structures with at least once member with above specified expertise.</li> </ol>
		<p>Develop investigator training on best practices in using race in research</p>	<ol style="list-style-type: none"> <li>Partner with leadership in the Clinical and Translational Science Institute and Program in Healthcare Disparities Research to develop and offer online training modules for asynchronous learning of best practices in using race in research.</li> <li>Recruit and support an additional Learning Health System (LHS) scholar with health equity focus</li> <li>LHS Evidence-Based Medicine (EBM) team support for researchers/scholars</li> <li>Reliable Metrics/Data/Infrastructure Development: build in knowledge assessments to online modules with pre-test.</li> <li>Impact Evaluation: Modules available by 12/31/2021</li> </ol>
		<p>Incorporate assessment of whether race is being used as a biological construct (hard stop for review) or a social construct (appropriate) in the review.</p>	<ol style="list-style-type: none"> <li>UMN research support services provide expert protocol review and support to investigators to utilize best practice in use of race in research</li> <li>Explore possibility of modifying Determination forms to include section: Does your study collect or analyze human race or ethnicity data? (Y/N) If yes (then provide information about how racial information will be collected and the purpose)</li> <li>Impact Evaluation: Develop structure to track how race is being used in research.</li> </ol>

# ACADEMICS: PROPOSED 2021 WORK PLAN CONTINUED

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Knowledge and Skill Gap	Partnership between Medical School and FHS regarding health equity and diversity, equity and inclusion skills and development support	Coordinate health equity and workplace inclusion curriculum development between the Medical School, FHS, Office of Faculty Affairs and Office of the Vice Present for Research.	<ol style="list-style-type: none"> <li>1. Working Group between Office of Faculty Affairs, Office of Equity and Diversity, and FHS will inventory current offerings and map them along Miller's pyramid and subject area, then distribute task of new curriculum development across entities</li> <li>2. Reliable Metrics/Data/Infrastructure Development: Streamline methods of converting online offerings between organizations; develop central process to inventory training needs with input from care metrics, patient experience, HR, and employees/staff/faculty/learners; Select or develop care and performance metrics that would track with educational offerings</li> <li>3. Impact Evaluation: Develop a structure to examine the relationship between preceptor diversity, equity and inclusion training and learner experience.</li> </ol>

# ACADEMICS: PROPOSED 2021 WORK PLAN CONTINUED

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Community Collaboration	Develop partnerships with communities and local businesses to creatively address both upstream and downstream health needs.	Outreach to groups and individuals that advocate for and represent marginalized communities to co-create research recruitment strategies that are responsive to the needs of those communities.	<ol style="list-style-type: none"> <li>1. Co-create processes for study participant recruitment within local communities.</li> <li>2. Explore opportunities for partnership in this work with the newly formed Center for Antiracism Research for Health Equity</li> <li>3. Reliable Metrics/Data/Infrastructure Development:               <ul style="list-style-type: none"> <li>• Develop technical tools to support research consenting for non-English research participants.</li> <li>• Work with internal and external experts on designing communication tools and presenting research opportunities to marginalized community members.</li> <li>• Update research recruitment software to track the self-reported race of each patient enrolled by the MHFV recruitment office by 6/1/2021.</li> <li>• Practice-Based Research Network (PBRN) practice facilitator network includes clinics in underserved and/or racial and ethnic minority communities.</li> </ul> </li> <li>4. Impact Evaluation:               <ul style="list-style-type: none"> <li>• Create at least 2 new research recruitment tools designed specifically for racial and ethnic minority community members by 10/1/2021.</li> <li>• Present at least 1 research study in new location designed for marginalized community members. by 12/31/2021.</li> <li>• Create a research recruitment report based on self-reported race data for presentation to the Chief Academic Office by 12/31/2021.</li> </ul> </li> </ol>

# ACADEMICS: PROPOSED 2021 WORK PLAN CONTINUED

AREA	RECOMMENDATIONS	NEXT STEPS IN 2021	2021 STRATEGIES/TACTICS
Culture of Support and Belonging	Campaign re: reimagined culture with identified operational supports. Ensure “Radical Belonging” Culture efforts in MHFV are specifically inclusive and applicable to trainees	Pilot council focused on restorative justice approach to professionalism or behavioral Compass reports involving learners.	<ol style="list-style-type: none"> <li>1. Goal: Clearly establish the processes for reviewing behavioral complaints by or from learners using a Just Culture approach. Council to develop workflows and provide a function model regarding review and engagement process.</li> <li>2. Reliable Metrics/Data/Infrastructure Development: Development of feedback loops between HR, Med Staff, and GME for events; tracking system of events along with characterization and recommendations.</li> <li>3. Impact Evaluation: Outcomes include climate and mistreatment CLER surveys by learners, Impact includes tracking recruitment data from GME graduates by race/ethnicity/gender categories.</li> </ol>