

Diversity, Equity & Inclusion Playbook



Contributing Authors from

The Allyship Roundtable

“Allyship is the key to unlocking the power of diversity, equity, and inclusion.”

Produced by the DEI Institute of

FurstGroup

NuBrickPartners

PROLOGUE

Diversity, equity, and inclusion (DEI) are critical business imperatives. Regardless of title, all healthcare business leaders play a crucial role in advancing these efforts within their organizations and the communities they serve. However, C-Suite leaders specifically responsible for driving health equity, sustainability, diversity, and inclusion have seen their roles evolve dramatically.

DEI leaders focus on a myriad of business priorities beyond EEOC compliance. They have become discerning business partners in shaping culture, driving employee retention, and improving business and clinical outcomes. Supporting this paradigm shift, this DEI Playbook is a powerful tool designed to provide you and your organization with best practices from healthcare industry trailblazers. It offers tangible business strategies and tools to accelerate your organization's impact, accountability, and alignment, ensuring the achievement of your business goals and sustainable growth.

The impact of health inequity and lack of access to quality healthcare can have dire, life-or-death repercussions. The COVID-19 pandemic underscored the devastating consequences of health inequity, emphasizing the urgent need for meaningful action to address long-standing disparities while incorporating organizational accountability for embedding diversity, equity, and inclusion throughout the healthcare ecosystem.

In 2020, Furst Group and NuBrick Partners launched the DEI Institute to drive meaningful client and community partnerships through sharing thought leadership and resources as well as collaborating to support impactful programs and initiatives. As part of these efforts, we created an invitation-only roundtable for chief diversity, equity, and inclusion leaders from across the healthcare industry. These leaders sought resources and support to coalesce in a non-competitive, safe space to share best practices. In keeping with the philosophy that “allyship” is the key to unlocking the power of diversity, equity, and inclusion, we named the group The Allyship Roundtable.

The Allyship Roundtable created this DEI Playbook through an immense collaborative effort. We hope this is the first of many offerings cultivating and sharing best practices, resources, and tools that accelerate this work as we transform our organizations and the healthcare ecosystem. While there are numerous DEI topics to address, the contributing authors of this DEI Playbook have intentionally focused on the intersectionality and impact of this vital work.

It is important to note that the DEI Playbook is not meant to replace any guidance or training provided by your organization. Instead, it serves as a valuable and complementary resource to support those leading and sponsoring DEI initiatives in the healthcare industry. From aspiring leaders to tenured executives or board members, this playbook will help guide you on your DEI journey.

We are thrilled to continue this transformative journey together and look forward to the positive impact we can make on the healthcare industry!



Deanna Banks
Principal - Furst Group
Facilitator - The Allyship Roundtable

TABLE OF CONTENTS

Prologue	2
Allyship Roundtable	6
How Do We Develop a Leadership Narrative? (Angela Talton, MBA)	7
Climate Assessments (Ronald Copeland, MD, FACS)	9
Economic Equity (Ronald Copeland, MD, FACS)	13
Incorporating Health Equity into the Quality Apparatus (Ronald Copeland, MD, FACS)	15
Continuous Quality Improvement (Sherita Hill-Golden, MD, MHS)	20
Leveraging DEI to Drive Community Engagement (Rosalyn Carpenter, MBA)	24
Establishing Employee Resource Groups (Ronald Copeland, MD, FACS)	27
Cultivating a Diversity Pipeline (Ebbin Dotson, PhD, MHSA)	29
Diversity, Health Equity & Inclusion C-Suite Position Definitions (Deanna Banks)	32
Resources	42

* Disclaimer: The opinions expressed in the following articles are solely those of the contributors and not necessarily those of their respective organizations or The Companies of MPI.

DEI Institute

The Companies of MPI—Furst Group and NuBrick Partners—are recognized for our long-standing, demonstrated track record of successfully recruiting and coaching diverse leaders and their teams. We have been committed to advancing DEI since our beginning more than four decades ago. Our DEI Institute was developed to drive systemic change by focusing on several distinct areas that ensure our own organization’s culture of inclusion and belonging.



Through these efforts we continue to develop and share resources through our Diversity Resource Library, including the following:



- **On-Demand Virtual Panel Discussion:** Navigating the Future of DEI in Healthcare
- **Video:** Increase Inclusivity in Recruitment through Practicing Conscious Inclusion
- **eBook:** Women Leaders Playbook
- **Webinar:** Transforming Unconscious Bias into Conscious Inclusion

bit.ly/dei-playbook-drl

ABOUT THE AUTHORS



Angela Talton, MBA

System Senior Vice President and Chief Diversity, Equity, and Inclusion Officer

City of Hope



Angela L. Talton, MBA, is the System Senior Vice President and Chief Diversity, Equity, and Inclusion Officer at City of Hope. Angela leads the development of a vision and strategy for advancing diversity, equity, and inclusion and ensuring measurable accountability and commitment to initiatives as she works closely with administrative, clinical, and research leaders across the organization. She serves as a member of City of Hope's executive leadership team.



Ronald Copeland, MD, FACS

Senior Vice President, National Equity, Inclusion & Diversity Strategy & Chief Equity, Inclusion, Diversity Officer

Kaiser Permanente



Ronald Copeland, MD, FACS, is Senior Vice President of National Equity, Inclusion, and Diversity Strategy and Policy and Chief Equity, Inclusion, and Diversity Officer for Kaiser Permanente, Kaiser Foundation Health Plan and Hospital. Through multiple collaborations, he leads Kaiser Permanente's program-wide efforts to ensure their strategic vision for equity, inclusion, and diversity is successfully implemented to drive strategic business and mission outcomes, empower communities they serve, and result in all Kaiser Permanente members achieving health and healthcare outcomes that are high quality, equitable, and increasingly more affordable.



Sherita Hill Golden, MD, MHS

*Hugh P. McCormick Family Professor of Endocrinology and Metabolism
Johns Hopkins University School of Medicine*

Former Vice President and Chief Diversity Officer (2019 to 2024)

Johns Hopkins Medicine



Dr. Sherita Hill Golden holds joint appointments in the Welch Center for Prevention, Epidemiology, and Clinical Research, in the Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health, and in the Armstrong Institute for Patient Safety and Quality. An internationally recognized physician-scientist and member of the National Academy of Medicine, the Association of American Physicians, and the American Society of Clinical Investigation, Dr. Golden's research has used the tools of epidemiology and health services research to identify biological and systems contributors to disparities in type 2 diabetes and its outcomes.

ABOUT THE AUTHORS



Rosalyn Carpenter, MBA

Senior Vice President and Chief Diversity, Equity, Inclusion, & Community Impact Officer

CommonSpirit Health



Rosalyn's accountabilities include vision, leadership, and enterprise management of diversity, health equity, and inclusion strategies, programs, and initiatives for employees, patients and their families, and the communities CommonSpirit Health serves, impacting 1 out of 4 across America. Recognitions: SAVOY's Power 300 Most Influential Blacks in Corporate America, Modern Healthcare's 2021 Top 25 Diversity Leaders in Healthcare, and Top 100 Diversity Officers in 2021 and 2022. Rosalyn is a nationally recognized subject matter expert on DEI, serves on various national boards and committees, including the Institute for Diversity and Health Equity and the Advisory Council of the American Hospital Association, and is a founding member of ELEVATE, a Healthcare Leadership Development program ensuring a strong Black CEO pipeline for the healthcare industry.



Ebbin Dotson, PhD, MHA

Assistant Professor, Department of Health Management and Policy

University of Michigan School of Public Health



Ebbin Dotson, PhD, MHA, is an organizational theorist in the field of public health with a deep commitment to fostering leadership diversity in healthcare. Dr. Dotson's research portfolio is marked by a commitment to addressing critical issues, including health equity management, unconscious and implicit bias, and leadership strategies for promoting diversity in healthcare. With a background rooted in academia, his work spans multiple facets of healthcare, aiming to develop evidence-based solutions that promote fairness and inclusivity in healthcare systems.



Deanna Banks

Principal

Furst Group



Deanna Banks is a trusted talent advisor with more than 25 years of experience as a human capital consultant and thought leader on diversity. Her practice is comprised of many of the industry's leading hospital systems, academic medical centers, trade associations, and health insurance and managed government programs (Medicare and Medicaid). Deanna is skilled at partnering and consulting with boards of directors and Chief Executive Officers on executive recruitment and retention, succession planning, and organizational and leadership development.

ALLYSHIP ROUNDTABLE



Dr. Joseph Betancourt, MD, MPH
President
The Commonwealth Fund



Rosalyn Carpenter, MBA
*Senior Vice President and Chief
Diversity, Equity, Inclusion, &
Community Impact Officer*
CommonSpirit Health



Ronald Copeland, MD, FACS
*SVP, National Equity, Inclusion &
Diversity Strategy & Chief Equity,
Inclusion, Diversity Officer*
Kaiser Permanente



Andrés E. González
Vice President, Community Engagement
Froedtert & Medical College of Wisconsin



Sherita Hill Golden, MD, MHS
*Hugh P. McCormick Family Professor
of Endocrinology and Metabolism*
Johns Hopkins Medicine



Sarah Lewis
Vice President, Health Equity
Hartford Healthcare



Chris Moreland
*Senior Advisor - Diversity,
Equity, and Inclusion*
Vizient, Inc.



Angela Talton, MBA
*System Senior Vice President and Chief
Diversity, Equity, and Inclusion Officer*
City of Hope National Medical Center



James Taylor PhD
*Chief Diversity, Inclusion, and
Talent Management Officer*
UPMC



Cassandra Willis-Abner
Chief Human Resources Officer
Press Ganey



Facilitator: Deanna Banks
Principal - Furst Group

How Do We Develop a Leadership Narrative?

Angela Talton, MBA



As we consider the components that accelerate the growth and success of an organization, diversity, equity, and inclusion (DEI) play a vital role. Whether it is product development, talent acquisition, marketing and communication, or consumer engagement, appealing to ALL consumers is indeed how that organization will grow, achieve its objectives, and flourish. Therefore, diversity, equity, and inclusion are business imperatives and key to any organization's strategic focus. As such, it must be aligned with the overarching strategic vision and mission of the enterprise/organization/business and an integral part of its day-to-day operations.

Given the changing demographic of the U.S. and the world, neither the consumer of the past nor the consumer of the present will be the same as the consumer of the future. Whether looking at the changing demographics through the lens of race/ethnicity, gender, generations, abilities, identities, etc., the population percentages have and will continue to shift. From a racial/ethnic perspective, it is [projected that by 2055¹](#), there will not be a single ethnic majority in the U.S., and immigrants from Asia will surpass immigrants from Latin America and Mexico. The population of people who are "Two or More Races" is projected to be the fastest-growing racial or ethnic group over the next several decades. Population growth will begin to slow down and trend more toward the 65+ category.

Understanding the demographic projections of the consumer population in the marketplace is a critical first step to developing the growth strategy of a business. Recognizing population shifts and providing the product, service, and information they need are very different things. It will take strategic focus on the workplace to create a marketplace that is appealing to the shifting diverse populations—one in which the thoughts, ideas, opinions, and preferences of the varied groups are not only considered but sought after and included.

A workplace that reflects diversity in skills, talents, experiences, and cultural backgrounds is needed. Diversity in representation and innovation are quite different. It is not simply about having a seat at the table to show representation. It is not even about having different voices at the table. It is about being open to the viewpoints, varied experiences, problem-solving skills, and innovation of those voices.

To appeal to the consumers and communities, the diverse workforce must be engaged as a valued partner in making strategic decisions that guide, shape, and accelerate the business mission, values, and strategy. This type of inclusion must come from leadership prioritizing diversity, equity, and inclusion.

When outlining values for a business, inclusion is not a slogan used to signal "wokeness" or alignment with the "sentiment of the week." Inclusion means making intentional decisions to champion diversity by setting expectations for diversity at all levels of the organization, from the boardroom to the breakroom, and by advocating for new ideas, initiatives, business plans, and concepts. In other words, innovation.

For the workplace to transform, leaders must **CONSISTENTLY** demonstrate the change they want to see. There are several ways leaders can champion a cultural transformation. The workplace culture needs to foster the experience of being included, and employees need to feel appreciated for their uniqueness and contributions, which originate from their core beliefs and the creativity they bring to the table. Additionally, there must be a desire and commitment to learn about, understand, respect, and reflect differences.

Consumers are different — no one group is a monolith. Seeking to understand differences is only one step; listening, hearing, and respecting those differences to

change how diversity is valued and reflected based on that information is the next step. It takes a willingness to change actions and behaviors to achieve a cultural transformation. Strategically, this is the key to further achieving a fundamental objective—to grow and succeed.

Understanding and reflecting diversity in the workplace leads to inclusion, innovation, and appealing to the diversity of consumers and the community at large. Whether consuming products or services, consumers want to know you see their value, respect their individuality, and can trust you to do what you say you will do. Consumers do not want to be ignored, mistreated, or viewed only as a commodity.

Consumers gain these insights through how you market to them (or fail to reflect their diverse group in your marketing and advertising), how you treat them (or ignore them), how you listen to their feedback and preferences (or provide a one-size-fits-all experience), and how you follow-up with them (or notice that you do not do what you said you would do). Diversity cannot be an afterthought; it must be part of the initial plans, where diverse views are welcomed and encouraged in order to make the best first impression with consumers. Organizations that reflect and respect the diverse communities they serve engage their workforce, are inclusive of diverse thoughts and opinions, and seek opportunities to innovate. These organizations will thrive because they embrace diversity, equity, and inclusion as a business imperative.

I currently serve as System Senior Vice President and Chief Diversity, Equity & Inclusion Officer at City of Hope. I am responsible for imagining, developing, and implementing a holistic and integrated vision and strategy for advancing diversity, equity, and inclusion across the City of Hope national network with locations in California, Arizona, Illinois, and Georgia. In this role, I have partnered with leaders, employees, stakeholders, faculty, clinicians, graduate students, etc., to see our DEI mission as a need **to infuse DEI into the DNA at City of Hope**. This is our mantra. We also see our DEI strategy as a holistic approach aimed at positively impacting our staff, patients and their families, caregivers, and the community at large in our efforts to cure cancer and diabetes for ALL.

At City of Hope, we know diversity matters, and if we want to find a cure for ALL, we must strive to know the patients

and be respectful of their differences. We, therefore, seek to listen to and learn about them (often by engaging with their families and caregivers). We also strive to build awareness and trust through our community outreach and engagement teams who conduct programming in communities about cancer interventions and screenings as well as the benefits of participating in oncology clinical trials to generate better, more accurate data that represents the diverse patient population of the U.S. We also understand the health disparities that are often tied to disease burden, risk factors, social determinants of health, and community health needs which disproportionately impact the underserved populations, which is why we advocate to expand access to optimal healthcare for all. We see DEI as a critical component of that effort and an organizational imperative as we connect the dots of DEI to our mission:

1. DIVERSITY is understanding that cancer is not one disease but hundreds — it affects different populations in unique ways. There is no “one size fits all” approach when it comes to preventing, treating, and curing cancer. Our diverse staff, patients, and community partnerships help us understand this and improve our efforts to respect and reflect those differences.
2. We are committed to advancing EQUITY for all patients, not just those who seek care at our centers. City of Hope is engaged in advocacy/ legislative efforts that support more affordable and accessible cancer care for all (for more, visit [CancerCareDiff.org](https://www.cancercaresdiff.org)).
3. And INCLUSION — the combination of our unique “bench-to-bedside” approach to patient care and our expanded national footprint allows us to use real-world experience of treating cancer and diabetes patients and clinical trial insights to inform research and develop advances that benefit patients.

As an integral part of our strategic focus, diversity, equity, and inclusion are more than a tagline; we genuinely seek to infuse it into City of Hope’s DNA. A holistic, strategic approach is the key to furthering DEI at any organization. Aligning DEI to your overarching organization’s strategic goals, maintaining commitment at all levels, and messaging the commitment and progress will result in sustainable progress toward furthering an impactful DEI strategy.

¹ Source: <https://www.pewresearch.org/short-reads/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world/>



Climate Assessments

Ronald Copeland, MD, FACS

Leveraging Benchmarking as a Strategic Priority

Using data visualization with milestones and measurements:



Participating in several benchmarking surveys focused on different demographics across employee/member populations can help identify equity gaps and implement actions around:

- Guidelines and Policies
- Building Infrastructure
- HR Systems and Processes
- Employee Engagement, Culture, and Climate
- Data Collection and Transparency
- Community Investment and Economic Impact

Why It's Important to Benchmark

Through benchmarking, organizations can measure human capital diversity metrics, leadership accountability and engagement, talent programs, workplace practices, supplier diversity, and philanthropy. Benchmarking allows organizations to:

- **Continuously Monitor** – Measuring the success and effectiveness of Equity, Inclusion and Diversity (EID) initiatives.
- **Improve Rank** – Comparing one's organization versus best-in-class organizations ensures you are keeping pace with the industry.
- **Create Reputation** – External recognition helps build a strong brand for attracting and retaining talent and membership.
- **Opportunity for Discovery** – Identify gaps where organizations need to implement and mine for equity practices to close gaps.

Criteria for selecting benchmarking partnerships:

As valuable as benchmarking insights are, it is important to assess/validate the [value](#), [breadth](#), [redundancy](#), and [focus of these surveys](#), and [explore additional opportunities and variation](#) for enhanced value.

The assessment should address the following:

- **ROI** – Is there a return on investment in ROI – Is there a return on investment on benchmarking?
- **Coverage** – What areas/groups/demographics are missing in your benchmarking?
- **Analysis** – Are you getting the appropriate output and insights from your surveys and relationships?
- **Cost** – Can the money spent on relationships be reprioritized to fill gaps in other areas of needed insight?
- **Frequency** – Should you benchmark all surveys every year?
- **Duplication** – Where are your surveying efforts redundant?
- **Alignment** – How well does your organizational philosophy align with your surveying partners' values and approach to benchmarking?

- **Recognition** – How important is recognition and exposure, and how reputable are the benchmarking companies that manage your surveys?

EID Benchmarking Assessment Framework

Methodology

Scoring Criteria into 5 different areas*:

1. **Benefits for your organization** – Would you receive an award, a benchmarking report for gap analysis, relevant data, access to resources, or establish industry standards, etc?
2. **Marketing and Exposure** – Organization's brand value – their reach and reputable participants.
3. **Qualitative Feedback: External comments and views** – How do other companies/organizations feel about the surveys and the survey company's focus on the participants' value/growth?
4. **Organization Focus and Alignment** – Commitment to your people, commitment to your communities, and commitment to equity.
5. **Other factors include leadership interest, existing relationships, historical participation, and the best of the best** (e.g., competitive benchmarking may need to be directly connected to pillars or focus areas).

*Each criterion rated 1 – 5, 1 being low and 5 high

Examples of benchmarking partnerships include but are not limited to:

- Fair360
- Seramount (formerly DBP)
- The Center for Global Inclusion (GDEIB)
- Mercer
- McKinsey & Co. Women in the Workplace (WIW)
- NAFE & Working Mother
- Catalyst
- Corporate Equality Index
- Hospital Equality Index
- National Organization on Disabilities
- Disability Equality Index
- Latina Style
- Hispanic Association on Corp. Responsibility (HACR) Corporate Inclusion Index (CII)
- Corporate Religious Equity, Diversity & Inclusion Index (REDI)

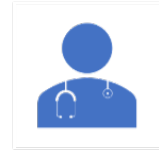
Community Health Needs Assessments



The Community Health Needs Assessment (CHNA) and the development of implementation strategies are driven by a commitment to improving health equity and are intended to be transparent, rigorous, and collaborative.



The CHNA uses local data, information from the Community Health Data Platform, and input from the community to help organizations understand their communities' needs and the best way to respond to them. The CHNA also provides information and data on how social drivers of health—including financial opportunity, income and employment, housing, food, and transportation—affect communities.

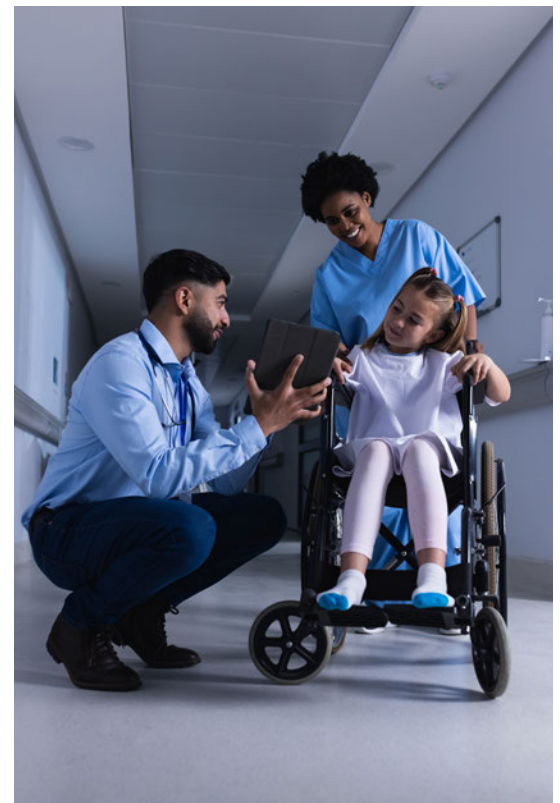


Where and how people live has a meaningful impact on their health and well-being. It is critical to address the root causes of health inequity by supporting economic opportunity, affordable housing, health and wellness in schools, and a healthy environment.

IRS Requirements

Community Health Needs Assessment (CHNA)

1. Conduct CHNA every **three years**, adopted by an authorized body of the hospital facility, and make the reports **widely available** by posting the results on a website.
2. Hospital organizations not in compliance with the mandate will be **penalized up to \$50,000 per year** and can be **at risk of losing non-profit status**.
3. Required documentation includes:
 - A **definition of the community the hospital facility serves** and a description of how the community was determined.
 - A **description of the process** and methods used to conduct the CHNA.
 - A **description** of how the hospital facility solicited and **took into account input received from persons** who represent the broad interests of the community it serves.
 - A **prioritized description of the significant health needs** of the community identified through the CHNA. This includes a **description of the process and criteria used** in identifying and prioritizing certain significant health needs.
 - A description of **resources** potentially available to **address the significant health needs** identified through the CHNA.
 - An **evaluation of the impact** of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.



Implementation strategy

A hospital facility's implementation strategy must be a written plan that, for each significant health need identified, either:

1. Describe **how the hospital facility plans to address** the health needs or
2. Identifies the **health need** as one the hospital facility **does not intend to address and explains why** it does not intend to address the health need.

Community Health Needs Assessments and Implementation Strategies

The following outlines how to embed equity throughout the CHNA.

Organizational commitments

- Make a strong commitment to addressing the impact of systemic racism, both in institutional practices and investments in the communities served.
- Design a CHNA process that is driven by a commitment to improve health equity in the community.
- Prioritize the voice of individuals with deep and broad knowledge of health disparities to advance health and health equity in your communities, including encouraging participation in community collaboratives.
- Embed a statement on the impact of structural racism into your reports using content from the American Public Health Association and your organization's DEI communication guide.
- Add structural racism to the list of potential needs that can be identified and prioritized.
- Ensure all reports are ADA-compliant.

Approach to data collection

- Utilize a new Community Health data platform designed to identify correlations between geographic and racial/ethnic health disparities based on the County Health Rankings population health framework ([Kaiser Permanente's free, web-based data platform¹](#)).

- Be intentional in collecting data on disparities while applying a racial/ethnic equity analysis to data, where possible.
- Embed demographic profiles and maps in your reports depicting neighborhood-level disparities based on the Neighborhood Deprivation Index, a validated measure comprised of social determinants of health.
- Collect qualitative data through key informant interviews with individuals and groups such as public health experts, community leaders with expertise on local health needs, and individuals with knowledge and lived experience of racial/ethnic health disparities.
- Embed data from local public health experts and community leaders from a wide range of backgrounds to amplify the voices of vulnerable or marginalized populations and individuals with knowledge and lived experience of racial/ethnic health disparities.
- Embed equity considerations into your interview protocol.

Approach to prioritization and implementation strategies

- Include racial/ethnic equity criteria in the needs prioritization processes to prioritize needs based on disparities and inequities.
- Ensure equity and reducing disparities underlie all strategies that are aimed at making long-term sustainable change.

Additional resources

Kaiser Permanente developed a free, [web-based data platform¹](#) that provides access to a core set of approximately 85 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health.

¹ Source: <https://cche.org/our-work/tools-and-resources/community-health-data-platform>



Economic Equity

Ronald Copeland, MD, FACS



To drive lasting transformative impact beyond your own walls requires partnership with other like-minded organizations and a shift from your internal focus on counting diverse spend in your supply chain to a global focus on driving impact.



A rigorous supplier diversity program focuses on partnerships and collaborations that drive meaningful and measurable commitments that advance concrete business strategies to create and strengthen equitable local economies.



Transforming the way you do business to intentionally and effectively support inclusive local economic opportunity helps address economic and environmental disparities, creating positive health outcomes.



These efforts are instrumental to supporting an organization's overall economic opportunity strategy and the vision of creating communities that are among the healthiest in the nation.

Supplier Diversity Framework

For those just starting their journey, an introductory Supplier Diversity Framework includes:

- Clear objectives (e.g., which communities do you intend to support?).
- Assessment of your organization's current supplier diversity spend and procurement processes and where there might be opportunities to improve.
- Measurable diversity goals and targets for diverse spend.
- Easy access for your organization to view the list of diverse suppliers for their purchasing needs.
- A process to assist qualified candidates to become diverse suppliers.
- A program to ensure diverse businesses are afforded the opportunity to do business as a subcontractor to your prime suppliers.
- Active engagement with the community (e.g., participate in local, regional, and national organizations chartered to advance business opportunities, support, and advocate for the growth and welfare of underrepresented and often marginalized groups).
- Monitor and track the program based on results, feedback, and business needs.

Impact Spending Program

For transformative change and to create economic equity, develop an Impact Spending Program that looks holistically at supplier diversity, economic impact, sustainability, and affordability, ensuring that your organization's spending decisions are environmentally sound, economically viable, and socially equitable.

A holistic Impact Spending Program includes:

- Key partnerships with national not-for-profit organizations to provide outreach and development programs to suppliers within an organization's supply chain, which creates measurable job growth and economic development.
- Partnering with national initiatives like the Healthcare Anchor Network to make major shifts in procurement strategies. Anchor institutions are uniquely positioned to help address the economic, racial, and environmental disparities that impact community health outcomes.
- Sponsor capacity-building opportunities for diverse and local entrepreneurs to create wealth and employment.
- Collectively and intentionally leverage assets through local hiring, local purchasing, and place-based investments to drive equitable, local economic impact.



Transforming the way you do business to intentionally and effectively support inclusive local economic opportunity helps address economic and environmental disparities, creating positive health outcomes.



Incorporating Health Equity into the Quality Apparatus

Ronald Copeland, MD, FACS



Ingraining Equity into Quality

The Institute for Healthcare Improvement's framework for [ingraining equity into the quality](#) apparatus is an effective resource that organizations can leverage. It is outlined below.

Conduct Needs Assessment

Understanding your organization's knowledge around equity and the needs of the workforce, members, and communities is critical to delivering on the promise to improve healthcare quality. Examples include utilizing the voice and lived experiences of your employees, members, customers, patients, and stakeholders. Here's how:

- Host a series of listening sessions to obtain insights and feedback
- Analyze data to better understand experiences and create better outcomes:
 1. CAHPS surveys
 2. Complaints, grievances, and appeals data
 3. Launch people engagement surveys

The Institute for Healthcare Improvement (IHI) also developed a comprehensive [paper](#)¹ on the needs, barriers, and issues related to achieving health equity, which is referenced by several organizations.

Focus on Departmental Workstream Mapping and Capacity Building

Departments that work on equity and quality should have strong collaboration and partnerships, elevating equity and quality to high accountability through the development of a health equity roadmap, connecting the dots to all critical partners, projects, and programs in your organization that touch health equity to create leadership, sponsorship, and transparency.

Apply an Equity Lens to Key Quality Workstreams

Locating the necessary data analytics, tools, effective practices, and resources to support equitable care initiatives can be challenging. Ensure your organization makes it as easy as possible to do the right thing.

Focus on:

- Equity-centered design is a holistic approach to problem-solving based on equity, humility-building, integration of history and healing practices, addressing power dynamics, and co-creating with the workforce, members, patients, customers, and community.

Use Data Visualization with Milestones and Measures

Equitable care health outcomes data (e.g., HEDIS measures). Create a centralized, standardized, and accessible source of health equity information to:

- Investigate the causes of disparities and potential solutions.
- Design and test cost-effective and sustainable interventions.
- Communicate research findings.
- Translate research knowledge into practice through the development of effective interventions.

Use equitable care health outcomes data to raise awareness that sociodemographic disparities in quality measurements exist and highlight the general population impacted to instigate discussion and inform prioritization of deeper analyses.

Success Factors and Key Lessons Learned

- Make health equity a priority.
- Integrate health equity/quality work into performance management (e.g., adding to annual goals and incentives).
- Instill courageous and inclusive leadership.
- Understand, define, and embrace your definition of health equity that aligns with your company's values and mission.
- Provide continuous learning and make it as easy as possible to do the right thing.
- Create data transparency, allowing teams to see opportunities for improvement and track progress by:
 1. Benchmarking to verify a more global status.
 2. Meeting or exceeding accreditation standards.
- Celebrate achievements - both small and big.

Driving the Work Forward with Purpose

Align health equity initiatives with shared organizational values, purpose, and mission:

“All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.”

– Dr. Martin Luther King, Jr.

Use compelling stories:

- Everyone has a compelling and powerful story to tell if we're humble enough to listen, hear, and understand the life lessons of lived experience.
- Speak truth to power, build trust, and connect the work to the people, empowering them to drive sustainable change.

Embrace inclusive leadership:

- Visible sponsorship from the most senior leaders who are unapologetically courageous and compassionate in their focus on improving health and healthcare for all.
- Pursuing equity is a choice to lead with great intentionality – a continuous learning journey to transform ourselves, systems, organizations, and communities.
- People will co-own what they co-develop.

Data and transparency are essential to drive change:

- Understand you can't manage what you can't measure, and you can't measure what you can't see.

Additional Resources and Site Sources

Institute for Healthcare Improvement's Health Equity Framework This [paper](#)¹ provides guidance on how healthcare organizations can reduce health disparities related to racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory or ability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion.

- Make health equity a strategic priority.
- Develop structure and processes to support health equity work.
- Deploy specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact, such as healthcare services, socioeconomic status, physical environment, and healthy behaviors.
- Decrease institutional racism within the organization.
- Develop partnerships with community organizations to improve health and equity.

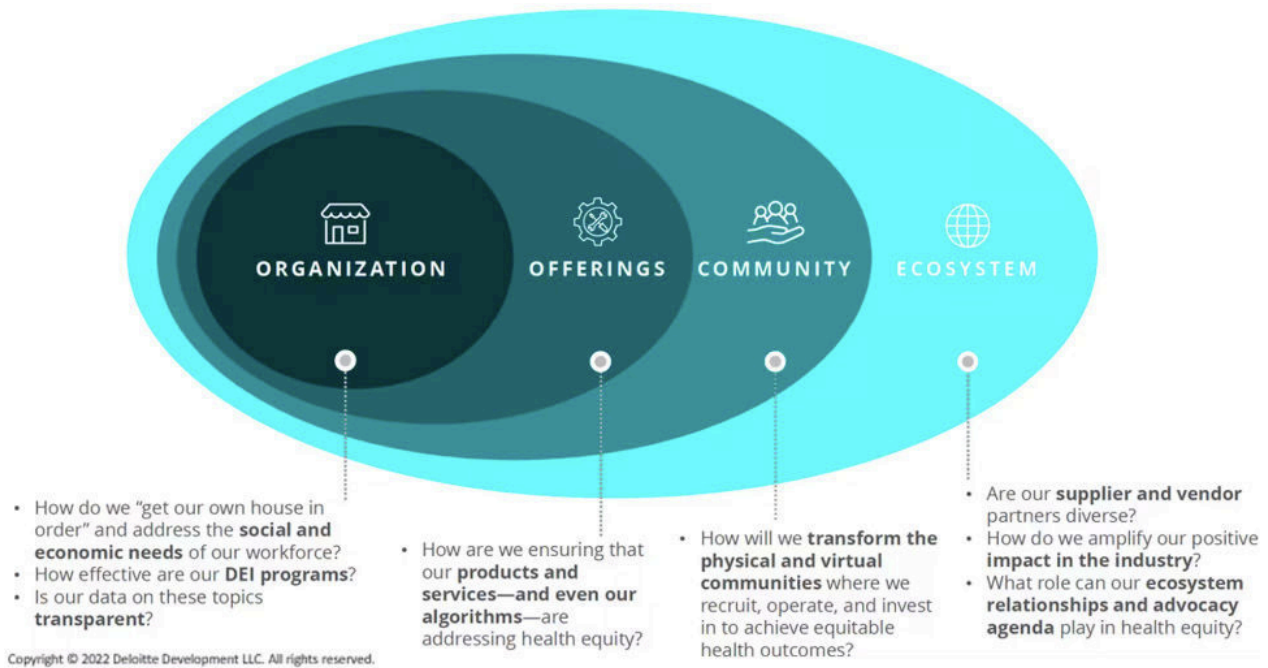


All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.

– Dr. Martin Luther King, Jr.

Activating Health Equity through Four Primary Domains

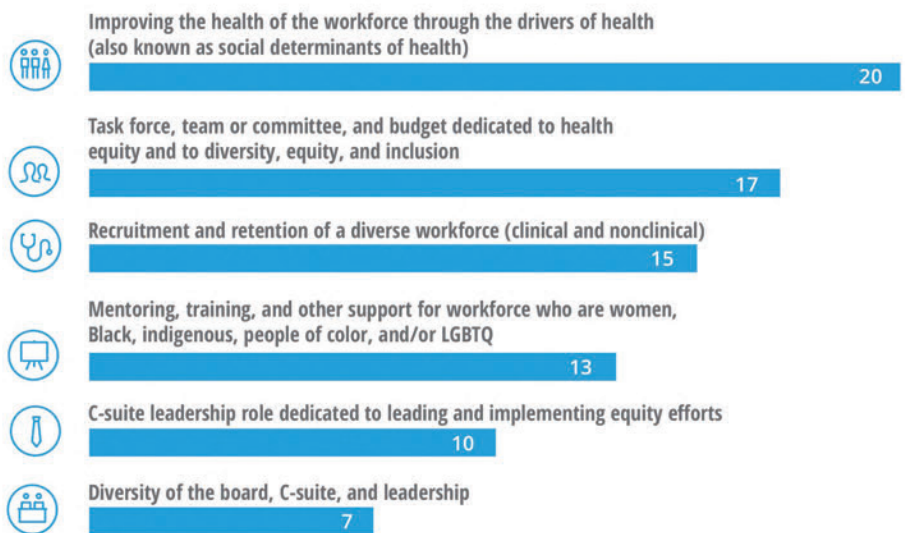
Focus on departmental workstream mapping and capacity-building health equity strategies that address multiple dimensions can be most effective when every leader within the organization understands their role and takes action to achieve health equity. Leaders should consider the following questions across the following four dimensions:



Source: <https://www2.deloitte.com/us/en/pages/consulting/articles/health-equity-improvement-and-promotion.html>

Organizations are investing in the drivers of health for their workforce and in health equity resources

Where organizations are most focused on health equity



Source: <https://www2.deloitte.com/us/en/insights/industry/health-care/health-care-equity-steps.html>

Survey of CEOs on Health Equity Deloitte Center for Health Solutions

If your organization is struggling to get CEO/Sr. leadership engagement for a business case around this work, please reference the figure to the right for survey data on why health equity is important.

Survey of CEOs on Health Equity

Deloitte Center for Health Solutions

If your organization needs direction on high-focus areas, please reference the figures below for examples.

Improved support for drivers of health is the top health equity goal

Top goals for health equity

Improved support for drivers of health/SDOH

11

Social good and supporting the organization's mission

8

More diverse workforce

7

Tracking and development of emerging leaders

7

Financial impact and improvement

5

Improved clinical outcomes

4

Higher patient experience scores

3

More diverse leadership and governance

3

Increased market share

3

Reputation and brand

3

Attracting new members/patients

2

Improved talent retention and recruitment

2



CRITICAL BUSINESS GOALS THAT
HEALTH EQUITY INITIATIVES
CAN HELP ACHIEVE

Source: <https://www2.deloitte.com/us/en/insights/industry/health-care/health-care-equity-steps.html>

Resources

Frameworks:

- Ingraining Equity into Quality and Safety: A System-Wide Strategy (ihi.org)
- <https://www2.deloitte.com/us/en/insights/industry/health-care/health-care-equity-steps.html>
- ¹Achieving Health Equity: A Guide for Health Care Organizations | IHI - Institute for Healthcare Improvement (ihi.org)

Papers, videos, and additional learning:

- Front Matter | Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care | The National Academies Press (nap.edu)
- The Burglar at Midnight | Center for Health Justice (aamchealthjustice.org)
- Aletha Maybank, MD, MPH, on the release of AMA's three-year equity roadmap | AMA COVID-19 Daily Update Video | AMA (ama-assn.org)
- American Hospital Association (aha.org)
- Putting Science to Work (neuroleadership.com)
- Professional Development Training | Blue Ocean Brain (blueoceanbrain.com)
- Seramount (seramount.com)

Continuous Quality Improvement

Sherita Hill Golden, MD, MHS



It has been more than 20 years since the U.S. Department of Health and Human Services Office of Minority Health released the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (or National CLAS Standards), which were enhanced in 2013 to provide fifteen action steps that aim to improve healthcare quality, reduce health disparities, and advance health equity. The National CLAS Standards, which established a framework for health and healthcare organizations to serve the nation's increasingly diverse communities, are guided by the Principal Standard: "Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."¹

Three of the National CLAS Standards focus on governance, leadership, and workforce:

- No. 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocation of resources.
- No. 3: Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- No. 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Governance and Execution

Healthcare organizations must develop a comprehensive diversity, inclusion, and health equity strategic plan that is anchored and integrated into the organization's overall strategic plan. True equity in health and healthcare cannot be achieved without a diverse and inclusive workforce. Execution of the diversity, equity, and inclusion goals should be overseen by a C-Suite executive well-versed in DEI competencies and implemented and monitored through a fully-resourced Office of Diversity, Inclusion, and Health Equity. At some institutions, there may be two offices that work together: the Office of Diversity and Inclusion and the Office of Health Equity. Whether the work is executed through a joint office or two collaborating offices, it is critical to collaborate with other health system teams and offices.

To promote biomedical workforce diversity and inclusion efforts effectively, the Chief Diversity Officer and Chief Human Resource Officer must work together to remove structural biases from applicant screening, interviews, and selection processes. These two C-Suite executives can also collaborate on developing, executing, and assessing the effectiveness of underrepresented in medicine, science, and healthcare career development and mentorship programs utilizing the existing infrastructure of Learning and Organizational Effectiveness/Development that already exists in HR departments.

To address health equity and incorporate the additional National CLAS Standards focused on communication and language assistance and engagement, continuous improvement, and accountability, the work of the Chief Health Equity Officer (sometimes the Chief Diversity Office may also be responsible for health equity) must be anchored to the organization's Offices of Patient Safety and Quality and Population Health, Language Services, and health system clinical operations. This will ensure that internally and externally reported quality metrics are stratified by patient sociodemographic characteristics (e.g., race, sex, preferred language, sexual orientation, gender identity, and ability status), as outlined in National CLAS Standard No. 11, and that interventions can be designed and delivered through evidence-based population health strategies to reduce identified disparities and achieve health equity.

Developing an Inclusive Culture

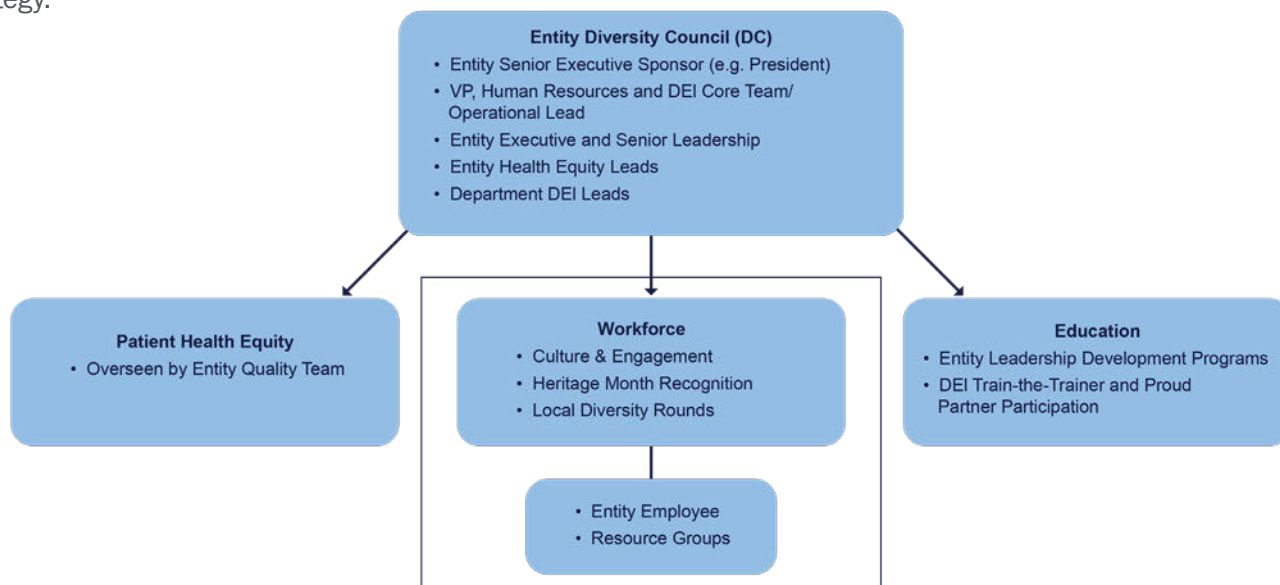
Employee Engagement

It is important to engage frontline staff in an organization's DEI efforts to inform leadership of barriers to recruitment, promotion, and retention of a diverse biomedical workforce and structural oppression present in organizational policies. Given that our workforce often represents the diversity of the communities we serve, they can also give voice to community needs as healthcare systems increasingly focus on social responsibility and developing anchor institution strategies. Two strategies for engaging employees in DEI efforts are Diversity Councils and Employee Resource Groups.

Diversity Council: A group of employees representing different backgrounds within an organization (e.g., races, ethnicities, cultures, capabilities) who provide:

- Insight into barriers that employees face related to the execution of an organization's DEI strategic plan
- Recommendations for removing barriers that adversely impact diverse staff
- Recommendations for the development of strategic solutions to promote job satisfaction and engagement among disenfranchised employees
- Support for organizing efforts and initiatives to encourage diversity, inclusion, and cultural humility

At Johns Hopkins Medicine, our Diversity Councils utilize a uniform charter template developed by the Office of Diversity, Inclusion, and Health Equity that is adapted to each entity's local needs. The figure below shows an example of a Diversity Council structure that ensures alignment of local goals with an organization's central DEI strategy.



Employee Resource Group (ERG):

An employer-recognized group of employees who share the concerns of a common race, ethnicity, gender, national origin, gender identity, sexual orientation, ability status, or veteran status (to name a few) — characteristics protected in some instances by law. ERGs can also be business assets to an organization by demonstrating their value in recruitment and retention, marketing, brand enhancement, training, and employee deployment. They can also facilitate Heritage Month celebrations that focus on highlighting the scholarship and leadership of diverse employees who exemplify excellence and planning educational forums on the historical experiences of underrepresented groups resulting from structural/institutional racism and oppression.

Both groups need to have executive-level sponsors to ensure that their recommendations reach the C-Suite and lead to sustained institutional culture change through existing operational execution methods. They can also be conduits to support community engagement and support programs in collaboration with an organization's Office of Government and Community Affairs (or equivalent office).

Training and Education

Per National CLAS Standard No. 4, governance, leadership, and the workforce need ongoing training in culturally and linguistically appropriate policies and practices to promote equitable workforce practices and healthcare delivery. Training should include required system-wide unconscious bias and diversity awareness training for all managers and leaders and should also be incorporated into the annual staff update. This requires resourcing Offices of Diversity and Inclusion to have staff with DEI training expertise who can not only deliver some of the high-level training but can also develop a diversity awareness train-the-trainer program of local facilitators, who are existing staff, to help scale training across large organizations. This promotes organizational accountability in those outside of the Office of Diversity and Inclusion and builds additional skills for professional development in staff.

Policy Review

An ongoing review of institutional policy is critical to removing structural barriers to employees' ability to be fully authentic and engaged at work. This can be most effectively executed in collaboration with Human Resources, Clinical Affairs, and Legal. Examples of policy changes that can promote more inclusive environments include:

- Adapting appearance policies to allow protective hairstyles (e.g., afros, braids, locks) and headdress (e.g., for Muslim women), consistent with the federal Creating a Respectful and Open World for Natural Hair (CROWN) Act of 2022 (H.R.2116)
- Promoting patient identification and employee identification policies that allow the use of preferred/chosen names and pronouns
- Promoting gender-neutral bathrooms and uniform policies throughout an organization
- Providing workplace support and guidance for transgender employees who are undergoing transition and their managers
- Protecting the civil rights of employees by prohibiting discrimination and discriminatory aggression against them or requests to switch care providers due to a protected class from patients, visitors, and caregivers
- Ensuring equity in organizational communication (e.g., ensuring that important information reaches frontline staff who may not have consistent computer or email access and ensuring that important clinical information reaches patients who may not have access to computers)

National Culturally and Linguistically Appropriate Services (CLAS) Standards

National CLAS Standard 1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce

National CLAS Standard 2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

National CLAS Standard 3. Recruit, promote, and support culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

National CLAS Standard 4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

National CLAS Standard 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs - at no cost to them - to facilitate timely access to all healthcare and services.

National CLAS Standard 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

National CLAS Standard 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

National CLAS Standard 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

National CLAS Standard 9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

National CLAS Standard 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

National CLAS Standard 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

National CLAS Standard 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

National CLAS Standard 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

National CLAS Standard 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

¹ Source: <https://thinkculturalhealth.hhs.gov/clas>



Leveraging DEI to Drive Community Engagement

Rosalyn Carpenter, MBA



Addressing Chronic Kidney Disease

As Chief Diversity Officers, we serve as the conveners, champions, strategic partners, advisors, thought leaders, educators, and organizational subject matter experts (SMEs) to advance and embed diversity, equity, and inclusion (DEI) across our organizations and communities. In doing so, we create healthy workplace environments and patient experiences where everyone has an opportunity to achieve optimal health. Essential to leading meaningful DEI work is a focus on driving community impact through vital partnerships to engage the communities we serve.

Community impact through convening community partners as effective multi-stakeholders helps to solve some of our nation's most complex issues related to economic and racial inequities. Mission-driven organizations such as faith-based health systems are new to the anchor strategy movement but not to the work of utilizing their organizational talents, resources, and advocacy to influence community improvements.

In 2017, a representative group of health systems joined together to launch the Healthcare Anchor Network (HAN) with a mission to “incubate and scale strategies that establish the anchor mission as a healthcare sector priority and to lead innovation in anchor mission implementation, both internally and in partnership with community.” HAN's strategies focus on addressing structural determinants of health by leveraging such areas as local hiring, impact purchasing, advancing critical policy and place-based investing. To date, there is growing evidence of the effectiveness of implementing anchor strategies, and with the increased demands to address long-standing health inequities, more and more organizations are adopting anchor strategies as a way forward.

When thinking about best practices to engage and impact communities, ample investments must be made to gather information about the residents living there, including the challenges they face, environmental factors, and community assets. Non-profit health systems are federally mandated to conduct a [Community Health Needs Assessment \(CHNA\)](#) on a tri-annual basis as a means to understand and measure community well-being.

The CHNA is a comprehensive data collection and analysis process that utilizes both quantitative and qualitative approaches. Multi-sector collaborations that include hospitals, public health institutions, education, government, and diverse community voices have proven to be the gold standard for the assessment and, most importantly, the implementation phase. The CHNA can be an essential and informative document to access throughout the process of formulating anchor strategies. As a part of the CHNA federal mandates, final reports are made publicly available online and in print.

One of the deep learnings for hospitals following the passage of the Affordable Care Act in 2010 that established the assessment requirement, has been the importance of working collaboratively with other community organizations to address complex issues. Hospitals have quickly realized the power of amplifying shared strategies to accomplish goals.

The community eco-system is certainly built with many intersections, both public and private, that become critically connected when addressing disparities. Hospitals are learning that in addition to delivering direct programming, they can play an influential role as conveners in bringing a variety of stakeholders together to accomplish change.

Strategic objectives when implementing anchor initiatives for community engagement that emphasize the importance of focusing upstream are as follows:

Strategic Objective 1: Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.

- Listening to community voices to identify and address sources of inequities
- Leveraging data and evidence to inform community decision-making, strategy development, and accountability
- Networking resources from multiple sectors to ensure equitable access to care and support

Strategic Objective 2: Scale initiatives that complement conventional care to be proactive, community-centered, and strengthen the connection between clinical care and social health.

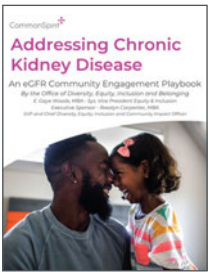
- Medical and social health are intertwined at all stages of care
- The emphasis is shifted to prevention and wellness
- Health is centered in communities
- Medical and social care are redesigned to achieve the triple aim of improving the quality of care, decreasing cost, and improving population health

Strategic Objective 3: Partner, invest in, and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being. Develop system-wide guidance for replication and expansion.

- Catalyze and spread innovation across communities with a particular focus on vulnerable populations
- Ensure systems are in place to evaluate and measure impact
- Create programs with high impact that are prioritized for resources (funding, staff time, evaluation, etc.) and replicated across the system

An example of how aspects of these strategies have been implemented to have community impact and save lives can be seen in the recent work of CommonSpirit Health’s Office of Diversity, Equity, Inclusion & Belonging. We leveraged our FY24 Health Equity Metrics to address chronic kidney disease in Phoenix, Arizona. This work represents our CommonSpirit Health commitment to creating pathways for leading the nation in Health Equity.

It is with great pleasure to share with you our [eGFR Playbook](https://bit.ly/3ZaldeJ) (https://bit.ly/3ZaldeJ).

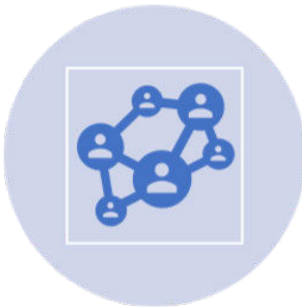


Additional Contributor:
E. Gaye Woods, MBA – Vice President, Equity & Inclusion, Project Leader

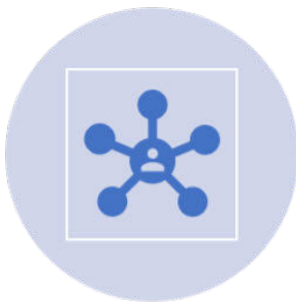


Establishing Employee Resource Groups

Ronald Copeland, MD, FACS



Employee resource groups (also known as business resource groups) foster a culture of belonging, growth, and empowerment in the workplace and are critical in creating experiences and opportunities that reinforce organizational values and priorities for an organization's workforce, members, and communities.



It is important for employee resource group programs to focus on intersectionality — or the way in which different facets of a person's identity combine to create unique life experiences — to more deeply understand how identifying with more than one group shapes interactions at work and life experiences.

Employee Resource Group Framework

- Identify purpose and gain executive support.
- Select Employee Resource Group (ERG) communities using fact-based data (e.g., the demographic makeup of employees).
- Communicate to employees about the ERG program to garner membership.
- Follow the operational framework below.
- Once ERGs are set up, develop charter and goals.
- Create a communication channel for all ERG leaders and ERG members to cross-collaborate, network, and partner.
- Define success measures of the ERG program and activities.
- Leverage ERGs as subject matter experts, sources for pipeline development, leadership succession, etc.

Employee Resources Group Operational Framework

To establish a successful ERG program:

- **Establish governance:** Ensure there is a governing body to provide oversight to your ERG's annual program plans and organizational priorities.
- **Develop an ERG administration team:** Execute the strategy and manage budget expenses, operations, leadership experience, program tools and systems, and evaluate the ERG program.
- **Execute sponsor group:** An executive sponsor for each ERG.
- **Assign an ERG leadership team:** Appointed employees who lead each ERG and collaborate on the design and implementation of the annual program.

Roles for each ERG consist of:

- **Executive sponsor:** Serving a minimum of at least three years to establish relationships and maintain a continuity of advice and mentorship.
- **Co-chair:** Manage and provide guidance to ERG members.
- **Operations chair:** Manage the annual program plan, including business requests, budget expenses, and measurable outcomes.
- **Communications chair:** Serves as the administrator for all membership communication channels.



Cultivating a Diversity Pipeline

Ebbin Dotson, PhD, MHSA



Building upon the insightful strategies outlined in the previous sections of the playbook, this section delves deeper into the crucial but often under-addressed area of cultivating a diverse pipeline. It's essential to recognize that attracting and retaining diverse talent requires proactive efforts that extend beyond the immediate hiring stage. By focusing on nurturing talent from underrepresented groups throughout their career journey, we can build a workforce that reflects the richness and diversity of our audience and communities.

By tailoring approaches that cater to each segment's specific needs and challenges, organizations can ensure maximum impact and create a truly inclusive talent pipeline across the entire healthcare landscape. Our exploration of the healthcare administration career timeline has illuminated a critical imperative – the urgent need to cultivate a diverse and dynamic pipeline of leaders. As we traverse the intricate tapestry of early careerists sowing the seeds of inclusion, mid-career pioneers navigating the grey area with purpose, and senior leaders orchestrating the symphony of executive leadership, it becomes evident that each phase demands deliberate attention and tailored strategies.

The healthcare landscape, marked by its multifaceted challenges and diverse communities, necessitates a strategic approach to talent development. It is not merely a moral imperative but a strategic advantage for organizations to invest in a workforce that mirrors the richness and diversity of the communities they serve. This imperative extends beyond mere representation; it is about harnessing a variety of perspectives, experiences, and talents to drive innovation, improve patient outcomes, and ensure equitable access to healthcare.

Therefore, this section is not just a guide but a call to action. We can narrow action steps down to four key areas for organizations to consider when cultivating diverse pipelines:

1. Exposure & Opportunities for Early Careerists:

- Provide mentorship programs and paid internships specifically designed for individuals from underrepresented groups to gain exposure to the healthcare industry.
- Establish partnerships with local schools and community organizations to create awareness and provide early-career opportunities.

2. Investment in Leadership Developmental Programs:

- Design leadership programs tailored to address the unique challenges faced by individuals from underrepresented backgrounds.
- Emphasize skill-building workshops, executive coaching, and networking opportunities to enhance leadership capabilities.

3. Implement Systems for Tracking & Promotion:

- Implement data-driven systems to monitor diversity metrics at all levels of the organization.
- Establish clear criteria for promotions and ensure transparency in the promotion process to mitigate biases.

4. Establish Metrics & Accountability:

- Establish Key Performance Indicators (KPIs) related to diversity and inclusion, regularly assess progress, and hold leadership accountable for achieving set goals.
- Implement mechanisms for feedback and conduct periodic audits to ensure ongoing commitment and improvement.

These four key areas are not boxes to check. They are the pillars upon which a resilient, diverse, and inclusive healthcare leadership pipeline is built. The strategic significance of this endeavor cannot be overstated — it is about shaping a healthcare ecosystem that not only survives but thrives in the face of evolving challenges and dynamic societal expectations. As we highlight each key area, let us consider them not just as a task but as an organizational commitment to fostering a future where healthcare leadership reflects the diversity and dynamism of the world it serves. When careerists and organizational leaders are on the same page, the transformative journey becomes a path to leadership excellence.

Cultivating a Diversity Pipeline

Exposure & Opportunities for Early Careerists

- Provide mentorship programs and paid internships specifically designed for individuals from underrepresented groups to gain exposure to the healthcare industry.
- Establish partnerships with local schools and community organizations to create awareness and provide early-career opportunities.

Leadership Developmental Programs

- Design leadership programs tailored to address the unique challenges faced by individuals from underrepresented backgrounds.
- Emphasize skill-building workshops, executive coaching, and networking opportunities to enhance leadership capabilities.

Systems for Tracking & Promotion

- Implement data-driven systems to monitor diversity metrics at all levels of the organization.
- Establish clear criteria for promotions and ensure transparency in the promotion process to mitigate biases.

Metrics & Accountability

- Establish Key Performance Indicators (KPIs) related to diversity and inclusion, regularly assess progress, and hold leadership accountable for achieving set goals.
- Implement feedback mechanisms and conduct periodic audits to ensure ongoing commitment and improvement.

Charting the Path to Leadership Excellence

In the labyrinth of healthcare administration, the journey from graduate student to seasoned healthcare executive is both dynamic and intricate. Drawing from the National Health Equity Leadership Pipeline Collaborative Competency Analysis, we want to describe a clear and accurate timeline of career progression for healthcare administrators. Navigating the career timeline is a meticulous analysis for careerists. To construct this timeline, we referenced a wealth of resources, including peer-reviewed publications, personal interviews, and public labor statistics. The determination of positions on the timeline is based primarily on years of experience, supplemented by secondary factors like the growth of functional areas and team oversight.

Our journey through this timeline involves all aspects of healthcare leadership, including but distinct from “administration.” All participants in this study have earned advanced degrees, designating their early career positions as “masters entry-level” or, more commonly, middle-management roles. The criteria established in this research not

only delineate positions on a scale from “Early” to “Middle” and “Senior” Career but also lay the foundation for a transformative pathway connecting emerging professionals to senior healthcare executives. Beyond the conventional markers of career progression, these differences encompass critical dimensions such as race, gender, previous positions, and institutional backgrounds.



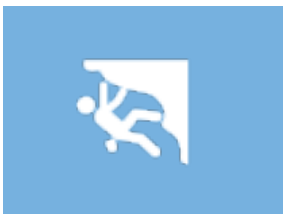
Early Careerists: The Foundation Builders

The early segment, spanning 0 to 5 years post-graduation, encompasses positions such as administrative fellow, resident, manager, supervisor, and project manager. This phase is crucial, marked by the acquisition of foundational skills and exposure to the intricate workings of the healthcare landscape.



Mid-Career Pioneers: Navigating the Grey Area

The mid-career phase, with its 5 to 10-year timeframe post-graduation, represents a nuanced chapter. Executives note a distinctive shift in responsibilities, accompanied by a closer association with higher management and significant team growth. Keywords such as director, clinical manager, and senior project manager define this segment, embodying the dynamic nature of mid-career leadership.



Senior Level: Ascent to Executive Heights

The ascent to the senior level, often synonymous with the executive tier, is marked by a timeline of 7+ years post-“mid-career.” The ambiguous nature of titles like Executive Vice President, Executive Director, Senior Vice President, and those within the C-Suite is explored. Executive status, as revealed by the Bureau of Labor Statistics and corroborated by diverse researchers, typically spans 5 years or more in a related position.

Crafting a Career Narrative

In summary, our exploration reveals a measurable progression for a career in health administration, with each stage presenting distinct challenges and opportunities for growth. From the formative early years to the nuanced mid-career phase and the ascent to executive roles, this path encompasses a range of experiences. As we embark on subsequent topics, this section lays a foundation for understanding career progression and paves the way for cultivating a diverse and dynamic healthcare leadership pipeline.

Additional Contributors

Ashton O’Malley, Primary Care Manager, Northwestern Medicine

REFERENCES

- Adams, Lisa, et al. “Navigating the healthcare administration career timeline: Insights from industry experts.” *Journal of Healthcare Management*, vol. 22, no. 3, 2020, pp. 210-225.
- Brown, Robert. “Creating a culture of equity and belonging: Best practices for healthcare organizations.” *Healthcare Executive*, vol. 38, no. 4, 2023, pp. 75-90.
- Doe, John, et al. “Building a diverse and inclusive healthcare leadership pipeline: Strategies and best practices.” *Healthcare Management Review*, vol. 26, no. 2, 2022, pp. 45-62.
- Eby, Lillian T., et al. “Protégé perceptions of mentoring functions: A qualitative investigation of race and gender differences.” *Journal of Vocational Behavior*, vol. 57, no. 1, 2000, pp. 1-21.
- Sambunjak, Dario, et al. “Mentoring in academic medicine: a systematic review.” *JAMA: Journal of the American Medical Association*, vol. 296, no. 9, 2006, pp. 1103-1115.
- Garcia, Maria. “Fostering a diverse and dynamic healthcare leadership pipeline: A call to action.” *Journal of Diversity in Higher Education*, vol. 18, no. 2, 2023, pp. 78-92.
- Johnson, Mary. “Strategies for promoting diversity and inclusion in healthcare leadership.” *Modern Healthcare*, vol. 41, no. 1, 2024, pp. 150-165.
- Ragins, Belle Rose, and K. Kram. “The handbook of mentoring at work: Theory, research, and practice.” Sage, 2007.
- Smith, Jane. “Fostering diversity and inclusion in healthcare leadership: A strategic imperative.” *Journal of Healthcare Leadership*, vol. 15, no. 3, 2021, pp. 112-128.
- Wanberg, Connie R., et al. “A longitudinal examination of the impact of job search and employment on subsequent job quality.” *Journal of Vocational Behavior*, vol. 80, no. 3, 2012, pp. 661-672.

Diversity, Health Equity & Inclusion C-Suite Position Definitions

Deanna Banks



The evolving roles of key C-Suite positions responsible for health equity, sustainability, diversity, and inclusion are crucial for today's healthcare organizations. DEI leaders focus on a myriad of business priorities beyond EEOC compliance. They play a pivotal role in shaping culture, driving employee retention, and improving business outcomes.

Despite the challenges faced by diversity, equity, and inclusion efforts, today's health equity, sustainability, and diversity officers persistently drive this critical work. Their efforts are not only instrumental but also crucial in improving access, enhancing clinical outcomes, and ensuring the sustainability and measurability of their work.

Today's executive leaders emphasize the universal need for this work, dispelling the misconception that it only relates to specific groups and stressing its importance for creating an inclusive culture. Regardless of one's gender, race, ethnicity, ability, or sexual orientation, the work of these savvy business leaders guarantees that the organization's culture evolves to be inclusive and creates psychologically safe spaces for all. They also ensure that social and environmental issues are considered in business delivery and drive transparency, engagement, and metrics aligning with business goals.

In the sample job descriptions, we have divided these leaders' functional responsibilities into different roles:

Chief Health Equity Officer

The Chief Health Equity Officer leads the organization's health equity strategy across all business and care-delivery lines. Provides leadership and supports implementation of strategies to reduce disparities in clinical care and quality outcomes. This role includes the integration of cultural sensitivities when developing the payer's clinical programs, products, services, and member communications. The Chief Health Equity Officer will also create specific health equity measures and strategies for the organization. The position aims to address health inequities among members and communities served by the organization.

Chief Sustainability Officer

The Chief Sustainability Officer is focused on the organization's environmental, social, and governance initiatives. Environmental sustainability focuses on reducing and mitigating an organization's negative environmental impact. This includes minimizing unnecessary waste and pursuing leaner resource allocation.

Social sustainability focuses on promoting sustainability culture and practices within an organization. This includes adhering to or implementing fair labor practices, diversity and inclusion initiatives, and outreach programs both internally and externally.

Governance, environmental, and social factors form a framework to measure how an organization operates ethically, sustainably, and responsibly. Effective governance ensures environmental and social policies are created, implemented, and adhered to.

The Chief Diversity and Inclusion Officer

The Chief Diversity and Inclusion Officer is the principal architect of a company's diversity, equity, and inclusion (DEI) programs. This executive creates organizational recruitment strategies and metrics to ensure the workforce appropriately reflects the market and communities served. The Chief Diversity and Inclusion Officer's purpose is to advance diversity and inclusion as core values and critical components of the organization's culture. A Chief Diversity and Inclusion Officer is responsible for thinking about how an organization engages, activates, and supports its talent, ensuring there are pathways forward for all people within the organization regardless of gender, race, sexual orientation, age, or abilities. Ideally, this diversity leader works with other C-Suite leaders to create systems, structures, processes, goals, and initiatives to help them achieve a variety of objectives, including diversity, inclusion, belonging, equity, and respect.

However, it's important to recognize that for this work to be effective, it must be integrated throughout organizations with sponsorship and support from the board and the executive leadership team (ELT).

Funding for this work can be dynamic and often falls short of what is needed for effective execution. Reporting relationships vary, but these roles must be part of the ELT, adequately resourced, and tied to key performance indicators integrated into annual incentive goals for all leadership that cascade throughout the organization.

As these roles have evolved, they were initially filled by general leaders in the organization who were passionate about the work. However, we are now witnessing the arrival of more subject matter experts, some from outside the industry and others from within.

Clinicians are also taking on roles in health equity and diversity, extending the nature of their work to clinical programs and business strategies across the enterprise. Most high-performing integrated health systems have a chief health equity officer as part of the ELT.



Chief Health Equity Officer

Position Description

The Chief Health Equity Officer plays a critical role in helping the organization achieve its strategic goals. This executive cultivates existing customer and relationships and brings in new business, integrating the customer perspective into designs and proposals while supporting teams to ensure all projects and programs deliver results, reach, and a positive customer experience.

An experienced Chief Health Equity Officer exhibits a relentless vision for creating a more just and equitable environment for patients, individuals, and communities to lead a growing portfolio of equity initiatives at the organization and supports clinical leaders and healthcare delivery organizations to advance equity. In partnership with other senior leaders and a team of passionate colleagues, the Chief Health Equity Officer uses deep expertise to navigate the care process within the healthcare system and across the healthcare continuum to develop and implement the organization's health equity strategy. This includes launching and implementing long-term, large-scale campaigns for health equity in collaboration with national and local partners. The Chief Health Equity Officer also advises on strategic global equity initiatives.

The Chief Health Equity Officer provides input into high-impact, strategic decisions that shape and strengthen the long-term impact and viability of the organization. The Chief Health Equity Officer translates visions and decisions into action by:

- Creating a vision for the team that aligns with the organization's strategy and designing systems to achieve the vision.
- Developing a team roadmap to plan, prioritize, and deploy resources (staff, projects, tools).
- Developing performance indicators and other measures to track progress and success.
- Collaborating with cross-functional teams to ensure organizational effectiveness and efficiency.

Reporting Relationship

The Chief Health Equity Officer reports to the President and Chief Executive Officer.

Principal Accountabilities

The Chief Health Equity Officer provides market and customer insights that support strategy translation and execution on a portfolio of projects and programs, current and potential, to achieve the organization's goals around impact, reach, staff, and financial vitality. This leader is responsible for creating a shared vision, ensuring the team's vitality and success align with the organization's strategic goals, and defining team and individual goals and success.

Team Leadership and Organizational Effectiveness

- Apply deep experience and fluency in health and healthcare equity, providing strategic and operational leadership of the organization's equity work both internally and with external partners through the delivery of programs and projects with health systems, municipalities, etc.
- Contribute to the organization's strategy development and translation by providing strategic insights, market and customer analysis, and recommendations on content, program, or customer evolution.
- Provide input, analysis, and recommendations to support decisions on what work the organization takes on.
- Work closely with other senior leaders across the organization to escalate and solve system-level barriers that restrict the work of customers.
- Collaborate with other senior leaders to make strategic recommendations on the evolution of content, products, or customer types and share learning that increases the success of the organization's work.
- Contribute to overall organizational effectiveness through cross-system improvement efforts.

Customer Relationship and Management

- Build relationships with healthcare and health organizations' executive and clinical leadership to support equity strategy and the emerging national equity campaign.
- Enhance the reputation of the organization through conversations, presentations, publications, and media inquiries by serving as a senior spokesperson and thought leader for the organization's equity initiatives and content.
- Develop and maintain strong and effective customer relationships with an identified customer segment to bring new and strategically aligned work into the organization.
- Build designs to meet customer needs in collaboration with the design/innovation teams for the organization.
- Lead the integration of customer perspective into the design to win business and achieve results, reach, and positive customer experience, and equity in work for the organization's team and financial goals.
- Ensure customer loyalty throughout the business development and delivery processes.





Business Development

- Plan, deliver, and lead business development and achieve key objectives.
- Generate leads from potential and existing customers, identify business improvement opportunities, and develop market and customer strategies.
- In partnership with cross-functional areas (content, organization's core functions), lead strategic direction to develop proposals and execute ideas throughout the entire cycle.
- Understand the strategic context of current and future opportunities to ensure the organization's services respond to customer requirements and changes in the health and healthcare landscape.
- Collaborate with other organizations to ensure an integrated and cooperative approach to achieving customer objectives, ensuring the widest possible participation in the health and healthcare agenda.

Effective Delivery

- Recruit effective delivery teams.
- Oversee reliable project/program execution that satisfies customer needs.
- Serve as the senior sponsor for projects and programs.
- Remove system-level barriers that impede delivery teams and the work of customers.

Experience and Qualifications

- Clinical experience, e.g., MD/DO, RN, Pharmacy, etc., and demonstrated leadership experience in the area of diversity, equity, and inclusion.
- At least 10 years of experience working in the field of healthcare with a high level of demonstrated experience working in the area of health equity.
- Experience navigating and partnering with others in the clinical care system.
- Proven experience leading teams with a high degree of interpersonal and cultural sensitivity and trust.

- Must possess knowledge of and experience with improvement science, a passion for healthcare improvement, and commitment to the organization's mission.
- Strong presentation, public speaking, and group facilitation skills, including leading conversations on diversity and equity issues.
- Proven commitment to equity, anti-racism, and the improvement of societal systems.
- Demonstrated alignment with the organization's values.

Personal and Professional Attributes

Leadership

- Leadership capabilities, particularly high-level influence and negotiation skills.
- Entrepreneurial drive and ability to comfortably identify and create innovative solutions to complex and ambiguous challenges.

Operational and Management Skills

- Management experience, including mentoring, developing talent, and building a high-functioning team.
- A broad view of the organization's operations and ability to work with cross-functional teams to improve workflows and efficiency.
- Skills in building and maintaining relationships at all levels within the organization.
- Ability to act as an internal consultant and change agent to facilitate and enable change.
- Systems-level thinking and ability to influence change within systems.

Organizational leadership

- Able to understand customers and the markets, share strategic insights, and translate strategy into a compelling vision for staff and customers.
- Able to make difficult and challenging decisions that support strategic aims and long-term vision.
- In-depth knowledge of the U.S. healthcare industry and its current state; interest in and experience with global healthcare perspective.
- Knowledge and ability to develop and use measures to drive improvement.
- Ability to be effective in a complex, fast-moving, and, at times, intense environment.
- Must be self-directed, entrepreneurial, and organizationally agile.





Chief Sustainability Officer

Position Description

The Chief Sustainability Officer is accountable for environmental sustainability and focuses on reducing and mitigating an organization's negative environmental impact. This includes reducing unnecessary waste and pursuing leaner resource allocation.

Social sustainability focuses on promoting sustainability culture and practices within an organization. This includes adhering to or implementing fair labor practices, diversity and inclusion initiatives, and outreach programs both internally and externally.

Governance, environmental, and social factors form a framework to measure how an organization operates ethically, sustainably, and responsibly. Effective governance makes sure that environmental and social policies are created, implemented, and adhered to.

Reporting Relationship

The Chief Sustainability Officer reports to the President and Chief Executive Officer.

Principal Accountabilities

- Oversees the overall execution, mission, and efficacy of the sustainability programs.
- Collaborates with appropriate departmental managers to facilitate performance evaluations that are timely and constructive.
- Assesses and analyzes company policies and processes to identify opportunities for improvements in accordance with the organization's commitment to sustainability.
- Brainstorms and identifies creative ways in which the company can balance business obligations with the goal of respecting, supporting, and improving the local and global environments.
- Proposes and implements strategies to address environmental concerns, including energy use, conservation, pollution reduction, recycling, building and facility design, and general education about sustainability.



- Drafts and implements sustainable organizational policies that address environmental concerns.
- Evaluates efficacy of sustainability programs; recommends and implements improvements as necessary.
- Conducts research to identify environmental and sustainability concerns, interests, and issues.
- Considers sustainability proposals with attention to factors such as cost-effectiveness, feasibility, and ease of integration with other programs.
- Develops and maintains appropriate documentation and records, including budgets and other financials.
- Prepares documentation required for project funding for various environmental initiatives, including proposals and grant applications.
- Maintains current working knowledge of and ensures compliance with all applicable local, state, federal, and internal environmental laws and regulations.
- Identifies and facilitates training as needed.
- Performs other related duties as required.

Experience and Qualifications

- Bachelor's degree in related field is required; Master's degree is highly preferred.
- Professional certification preferred.
- 3 to 5 years of corporate, business, and management experience required.

Personal and Professional Attributes

- Excellent verbal and written communication skills.
- Superlative and creative problem-solving and analytical skills.
- Thorough and current knowledge of sustainability practices, and applicable laws and regulations.
- Ability to analyze and understand research to identify relevant and valuable information.
- Excellent organizational skills and attention to detail.
- Ability to create, interpret, and execute a budget.
- Presentation skills required to deliver proposals to varying groups.

Chief Diversity and Inclusion Officer

Position Description

As a member of the system executive leadership team, the Chief Diversity and Inclusion Officer inspires and defines the systemwide transformation to align culture with organizational mission and vision while achieving organizational goals.

Reporting Relationship

The Chief Diversity and Inclusion Officer reports to the President and Chief Executive Officer.

Principal Accountabilities

- Develop and execute industry-leading inclusion, equity, diversity, and social impact strategies to build on the existing foundation and align with measurable business goals.
- Apply subject matter expertise to all matters related to cultural competence, equity of care, community engagement, supplier and workforce diversity, social responsibility, and governance.
- Coaches and supports leadership on all inclusion, equity, diversity, and social impact strategies and issues toward a cohesive, unified business strategy.
- Lead and champion the effort to shape the organization's culture toward more inclusivity, diversity, equity, and belonging through foundational and innovative/transformational actions while inspiring team members to be their best.
- Create metrics and scorecards covering cultural competence, inclusion, health equity, community engagement, supplier and workforce diversity, and social impact to effectively monitor, analyze, and benchmark organizational progress with an emphasis on an end-to-end approach to achieve meaningful progress.
- Ensure the best operating model, organizational design, structure, people, processes, and culture are in place to support measurable organizational growth and progress toward goals.
- Drive talent development through purposeful, culturally responsive literacy training and education, mentoring, and communications.



- Partner with clinicians, team members, and community members to support, guide, and strengthen efforts to address social determinants of health.
- Serve as the internal and external leader on matters of inclusion, equity, and diversity and as a powerful advocate for initiatives across the system and, more broadly, in the communities served.
- Leverage the media, including social media, as a partner to achieve the goals of the organization.
- Partner with internal and external stakeholders to recognize and understand sub-cultures within the organization.
- Help set the tone for institutional integrity, transparency, and openness, and develop strong relationships internally and externally with colleagues, team members, stakeholders, patients, health plan members, and the communities served.
- Develop and promote programs and activities to support a culture of open inquiry, pluralism, and mutual respect throughout the health system.



- Proven experience in developing and implementing outreach efforts and programs.
- Astute at navigating the organizational landscape, responding to political and socially sensitive situations.

Personal and Professional Attributes

The successful Chief Diversity and Inclusion Officer demonstrates the ability to live the organization's values. The ideal candidate possesses a wide range of necessary personality traits, work habits, and social skills needed to perform effectively within the organization. They possess both personal and professional integrity and strong communication skills.

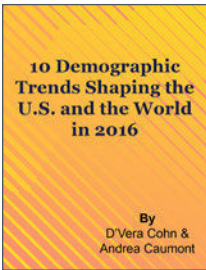
Specifically, the following knowledge, skills, and abilities are required to be successful in this position:

- Passionate about inclusion, equity (including health equity), diversity, belonging, advocacy, community health and engagement, social impact, and serving others.
- Creative, confident, and strong sense of excitement about transformational change.
- An innovative, visionary leader with self-awareness, mature confidence, commitment to diversity, as well as a collaborative and transparent approach to leading the organization.
- Comfortable representing the organization within the community, among key stakeholders, and local and national associations. Able to exhibit professional diplomacy while effectively relating to people at all levels, internally and externally.
- Ability to cultivate an inclusive culture that reflects the organization's mission, vision, and values.
- Strategic vision and thinking. Ability to position the organization for the future, looking beyond the present situation to conceptualize critical trends and identify evolving demands, opportunities, or challenges. Highly engaged, energetic, focused, and execution-oriented.
- Strong business acumen, intelligence, and capacity. Able to think strategically and implement tactically.
- Open leadership style. Actively seeks out and supports collaborative thinking and problem-solving with others across the organization.
- Data-driven and balanced with practical experience and superior critical thinking.
- Empower leadership to attract, retain, and develop top-level talent and foster high-performance teams.

Experience and Qualifications

- This role requires clinical experience, a master's degree or other applied advanced degree (e.g., MD/DO), and demonstrated leadership experience in diversity, equity, and inclusion.
- 7 to 10 years of executive-level experience leading complex cultural change. At least two years of experience leading and advancing cultural inclusion and diversity in a system with the ability to translate expertise into highly effective, practical applications.
- Experienced transformational leader who is committed to affecting change to support the mission.
- Must have a high degree of cultural intelligence and technical mastery of inclusion and diversity strategies in a complex environment. Excellent interpersonal communication skills and a proven ability to manage change, collaborate, and influence at all levels and functions across the organization.
- Demonstrate exceptional relationship-building skills and a history of engaging, partnering, and building consensus and alliances among diverse stakeholders, including key leaders throughout the organization, the community, and beyond.
- Proven abilities to collaborate successfully with multiple constituents to develop, implement, and coordinate programs and initiatives.
- Proven track record of building, leading, motivating, and assessing diverse teams. Hold team members accountable for individual results and drive the overall effectiveness of the team. Successful experience in strategic planning, leadership, mentoring, and development. Ability to manage risk, identify areas of exposure, and structure interventions as needed.

RESOURCES



Report

10 Demographic Trends Shaping the U.S. and the World in 2016

[Access Report](#)



Guide

Achieving Health Equity: A Guide for Health Care Organizations

[Access Guide](#)



Interview

Change Makers: Dr Valerie Montgomery Rice on Healthcare Disparities and Moving from Talk to Action

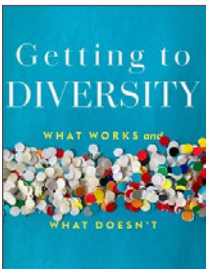
[Access Report](#)



Report

DEI Data Insights: Leadership and Governance in Hospitals and Health Systems

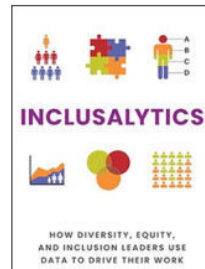
[Access Report](#)



Book

Getting to Diversity: What Works and What Doesn't

[Find it on Amazon](#)



Book

Inclusalytics

How Diversity, Equity and Inclusion Leaders Use Data to Drive Their Work

[Find it on Amazon](#)



Article

Ingraining Equity into Quality and Safety: A System-Wide Strategy

[Access Article](#)



Data Platform

Kaiser Permanente: Free, Web-Based Community Health Data Platform

[Access Platform](#)



Report

Leading While Black: Addressing Social Justice and Health Disparities

[Access Report](#)



Diversity Resource Library

Scan QR Code to access all of these resources and more

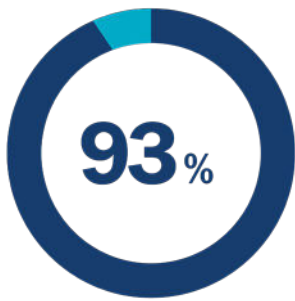
bit.ly/dei-playbook-drl

DEI INSTITUTE



Diversity increases access to opportunities, produces better business results, and increases talent retention and employee engagement. The Companies of MPI—Furst Group and NuBrick Partners—are committed to Diversity, Equity, and Inclusion (DEI) through strategic, systemic change, developing pathways for access and exposure, and establishing processes, tools, and metrics that encourage authentic transformational leadership.

We are recognized for our long-standing, demonstrated track record of successfully recruiting and coaching diverse leaders and their teams. We have been committed to advancing DEI since our beginning more than four decades ago. By encouraging all search participants to utilize the strategies presented in our [Conscious Inclusion video](#), we reduce bias in the search process, increase the probability of a diverse candidate slate, and ensure an equitable chance of selection for all. Recent results show:



Diversity on Candidate Slate



Diversity Placements



Scan to Access the Conscious Inclusion Video
bit.ly/inclusion-video

MPI's DEI Institute was developed to drive systemic change by focusing on several distinct areas that ensure our own organization's culture of inclusion and belonging. We hold ourselves accountable and engage our colleagues in active dialogue around our DEI principles and values. Specifically, we measure our progress on increasing diverse representation within our own teams and in our search delivery outcomes with clients.

We live out our commitment to DEI through active involvement, sponsorship, and association or recognition of organizations with committed DEI platforms such as:



REFLECTIONS

Topic:

Topic:

Topic:

REFLECTIONS

Topic:

Topic:

Topic:

REFLECTIONS

Topic:

Topic:

Topic:

REFLECTIONS

Topic:

Topic:

Topic:

Produced by the DEI Institute of

FurstGroup

Furst Group – Healthcare Executive Search

A premier executive search firm advancing organizations across all facets of healthcare and life sciences through meaningful, collaborative partnerships. Clients rely on our expertise when evaluating talent, leadership, and culture to ensure alignment and effective execution of their strategic initiatives. Furst Group continues to be ranked among the Top 10 Healthcare Executive Search Firms by *Modern Healthcare* and one of America's Best Executive Recruiting Firms by *Forbes*. Visit FurstGroup.com to learn more.

NuBrickPartners

NuBrick Partners – Leadership & Team Development

A team of highly trained psychologists and organizational development experts transforming organizations through a systemic, holistic approach to leadership effectiveness that provides a competitive edge by developing high-performing executive leaders and teams. Our support encompasses the board and C-Suite in team development, succession planning, executive selection assessment, and new leader installation across all industries, as well as executive physician leadership within the healthcare industry. Visit NuBrickPartners.com to learn more.