

MAH Health Equity Strategic Plan Executive Summary

Mount Auburn Hospital: Who We Are

Mount Auburn Hospital is part of Beth Israel Lahey Health (BILH), a comprehensive, high-value system of healthcare located in Boston, eastern Massachusetts, and southern New Hampshire. The system, formed in 2019, is home to 14 hospitals, 23 ambulatory facilities, 4,700 physicians, 10,000 nurses, and serves more than 1.7 million patients. BILH is the second-largest healthcare system in the Commonwealth, with 36,000 employees.

Defining Health Equity at Mount Auburn

BILH is committed to ensuring that no matter where patients begin or continue their health care journey, they receive the most equitable care and outcomes possible. BILH's approach to Diversity, Equity, and Inclusion (DEI) is unique in that health equity is at the center of all the work – across talent, patient care, community, and research and innovation. This foundational approach is both deliberate and essential; the only way to make meaningful progress in eradicating disparities in access, the care experience, and health outcomes across the health system is through a comprehensive set of strategies that integrate research and innovation, care delivery and support for care teams, and collaborative engagement with the surrounding communities.

Mount Auburn Hospital is committed to using a data-driven strategy to evaluate whether care, services, and experiences are the same, or different, across a number of demographics, including sex, race, color, age, religion, national origin, disability, veteran's status, sexual orientation, gender identity, and/or socioeconomic status. Health care equity describes equality in the experience of accessing and interacting with the health care system and the hospital. An equity lens allows us to examine whether patients have similar experiences and outcomes despite different demographic factors.

Health Equity Strategic Plan Executive Summary

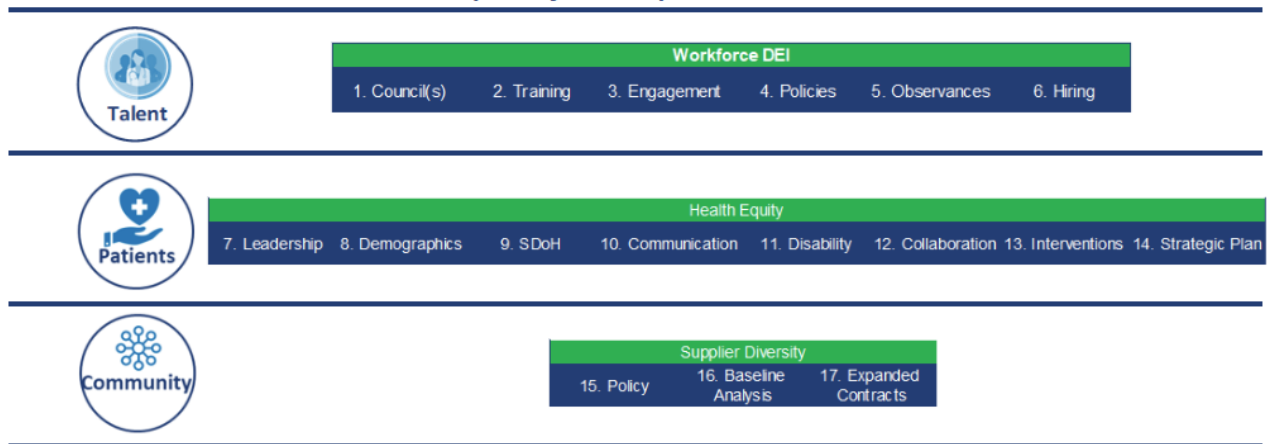
As a system, BILH's goal is to advance its DEI vision by transforming care delivery by dismantling barriers to equitable health outcomes and become the premier health system to attract, retain, and develop diverse talent. This vision is supported by three primary goals that will allow BILH to measure long-term progress.

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

- Patients: we aim to eradicate disparities in health outcomes within our diverse population of patients.
- Community: we aim to expand investments in historically underrepresented communities to close socio-economic disparities that impact population health.

To operationalize these goals, BILH has developed a DEI Capability Development Toolkit that provides the framework for its hospitals and clinical units to implement DEI strategic initiatives. The Toolkit as outlined below includes six capabilities specific to the workforce, eight capabilities specific to health equity, which will be highlighted in this strategic plan, and three capabilities specific to supplier diversity.

DEI Capability Development Framework



Mount Auburn Hospital has leveraged this approach to identify the following goals in the areas of Talent, Patients, and Community:

Improve Diversity, Equity and Inclusion in the CAREER Domain:

Goals	Improve Diversity, Equity and Inclusion in the Career Domain
Objectives	<ul style="list-style-type: none"> A. Identify opportunities for improvement in responses to Glint DEI question set B. Review BIPOC employee demographic data and identify opportunities for improvement C. Develop DEI orientation content and embed in new employee orientation D. Implement policy (or revise a current policy) on supporting colleagues when experiencing micro aggressions, educate on reporting these instances and ensure trended information is reviewed at DEI Council. E. Produce a FY24 Calendar of Activities to gain greater employee engagement in DEI observances F. Understand Inclusive Hiring Guidelines in place at MAH and identify opportunities to gain greater adherence

Improve Diversity, Equity and Inclusion in the CARE Domain:

Goals	Improve Diversity, Equity and Inclusion in the Care Domain
Objectives	<ul style="list-style-type: none"> D. Senior Leadership will identify Health Equity Leader and governance structure E. Monitor and improve REAL and SOGI data. F. Improve compliance with Case Manager workflow for attaining responses to SDoH screening questions to greater than 50% from 40% by September, 2024. G. Evaluate best practice for meeting patient literacy levels in written materials. H. Deploy disability access training to all staff I. Leverage PFAC interest in DEI/Disparity work to guide interventions J. Monitor Intervention to Improve Exclusive Breast Feeding among Spanish Speaking patients to ensure continued improvement

Improve Diversity, Equity and Inclusion in the COMMUNITY Domain:

Goals	Improve Diversity, Equity and Inclusion in the Community Domain
Objectives	<ul style="list-style-type: none"> A. Policy: Create policy prioritizing supplier diversity B. Baseline Analysis: Conduct analysis of supplier diversity current baseline C. Expanded Contracts: Cross check system contracts and match locally where possible

How Mount Auburn incorporates member and community voices

BILH incorporates MassHealth member and community voices into its health equity strategic planning and implementation efforts through its various health equity related committees and workgroups, patient outreach efforts, patient focused groups, periodic patient experience surveys, community partner interviews, patient/family advisory feedback, and comprehensive patient and community health needs assessments.

Mount Auburn Hospital’s Patient and Family Advisory Committee is attended by both the Diversity, Equity, and Inclusion Council Co-Chair, and the Healthcare Disparities Committee Chair. The Patient and Family Advisory Committee has been acutely focused on diversity, equity, and inclusion since the George Floyd event in 2020, and has been committed to understanding and improving health equity. The committee successfully piloted an unconscious bias training workshop, evaluated sociodemographic data related to readmissions and medication compliance, and evaluated food insecurity as a driver for readmissions.