

Beth Israel Lahey Health Diversity, Equity and Inclusion Progress Report

2024





“Our DEI vision is to transform care delivery by dismantling barriers to equitable health outcomes and become the premier health system to attract, retain and develop diverse talent.”

A Message from Juan Fernando Lopera, Chief Diversity, Equity and Inclusion Officer

I am pleased to share the progress we have made over the past year to advance our commitment to diversity, equity and inclusion (DEI) across Beth Israel Lahey Health (BILH).

When we came together as Beth Israel Lahey Health in 2019, we committed to working collaboratively to deliver high-quality, affordable and equitable care in the community. The DEI Office was officially formed in 2021 to help achieve that vision. As we celebrate BILH’s fifth anniversary, we are proud of the progress we have made and of the way our BILH community has come together in our efforts to promote diversity, equity and inclusion. The journey to equity is challenging, rewarding and important. We are working each and every day to fulfill our underlying purpose as an organization, united to enable each person to achieve their best health and build healthier communities.

We are thankful for all of those who, each in their own way, take actions that help us transform care delivered by dismantling barriers to equitable health outcomes and becoming the premier health system to attract, retain, and develop diverse talent.

Juan Fernando Lopera
Chief Diversity, Equity and Inclusion Officer

BILH Purpose and Values

We create healthier communities—one person at a time—through seamless care and ground-breaking science, driven by excellence, innovation and equity.



Wellbeing

We provide a health-focused workplace and support a healthy work-life balance

Empathy

We do our best to understand others' feelings, needs and perspectives

Collaboration

We work together to achieve extraordinary results

Accountability

We hold ourselves and each other to behaviors necessary to achieve our collective goals

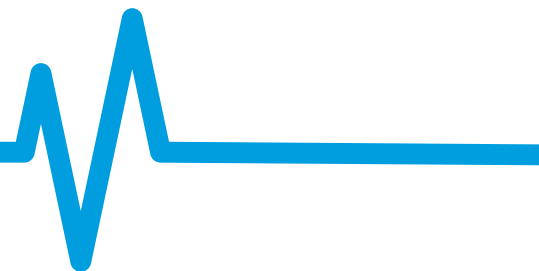
Respect

We value diversity and treat all members of our community with dignity and inclusiveness

Equity

Everyone has the opportunity to attain their full potential in our workplace and through the care we provide

We Care



Meet Our Team



Juan Fernando Lopera
Chief DEI Officer



Joseph Baylon
Executive Assistant

Community Benefits



Nancy Kasen, MSc
Vice President,
Comm. Benefits/
Relations

DEI Programs



Bethany Serota, Esq.
Exec. Director,
DEI



Daniele Olveczky, MD
Faculty Director,
Office of DEI, BIDMC



Jennifer Kincaid
Exec. Director, DEI

Health Equity



Leonor Fernandez, MD
Health Equity
Medical Director



Adelline Ntatin, RN, MPH
Vice President,
Health Equity



Managers and staff assigned across hospitals, clinical entities and system services

BILH Board Community Benefits Committee
Community Benefits Advisory Committees

DEI Advancement Board
DEI Advisory Group

Quality Health Equity Committee (QHEC)

Health Equity & Health Care Equity

Health equity means that every individual has an equal and unbiased chance to achieve their optimal health. Equitable health is a result of a broad spectrum of individual and societal factors that are experienced over one's lifetime.

Health care equity describes equity specifically in the experience of accessing and interacting with the health care system and its organizations. Health care equity more directly examines whether patients have equitable access, receive equitable care, and have equitable experiences. The ability to impact those health care equity measures are largely within the institution's control.

Progress Updates




In Fiscal Year 2023 (ending September 30, 2023), we made notable progress on our three primary DEI goals.

<p>Talent Long-term 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.</p> <p>FY23 Goal: Leadership & Clinical Hires: Increase Black, Indigenous, and People of Color (BIPOC) representation among new leadership (directors & above) and clinical (physicians & nurses) hires with an aim of at least 25% representation.</p>	<p>Results For fiscal year 2023, equally weighting new hires across leadership, nursing and physicians, resulted in 27% BIPOC representation.</p> <p>New Hire Representation (Oct 2022 through Oct 2023)</p> <table border="1"> <caption>New Hire Representation Data</caption> <thead> <tr> <th>Role</th> <th>Leadership (Dir & Above)</th> <th>Physicians</th> <th>Nurses</th> <th>System (Equally Weighted)</th> </tr> </thead> <tbody> <tr> <td>Total BIPOC</td> <td>20%</td> <td>39%</td> <td>22%</td> <td>27%</td> </tr> <tr> <td>Asian</td> <td>10%</td> <td>28%</td> <td>6%</td> <td>-</td> </tr> <tr> <td>Black</td> <td>3%</td> <td>2%</td> <td>7%</td> <td>-</td> </tr> <tr> <td>Hispanic</td> <td>3%</td> <td>3%</td> <td>6%</td> <td>-</td> </tr> <tr> <td>Other</td> <td>3%</td> <td>6%</td> <td>3%</td> <td>-</td> </tr> <tr> <td>New Hires</td> <td>90</td> <td>148</td> <td>1,512</td> <td>1,750</td> </tr> </tbody> </table>	Role	Leadership (Dir & Above)	Physicians	Nurses	System (Equally Weighted)	Total BIPOC	20%	39%	22%	27%	Asian	10%	28%	6%	-	Black	3%	2%	7%	-	Hispanic	3%	3%	6%	-	Other	3%	6%	3%	-	New Hires	90	148	1,512	1,750
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<p>Patients/Health Equity Long-term Aim: To eradicate disparities in health outcomes within our diverse population of patients.</p> <p>FY23 Goal: Diabetes & Hypertension Disparities: Achieve a 25% reduction in the racial/ethnic disparities in diabetes (HbA1c control and DM BP*) and hypertension (HTN BP control*).</p>	<p>Results Across diverse patient cohorts, fiscal year 2023 results show marked improvement from fiscal year 2021 baseline year. The goal of reducing racial and ethnic disparities by 25% was not consistently achieved. We recognize that we are early in our health equity journey and that addressing deeply rooted, longstanding health disparities will require sustained efforts over time. Teams have made tremendous strides in establishing a health equity infrastructure and in meeting The Joint Commission and Mass Health 1115 Waiver milestones. See Health Equity Highlights for additional details.</p> <p>1. Closing the gap between diverse patient cohorts and White cohort, aiming to reduce the gap by 25% in FY23</p> <p>Using Diabetes Blood Pressure (BP) Control as an example, the bars show the percentage of adults 18-75 years of age with type 1 or 2 diabetes whose blood pressure was well controlled (less than 140/90 mm Hg,) stratified by race and ethnicity. The FY23 goal aims to reduce racial and ethnic differences in blood pressure control by 25% (comparing all groups to the White cohort, based on the disparity level in 2021). Results show that the 25% goal was achieved in (or among) Asian and Black patients but not in Hispanic patients.</p>																																			
<p>Community/ Supplier Diversity Long-term Aim: To expand investments in underrepresented communities to close socioeconomic disparities that impact population health.</p> <p>FY23 Goal: Increase spend with diverse businesses (supplier diversity) by 25%.</p>	<p>Results BILH increased supplier diversity spending by 29%, from \$47M in fiscal year 2022 to \$60M in fiscal year 2023.</p> <table border="1"> <caption>Supplier Diversity Spend Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Total Spend (\$M)</th> <th>Other DEI (\$M)</th> <th>VET (\$M)</th> <th>WBE (\$M)</th> <th>MBE (\$M)</th> </tr> </thead> <tbody> <tr> <td>FY21</td> <td>\$39.5</td> <td>\$3.8</td> <td>\$10.5</td> <td>\$9.6</td> <td>\$15.6</td> </tr> <tr> <td>FY22</td> <td>\$46.9</td> <td>\$8.6</td> <td>\$14.9</td> <td>\$9.7</td> <td>\$13.9</td> </tr> <tr> <td>FY23</td> <td>\$59.9</td> <td>\$15.6</td> <td>\$11.4</td> <td>\$14</td> <td>\$19</td> </tr> </tbody> </table> <p>*\$s in millions; **MBE: Minority-owned Business Enterprises; WBE: Women-owned Business Enterprises; VET: Veteran-owned Business Enterprise</p>	Fiscal Year	Total Spend (\$M)	Other DEI (\$M)	VET (\$M)	WBE (\$M)	MBE (\$M)	FY21	\$39.5	\$3.8	\$10.5	\$9.6	\$15.6	FY22	\$46.9	\$8.6	\$14.9	\$9.7	\$13.9	FY23	\$59.9	\$15.6	\$11.4	\$14	\$19											
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FY24 Goals

In Fiscal Year 2024, we are expanding on the same three DEI areas of focus: talent, patients and community, including system goals, as well as goals for our 14 hospital and four clinical units. The local entity goals from those 18 entities are being developed through a collaborative process with DEI and local entity leaders.

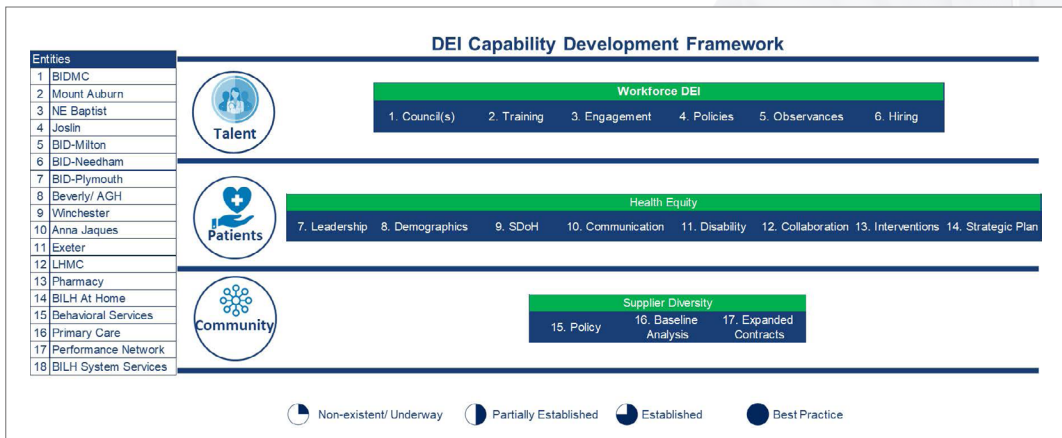
BILH’s DEI System goals for Fiscal Year 2024 include:

 <p>Talent Leadership and Clinical Hires:</p>	<p>Increase Underrepresented People of Color (URPOC) representation among new leadership (directors and above) and new clinical (physicians and nurses) hires with an aim of at least 25% representation</p> <p>*URPOC benchmarked against BILH’s service area racial and ethnic demographic</p>
 <p>Patients Cardiometabolic and Maternal Health Disparities:</p>	<p>Achieve a 25% reduction in the disparities for diabetes and hypertension and develop maternal health disparity plan*</p> <p>*Maternal health disparity plan includes baseline disparity analysis, interventional research and goal setting for FY25</p>
 <p>Community Supplier Diversity:</p>	<p>Increase spend with diverse businesses by 25%</p> <p>*Measured either as YoY increase of spend with diverse suppliers or supplier diversity increase as a percentage of addressable spend</p>

FY24 DEI Entity Goals for Hospitals and Clinical Units

The DEI capability development framework will be used to establish DEI strategic plans across BILH’s 18 entities, to advance workforce, health equity and supplier diversity system goals.

Using the framework, each entity has established DEI plans by conducting a self-assessment of current capabilities on a scale from “Non-existent/ Underway” to “Best Practice” and selecting priority capabilities that align with entity-specific DEI journeys.

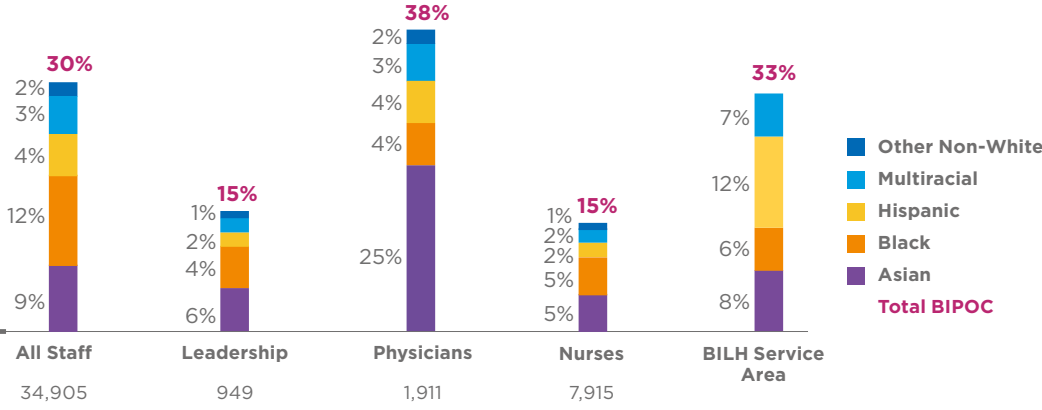


The DEI capability framework is comprised of 17 capabilities, with established best practice definitions for each.

See appendix for framework definitions.

DEI Scorecard

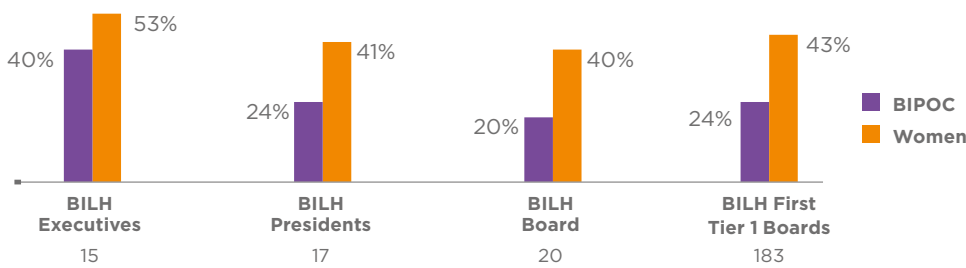
Goal: To provide increased transparency and inform progress over time, using key DEI metrics for workforce, patients and suppliers.



Source: HR Data as of February 2024; BILH Service Area from Sg2 Health Care Intelligence as of October 2023

Workforce Representation:

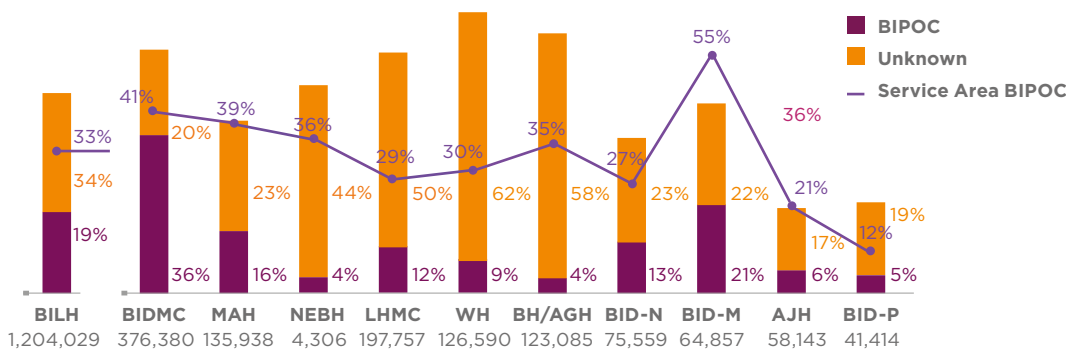
We want our workforce to mirror the increasing diversity in the communities we serve. Analysis shows the most opportunity to increase representation exists within our Black and Hispanic talent.



Source: Board representation as of October 2023 based on self-reported survey; board membership does not include ex-officio members.

Senior Leadership and Board Representation:

While we continue to strive for increased representation, we are pleased about the strong foundation of diverse leaders across the BILH executive team, hospital and business units, as well as our BILH hospital Boards of Trustees.



Source: BILH patient data from electronic health records and claims data combined as of November 2023; BILH Service Area from Sg2 Market Snapshot as of 10/26/2023

BIPOC: Black, Indigenous and People of Color

Unknown data: We continue to prioritize the collection of patient demographic data including Race and Ethnicity to minimize the percentage of unknown data across the system.

Hospital Definitions: BILH: Beth Israel Lahey Health; AJH: Anna Jaques Hospital; BH/AGH: Beverly and Addison Gilbert Hospitals; BIDMC: Beth Israel Deaconess Medical Center; BID-M: Beth Israel Deaconess Hospital - Milton; BID-N: Beth Israel Deaconess Hospital - Needham; BID-P: Beth Israel Deaconess Hospital-Plymouth; LHMC: Lahey Hospital & Medical Center; MAH: Mount Auburn Hospital; NEBH: New England Baptist Hospital; WH: Winchester Hospital

Patient Diversity:

Based on 2023 data, 19% of patients hospitalized across BILH were racially/ethnically diverse compared to 33% in BILH's Service Area.



Supplier Diversity:

Total Spend with diverse suppliers for Fiscal Year 2023 was \$60 million, representing a 29% increase over 2022 spend.

*\$s in millions; **MBE: Minority-owned Business Enterprises; Women-owned Business Enterprises; VET: Veteran-owned Business Enterprise

Health Care Equity Highlights

We are dedicated to the mission of promoting health equity for our community. Our efforts focus on addressing the systemic barriers that prevent historically marginalized populations from achieving optimal health and well-being.

In FY23, we expanded our health equity efforts across the system to align with the requirements of The Joint Commission, the MassHealth 1115 Waiver, and private payers.

Infrastructure

- **One BILH:** The DEI Office has been actively involved in advancing several critical system priorities. Our system design in our electronic medical record, One BILH through EPIC, will enable the comprehensive capture of patient demographics, including factors such as race, ethnicity, language (REaL), sexual orientation and gender identity (SOGI), and social determinants of health (SDoH).
- **Health Equity Dashboard:** In close partnership with the BILH Performance Network team, we have established a BILH Health Equity Dashboard of All Patients to guide our priorities for health equity and track our progress across the system and by individual hospitals and clinical units.

MassHealth 1115 Waiver & Joint Commission

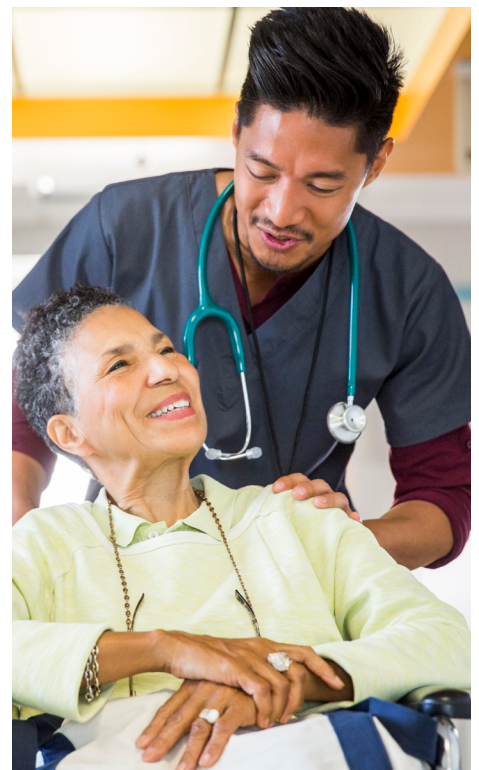
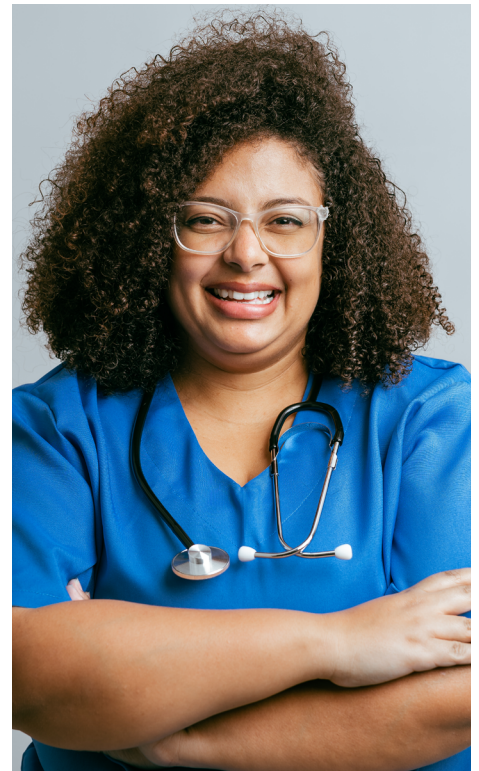
- Teams successfully submitted all deliverables across 10 hospitals, capturing 100% of MassHealth health equity incentives.
- Examples of key deliverables include: (1) establishing comprehensive health equity strategic plans across all hospitals; (2) designating a health equity leader at each hospital; (3) cultural literacy training focused on disability; (4) shaping the design and architecture of One BILH (Epic) as we implement new standards and scripts for the collection of patient demographic data; and (5) establishing a performance improvement plan (PIP), which will focus on diabetes disparities.
- Additionally, all hospitals successfully met newly established health equity Joint Commission requirements.

Research

- **MIELHSS:** A new state-wide institute to accelerate health equity-focused research was established including patients and leaders from across BILH, Brigham & Women's Hospital and Massachusetts General Hospital. Funded by a grant awarded by the federal Agency for Healthcare Research and Quality (AHRQ), the [Massachusetts Institute for Equity-Focused Learning Health System Science \(MIELHSS\)](#) will be the first-of-its-kind in New England and one of only 16 institutions in the nation dedicated to accelerating equity-focused, patient-centered research to address health disparities and improve outcomes.

Interventions

- **Equity Areas of Focus:** Using stratified data, we identified disparities in outcomes among Black and Hispanic patients in relation to diabetes and hypertension. We partnered with eight practices, (Beth Israel Deaconess Health Center, Bowdoin Street Health Center, Cambridge Health Alliance, The Dimock Center, Healthcare Associates, Lahey Affiliated Physicians Inc. and Winchester Primary Care Associates, in and around Boston that serve diverse and under-resourced communities and developed interventions together to promote health equity. Our Equity in Practice Committee, made up of leaders, staff, navigators and community members who are deeply engaged in the care of these communities help us develop innovative and locally informed care strategies to promote equity.
- **Bilingual health navigators:** Health navigators are a growing part of our team that help address barriers to care. Language, lived experience, and cultural context matter, especially when reaching out to patients. We have hired multiple health navigators and population health specialists to help patients access care, with a focus on community practices who deliver care to patients who experience high levels of health-related social needs and health inequities. If patients need transportation, we help arrange it. If they're facing housing insecurity, we help patients connect with community resources.
- **Pharmacists:** We have integrated pharmacist expertise and consultation into primary care and in some specialty services. Pharmacists help patients learn more about the medications that may best treat their diabetes and other metabolic conditions and conduct outreach to meet patients at home when necessary.
- **Resource allocation:** Our teams have expanded access to blood pressure monitoring cuffs, glucose monitoring devices and other resources that are essential to manage diabetes and cardiovascular health.
- **Medical Legal Partnership:** We are piloting free legal support to low-income patients, beginning at Beth Israel Deaconess Medical Center. Medical-legal partnerships are an innovative way to integrate free legal support into clinical settings. The collaboration will expand BILH's ability to address health.



FY23 DEI Highlights

Workforce

- **Workday:** With the implementation of Workday, we now have expanded capabilities for employees to self-identify important demographics to inform and prioritize our efforts to attract, retain and develop our diverse staff. Demographics include race, ethnicity, language, sexual orientation, gender identity, disability and veteran status.
- **WE CARE Survey:** Our WE CARE employee engagement survey introduced expansive DEI questions and provides enhanced reporting to provide insights and highlight opportunities to increase our culture of belonging across BILH.

Supplier Diversity

- **Tronex Highlight:** Awarded multimillion-dollar contract system-wide for exam gloves to Tronex International, Inc, a nationally certified Asian-American MBE that supplies cross-contamination control and infection-prevention solutions. Previously, Tronex products were in use only at one BILH facility and when utilization was expanded systemwide, it resulted in savings of ~\$1.6M in FY23.
- **DEI Supply Chain Specialist:** We welcomed a dedicated Supply Chain team member to further inform and manage our supplier diversity programming. As a resource, the role of Senior Strategic Sourcing Specialist for DEI, Supply Chain Sourcing works collaboratively with DEI partners throughout the healthcare system.
- **Networking Expansion:** BILH joined the Healthcare Anchor Network, a national collaboration of 70+ leading healthcare systems building more inclusive and sustainable local economies to build upon our reporting capabilities and best practice knowledge.

Awards & Recognitions



BILH was honored by the Greater Boston chapter of the National Association of Health Services Executives (NAHSE) with the 2023 Presidential Award for commitment to Black Healthcare Executives.



Adelline Ntatin, Vice President of Health Equity at BILH, has been named a Health Equity Champion in Boston Business Journal's Innovators in Healthcare program!



Gov. Maura Healey created a Governor's Council on Latino Empowerment that includes Chief Diversity, Equity & Inclusion Officer, Juan Fernando Lopera. Amplify Latinx honored Juan Fernando Lopera, Chief Diversity, Equity and Inclusion Officer, BILH, as one of the 100 Latinx who inspire others and uplift our Latinx community. Lopera was also recognized Massachusetts Women's Political Caucus (MWPC) Winners Circle Awardee for 2023; a 2023 DEI Champion Award at the annual MV CDO Summit, the second annual gathering of Chief Diversity Officers from around the country; and was named Boston's Most Influential Man of Color for DEI.

DEI Program Highlight



The DEI Office distributed optional Pronoun Badge Buddies to affirm gender identities and create safe spaces by referring to people in the way that feels most accurate to them. The program featured a toolkit with training on the importance of appropriate pronoun use.

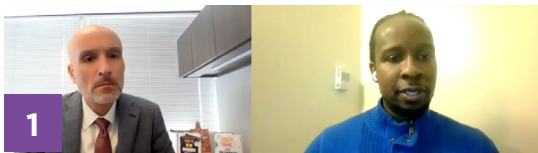
System-Wide DEI Observances

The DEI team with input from across Beth Israel Lahey Health (BILH) selected 24 DEI-related recognition events (five month-long observances and 19 recognition days/ weeks) throughout the year that meet one or more of the following criteria:

- Acknowledge historically marginalized communities
- Are recognized at the national, state and/or international level
- Are meaningful to a broad and encompassing array of people

BILH celebrates the following month-long observances with internal and external audiences: Black History Month, Women's History Month, Asian American & Pacific Islander Month, PRIDE Month, and Hispanic Heritage Month.





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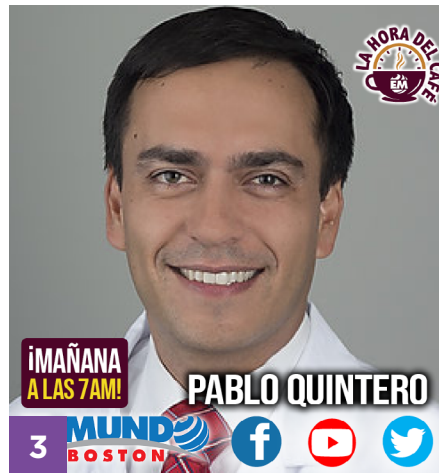
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4. At the Tu Salud Health Fair at Fenway on June 11 featured dozens of BILH clinicians with bilingual health information and family friendly activities including doctor kits for kids.

5. The [Health Equity Compact](#) (the “Compact”) was established two years ago with the vision of eliminating systemic barriers and creating new structures and processes that will lead to equitable healthcare and health outcomes for all in Massachusetts.

The Compact was co-founded by Michael Curry, President and CEO, Massachusetts League of Community Health Centers, Jeffrey Sanchez, former Massachusetts Chair of the House Ways & Means Committee and, our very own, Juan Fernando Lopera and now includes more than 80 leaders of color across a diverse set of Massachusetts organizations – including hospitals, health centers, payers, academic institutions and public health – to advance health equity in Massachusetts.

In 2023, the Compact filed a first-of-its-kind omnibus bill, [An Act to Advance Health Equity](#), which now has 32 sponsors from the Massachusetts House and Senate. The Compact collaborated with Blue Cross Blue Shield Foundation on [The Time Is Now: The \\$5.9 Billion Case for MA Health Equity Reform](#).

6. BILH had a significant presence with a marching contingent at Boston Pride for the People Parade Saturday, June 10, and participated in a health fair after the event with representatives from Transgender Medicine at both BIDMC and LHMC.

1. BILH invited antiracist scholar, historian, and New York Times best-selling author Dr. Ibram X. Kendi for a conversation on Anti-Racism.

2. Hispanic Heritage Month celebrations including an event with prominent Latinx leaders to discuss the economic, political and social growth and prosperity of the Hispanic and Latinx communities, including Josiane Martinez, founder and CEO of Archipelago Strategies Group, and Joseph R. Betancourt, MD, MPH, President of the Commonwealth Fund.

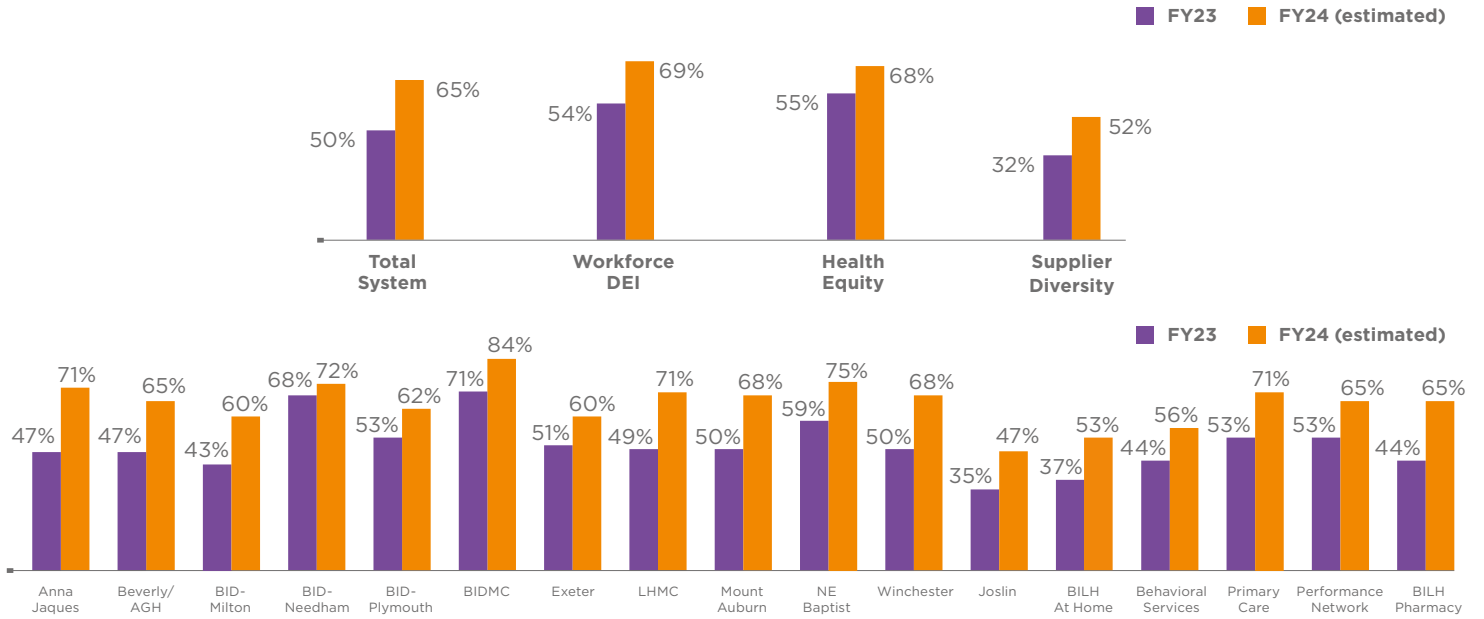
3. El Mundo’s morning show featured a different BILH guest each day of the week leading up to Tu Salud, including Pablo Quintero, MD, Advanced Heart Failure and Transplant Cardiology, Cardiovascular Disease, BIDMC, Leonor Fernández, MD, Medical Director, BILH Health Equity; Primary Care Physician, and Ana Sofia Ore, MD, MPH, General Surgery Resident, BIDMC, member of the Latinx Colorectal Surgery Clinic.

Appendix: DEI Capability Development Framework Definition

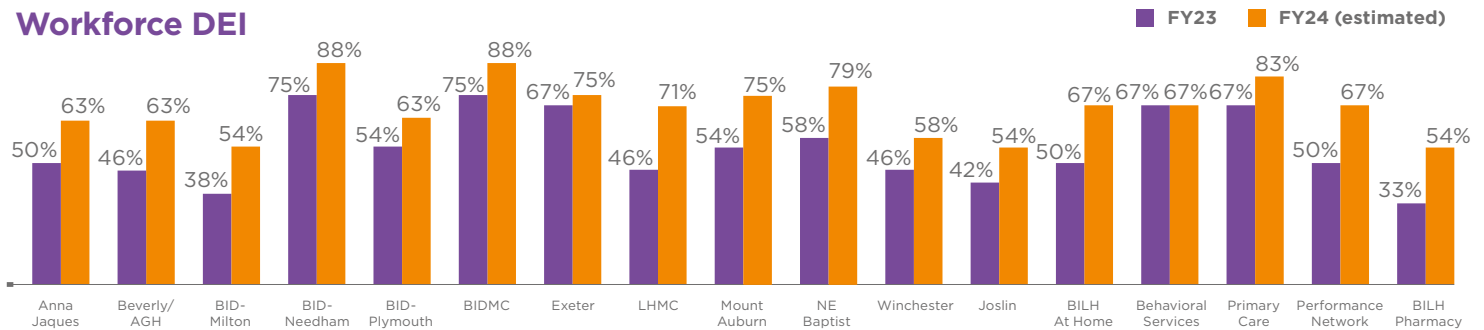
	Capability	Non-existent/ Underway (1)	Partially Established (2)	Established (3)	Best Practice (4)
Workforce	1. DEI Council(s)	Site does not currently have a DEI council or resource groups or planning is underway	DEI council may exist but needs to be re-invigorated due to lack of participation and/or employee interest	DEI council is established though primarily focused on cultural observances, not yet evolved for broader impact	Council established with comprehensive annual planning process, utilizing the "4 C" model, local executive sponsorship and active membership
	2. DEI Training	No current DEI training in place or planning is underway	Some DEI training previously conducted but not offered across all staff	DEI learning is available to all staff with some (<50%) level of participation	DEI learning is available to all staff with 90%+ participation
	3. DEI Engagement	Site not currently assessing employee engagement across various DEI demographics	Site has received employee engagement results stratified by race/ ethnicity	Site has established programs to increase employee engagement for identified engagement opportunities across diverse staff	Site is improving year-over-year performance in employee engagement across various diverse staff (racial groups, gender diverse, etc)
	4. DEI Policies	DEI policies (e.g., anti-discrimination, harassment) not currently in place	DEI policies in place but site would benefit from revising and increasing awareness	DEI policies recently revised to enhance awareness and address incidents of bias from colleagues and patients	DEI policies well established with effective documentation and follow through on incidents of bias, resulting in year-over-year reduction in DEI-related incidents
	5. DEI Observances	Lack of engagement in DEI observances	Minimal level of engagement in DEI observances throughout the year	Local leaders and local DEI council members are actively engaged and promote system and/or local DEI observances	Site is one of the top three sites, across the system, in level of attendance at local and/or system DEI observances (measure as number of local participants divided by total staff)
	6. Inclusive Hiring	Inclusive hiring guidelines not currently in place/ followed locally	Guidelines in place, though with limited adherence	Guidelines in place and adherence less than 50% of the time	Inclusive hiring guidelines are well established and have 90%+ level of adherence
Health Equity	7. Leadership	Health equity planning underway	Local health equity leader named only but no governance established	Local health equity leader identified and governance structure established	Site has a designated health equity lead, governance established, vision/ mission/ goals and resources dedicated to advancing local health equity priorities with ongoing reporting to senior leadership and the board
	8. Demographics	Low level of completeness (<50%) of patient demographic data (e.g., race, ethnicity, language, sexual orientation, gender identity)	Completeness >80% for at least REaL data (race, ethnicity, language) and REaL health disparity dashboard established	Completeness >80% for all key sociodemographic data (race, ethnicity, language, sexual orientation, gender identity) and partial health disparity dashboard established	Completeness >80% for all key sociodemographic data (race, ethnicity, language, sexual orientation, gender identity) and robust health disparity dashboard established
	9. SDoH	No standard approach to screening for social determinants of health (SDoH)	Standalone SDoH tool in place, not integrated into EMR and limited resources to connect patients with resources to close gaps	SDoH tool in place, integrated into EMR and some level of resources to connect patients with resources to close gaps	Fully integrated SDoH FindHelp tool into Epic, with high level (>50%) of completeness and patient gaps identified being addressed the majority of time (>50%)
	10. Communication	Site lacks resources to meet the needs of patients based on language and health literacy level	Site provides limited services	Site provides on-demand access to language services to respond to patient needs	The site has expansive, scalable infrastructure for assessing and effectively communicating with patients and families to provide robust language access services for non-English speakers and meeting patient literacy levels
	11. Disability	Disability competencies assessment has not been conducted	Disability team identified, training underway and assessment has been initiated	Disability team established, disability assessment completed and training deployed	Site has conducted all MassHealth disability requirements and meets the majority (50%) of capabilities assessed, including training
	12. Collaborations	No current process for seeking input from patients, families, caregivers and community organizations	Process partially in place but needs to be revamped/ improved for greater impact and to increase representation of diverse voices	Site collaborates with patients, families, caregivers, and community organizations to support health care equity	Collaboration guides interventions
	13. Interventions	Targeted health disparity interventions not currently in place	Site has defined areas of focus, informed by health disparity dashboards	Disparity analysis guides selection of health disparity interventions and performance improvement plans (PIPs)	Health disparity interventions/ PIPs demonstrate improvement in outcomes to close gaps
	14. Strategic Plan	Site does not have a documented health equity strategic plan	Site has a partially defined plan, with limited scope	Site has a robust health equity strategic plan	Site has deployed its health equity strategic plan and meets regulatory requirements (e.g., The Joint Commission)
Suppliers	15. Policy	No supplier diversity policy established	Supplier diversity policy communicated	Supplier diversity policy established and followed for several contracts	Supplier diversity policy established, followed for majority of contracts and year-over-year supplier diversity spend meets or exceeds system goals
	16. Baseline Analysis	No baseline analysis conducted	Baseline analysis and local diverse supplier opportunities are identified		
	17. Expanded Contracts	No contract opportunities identified			

DEI Capabilities Across BILH Entities

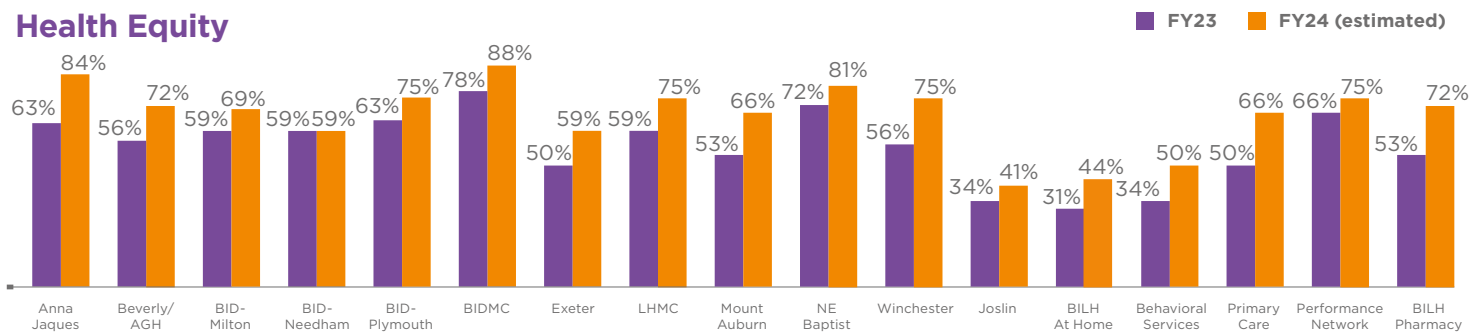
The following graphs show current state and fiscal year 2024 DEI assessments for the 18 hospitals and clinical units, across BILH. Percentages are derived from a one to four scale, scored for each DEI capability, with 100% equating to a score of four (best practice) across all 17 capabilities.



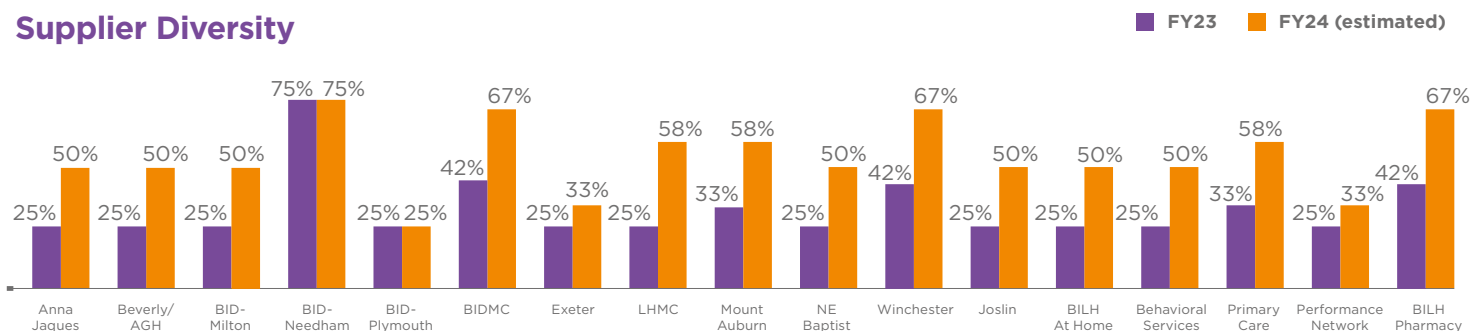
Workforce DEI



Health Equity



Supplier Diversity



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