

## Domain: Our People

### Metric 4: Leadership Practices to Advance Racial Equity

#### Focus Area: Anti-Racism Inclusion in Strategic Plan

##### *Leading Practice Standard*

Healthcare institutions should include anti-racism practices in their strategic plans to ensure fair healthcare delivery. By making anti-racism a priority, institutions can tackle systemic biases and racial disparities, enhancing patient care and promoting inclusivity. Healthcare institutions should embed anti-racism practices in their strategic plans by including the following action steps:

1. Make and sustain an unequivocal commitment to anti-racism and diversity, equity and inclusion (DEI)
2. Lead the institution with purpose and decisive action
3. Hire to increase and sustain diversity
4. Build and sustain a culture of inclusion in the workplace
5. Include all patients on the DEI Journey
6. Listen to the workforce, patients and families
7. Communicate transparently.

##### *Example*

[\(Seattle Children's Health Equity and Anti-Racism Action Plan\)](#)

In Spring 2020, Rush University System for Health formed the Racial Justice Action Committee (RJAC) to develop an organizational equity implementation plan. After several months of planning, the following RJAC Educate, Hiring, and Align working groups developed the following recommendations:

##### Align Working Group

- Develop a racial equity tool and process for the Policy workgroup (the group responsible for compliance and consistency across the RUSH system).
- Integrate the equity tool into the policy setting committees across the RUSH system
- Increase awareness of leadership to consider equity when developing new practices using multiple channels of communication to change the way managers think
- Develop READI ambassador roles and responsibilities for Diversity Leadership Council with Align working group strategies and plans
- Develop a comprehensive multiple year RJAC communication/education plan for employees about policy changes made to be less biased and more equitable
- Redesign a RUSH Employee systemwide hotline and process for reporting bias or racism
- Partner with compliance in launching, communicating and encouraging the use of the hotline

##### Hire Working Group

- Employ recruitment and hiring strategies for staff and faculty that promote equity across RUSH. Ensure that attraction, sourcing, and recruitment is done through a DEI lens.
- Employ acceptance strategies for students that promote equity at Rush University
- Employ retention strategies for staff and faculty that promote equity across RUSH. Ensure that DEI is integrated into talent development, performance management, advancement and retention.
- Employ retention strategies for students that promote equity across Rush University

#### Education Working Group

- Develop a comprehensive and systemwide antiracism education and training and continue with other DEI-related topics per the needs of the system.

If you are interested in learning more about the RJAC, please contact Janet Olivo, Director of Diversity, Equity, and Inclusion at [janet\\_olivo@rush.edu](mailto:janet_olivo@rush.edu).

## Background

Incorporating anti-racism into hospitals' strategic plans is vital due to persistent racial disparities and systemic biases in healthcare. Studies consistently reveal unequal access to healthcare services and disparities in health outcomes among racial minorities.<sup>4</sup> Furthermore, implicit biases among healthcare providers contribute to differential treatment based on race.<sup>3</sup> By prioritizing anti-racism initiatives in strategic planning, hospitals can proactively address these challenges, fostering a more equitable healthcare environment.

This alignment with ethical principles benefits patient care and organizational culture. Hospitals advocating for diversity, equity, and inclusion initiatives tend to achieve higher patient satisfaction rates and improved health outcomes among marginalized groups.<sup>2</sup> Additionally, promoting an anti-racist culture can enhance staff morale, retention, and collaboration, resulting in a more cohesive healthcare workforce.<sup>1</sup> Incorporating anti-racism as a core tenet in strategic planning demonstrates an institution's commitment to social responsibility, thereby fostering community trust and advancing healthcare equity, ultimately enhancing patient outcomes.

## Resources

1. [Health Equity and Anti-Racism Action Plan:](#)  
Actions and Background Seattle Children's Health Equity and Anti-Racism Action Plan with a 3-phase approach
2. [AMA: Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity:](#)  
An American Medical Association's strategic plan serves as a three-year roadmap to plant the initial seeds for action and accountability to embed racial justice and advance health equity for all of the years to come with the organization.
3. [Massachusetts Department of Public Health Strategic Plan to Advance Racial Equity 2024-2028](#)  
A strategic plan designed to enable the agency to move toward its updated vision of health equity for all by leading with the principles and practices of racial equity across five foundational public health strategies over the next five years.

## References

1. Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of experimental social psychology*, 48(6), 1267-1278.
2. Gonzalez, H. M., Tarraf, W., Whitfield, K. E., & Vega, W. A. (2018). The epidemiology of major depression and ethnicity in the United States. *Journal of Psychiatric Research*, 102, 92-99.
3. Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., ... & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. *American journal of public health*, 105(12), e60-e76.
4. Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of behavioral medicine*, 32, 20-47.