Designing a Road Map for Action to Address Bias and Racism Within a Large Academic Medical Center

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Abstract

The convergence of the COVID-19 pandemic, the Black Lives Matter Movement, and the public anguish and outrage resulting from the murder of George Floyd in 2020 intensified the commitment of many health care institutions to pursue racial and social justice and achieve health equity. The authors describe the Road Map for Action to Address Racism, which was developed to unify and systematize antiracism efforts across the Mount Sinai Health System. A 51-member Task Force to Address Racism, comprising faculty, staff, students, alumni, health system leaders, and trustees, developed recommendations to achieve the goal of becoming an antiracist and equitable health care and learning institution by intentionally addressing all forms of racism and promoting greater diversity, inclusion, and equity for its workforce and community. Grounded in the principles of Collective Impact, the Task Force developed a set of 11 key strategies to effect systemwide change. The strategies affected all aspects of the organization: business systems and financial operations, delivery of care, workforce development and training, leadership development, medical education, and community engagement. The authors describe Road Map implementation, currently in process, including the appointment of strategy leaders, evolution of a governance structure integrating stakeholders from across the health system, development of an evaluation framework, communication and engagement efforts, and process measures and progress to date. Lessons learned include the importance of recognizing the work of dismantling racism as integral to, not apart from, the institution's day-to-day work, and the need for specialized expertise and a significant investment of time to coordinate Road Map implementation. Going forward, rigorous assessment of quantitative and qualitative outcomes and a commitment to sharing successes and challenges will be critical to eradicating systems that have perpetuated inequities in the biomedical sciences and medicine and in the delivery of health care.

> Antiracism is a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas.
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> —Ibram X. Kendi, *How to Be an Antiracist*[1]

A compelling body of work has stressed the imperative to confront structural racism, defined as all of the ways that societies foster racial discrimination through systems that are mutually reinforcing[2] and institutionalized racism, defined as racially adverse and discriminatory policies and practices carried out within institutions on the basis of racialized group membership,[2] to achieve health equity.[3,4] Our formal work to dismantle racism within the Mount Sinai Health System (MSHS) builds upon 15 years of programming led primarily by the Center for Multicultural and Community Affairs and the Office for Diversity and Inclusion. These efforts have included unconscious bias training initiatives, career development programs for faculty from underrepresented groups in biomedical research and medicine (URM), a student-led coalition that became a change management process to transform medical education, and the launch of a Diversity Innovation Hub.[5,6]

The convergence of the COVID-19 pandemic, Black Lives Matter movement, and public anguish and outrage in response to the televised murder of George Floyd in 2020 intensified the institution's commitment to equity and racial justice, as it did in institutions across the country.[7] The intersecting public health crises of COVID-19 and racism drove greater urgency and a vision for unifying and systematizing antiracism efforts across MSHS. In this article, we briefly describe the operationalization of this vision, which has comprised the establishment of the MSHS Task Force to Address Racism and Bias (referred to as the "Task Force") and the development and implementation of the MSHS Road Map for Action to Address Racism (referred to as the "Road Map"). In this article, we present the Road Map key strategies, implementation plans and progress, and development of an evaluation framework. Finally, we share lessons learned and future directions.

Background: MSHS

MSHS is the largest academic medical center in New York City (NYC) with 43,000 employees, 8 hospital campuses, and more than 400 ambulatory clinics. It encompasses the Icahn School of Medicine at Mount Sinai (ISMMS) and Graduate School of Biomedical Sciences with the country's largest program of graduate medical education, a school of nursing, and extensive community engagement programs. ISMMS comprises 44 multidisciplinary research,

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educational, and clinical institutes and 35 academic departments with more than 7,000 faculty.

MSHS demographics

Patient population. MSHS serves among the most diverse patient populations in the country. The Mount Sinai Hospital and medical school campus are located at the crossroads of Manhattan's Upper East Side, one of the nation's wealthiest neighborhoods, and East Harlem, a largely minoritized community where 32.1% of residents live in poverty.[8] MSHS hospitals and clinics serve neighborhoods across NYC where the combined populations of Black/Latinx/Asian residents range from 42% to 82%; households living below the federal poverty line range from 13.5% to 31.2% (compared with NYC's overall rate of 12.8%); and households where a language other than English predominates range from 30% to 54%.[9–12] Many of these communities have well-documented health disparities, including a disproportionate burden of chronic disease, as well as trauma and behavioral disorders.

ISMMS demographics. In February 2023, 19% of students enrolled in undergraduate medical education (101 of 532), 23% of graduate students (174 of 757), and 16% of residents and fellows (400 of 2,500) were URM. We do not possess accurate race/ethnicity data on faculty, although we do know that the faculty is largely White and male and is not representative of either our students or our patient population. Efforts to obtain these faculty data and initiatives to increase biomedical workforce diversity at ISMMS and across MSHS are underway.

MSHS staff and leadership demographics. Similar efforts are underway to obtain accurate racial/ethnic data for MSHS employees as part of the Road Map work. The Department of Human Resources has compiled the following data on leadership across MSHS as of May 2023: of the 892 leaders reporting directly to the CEO and the dean of the medical school, 5.3% are Latinx, 4.8% are Black, 14.1% are Asian, and 83.1% are White; and of those reporting directly to leaders up to 2 levels below the CEO and dean, 6.3% are Latinx, 9.2% are Black, 16.8% are Asian, and 67.5% are White. Of the 87 members of the MSHS board of trustees, 3.4% are Latinx, 8.0% are Black, 1.1% are Asian, and 87.4% are White. An early focus of the Road Map was to increase opportunities for leadership development. As a part of Road Map work, we are recruiting board members who will reflect greater racial and ethnic diversity; the 3 most recently appointed trustees are Black.

The Task Force to Address Racism and Bias

Designing a plan for systemwide transformation has presented complex challenges and required an integrated effort. Toward this end, in July 2020, our CEO convened the MSHS Task Force to Address Racism to guide a process of learning and change.

Task Force Charge

The Task Force charge was broad in scope while articulating a specific deliverable: "to evaluate, investigate, and engage in meaningful and sustained action and dialogue; and report back to leadership with specific recommendations that move the System forward to ensure a fairer, more just, antiracist, and equitable community for its staff, patients, and students."[13] We defined our overarching goal as follows: "to become an antiracist health care and learning institution that intentionally addresses structural racism."[13]

Adopting an antiracist approach

From the inception of the Task Force, we announced our specific intention to address *racism* and advance *antiracist* policies and practices (see Table 1 for key definitions). To reiterate the much-cited work of Ibram X. Kendi: "The only way to undo racism is to consistently identify and describe it—and then dismantle it."[1] The medical school's 2018 Bias and Racism Initiative set a precedent for defining racism (barriers to equal opportunities, resources, etc., based on race) as related to, yet distinct from, efforts to increase diversity (increasing representation).[5] While the Task Force initially focused on anti-Black racism in the wake of the summer 2020 events, our work is intended to dismantle racism in all its forms across MSHS.

Task Force members

Our CEO appointed the dean for diversity programs, policy, and community affairs to chair the Task Force (this role was subsequently elevated to executive vice president), along with 51 members from across MSHS, including a 5-member strategy and support team. The Task

Table 1
Key Definitions for Terms Used in the Mount Sinai Health System Road Map for Action to Address Racism

Term	Definition
Antiracism	An action-oriented strategy for systemic change that addresses racism and interlocking systems of social oppression[22]; the practice of actively identifying, opposing, and dismantling racism.[23]
Antiracist (adjective)	Describes ideas, practices, policies, behaviors, and beliefs that promote antiracism.
Equity	Fairness and justice achieved through systematically assessing disparities in opportunities, outcomes, and representation and redressing those disparities through targeted actions.[15]
Health equity	The state in which everyone has a fair and just opportunity to attain their highest level of health.[24]
Racism	A system of structuring opportunity and assigning value based on how one's appearance is perceived (i.e., skin color), which unfairly advantages some individuals and communities, and unfairly disadvantages other individuals and communities.[25]
Structural racism	Totality of ways in which societies foster racial discrimination via mutually reinforcing systems (e.g., housing, employment, education, health care, legal).[2]
Systemic or institutionalized racism	Racially adverse and discriminatory policies and practices carried out within institutions on the basis of racialized group membership.[2]

Force included members who had previously led or engaged in diversity, equity, and inclusion efforts and those who had not, and reflected diversity in expertise, experience, and perspectives. Approximately half of the members were from minoritized racial/ethnic groups. The Task Force represented 8 corporate services units, 4 hospitals, 18 academic departments, and 4 special offices (e.g., the Office for Gender Equity). To ensure accountability, the Task Force included a large number of MSHS leaders: 24 presidents, vice presidents, chiefs, deans, and directors. Faculty included system chairs (all full professors) and associate and assistant professors. Six were practicing clinicians, including the CEO of a federally qualified health center. Two residents, 2 students, 1 alum, and 2 trustees rounded out the roster. The Task Force chair designated an executive core committee composed of strategy and support team members, hospital presidents, corporate services leaders, faculty, a student, and a trustee.

A large group of "field experts" identified by Task Force members (e.g., hospital staff, clinical managers, faculty from departments not represented on the Task Force) provided feedback on plans and materials. We did not include patients or local community members on the Task Force, which we recognize as a limitation. Both patients and local community members are participating in the Road Map implementation work, for example, as members of workgroup subcommittees (e.g., the subcommittee collaborating with the Quality Leadership Council to examine discriminatory language in electronic health records).

Task Force resources and timeline

Our charge aligned with institutional priorities, and as such requires sustained focus and dedicated resources. Approved by the board of trustees and overseen by the chair, the Task Force was allocated funds to hire staff (a program coordinator, associate director of operations, director of evaluation and impact, and data management analyst) and to engage teams of consultants with expertise in equitable systems change and strategic communications. Our Task Force accomplished its work over approximately 9 months (July 2020 to March 2021), beginning with adoption of a formal approach to guide our work and concluding with presentation to the CEO and trustees regarding the MSHS Road Map for Action to Address Racism. Road Map implementation planning began in spring 2021 and is ongoing. While a sense of urgency drives the work, we are committed to advancing antiracism with interventions grounded in data and context, and through focused and targeted solutions to create enduring systems change.[14]

Collective Impact framework

Responding to the Task Force charge was a major undertaking given the size and complexity of our health system and the imperative to create a plan with actionable, measurable interventions. To formalize this work, we adopted a social change methodology known as Collective Impact, originally defined as "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem," by Kania et al in 2011.[15] We note that our process conformed to the subsequent 2022 revision of the framework that centered equity as a prerequisite and systems-level change as a goal.[16] Collective impact has been effective in facilitating large-scale change (e.g., a successful regional watershed restoration program, implementation of a citywide obesity prevention program in youth)[17] and offered a structured yet flexible framework to guide systemwide transformation.

Collective Impact core components

Collective Impact requires 5 essential components to guide collaboration (presented in Table 2 with examples). Through this process, we: (1) identified critical issues and articulated key strategies to deliver more equitable care and education, invest in a diverse workforce, redesign business structures with an antiracist and equity lens, and instill antiracism as a core element of Mount Sinai's culture; (2) defined interventions to achieve these strategies; (3) recommended methods for tracking our progress; (4) executed a communications plan to engage stakeholders across MSHS; and (5)

Table 2

Mount Sinai Health System (MSHS) Road Map for Action to Address Racism: The 5 Core Components to Guide Collaboration in the Collective Impact Approach[a]

Core component	Description	Examples of collective impact in action
A common agenda	Collectively defining the problem and creating a shared vision to solve it	• Identification of core issues and problems • Development of the Road Map for Action (11 key strategies)
Mutually reinforcing activities	Coordinating collective efforts to maximize the result	• Inventory conducted of existing activities and work across MSHS (e.g., recruitment efforts, unconscious bias training, medical education curriculum) • Development of specific interventions to achieve the Road Map Strategies
Shared measurement	Agreeing to track and measure progress in the same way across project initiatives	• Development of sample metrics for tracking progress and suggested resources for support • Identification of opportunities to build on existing initiatives (e.g., Equity Dashboards to inform research and care; systemwide collection of race, ethnicity, language, SOGI data)
Continuous communication	Building trust and developing new relationships	• Communications committee • Formal communications plan • Website; weekly broadcast emails
Backbone support	A team to coordinate the work, and support and sustain the effort over time	• Task Force strategy and support team • Consultants for Task Force and Road Map implementation

Abbreviations: MSHS, Mount Sinai Health System; SOGI, sexual orientation and gender identity.

[a]Adapted from references 15 and 16.

Table 3
Mount Sinai Health System Road Map for Action to Address Racism: Guiding Principles

Principle	Descriptions
Commitment and accountability	Unwavering resolve to support the principles embodied by racial and social justice frameworks that are responsive to those who have been historically marginalized.[26,27]
Safety to name, confront, and engage in conversations about race	Commitment to ensuring a safe environment where all are encouraged to speak up about racism and have the opportunity to engage in dialogue about the various manifestations of racism—interpersonal, cultural, institutional, and structural—to transform the policies, systems, and practices that produce inequity.
Systemic analysis	Commitment to understanding the ways in which history, systems, policies, practices, the distribution of power, and privilege work together to create and reinforce racial inequities and injustices.
Shifting power dynamics and privilege	Commitment to a rebalancing of power, privilege, and resources to advance antiracism and equity. This includes leaders leveraging their privilege and power to prioritize and proactively support voices and communities most impacted by inequity, as well as their commitment to call on others to actively participate in antiracist and racial equity efforts. A commitment to humility, self-awareness, and recognizing when it is best to listen, learn, and champion others to lead.
Accountability, transparency, and communication	Commitment to creating meaningful accountability structures at all levels, to transparency with regard to performance, and to consistent omni-directional communication.
Sustained commitment	Commitment to long-term, sustained investment of time, money, resources, and people to see this work through over the long term.

provided backbone support (i.e., the strategy and support team). Collective Impact does not endorse a particular methodology for consensus building. We used a participatory decision-making process which entailed defining an issue, sharing opinions (online audience interaction platforms), small group dialogue, large group debriefings, and testing for consensus before finalizing decisions.[18]

Road Map for Action to Address Racism

The Road Map for Action to Address Racism is a guide to assist MSHS in effectively addressing manifestations of racism to create greater diversity, inclusion, and equity, and in helping to affirm and advance Mount Sinai as an antiracist institution. The document includes a set of guiding principles and key strategies, each with associated interventions. Presentation of the Road Map to MSHS leadership included an outline of the resources needed for implementation.

Guiding principles

Our guiding principles reflect core values and define intentions (Table 3). Accountability is simultaneously a guiding principle and a component of many key strategies, and it is the collective responsibility of entities across the health system (e.g., academic departments, hospitals, corporate services). Guided by our expert consultants, we created a detailed governance structure for Road Map implementation (see Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/B432).

Key strategies

Following extensive review of existing MSHS data and programs addressing racism, we identified 11 key strategies to achieve our goal, which collectively encompass all entities, purposes and functions, and stakeholders across MSHS (Table 4). The Road Map addresses the systemwide need for: (1) accurate and transparent race/ethnicity and preferred language data capture, (2) equitable policies and practices, (3) networks and partnerships to support culture change, (4) financial and business models to advance and sustain equity, and (5) antiracism learning and education. At the operational level, key strategies address multiple aspects of the delivery of care, workforce development, operations, and governance.

Interventions

Task Force workgroups collaborated with "field experts" to outline interventions for each strategy that incorporate both enhancement of existing programs and activities, as well as the development of new programs and activities (see Table 4 for examples). Interventions range from broadly conceived (e.g., "expand equity and antiracism content in existing leadership programs") to highly specific (e.g., "increase purchasing of measurable spend from local BIPOC [Black, indigenous, and people of color] vendors"). Road Map strategies are intended to impact the culture and performance of the organization from the patient waiting room to the executive suite.

Implementing the Road Map

As the Task Force concluded its work and was dissolved, the CEO appointed a team of top Mount Sinai leaders to serve as "strategy leads" accountable for overseeing further development and systemwide implementation of each key strategy. Strategy leads subsequently identified workgroups from across MSHS (1 workgroup per strategy), composed both of members who had served on the Task Force and many who had not. With approval of the CEO, we engaged a consulting firm to: (1) guide design of a Road Map implementation governance structure, an audit and discovery process (gathering of data and information to further develop the interventions), and learning activities (education and resources); (2) guide development of an evaluation framework; and (3) provide "backbone" support.

Road Map implementation governance structure and reporting

To integrate systemwide efforts and ensure accountability, we developed a governance model with clearly delineated top–down accountability (advocacy and support) and bottom–up responsibility (input and implementation) accompanied by detailed descriptions of roles, expectations, and timelines. Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/B432 presents a simplified version of this

Table 4

Key Strategies to Achieve the Goals of the Mount Sinai Health System Road Map for Action to Address Racism, Including Example Interventions and Strategy Leads[13]

Key strategy	Example interventions	Strategy lead
Develop an equity scorecard to measure performance to identify where we are meeting with success and where more or different efforts are needed.	• Develop clinical disparities metrics as key quality outcomes in new and existing dashboards. • Consolidate clinical disparities and inclusion of nonclinical equity metrics in operational dashboards. • Include equity dashboard metrics in executive compensation matrices. • Create bidirectional connectivity between operations and health equity research leaders to support scoreboard performance evaluation and research design and methodologies.	Vice president, data quality and stewardship
Unify and integrate clinical practices, including advocating for payment/regulatory mechanisms that would allow for full integration and unification regardless of insurance status.	• Assess clinical practices using quantitative and qualitative data. • Develop a phased plan and timeline for practice integration. • Develop financial models to maximize Medicaid reimbursement. • Prioritize state and local advocacy for policies/legislation to address inequities in insurance reimbursement.	MSHS chief clinical officer
Enhance community partnerships and accountability interventions.	• Develop strategic partnerships with key organizations that advocate for communities of color. • Increase purchasing of measurable spend from local URM vendors. • Develop a business incubator for local Black-owned businesses to include social enterprises.	Vice president, government affairs and public policy
Build connection and community within MSHS to advance a racial equity culture.	• Scale up existing ISMMS programs centered on racism and racial equity across the health system. • Increase efforts to promote reporting of incidents of racism. • Develop a 2-way interactive communication strategy that encourages participation across the system.	MSHS vice president and chief diversity operations officer
Forge new, and leverage existing, partnerships and networks to accelerate and expand antiracism and equity efforts.	• Engage in participatory decision-making to ensure that EDLB is working toward antiracism and equity goals. • Form network of accountable individuals responsible for implementation of antiracism and equity efforts. • Report progress regularly to the board of trustees.	MSHS chief diversity and inclusion officer
Develop a sustained financial investment in racial equity and antiracism efforts and programs.	• Develop investment plans for Road Map strategies; define and approve resources for each intervention. • Incorporate criteria for antiracism and equity into existing business planning tools.	MSHS chief financial officer
Examine and redesign business structures with an antiracist and equity lens.	• Review human resources policies and procedures and create a plan for monitoring all practices with an equity lens. • Integrate an antiracist and equity lens into the Quality Leadership Council top-line goals and processes.	MSHS chief administrative officer
Increase recruitment, hiring, and retention of Black and URM staff and faculty; ensure representation at all levels of leadership.	• Develop assessment tool and strategies to address challenges for recruiting, hiring, and retaining URM staff and faculty. • Develop a high-potential leadership program for Black senior managers and directors. • Provide protected time and credit to leaders and faculty of color who devote disproportionate time to mentoring and teaching.	MSHS chief human resources officer
Promote racial equity in mentorship.	• Collaborate with human resources to develop systemwide mentorship programs with a focus on Black employees. • Establish a new targeted leadership program for mentorship, coaching, and sponsorship.	Chief learning officer
Enhance leadership learning, capacity, knowledge, engagement, and accountability to support full participation in antiracism and equity efforts.	• Commit to advancing racial diversity on the board of trustees. • Clarify the expectation that all leaders mentor URM members of the MSHS workforce. • Increase executive leadership commitment to self-reflection and education.	MSHS chief transformation officer
Provide antiracism education and resources throughout MSHS to foster a learning community and advance an antiracism and equity culture.	• Provide learning opportunities for staff, faculty, and leadership to gain insights into racism and equity; build knowledge about how to become antiracist in day-to-day roles. • Hire content experts to develop antiracist and racial equity education toolkits to foster a learning community.	ISMMS senior associate dean for diversity, equity, and inclusion

Abbreviations: MSHS, Mount Sinai Health System; ISMMS, Icahn School of Medicine at Mount Sinai; URM, underrepresented minorities; EDLB, Executive Diversity Leadership Board.

structure. The Executive Diversity Leadership Board (EDLB)—comprising the CEO, hospital presidents, members of senior leadership, and several trustees—which predated the Task Force, provides enterprise-wide strategic direction and reports directly to the larger board of trustees. Strategy leaders and members of their workgroups report quarterly to the EDLB with implementation status updates. To create greater efficiency, we grouped strategies that share a similar

focus for further development and implementation of the interventions (see Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/B432). A planning and implementation committee meets weekly to monitor and advance the work. The committee appointed a site lead for each of 12 sites (each hospital and school, ambulatory clinics, corporate services); this lead will be responsible for site-level implementation.

Antiracism learning and education across MSHS

To support their work in taking on Road Map implementation, strategy leads participated in a series of interactive "enrichment sessions" led by our consultants, followed by ongoing 1-to-1 coaching. Sessions focused on understanding structural racism and the role of bias, personal reflection and intercultural development to support cultural competency, and capacity building as antiracist leaders. Site leaders are currently participating in this program.

Demonstrating compliance with the health system's core value of equity is a component of the annual performance review for employees systemwide, and managers are responsible for ensuring their teams participate in learning and education. In addition to materials created in association with the Road Map (e.g., Talent Development and Learning Intranet modules), the medical school sponsors programs for employees across the system focused specifically on equity and racism (e.g., the Chats for Change series).

Evaluation framework

A shared measurement system is a core component of Collective Impact and a current focus of our work. We have outlined an evaluation framework with potential equity measures across 3 categories: impact on (1) employees, (2) patients, and (3) community. After substantial research, we are in the process of finalizing the selection of metrics and methods for data collection. Examples of metrics include achievement of pay equity (employees); reduction in percent loss to follow-up care postdischarge in minoritized groups (patients); and increase in partnerships led by Black, indigenous, and people of color (community). The Institute for Health Equity Research, which was established in 2020 and whose faculty have experience in quantitative and qualitative assessment of racial disparities in health and health care delivery, is guiding the development of the metrics. Measuring structural racism is a complex, emerging field.[19,20] We anticipate that evaluation will involve evolving, innovative methods of quantifying data and characterizing experience.

Communications and engagement

We assembled a communications committee to create formal plans for generating awareness and promoting engagement across MSHS within weeks of convening the Task Force and launched a dedicated website with links to resources.[21] The committee continues its work as the Road Map is implemented, meeting biweekly and adjusting communication as needed to be transparent and current. Communications activities have included: (1) live events: systemwide town hall, presentations to MSHS faculty; listening sessions conducted by members of the strategy and support group with employee diversity groups, the patient experience team, and ISMMS student council; (2) email broadcasts in the form of the weekly Road Map Bulletin, which shares strategy updates and associated key points for leaders; and (3) learning resources, including the Road Map Conversation Toolkit and courses offered through the MSHS Talent and Learning intranet (e.g., Brave Space Conversation Circles, discussion and peer-to-peer coaching on race-related themes for leaders; Responding to Racist and Discriminatory Patient Behavior, a skills-based course for managers). We track engagement closely, benchmarking against similar non-Road Map activities. For example, we achieved an average unique open rate for 17 editions of the weekly e-Bulletin of 23,200 (representing about 50% of employees); this open rate is close to the average for broadcasts of critical human resources information (e.g., benefits enrollment). Plans to increase engagement include a new interactive format for the Bulletin featuring themes suggested by employees, links to video, and feedback mechanisms. A systemwide Communications and Engagement Summit, open to all employees and with events at multiple sites, is in development. At this event, Road Map key strategy leaders and consultants will provide an update on Road Map progress and solicit feedback.

Progress and Process Measures

We have made demonstrable progress on each key strategy with direct and/or indirect impact across the evaluation framework (patients, employees, community). A number of interventions build on prior efforts. For example, the OB/GYN Core Equity Measures Dashboard, which extends the pre-Road Map Race/Ethnicity Data Rate Capture Dashboard initiative, serves as a model for development of Core Equity Measures Dashboards in other clinical areas. New interventions include unification of clinics in several practices (i.e., any patient can be seen at any location regardless of insurance status) and development of a mentoring program for URM staff to support professional growth. Table 5 presents examples of progress by strategy with associated process measures, where available or relevant. Notable additional efforts include the creation of a Supplier Diversity Program with a dedicated website, a Quality Leadership Council project to assess racial bias in electronic health records,[21] the development of a plan to build equity and antiracism into executive incentive compensation matrices, and the launch of the Center for Asian Professional Equity and Development. As specific interventions are implemented and evaluated, we will share progress and outcomes across MSHS and through articles like this one.

Lessons Learned

Along this journey, we have learned valuable lessons that inform the work going forward and that may be useful for other institutions. Perhaps most importantly, MSHS leaders have recognized Road Map work is not separate from our day-to-day work—it *is* our work. At the same time, we did not fully appreciate the specialized expertise and significant investment of time needed to coordinate Road Map implementation. We had initially intended for the Task Force strategy and support team to coordinate implementation, but later engaged an outside consulting firm to help guide and coordinate implementation. Ensuring that frontline staff see progress continues to be a challenge, we are exploring ways to support managers in updating their teams on Road Map implementation. Finally, we did not anticipate the time and resources that COVID-19 would

Table 5

Progress and Process Measures for Strategies in the Mount Sinai Health System Road Map for Action to Address Racism, February 2023

Strategy	Progress	Process measures
Measure, audit, and invest	Developed core equity measures dashboard to track quality, safety, patient experience, and throughput measures by race/ethnicity, age, payor, zip code for OB/GYN, oncology, emergency medicine, and inpatient hospital quality metrics.	11 equity measures dashboards created, with a 90% target capture rate of patient race, ethnicity, and language preference data elements on all registered patients.
	Developed and deployed tool to identify racial/ethnic/geographic discrepancies in hospitalization rates for ambulatory care sensitive conditions (e.g., potentially avoidable admissions).	Customized tools and developed metrics to help users understand data variances and drivers.
	Unified several ambulatory clinics: cancer, cardiac care, transplant program.	NIH-funded research project is assessing care quality, and patient and staff experience in ambulatory practices.
	Systemwide initiative to incorporate data on social determinants of health into patient electronic health records.	N/A
	Working with a vendor to consider a process for pay advances to employees when in need to address wealth and income gaps.	N/A
	$50 million ambulatory health center in Harlem to open in fall 2023 extends the hospitals' services to a neighborhood where many MSHS patients live and work.	N/A
Partner and connect in the local community and across MSHS	Developed hospital-by-hospital report on local hiring.	8 reports (1 from each hospital) generated quarterly.
	Expanded ISMMS Chats for Change to provide MSHS and national monthly programs, including conversations open to all medical education and health care communities on topics related to antiracism in practice.	52 sessions across the system in 2022 with an average of about 25 participants per session.
	Launched Committee on Anti-Asian Bias and Racism with a plan for integration with Road Map strategies and established affiliated center for Asian equity and development.	47 members from across MSHS formed 3 workgroups and developed 10 specific interventions.
	Instituted new policy to support residents and employees who experience racist behaviors from patients and/or visitors.	Systemwide committee established to institute governance and best practices to consistently collect and record social determinants of health.
Recruit, hire, and retain URM faculty and staff and promote equity in mentoring and professional development	Human resources reviewed and updated MSHS job descriptions and human resources policies to ensure inclusion of antiracist language.	Explicit "Strength Through Diversity" statement was added to more than 3,200 job postings and is in-progress for being added to 5,000 job descriptions.
	Piloted Black Executive Acceleration Program offering professional development for high-potential Black leaders.	15 participants completed the program from 4 sites (hospitals, corporate, medical school).
	Launched LINK (Learning, Investing, Networking, Connecting) Mentorship program, which includes 1-to-1 mentoring, cohort events; educational sessions for URM staff in management-level positions to accelerate professional growth.	12 participants representing 12 entities/units have completed the program with mentorship from 16 mentors from across MSHS.
	Leadership and talent pipeline dashboard created to track race/ethnicity among top leadership roles systemwide.	Executive and leadership by race/ethnicity assessed across MSHS 2015 to 2021.
Learn and model across MSHS	Developed a single MSHS leadership model incorporating antiracist leadership into a model to be embedded in leadership orientation and educational materials.	N/A
	Established the Center for Racism in Practice in ISMMS, which integrates Road Map strategies across ISMMS through workshops and training for faculty and staff.	Fellowships awarded to 20 students to support collaboration and mentoring.

Abbreviations: MSHS, Mount Sinai Health System; ISMMS, Icahn School of Medicine at Mount Sinai; NIH, National Institutes of Health; URM, underrepresented in medicine; N/A, not applicable.

continue to require, which slowed progress. Nonetheless, the pandemic highlighted the stark racial disparities in health and health care delivery underscoring the critical need for systemic change.

An Adaptable, Scalable Approach for Transformation

While we developed the Road Map in response to issues identified within an expansive urban health system, most are likely to be adaptable and scalable in other academic medical centers, as well as in smaller health and hospital systems. We recommend adoption of a formal process for social change (such as Collective Impact) to structure the work and help ensure accountability. As we

have described, coordinated efforts to embed antiracist policies and practices require substantial investment of time and resources, and in any organization must become a clear priority to be effective.

The Road Ahead

At this juncture in the journey, we are focused on finalizing the equity metrics and designing a process to evaluate outcomes for each strategy. These will be permanently embedded into performance indicators at every level. Site teams and strategy workgroups will continue their work to implement interventions and monitor their effectiveness. Ensuring that our work is not merely transactional but transformative, and that the Road Map has relevance beyond a single health system, will require rigorous assessment of quantitative and qualitative outcomes along with a commitment to sharing successes and challenges in eradicating the systems that have perpetuated inequities in the biomedical sciences and medicine and in the delivery of health care.

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Cover Art
Artist's Statement: Endemic 3

Endemic 3, on the cover of this issue, is part of "Vicarious Atonement," a series of oil-on-canvas portraits exploring our local and global reaction to the COVID-19 pandemic. This work depicts the sometimes-ineffective efforts by scientists and public health advisors to show the public data in a meaningful way that connects statistics to personal and collective responsibility. The series takes up questions of empathy, relationality, and accountability.

Work from this ongoing painting series uses a bank of 100 years of epidemic data fed through an AI program that blends data with selected AI-generated faces. The outputs are then further curated by the artist based on esthetic appeal, lighting, composition, and a number of other formal choices before these source images are reproduced as hand-painted artworks. Painting enters the images into the canon of portraiture, which carries some authority and history and lends some weight to the characters as lives documented.

Endemic 3

The series title "Vicarious Atonement" is born from an emphasis on the vicarious experience of putting an AI-generated "face" to the data while playing with the Christian notion of substitutionary atonement, the idea that someone died in our place. The work offers up a face for meaningful, empathetic engagement with epidemic statistics, but the people depicted in these portraits, like the man in *Endemic 3*, do not exist. Though perhaps successful, or even useful, the entire gesture is empty. Thus, the project lays bare our limitations when it comes to humanizing statistics and empathy.

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