



MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR DIVERSITY
AND INCLUSION

Advancing Physicians and Scientists

2020 Annual Message from the Executive Director

Dear CDI colleagues and friends,

In the heels of Dr. Martin Luther King Day, I am reminded of this famous quote: “Life’s most persistent and urgent question: What are you doing for others?”

Having worked with many of you over these past two decades, I fully appreciate the importance of successfully shepherding and implementing ambitious strategies, programs and trainings that will help advance diversity, equity and inclusion (DEI) at Mass General, especially for our trainees and faculty. I am delighted that the [Center for Diversity and Inclusion \(CDI\)](#) is now reporting directly to Joseph Betancourt, MD, MPH, VP and Chief Equity and Inclusion Officer, and partnering with the inaugural Office for Equity and Inclusion, to elevate this question of *what we are doing for others* to a new level.

The challenges we are facing with DEI at Mass General, and across our nation, keep me and CDI focused on what we can do particularly for those who are underrepresented in medicine (URiM). To better understand these issues locally and to improve our programming, CDI has conducted post-match surveys to residency applicants who could have trained here, as well as trainee graduate exit surveys and faculty exit interviews over the years. Last year, we collaborated with Karen Donelan, Ed.M, a senior researcher at the Mongan Health Policy Institute, and her research team, in a comprehensive diversity culture survey to all Mass General URiM trainees and faculty. The collective survey findings highlight **four salient themes**, some of which many of you have already heard during last year’s focus group discussions and during the hospital’s strategic planning efforts for diversity and inclusion, and community health. **Below is a summary of the four themes and what CDI has done, and continues to pursue, to address these issues.**

CDI has been working diligently with many of you, our strategic partners, hospital and Harvard Medical school leadership, including our President Peter Slavin, the CEO of the MGPO Tim Ferris, and now Joe Betancourt to address these issues, and so much more. We want to thank **all of you** for your deliberate commitment to this important effort.

As we try to answer Dr. King’s question of “what are you doing for others?”, please remember that CDI is focused on helping create an environment where everyone is respected and feels they can contribute and belong. We do this through advocacy, education, programming, building community and by working together. We invite you to join us in this journey, stay engaged, get to know what CDI is doing (this is one of the themes detailed below BTW), and visit us in Bulfinch 123. In fact, if you are around this Thursday, [the CDI Resident and Fellow Committee](#) is hosting a post-Holiday party at Clink in the Liberty Hotel. Invites were sent separately, but you can RSVP directly by clicking [here](#).

My very best wishes for a healthy and successful 2020!

Warmly,



Elena B. Olson, JD

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~ *Advancing Physicians and Scientists*

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CDI Survey Themes and Strategies

What are the salient issues/themes identified by the CDI community?

1. A majority are grateful to CDI for advancing diversity, equity and inclusion; while **many in our community don’t really know what we do** and would like to learn more.
2. **Boston’s high cost of living** continues to be a barrier to recruitment.
3. Although we have made strides in recruitment of trainees, Mass General needs to place **more focus on attracting and retaining research and clinical faculty who are URiM**.
4. Two thirds of our community reported **disrespectful treatment because of their race in Boston** (eg, in public spaces such as the T), and 1/3 reported that their experience was worse in Boston than other cities.

1. A majority are grateful to CDI for advancing diversity, equity and inclusion; while **many in our community don't really know what we do** and would like to learn more.

Strategy	Description
Who is CDI?	<p>The CDI is a first-of-its-kind center dedicated to supporting the recruitment and success of students, trainees, physicians and scientists who are URiM, and to creating an environment where everyone feels respected, valued and can experience a true sense of belonging. Over the past two decades, the CDI has transformed into a full-service operation that now works with hospital and HMS leadership. We have a CDI team of four faculty members, three administrative staff, a Resident and Fellow Committee (RFC), and an Advisory Board co-chaired by our hospital president, Peter Slavin, MD. We have expanded CDI programs and initiatives for students, trainees and faculty from 2 to 20. To provide you with an idea of the depth and breadth of initiatives, and our strategic partnerships, please view last year's CDI annual report. We plan to prepare a bi-annual report moving forward.</p>
How can you learn more and get engaged?	<p>Read and share our monthly CDI eNews; view/connect to our website: www.harvard.edu/cdi; follow us on Twitter, Instagram and Facebook. Everyone can participate in our recognition and welcoming events, talks and seminars, and mentoring and community service opportunities advertised in our CDI eNews. If you are a URiM trainee or faculty member, get to know our vibrant CDI community by attending RFC socials and networking events, and the annual CDI Gala and Graduation. Faculty can pay it forward by becoming a preceptor to an SRTP student, a mentor to a trainee in our Career Development Liaison Program, or by encouraging and mentoring a URiM faculty member/graduating trainee to apply for one the CDI faculty development awards.</p> <p>We are always looking for ways to improve. Please give us feedback by emailing us at cdi@partners.org, and by responding to CDI surveys. Finally, feel free to call us (ext. 4-3832) or stop by the office (BUL 123) at any time to learn how to become more engaged, receive career advice, or to just say hello and pick up a snack. We want to get to know you!</p>

2. Boston's high cost of living continues to be a barrier to recruitment.

Strategy	Description
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<p>Resident stipend pilot program</p>	<p>The high cost of living in Boston has consistently been identified as a barrier by many residency applicants – especially URiMs - who could have come to train here. To address this issue, the CDI worked closely with various strategic partners including Partners Graduate Medical Education, Human Resources, and the BWH Physicians Organization and Center for Diversity and Inclusion to create a pilot program based on national criteria for economic need last year. We now have a few exciting outcomes. 65% of the stipend recipients in the first-year pilot program are URiM. As part of the second year roll out, we incorporated more expansive criteria for all Partners residents within their first 3 years of training. Click here to learn more about this stipend pilot.</p>
<p>Research workforce</p>	<p>Working closely with Joe Betancourt, VP and Chief Equity and Inclusion Officer, and senior leadership, CDI is identifying and developing sustainable models for faculty recruitment. One example is our partnership with the Executive Committee on Research (ECOR) to expand the Physician/Scientist Development Award (PSDA). For the first time in MGH’s history, a group of CDI allies (Win Williams, MD, founding director of CDI, Seun Johnson Akeju, MD, Chief of Anesthesia, and Elsie Taveras, MD, Chief of General Pediatrics) and I presented to the 2019 Scientific Advisory Council. We proposed growing the Physician/Scientist Development Award Program and the Summer Research Trainee Program (SRTP) to enhance research faculty retention and build a pipeline of students committed to academic medicine who could return to MGH. For 2020, ECOR approved 4 PSDAs (announced last week), doubling the number of awards and increasing the amount of funding for each award to \$180,000 cost-sharing with the recipient’s department. Typically saddled with huge debt and a challenging national funding landscape, more URiM researchers will now be able to take advantage of these PSDA funds to help them build a successful research program at Mass General and alleviate debt burden.</p>
<p>3. Although we have made strides in recruitment of trainees, Mass General needs to place more focus on attracting and retaining research and clinical faculty who are URiM.</p>	
<p>Strategy</p>	<p>Description</p>
<p>Deliberate focus on faculty recruitment</p>	<p>We recognize that decisions of faculty recruitment occur at the departmental level, and that the focus must be deliberate if we expect to achieve results. CDI is now providing more intentional guidance and resources to departments to assist with faculty recruitment, like we have done with our trainee recruitment efforts. Over the past few months, Elena Olson has been meeting individually with department Chairs and their appointed diversity leaders to understand challenges, provide advice and share successful best practice strategies.</p> <p>The good news is that the hospital is making positive strides in faculty retention and career advancement, and our CDI programs are helping with this success. Mass General recently appointed Dr. Seun Johnson Akeju as Chair of the department of Anesthesia, Critical Care and Pain Medicine.</p>

	Seun is a past PSDA recipient, and a longstanding champion of a diverse and inclusive workforce, serving on the SRTP student selection committee and mentoring many URiM students and trainees to become successful physician-scientists. Many departments are already in the process of hiring URiM graduates to join our faculty in 2020. One example is Brian Mugo, a Medicine resident who will soon become one of our primary care attendings in the Internal Medicine Associates. Brian is also an SRTP alumnus.
Other faculty recruitment efforts	As stated in item 3 above, the PSDA is an example of how we are expanding the diversity of our research workforce. CDI also offers the Clinician-Teacher Development Award sponsored by the Mass General Physicians Organization. These awards have been used to retain incredibly talented clinical faculty at MGH over the years. We continue to explore additional options with hospital and PO leadership of other ways to help finance recruitment.
4. Two thirds of our community reported disrespectful treatment because of their race in Boston (eg, in public spaces such as the T), and 1/3 reported that their experience was worse in Boston than other cities.	
Strategy	Description
Race and bias education	CDI has reported outcomes of our URiM survey to hospital leadership, GEC and ECOR to continue to raise awareness of the issues that URiM faculty and trainees face in Boston. We believe that education and dialogue starting at the very top of the organization are critical to helping us create an environment of respect and belonging, as well to address disparate treatment. CDI has co-sponsored numerous events and dialogues this past year to discuss challenging issues of racism, identity and Islamophobia. For example, CDI worked closely with the Partners Office for D & I and the Stand Against Racism committee comprised of representatives from departmental diversity committees and equity offices (eg, Disparities Solutions Center) to bring in key speakers on important topics relating to inclusion, race and racism. Our next speaker will be Robin DiAngelo, the author of <i>White Fragility</i> on February 10 th . In the aftermath of the New Zealand mosque shootings, we also partnered with the Radiology Diversity Committee and Spiritual Care and brought together a panel of experts to discuss what we as MGHers can do to challenge Islamophobia.
Race equity focus	As co-chairs of the race equity subcommittee of ECOCH , Elena Olson and Derri Shtasel, MD are working closely with Joe Betancourt and other hospital leaders to address structural barriers and identify root causes of bias and racism in our institution. This includes implementing a race incident reporting system and evaluating policies for disparate outcomes.