

The top portion of the image features a purple-tinted background with a large, embossed logo of the American Board of Internal Medicine. The words "American Board" are visible in a serif font, with "of Internal Medicine" appearing below it in a smaller font. The logo is partially cut off on the left side.

Diversity

Equity AND

Inclusion

Strategy

Building a sustainable community to combat disparities and racism in healthcare while creating an inclusive environment for all.



American Board
of Internal Medicine®

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A MESSAGE FROM...

PRESIDENT AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

I believe firmly that “you lead from where you stand.” Throughout my career, I have had the privilege of impacting the quality of care from a variety of positions. As a geriatrician in community medical practice, as Chief Medical Officer for a not-for-profit Medicaid HMO, and as Group Director of Seamless Care Models at the Centers for Medicare & Medicaid Services Innovation Center, it wasn’t about “bigger or smaller” or “better or worse”, it was about using the opportunities unique to the position to make health care better and more equitable.

Different organizations, different individuals have different opportunities to lead and inspire change.

In the summer of 2020, like many American institutions, we made a pledge that we intend to honor: “to actively do our part in opposing and dismantling systems and policies that cause harm to our patients and disproportionately impact those in Black and Brown communities.”

What follows in this document is a compendium of how ABIM and the ABIM Foundation are using their unique positions to support our national journey to achieve health equity. But no one actor or segment of the country can or will make that happen; each of us must “lead from where we stand” to a more equitable future for the patients and communities we serve. With a broader coalition of stakeholders, including health care systems, academic institutions, specialty societies, physicians and patients, we will have a more significant impact and achieve more sustainable progress.

I hope readers of this document find inspiration and affirmation for the work they are doing now and will do in the future. I salute my colleague Pamela Browner White for taking on the role of Chief Diversity, Equity and Inclusion Officer at ABIM and the ABIM Foundation, in addition to her leadership in Communications, and coordinating a complex portfolio of synergistic activities related to health equity. I am proud to be leading these two remarkable organizations and am in awe of the work being done by my colleagues across the medical community which will undoubtedly move us towards a more equitable world.

Thank you for embarking on this journey with us.

With gratitude,
Richard Baron, MD, MACP
President & CEO



Richard J. Baron, MD, MACP

A MESSAGE FROM... BOARD SECRETARY AND DEI COUNCIL CHAIR

Colleagues,

This has been a transformative year, for my own journey and for our profession.

Navigating crucial change at an organization nearly a century old, serving a diverse community of hundreds of thousands of physicians is no easy task. Medical institutions are challenged to live up to the promises in the statements they made just two years ago in the wake of the murder of George Floyd and COVID-19's devastating toll on communities of color.

At the American Board of Internal Medicine (ABIM), the commitment to self-reflection and to action has not been forgotten. In June 2020, the Board drew a line in the sand, and is taking necessary steps toward ensuring that the core of our work is done through the lens of Diversity, Equity and Inclusion (DEI). ABIM has committed to analyzing all programs for potential disparate impact on candidates who have been racially or ethnically minoritized, being transparent about the results, and addressing any inequity to which it may be contributing.

The DEI governance committee is the permanent structure for holding the Board accountable to these commitments and developing a framework for reviewing exam content, programs and policies for bias and exclusionary outcomes.

In addition, recruitment is intentionally inclusive so that ABIM governance reflects the diversity of the communities physicians serve, and DEI principles are incorporated throughout all processes and practices in order to circumvent unconscious bias as often as possible.

These are the foundations of structural accountability, and it is my hope and mission that these values persist for as long as ABIM does, for the betterment of our profession and our patients.

The following document is a part of our commitment to sharing our progress and the challenges we face. We're proud of the work we've done thus far, but there is much more work to be done.

Sincerely,
Robert O. Roswell, MD
Chair, ABIM Diversity, Equity and Inclusion Committee
Secretary, ABIM Board of Directors



Robert Roswell, MD

A MESSAGE FROM...

SENIOR VICE PRESIDENT OF COMMUNICATIONS AND CHIEF DIVERSITY OFFICER

Dear Community,

Since accepting the role of Chief Diversity, Equity and Inclusion Officer at the American Board of Internal Medicine, my work has never felt more urgent or more personal. My earliest memory is of a cross burning on the front yard of my family's home in Los Angeles, California. Also, I witnessed my mother's unnecessary passing due to medical negligence, as her symptoms of breast cancer were brushed off. In retrospect, and given the research that confirms that African -Americans have worse outcomes for many types of cancer due to late diagnoses my family fell prey to this all too common outcome. And more recently, I have witnessed the disproportionate and devastating impact COVID-19 has had on communities of color.

Believe me, I know the stakes.

I am extremely pleased that ABIM is committed to being an anti-racist organization by supporting doctors in providing excellent patient care, regardless of a patient's gender, race, religion, or sexual orientation. And since our accountability is both to the profession and to the public, we must ensure that physicians from all backgrounds get a fair shot at practicing the highest standards in internal medicine and that patients from all backgrounds and lived experiences have a chance at receiving their care.

It starts now with us: This is a pivotal time for all health care organizations to understand our role in perpetuating —intentionally or not— health inequities. And, to counter those working to maintain the status quo by arguing that there is no bias in medicine, ABIM recognizes the body of research that clearly states the negative impact of structural racism in our health care system and we believe and stand with communities that experience being marginalized, to correct the inequities that they face.

Diversity, equity and inclusion work is a journey. Our efforts to build an inclusive workplace where all employees feel valued is a primary goal. Aligning our internal work with our external commitments allows us to attract and retain top talent in order to provide the best, culturally responsive service possible to our physicians and other stakeholders. Every ABIM leader understands and is contributing to the mission and values of our organization through the lens of our diversity, equity and inclusion (DEI) work.



Pamela Browner White

In the past year, we have built our internal capacity to support our ongoing DEI efforts. We have listened and learned by conducting a cultural scan of our organization to understand where our opportunities are to grow; and we have convened candid and heartfelt conversations among colleagues that strengthen our resolve. Understanding that we need to do this as a community, we are in conversations with and forming collaborations with medical societies and other medical boards.

And to remain transparent and accountable to our community, we presented an annual report on DEI efforts to our Board, our employees, and the internal medicine community.

All of this work has led to the design of the DEI strategy provided in this document that provides the path forward to ABIM becoming an anti-racist and inclusive organization.

In solidarity and partnership,
Pamela Browner White
Chief Diversity, Equity & Inclusion Officer
Senior Vice President, Communications
Daughter, Wife, Mother

ABIM BOARD OF DIRECTORS PLEDGE

JUNE 2020

We, the leaders of the American Board of Internal Medicine (ABIM) and the ABIM Foundation, unite with our colleagues, practitioners, and partners within the medical community to decry the police brutality, racist violence and underlying structural, systemic and cultural racism that have had an impact on every aspect of life in our country.

Like tens of millions of Americans, we watched the killing of George Floyd in police custody. We also see the devastating and disproportionate toll that COVID-19 has taken on Black and Brown communities, which have seen far higher rates of infection, death and unemployment. Facts that vividly demonstrate the structural inequity in our society and in our health care system.

As leaders within the medical community, aware of implicit bias, we need to accept and understand our roles in creating the current reality. A medical model that focuses only on the characteristics of a virus, and ignores the constructed social world through which the virus spreads, is insufficient and must be expanded.

It's simply not enough to say passively we will "do no harm"; **we pledge actively to do our part in opposing and dismantling systems and policies that cause harm to our patients and disproportionately affect those in Black and Brown communities.**

As a physician-certifying organization, ABIM commits to analyze our programs for potential disparate impact on racial or ethnic minority candidates, be transparent about the results and address any inequity to which we may be contributing.

The ABIM Foundation has focused on the impact of trust on health care. We will devote our 2020 Virtual Forum to gaining a deeper understanding of how historically merited distrust in the health care system among Black and Brown communities has contributed to disparities, and what can be done to earn back that trust. We commit to identifying and spreading promising solutions.

Our oath is to preserve and protect lives regardless of race, creed, gender, or color. We must accept the sobering fact that the present reality speaks to a collective organizational failure.

We commit to do all we can to eliminate racism, its underlying roots of power and privilege, and its impact within our organizations, our communities, and our country.



DIVERSITY, EQUITY AND INCLUSION VISION AND MISSION



Our Vision

We will seek to engage the broader healthcare community in a collective movement to address health disparities and improve health equity. We include in this broader engagement our diplomates, boards, advisory members, and specialty committees.

We are committed to creating an ABIM culture where employees feel psychologically safe and engaged. This encourages their support of our broader mission to create a more just and equitable healthcare system.

We will seek to understand the causes of healthcare disparities and how to create health equity. We will support long-term sustainable change that fosters a societal system where everyone is treated with dignity and respect and that all receive the highest quality of healthcare regardless of their background.



Our Mission

To combat health disparities and racism in healthcare and to create an inclusive environment that provides equal access to quality care for all.





GOAL ONE

Develop and implement programs that address the racial and ethnic disparities in healthcare

With the pledge of the Board of Directors to actively create an antiracist organization and to address health disparities, ABIM is focused on building long-term and sustainable change.

We will:

- Be transparent about the results we find in our research and analysis
- Commit to working toward the elimination of racism and its underlying roots of privilege and power within our organization, our communities, and our country

Desired Outcome

Our transparency will illustrate the areas where racism, privilege, power, and inequities exist within our organization. We will design, influence, and implement ways to address these inequities.



GOAL TWO

Build awareness of health disparities and promote strategies to influence action to address these inequities

ABIM is committed to developing ways to promote awareness in the greater medical community about healthcare disparities and the impact of systemic racism upon individuals, organizations, communities, and society.

We will:

- Convene conversations about health disparities and the impact of systemic racism on healthcare and how to develop effective solutions to address healthcare disparities to create health equity
- Collect and share data that informs research and decision-making about addressing healthcare disparities
- Deepen community partnerships and engagements by reaching out to those organizations and institutions who share our belief in the need to create health equity and the importance of improving healthcare outcomes for patients facing disparities in care
- Focus on increasing the diverse representation on our governance and specialty boards

Desired Outcome

Play a leadership role in promoting the awareness of health disparities through conversations to address systemic racism, which is informed by data-backed research and includes partnerships with stakeholders.



GOAL THREE

Influence the education and training of board-certified internists to equip them with the skills and awareness to recognize and prevent healthcare disparities and to promote health equity

As a certification board, we will set the expectation that board-certified internists know the critical health disparities in their field. Understanding the impact of health disparities is vital in providing equitable care to patients and communities.

We will:

- Research if any biases exist in our assessments and adjust questions as needed
- Create assessment questions on health disparities
- Collect self-identification data so that we can understand the current demographics of our diplomates and governance populations
- Explore options for deepening the cultural humility of our diplomates and governance, including supporting mentorship programs
- Work with educational institutions to develop long-term strategies that address barriers for individuals from underrepresented groups in becoming physicians

Desired Outcomes

We understand the demographics of our community. Our certification process has been adjusted to eliminate bias, and questions that address health disparities have been added. In addition, we have provided support for long-term strategies that address the barriers that keep underrepresented groups from being physicians.



GOAL FOUR

Intentionally create and foster partnerships to exponentially expand the impact of ABIM's efforts in addressing systemic racism and disparities in healthcare, in the healthcare profession, in the provision of healthcare and the outcomes of that care

Through the work of the ABIM and the ABIM Foundation, we will continue to provide a space for critical conversations and to support the work and the action needed to address healthcare disparities.

We will:

- Continue to convene meetings, conferences, workshops, and webinars for open and candid conversations about the causes of health disparities with other specialty boards and community partners
- Host ongoing annual Forums to share information and engage in dialogue with healthcare leaders and influencers
- Capture and share ideas to address the causes of health disparities and ways to create health equity for all patients and collaborate with those addressing health disparities
- Work in partnership with internal specialty programs/societies to monitor the diversity of internal medicine and its specialties and work with training programs and stakeholders to increase the diversity of internists
- Provide resources that educate and engage others in addressing health disparities

Desired Outcome

We play an active part in bringing together stakeholders working with us to design strategies that address health disparities and promote health equity.



GOAL FIVE CREATE A DIVERSE AND INCLUSIVE WORKPLACE CULTURE THAT ATTRACTS AND RETAINS TOP TALENT

We are committed to providing the leadership necessary to make ABIM an antiracist organization and to building an inclusive culture that recognizes the value and perspectives of each employee.

We will:

- Implement a DEI infrastructure to include a Taskforce and Employee Resources Groups
- Establish platforms and programs for informal educational events and materials to promote awareness and understanding of DEI topics
- Launch a series of employee educational programs
- Provide training for leaders and employees on creating safe and inclusive workplaces
- Create and execute a DEI Communication Strategy inclusive of all stakeholders
- Assess the ABIM website for accessibility, visual images and content, and address any concerns and issues raised

Desired Outcome

We have developed a DEI infrastructure that supports our ongoing efforts to create an inclusive, psychologically safe workplace culture that attracts and retains talented employees who know how to work effectively on diverse teams.



GOAL SIX

DEVELOP INTERNAL METRICS TO MEASURE OUR SUCCESS

Our work will identify appropriate metrics to measure stated goals and develop systems to collect and analyze the data needed to ensure success.

We will:

- Create a DEI Dashboard to inform the ABIM senior leadership team of DEI work and progress
- Capture metrics related to the talent acquisition process to ensure equitable access to opportunity
- Assess employee demographics data to ensure equitable access to career advancement opportunities
- Host an annual DEI survey to assess progress and gain employee insights
- Measure community outreach efforts to develop community connections and partnerships

Desired Outcome

We have reviewed employee demographics and any patterns from these demographics that need to be addressed, continued to learn from our employees on their experience, and developed metrics to measure our success.

Diversity Equity AND Inclusion

Appendix



KEY DEFINITIONS

As a foundation for our diversity work, it is important to have a shared common language and understanding of terms. These terms are taken from the American Medical Association's *Advancing Health Equity: A Guide to Language, Narrative and Concepts*.



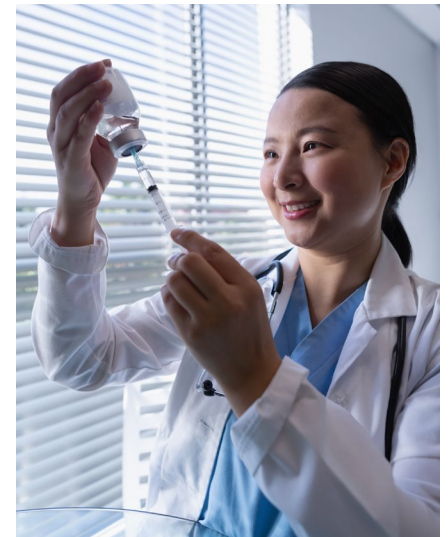
Antiracism: The active process of naming and confronting racism by changing systems, organizational structures, policies, and practices and attitudes so that power is redistributed and shared equitably. Per Ibram X Kendi: “The opposite of racist isn’t ‘not racist’. It is ‘antiracist.’ What’s the differences? One endorses either the idea of racial hierarchy as a racist or racial quality as an antiracist. One either believes problems are rooted in groups of people, as a racist, or locates the roots of problems in power and policies, as an antiracist. One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an antiracist. There is no in-between safe place of ‘not racist.’ Antiracism is a strategy to achieve racial justice. An antiracist is someone who is supporting an antiracist policy through their actions or expressing antiracist ideas.

Bias: Bias is a conscious or unconscious judgment we make based on information we have learned from our own experiences or by what others have taught us. Bias includes the attitudes or stereotypes that affect our understanding, actions, perceptions, and decisions toward others. Unconscious bias refers to an influence that we are unaware of, which happens automatically and is triggered by our brain making quick decisions from data it gathers and then adding meaning. Bias can come into play about anything, including individual people, groups of people, and companies that we think are the “best.” The impact of unconscious bias means we may act a certain way towards people or circumstances without realizing it. Becoming aware of our biases by questioning where our impressions and perceptions come from is an integral part of tackling conscious and unconscious biases.

Diversity: Refers to the identities we carry. There are many kinds of diversity based on race, gender, sexual orientation, class, age, country of origin, education, religion, geography, physical or cognitive abilities, or other characteristics. Valuing diversity means recognizing differences between people, acknowledging that these differences are a valued asset, and striving for diverse representation as a critical step towards equity.

Equality: Equality as a process means providing the same amounts and types of resources across populations. Seeking to treat everyone the “same” ignores the historical legacy of disinvestment and deprivations through a policy of historically marginalized and minoritized communities and contemporary forms of discrimination that limits opportunities.

Health equity: Health equity is defined by the WHO as “the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or other means of stratification. ‘Health equity’ or ‘equity in health’ implies that ideally, everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged.



KEY DEFINITIONS (CONTINUED)

Inclusion: Refers to how our defining identities are accepted in the circles that we navigate. Belonging evolves from inclusion; it refers to how individuals feel they can be authentic selves and can fully participate in all aspects of their lives. Inclusion is a state of being valued, respected, and supported. At the same time, inclusion is the process of creating a working culture and environment that recognizes, appreciates, and effectively utilizes the talent, skills, and perspectives of every employee; uses employee skills to achieve the agency's objectives and mission; connects each employee to the organization; and encourages collaboration, flexibility, and fairness. In total, inclusion is a set of behaviors (culture) that encourages employees to feel valued for their unique qualities and experience a sense of belonging.



Microaggressions: Microaggressions is an umbrella term for insults that can be intentional or unintentional, verbal or nonverbal, that convey a sense of hostility to another person or group of people. They target aspects of people's identity, whether race, ethnicity, sex, class, religion, sexual orientation, or ability. They are hurtful but are not physical forms of aggression. Although they may seem like small actions, they have a significant and cumulative impact on others.

Microaffirmations: Microaffirmations are forms of compliments or encouraging words that better facilitate communication and interaction in any environment. They promote a sense of inclusion to a particular group, company, or organization. While they have the opposite impact of microaggressions, microaffirmations are also small acts that can have a large impact over time.

Inequity: Inequity can be understood as avoidable differences in outcome based on identity characteristics such as race, gender, age, sexual orientation, class, and physical or cognitive ability. These differences in outcomes arise due to a lack of fairness and justice. Addressing and preventing inequities requires us to identify and tackle their roots, such as structural or institutional barriers and bias.





American Board
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510 Walnut Street, Suite 1700, Philadelphia, PA 19106