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INTRODUCTION AND PURPOSE
Racism is a public health crisis that is damaging to the physical, mental, financial, emotional, and spiritual health of individuals and communities. Acknowledging this is an essential first step in creating the structural and systemic change necessary for achieving equity. The next step is action.

In order to address interpersonal and structural racism, the Massachusetts Medical Society (MMS) has developed a plan to provide the framework to help the MMS dismantle structural racism within the MMS as well as actively work to eliminate racism affecting MMS members, Massachusetts physicians, patients, and the public.

The MMS recognizes that making the Society an actively antiracist organization requires purposeful effort and commitment across the organization. To that end, in addition to the Antiracism Advisory Group outlined below, the Massachusetts Medical Society has established a Diversity, Equity & Inclusion Council and three workstreams to address the principles of diversity, equity, and inclusion across every facet of our business: MMS as Medical Society, MMS as Publisher, and MMS as Employer. Together, these workstreams are moving forward with a sense of urgency and sustained, long-term resolve to achieve meaningful change.

ANTIRACISM ADVISORY GROUP
In July 2020, MMS President Dr. David Rosman convened an Antiracism Advisory Group (Advisory Group) (see Appendix A) to learn from diverse voices and perspectives as well as gain knowledge and insight about the inequities, the abuses, and the disadvantages experienced by people of color. The Advisory Group members provided initial input and review. The Advisory Group will provide ongoing counsel to help guide the Society’s work to become an actively antiracist organization that values and seeks out diversity, equity, and inclusion.

ACTION PLAN OVERVIEW
The MMS Antiracism Action Plan (Plan) delineates underlying principles and key objectives. These are actions the MMS will employ to create and maintain change. This multiyear Plan is intended to provide the foundation for the MMS to achieve the goals set forth herein, notwithstanding future changes in leadership.

A range of strategies are included in Appendix B. The list is not fixed nor complete and the Society intends to add, review, and revise the activities and initiatives needed to move the MMS forward in its antiracism work.

Appendix C includes implementation targets, measurements, and reporting mechanisms geared to assess organizational progress and ensure transparency and accountability.

UNDERLYING PRINCIPLES

1. Recognition, Understanding, and Accountability
   - The MMS recognizes that the responsibility of its antiracism work cannot fall on people of color.
   - The MMS must examine and acknowledge its history with regard to racism, inclusion, and equality.
   - The MMS will be transparent and accountable throughout the change process.

2. Intentionality, Integration, and Sustainability
   - The MMS must intentionally implement proactive change that expands diversity, equity, and inclusion and sets clear expectations for change.
   - The MMS will integrate antiracist expectations into the organizational culture at all levels.
   - The MMS will create the structures to ensure its work to expand diversity, equity, and inclusion withstand changes in leadership.

3. Education, Awareness, and Training
   - The MMS will provide purposeful and ongoing antiracist education, learning, and training on all levels of the organization.
   - The MMS will institute antiracist and diversity, equity, and inclusion training criteria for MMS leadership to ensure sustainability.

4. Involvement and Influence
   - The MMS will solicit and incorporate the views of physicians and medical students of color in its antiracism work and progress.
• The MMS will use its position to encourage anti-racism and diverse representation within its sphere of influence.
• The MMS will support medical research and public health data on racism and people of color, beyond outcomes data, and help make certain that data is interpreted appropriately and shared broadly.

5. Trust and Support
• The MMS must look introspectively at its policies, procedures, and culture and take action to provide a safe, open, and supportive environment.
• The MMS will support physicians, trainees, and medical students of color who contend with embedded structural racism in the workplace and beyond that affects their sense of belonging, opportunity, advancement, and income.

FOUR AXES
The four axes and the following goals and objectives apply to the MMS as Medical Society workstream. The Plan goals and objectives fall under one of four key axes:
1. Engagement and support of minority physicians at the MMS.
2. Support and resources for underrepresented minorities in medicine who face abuses and discrimination in their institutions, practices, and places of work.
3. Addressing racism and reducing racial inequities affecting patients and public health.
4. Educating physicians and the membership at large about racism.

GOALS AND OBJECTIVES
The following goals are not listed in order of priority and shall be used for the purpose of guiding the Society’s work to become an antiracist organization.

GOAL A: Acknowledge, research, and report on the history of the MMS with regard to racism and equity.
Objective A.1: Examine the Society’s history and positions on racial issues, inclusion, and equality; and relate the findings on when and where the MMS stood up and/or failed to act on issues of race and equality.

GOAL B: Actively recruit, engage, and support minority physicians to have a strong equitable voice and leadership representation within the MMS.
Objective B.1: Engage MMS membership at all levels (e.g., officers, BOT/HOD, districts, committees, sections, and members at large).
Objective B.2: Examine and take action regarding MMS governance, policies, and structures that are barriers to minority engagement and leadership at the MMS and/or that promote structural racism.

GOAL C: Partner with and support underrepresented minorities in medicine facing discrimination in their institutions, practices, and communities with a focus on dismantling structural racism where we work.
Objective C.1: Collaborate with health care organization and institution leaders to identify a set of principles, policies, and measures to address racism and support minority physicians, residents, and medical students in health care in Massachusetts.
Objective C.2: Provide a support system to empower underrepresented minority physicians who are facing discrimination in their institutions and places of work.

GOAL D: Address racism and eliminate racial inequities affecting patients and public health.
Objective D.1: Establish principles and policies to guide and strengthen MMS actions addressing racism.
Objective D.2: Identify opportunities and advocate at the federal, state, and local levels on racism, poverty, violence, and other social determinants of health.

GOAL E: Engage physicians and membership at large to create an antiracist medical community in Massachusetts.
Objective E.1: Effect knowledge and attitudinal and behavioral changes among physicians and medical students regarding racism and its impact on individuals, colleagues, and public health.
Objective E.2: Engage with directors of medical education and medical schools to assess and advance education for physicians and medical schools on racism, implicit bias, and supporting minority physicians in institutions.
## Appendix A: MMS Antiracism Advisory Group

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>David A. Rosman, MD, MBA</td>
<td>MMS President 2020–2021</td>
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<tr>
<td>Carole E. Allen, MD, MBA</td>
<td>MMS President-Elect 2020–2021</td>
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<td>Adaugo Amobi, MD, MPH</td>
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<td>Craig Andrade, RN, DrPH</td>
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<td>Mary Travis Bassett, MD, MPH</td>
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<td>Joseph Betancourt, MD, MPH</td>
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<td>James B. Broadhurst, MD, MHA</td>
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<td>Matilde Castiel, MD</td>
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<td>Michael Curry, Esq.</td>
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<td>Barbara Herbert, MD</td>
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<td>Nidha K. Lal, MD</td>
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<td>Emily Cleveland Manchanda, MD, MPH</td>
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<td>LaShyra Nolen</td>
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<td>Joan Y. Reede, MD, MS, MPH, MBA</td>
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<td>Aljani Stanley, MPA/MHA, LSSGB</td>
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<td>Samantha K. Rosman, MD, MPH</td>
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<td>Fidencio Saldaña, MD</td>
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<td>Thomas Dean Sequist, MD, MPH</td>
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<td>Vincent C. Smith, MD, MPH</td>
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<td>Fatima Cody Stanford, MD, MPH, MPA</td>
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<td>Ellana Stinson, MD, MPH</td>
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<td>Simone S. Wildes, MD</td>
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Appendix B: Antiracism Action Plan Strategies

GOAL A: ACKNOWLEDGE, RESEARCH, AND REPORT ON THE HISTORY OF THE MMS WITH REGARD TO RACISM AND EQUITY.

Objective A.1: Examine the Society’s history and positions on racial issues, inclusion, and equality; and relate the findings on when and where the MMS stood up and/or failed to act on issues of race and equality.

Strategy:
1. Work with the MMS Committee on History to research and recognize the history of the MMS on racism, civil rights, and equality. (Objective A.1)

GOAL B: ACTIVELY RECRUIT, ENGAGE, AND SUPPORT MINORITY PHYSICIANS TO HAVE A STRONG EQUITABLE VOICE AND LEADERSHIP REPRESENTATION WITHIN THE MMS.

Objective B.1: Engage MMS membership at all levels (e.g., officers, BOT/HOD, districts, committees, sections, and members at large).

Strategies:
1. Look introspectively at our policies, procedures, and culture to identify systemic racism and act deliberately to effect change. (Objective B.1 and Objective B.2)
2. Engage MMS districts and committees. (Objective B.1)
3. Cultivate a safe, inclusive, and supportive environment for all physicians at the MMS. (Objective B.1)
4. Create space and opportunities for Black physicians to meet and discuss issues of particular concern to them. (Objective B.1)
5. Build and support executive leadership development and mentoring for minority physicians. (Objective B.1 and Objective B.2)

Objective B.2: Examine and take action regarding MMS governance, policies, and structures that are barriers to minority engagement and leadership at MMS and/or that promote structural racism.

Strategies:
1. Revise MMS Strategic Plan to include the Antiracism Action Plan and incorporate diversity, equity, and inclusion. (Objective B.2)
2. Align with the MMS Diversity, Equity and Inclusion Council to focus on three workstreams: MMS as Medical Society, MMS as Publisher, and MMS as Employer. (Objective B.2)
3. Ensure people of color are at the table in the review, revision, and development of MMS policies and programs. (Objective B.1 and Objective B.2)
4. Enhance transparency and accountability through internal and benchmark reporting over time. (Objective B.2)

GOAL C: PARTNER WITH AND SUPPORT UNDERREPRESENTED MINORITIES IN MEDICINE FACING DISCRIMINATION IN THEIR INSTITUTIONS, PRACTICES, AND COMMUNITIES WITH A FOCUS ON DISMANTLING STRUCTURAL RACISM WHERE WE WORK.

Objective C.1: Collaborate with health care organization and institution leaders to identify a set of principles, policies, and measures to address racism and support minority physicians, residents and medical students in health care in Massachusetts.

Strategies:
1. Convene health care organizations and institution leadership in Massachusetts to examine and implement policies and practices that are effective at addressing structural racism and fostering diversity in leadership. (Objective C.1)
2. Steward diversity, equity, and inclusion as a core marker of excellence. (Objective C.1)

Objective C.2: Provide a support system to empower underrepresented minority physicians who are facing discrimination in their institutions and places of work.

Strategies:
1. Foster constructive and productive dialogue about the challenges and microaggressions physicians of color face in the workplace. (Objective C.2)
2. Introduce resources to assist and support physicians who are experiencing racism and unequal treatment at work. (Objective C.2)
GOAL D: ADDRESS RACISM AND ELIMINATE RACIAL INEQUITIES AFFECTING PATIENTS AND PUBLIC HEALTH.

Objective D.1: Establish principles and policies to guide and strengthen MMS actions addressing racism.

Strategies:
1. Raise awareness about racism and the systemic inequities that impact equitable care for patients of color. (Objective D.1)
2. Expand organizational network and maintain relationships with community-based organizations that represent and support communities of color. (Objective D.1)
3. Provide education and resources for physicians to help them counter racial, social, and economic inequities in the community. (Objective D.1)

Objective D.2: Identify opportunities and advocate at the federal, state, and local levels on racism, poverty, violence, and other social determinants of health.

Strategy:
1. Advocate for legislation and government policies that support and protect the health and well-being of communities of color. (Objective D.2)

GOAL E: ENGAGE PHYSICIANS AND MEMBERSHIP AT LARGE TO CREATE AN ANTIRACIST MEDICAL COMMUNITY IN MASSACHUSETTS.

Objective E.1: Effect knowledge and attitudinal and behavioral changes among physicians and medical students regarding racism and its impact on individuals, colleagues, and public health.

Strategies:
1. Denounce discrimination, racism, and violence that harms the health and well-being of persons of color. (Objective E.1)
2. Bring together resources to help move physicians to a place of better understanding in combatting racism in medicine. (Objective E.1)
3. Provide educational programming and training on racism in health care and medicine. (Objective E.1)
4. Facilitate antiracist awareness and diversity messaging through a multichannel member communication plan. (Objective E.1)
5. Establish an atmosphere of trust, psychological safety, and open communication to listen to, and hear, individual stories of systemic racism in medicine. (Objective E.1)

Objective E.2: Engage with directors of medical education and medical schools to assess and advance education for physicians and medical schools on racism, implicit bias, and supporting minority physicians in institutions.

Strategies:
1. Collaborate with academic medical student groups and leadership to develop antiracist curricula and identify best practices. (Objective E.2)
2. Share and promote diversity, equity, and inclusion learning resources and mentoring opportunities with medical education programs and institutions. (Objective E.2)
IMPLEMENTATION TARGETS

1. Announcement of the MMS commitment to anti-racism, diversity, equity, and inclusion.
3. Completion of organizational self-assessment.
4. Integration of the Antiracism Action Plan strategies throughout the MMS organizational workstreams.
5. Institution of process to review progress on anti-racism, diversity, equity, and inclusion goals and objectives to inform yearly activities.
6. Annual reporting of status to all relevant stakeholders.
7. Continuing commitment from leadership across the organization.

MEASUREMENT

GOAL A: Acknowledge, research, and report on the history of the MMS with regard to racism and equity.

1. Collect baseline data and information on MMS history on racial equality and social justice.
2. Organizational antiracism self-assessment to identify areas within the MMS for organizational change and improvement.

GOAL B: Actively recruit, engage, and support minority physicians to have a strong equitable voice and leadership representation within the MMS.

1. Increase minority representation on all governance bodies including district medical societies (percentage to be determined annually).
2. Provide leadership development strategy and support for minority physicians. Assess and evaluate achievement of targeted representation.
3. Benchmark with workforce data.

GOAL C: Partner with and support underrepresented minorities in medicine facing discrimination in their institutions, practices, and communities with a focus on dismantling structural racism where we work.

1. Conduct informal focus groups of minority physicians to identify gaps in policies and direct efforts based on best practices related to leadership aspiration, inclusion, equity, diversity, and research.

GOAL D: Address racism and eliminate racial inequities affecting patients and public health.

1. Pre- and post-surveys of physicians attending educational programs on what was learned about systemic bias and racial disparities, and if program content was racially and culturally conscious.
2. Status summary of legislation/regulation filed, advocated upon, and/or passed.

GOAL E: Engage physicians and membership at large to create an antiracist medical community in Massachusetts.

1. Survey physicians on educational needs to help address racism, diversity, equity, and inclusion efforts.
2. Analyze, evaluate, and report on antiracist communications strategy using social media metrics, media placement data, and feedback.
3. Commission a study of knowledge and attitudinal and behavioral changes following MMS activities.
4. Summary of institutional efforts and engagement.

REPORTING

Defined ongoing reporting on data, progress, and identified structural and policy barriers along with the specific actions being taken to achieve improved diversity, equity, and inclusion outcomes.

1. Regular updates for the Board of Trustees and membership.
2. Public sharing of the MMS ongoing and completed antiracism efforts and initiatives.
3. Yearly report on organizational change indicators including antiracism initiatives, inclusivity, diversity, and representation.
4. Enhance transparency and accountability through longitudinal internal and benchmark reporting on:
   a. Diversity of Physician and Student Membership
   b. Sense of Inclusion/Engagement
   c. Leadership and Succession Planning Data
   d. Antiracism and Bias Education and Training