



## **2023 RESOP Commitment and Initiatives Assessment**

We at the Milbank Memorial Fund achieved or made progress on the majority of the commitments and initiatives included in our Racial Equity Statement of Purpose in 2023.

### **2023 Commitments**

In light of our obligations, we are committed to pursuing strategies in our own organization, our programming, and our publications that address ongoing health inequities among people of color in general and Black populations in particular.

In 2023, we continued our examination of our history by publishing an external audit of the Fund's history that identified other instances of racist and unethical activities. We also continued to implement the recommendations from an external review of the Fund's governance practices.

As part of our annual planning process, we continued to examine our programs, investments, governance, editorial processes, and publications through an equity lens. We developed and executed strategies to:

- raise awareness and create urgency internally and externally around achieving health equity;
- steward all our organizational assets — material, financial, reputational, and human — in ways that promote equity;

- develop organizational competency and fluency around structural racism and the means of addressing it, including:
  - listening to and learning from others with expertise and lived experience in equity-related work
  - ensuring participation of representative perspectives and voices
- increase demonstrably the racial and ethnic diversity of our staff, board, partners, editorial contributors, and networks;
- build an internal organizational culture and means of convening networks of state health policy leaders in which everyone feels valued and respected;
- establish measurable goals for these commitments and track and publish data points that will enable assessment of progress toward them; and
- review and revise the selected strategies consistent with experience and lessons learned.

## **2023 Initiatives Assessment**

### **Organizational**

Organizationally, we continued to implement revised governance policies as recommended by the external review, and to review and revise our human resources policies and procedures and vendor selection to promote diversity, equity, and inclusion. This included eliminating some committees to ensure broader total board oversight, rolling off board members who were not subject to term limits, and a board examination of foundation spending and investment policies.

The board implemented the charter of a new Ad Hoc Committee on Diversity, Equity, and Inclusion Oversight to give direction on the Fund's work to practice its values of diversity, equity, and inclusion in its programming and internal operations. The committee will give direction on the board's role in fulfilling the Fund's commitment to the partnership with Voices for Our Fathers Legacy Foundation. We also increased the percentage of board members who are people of color from 28% to 35%.

To continue to explore our legacy, we completed and published an [external audit](#) of past Milbank activities involving indigenous peoples in Manitoba, Canada. The audit

found that certain activities did not meet today's ethical standards, but Fund staff were not directly involved. To continue to improve our internal capacity for equity work, we engaged The Equity Project and Dr. Dwinita Mosby Tyler to work with the staff to enhance learning and skills development in diversity, equity, and inclusion. With support from The Equity Project, we have developed an equity lens tool that we can apply to our strategic decision-making.

We also sustained our collaboration with Voices for Our Fathers Legacy Foundation by sharing our joint "Harms and Healing" story with a variety of audiences, such as members of Grantmakers in Health, the Association of Medical Colleges, and several schools of public health. However, due to capacity, we did not fulfill our goal of joining with other foundations and health care organizations to create collaborations that promote diversity, equity, and inclusion in the health care system.

We successfully recruited and hired Dr. Morgan McDonald to serve as Director of Population Health and Health Equity Leadership. She is a member of the Fund's leadership team and is leading efforts to fulfill the Fund's commitment to population health and health equity. Under Morgan's leadership, we have continued to build into our network management activities opportunities for individuals to share their expressions of individual identity.

### **State health policy leadership programs**

Milbank's two leadership programs continued our commitment to diversity of thought, background, and lived experience. An average of 40% of the class participants were from underrepresented racial and ethnic groups. An additional emphasis on recruitment across physical disability status, geography, gender, sexual orientation, and political party deepened conversations around health equity. The broader political representation has challenged us to adapt curricula to address racial health equity in a variety of political environments. In 2023, approximately 40% of invited speakers and presenters on a breadth of leadership and policy topics were members of underrepresented racial and ethnic groups. Leadership program participants have been particularly grateful for strengthened skillset and stronger network to [advance policies supporting health equity](#).

## **Population health programs**

In 2023, we created and convened the Milbank Medicaid Transformation Network, a network of state Medicaid agency leaders that are guiding primary care transformation in their states, with a focus on improving primary care access for Medicaid enrollees who are members of racial and ethnic minority groups. Publication of an analysis assessing variations in access to primary care for Medicaid beneficiaries has been delayed.

In collaboration with the Primary Care Development Corporation and with funding from the Commonwealth Fund, we established a network of states that are involved in developing, proposing, passing, or implementing legislation to measure and/or increase primary care spending as a percentage of total spending. We also supported the Primary Care Collaboration's Primary Care Investment Hub, an online resource. Working through the Peterson-Milbank Program for Sustainable Health Care Costs, we have promoted states' focus on the impact of health care costs on health equity, including data and policy analysis focused on populations facing specific affordability challenges.

## **Communications**

In communications, *The Milbank Quarterly* successfully promoted health equity as a fourth key area of editorial interest and met its goal, with 28% of articles and opinions focused on health equity. We produced a special issue of the *Quarterly* celebrating its centennial anniversary in which we made a concerted effort to have scholars of color account for one-third of all authors.

We increased the percentage of *Milbank Quarterly* reviewers and authors, as well as Milbank Memorial Fund contributors, who are members of racial or ethnic minority groups to 27%. We are in the process of implementing methods for capturing self-identification of racial and ethnic identity by reviewers and authors to collect more accurate data regarding the percentage of individuals who are people of color. We have maintained the practice of having at least one reviewer be a person of color for equity-related manuscripts.

We have drafted a diversity, equity, and inclusion style manual for both *The Milbank Quarterly* and the Milbank Memorial Fund. Finally, we have launched a process to

make the Milbank Memorial Fund website, including all new Milbank Memorial Fund publication PDFs, as well as Milbank virtual events, compliant with the Americans with Disabilities Act by, for example, using high-contrast colors and offering closed captioning.