April 28, 2025

VIA electronic portal submission

Anthony Archeval, Esq.
Acting Director, Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

VIA email: OCRComplaint@hhs.gov

Steven Mitchell
Acting Regional Director, Office for Civil Rights, Region V
U.S. Department of Health & Human Services
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Request for Investigation into Discriminatory DEI Practices at Henry Ford Health in Violation of Federal Law

Dear Acting Director Archeval and Regional Director Mitchell:

America First Legal Foundation ("AFL") is a national nonprofit organization committed to protecting the rule of law, due process, and equal protection under the law for all Americans.

Accordingly, AFL respectfully submits this request for investigation into Henry Ford Health ("HFH" or "the System"), a federally funded healthcare entity headquartered in Detroit, Michigan. HFH has implemented and institutionalized an organization of race- and sex-based discrimination under the banner of Diversity, Equity, and Inclusion ("DEI") across its operations, including its employment practices, residency programs, and delivery of patient services.

I. The Department of Health and Human Services Office for Civil Rights is Responsible for Ensuring the Department's Programs Comply with Civil Rights Laws

On January 21, 2025, President Donald J. Trump signed Executive Order No. 14173, titled "Ending Illegal Discrimination and Restoring Merit-Based Opportunity." This Executive Order revokes Executive Order No. 11246 and requires "all executive departments and agencies" to "terminate all discriminatory and illegal preferences, mandates, policies, programs, activities, guidance, regulations, enforcement actions, consent orders, and requirements."[1] It further orders all agencies to enforce long-

[1] Ending Illegal Discrimination and Restoring Merit-Based Opportunity, Exec. Order No. 14,173, 90 Fed. Reg. 8633 (Jan. 31, 2025), https://perma.cc/8ASH-GVED.

standing civil-rights laws and to "combat illegal private-sector DEI preferences, mandates, policies, programs, and activities.

The Order reaffirms the federal government's obligation to enforce civil rights laws uniformly and to end all discriminatory preferences and mandates—whether labeled as "DEI," "affirmative action," or any other euphemism for unlawful discrimination.

The Department of Health and Human Services ("HHS") Office for Civil Rights ("OCR") is responsible for enforcing federal civil rights laws, including Title VI of the Civil Rights Act of 1964, against all healthcare systems and institutions receiving HHS funding. This obligation extends to ensuring that entities like HFH do not engage in discriminatory practices under the guise of *DEI*, *equity*, or *antiracism*, whether in employment, medical education, or patient care.

Title VI of the Civil Rights Act of 1964 prohibits any program or activity receiving federal financial assistance from subjecting individuals to discrimination on the basis of race, color, or national origin. Specifically, it provides: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." 42 U.S.C. § 2000d (2018).

Implementing regulations issued by HHS make clear that entities receiving agency funding may not, directly or through contractual arrangements, utilize criteria or methods of administration that have the effect of subjecting individuals to discrimination or defeating the objectives of the program. *See* 45 C.F.R. § 80.3(b)(2).

OCR is responsible for enforcing these obligations and ensuring that recipients of federal funds operate programs in full compliance with applicable nondiscrimination laws.[2] That responsibility includes ensuring that recipients of federal funds do not operate programs that, either in intent or effect, treat individuals differently based on protected characteristics.

II. Henry Ford Health System is Required to Follow Federal Orders and Regulations Prohibiting Discrimination in Federal Programs

Henry Ford Health is among Michigan's largest and most influential healthcare institutions, employing over 33,000 individuals and training more than 4,000 medical students, residents, and fellows annually across more than 50 accredited programs.[3] As a nationally recognized academic medical center and one of Michigan's top NIH-funded institutions, HFH plays a central role in shaping clinical, educational, and workforce policy statewide. The size and influence of HFH—as a major employer,

[2] *Office for Civil Rights*, U.S. DEP'T OF HEALTH & HUM. SERVS., https://perma.cc/8VWR-ZGS9.
[3] *Henry Ford Health Named as One of 'America's Greatest Workplaces for Diversity 2023,'* HENRY FORD HEALTH (Mar. 2, 2023), https://perma.cc/89ZK-ERLC.

academic leader, and recipient of substantial federal funding—amplify the legal and ethical implications of its illegal and immoral DEI policies.[4]

Since 2021, HFH has received nearly $1 billion in federally obligated awards containing DEI-related provisions that embed race and sex-based priorities into clinical, research, and administrative functions. These awards show that HFH operates federally funded programs that affirmatively integrate DEI into its internal governance, recruitment, clinical decision-making, and service delivery.

HFH receives substantial federal financial assistance, including grants awarded under programs administered by HHS's Office of Minority Health, the National Institutes of Health, and other HHS sub-agencies. Representative examples include:

- ASST_NON_CPIMP231375_7521 (CFDA 93.137 – Community Programs to Improve Minority Health) obligates $2.5 million in federal funds to HFH through September 29, 2027 for the implementation of a maternal care collaboration in Detroit, described as being designed for "a population [that] is 76.6% Black," and expressly aimed at race-specific intervention and workforce development.[5]
- ASST_NON_R21HD110899_7529 (CFDA 93.865 – Child Health and Human Development Extramural Research) obligates $245,532 in federal funds through August 29, 2026, to support a study examining how "maternal lifetime exposure to structural racism" affects inflammatory markers in newborns. The project constructs a neighborhood "structural racism score" and explicitly links race-based environmental measures to biological outcomes, embedding race-conscious design into taxpayer-funded medical research.[6]
- ASST_NON_R25NR021357_7529 (CFDA 93.361 – Nursing Research) obligates $267,781 through May 31, 2027, to HFH to implement a training program for nurse scientists and allied health professionals focused on "social determinants of health" and "health equity." It embeds DEI ideology into the research design, curriculum, and mentorship pipeline for future nurse leaders.[7]
- ASST_NON_UG3OD035518_7529 (CFDA 93.310 – Trans-NIH Research Support) obligates $1.7 million through May 31, 2025, to support a research initiative that directs researchers to use "diversity, equity, and inclusion principles" to engage participants and explicitly incorporates DEI into the implementation framework, participant engagement, and training protocols.[8]
- ASST_NON_CPIMP231375_7521 (CFDA 93.137 – Community Programs to Improve Minority Health) obligates $2.5 million in federal funds to HFH

[4] *Id.*
[5] *Project Grant (FAIN: CPMIMP231375)*, USASPENDING, perma.cc/VKQ2-S4QY (HHS award).
[6] *Project Grant (FAIN: R21HD110899)*, USASPENDING, https://perma.cc/94P4-PYZS (HHS award).
[7] *Project Grant (FAIN: R01ES035740)*, USASPENDING, https://perma.cc/LC4M-GPDX (HHS award).
[8] *Project Grant (FAIN: UG3OD035518)*, USASPENDING, https://perma.cc/BVL4-2MWS (HHS award).

> through September 29, 2027, to implement a race-targeted maternal health initiative in Detroit. The program is explicitly designed around racial demographics and establishes a collaborative network of medical, academic, and advocacy organizations defined by their racial and community affiliations. Framed entirely through the lens of "social determinants of health," the initiative promotes equity-driven transformation rather than individualized care. By embedding race and identity into its structure, staffing, and programmatic objectives, the grant serves as a textbook example of federally funded, identity-based healthcare programming driven by DEI ideology, channeling public resources into racially preferential care models under the guise of public health improvement.[9]

Collectively, these practices not only subvert the principles of equal protection and merit-based opportunity but also violate the plain terms of Title VI,[10] Executive Order 14173,[11] and the regulatory conditions governing the use of HHS funds.[12]

Section 1557 of the Affordable Care Act (42 U.S.C. § 18116)[13] also prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in any health program or activity that receives federal financial assistance. It incorporates the enforcement standards of Title VI of the Civil Rights Act, Title IX of the Education Amendments,[14] Section 504 of the Rehabilitation Act,[15] and the Age Discrimination Act.[16] Under HHS regulations, this prohibition applies to "any project, enterprise, venture, or undertaking to: provide or administer health-related services; engage in health or clinical research; or provide health education for healthcare professionals or others." *See* 45 C.F.R. § 92.4.

Compliance may be affected "by the suspension or termination of or refusal to grant or to continue Federal financial assistance or by any other means authorized by law." 45 C.F.R. § 80.8(a). Henry Ford Health System qualifies as a covered entity, and its conduct implicates the prohibitions of Section 1557 in addition to Title VI.

As detailed in the following sections, HFH's discriminatory programs and practices are not incidental or isolated—they are flagrant, ongoing, and systematic violations of non-discrimination mandates; HFH's intentional and unlawful misuse of federal taxpayer funds warrants immediate investigation and enforcement action by OCR.

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[9] *Project Grant (FAIN: CPIMP231375)*, USASPENDING, https://perma.cc/V75U-MHYK (HHS award).
[10] 42 U.S.C. § 2000d.
[11] Exec. Order No. 14,173, *supra* note 1.
[12] 5 C.F.R. § 80.3(b)(2).
[13] 42 U.S.C. § 18116.
[14] 20 U.S.C. §§ 1681–1688.
[15] 29 U.S.C. § 794.
[16] 42 U.S.C. §§ 6101–6107.

III. Factual Summary of Discriminatory Practices

HFH has adopted and institutionalized policies that condition employment, education, and patient care on race, sex, and other protected characteristics under the guise of DEI. These practices are not only inconsistent with federal civil rights law but, in some cases, represent extreme and dangerous applications of identity-based decision-making.

HFH has publicly affirmed that diversity, equity, inclusion, and social justice are not peripheral commitments, but core institutional priorities embedded across its operations. For example, HFH in 2023 was named one of *America's Greatest Workplaces for Diversity* by *Newsweek*—an accolade the System publicly celebrates to validate its long-term DEI agenda. As President and CEO, Robert G. Riney explained:

> While our vision includes diversity, it doesn't stop there. We have embarked on an extensive, multi-year journey, guided by our Diversity, Equity, Inclusion, and Social Justice Strategic Plan. It is a roadmap designed to ensure our staff, patients, and the communities we serve are afforded the full opportunity to participate in all aspects of economic, social, and civic life.[17]

HFH leadership characterizes DEI not as a structural imperative shaping how the system functions as an "industry leader," "community partner," and "innovator with a vision of equity for all."[18] These statements underscore that DEI principles are not isolated to recruitment but are institutionalized across governance, staffing, training, and patient care.

A. Racial preferences in organ transplantation.

In a policy that is both medically unethical and legally indefensible, HFH openly states that its organ transplant program is committed to "equitable access to organ transplantation and associated outcomes,"[19] and the program implies that it considers race and social vulnerability to "improv[e] equity across access to and outcomes from transplantation."[20] Despite a passing disclaimer that every patient is evaluated regardless of their identity, the underlying framework imposes race-based prioritization in life-and-death decisions.

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[17] *Henry Ford Health Named as One of 'America's Greatest Workplaces for Diversity 2023*,' HENRY FORD HEALTH (Mar. 2, 2023), https://perma.cc/89ZK-ERLC.
[18] *Id.*
[19] *Diversity Equity and Inclusion Research*, HENRY FORD HEALTH, https://perma.cc/T5QH-BTS2.
[20] *Id.*

In a 2024 public comment submitted to the Centers for Medicare & Medicaid Services ("CMS"), HFH reaffirmed its commitment to applying a "health equity plan" through the Increasing Organ Transplant Access ("IOTA") model within its transplant operations.[21] The IOTA Model is a six-year program slated to begin on July 1, 2025, that ties kidney transplant performance and funding to the achievement of equity benchmarks.[22]

According to CMS's official participant list, Henry Ford Hospital is enrolled in the IOTA Model.[23] As part of that participation, HFH is required to identify race-based disparities, develop targeted interventions, conduct resource gap analyses, implement a formal "health equity plan," and track progress toward race-conscious performance metrics and long-term equity goals.[24]

HFH has made clear that race is now a factor that contributes to transplant decision-making. HFH has abandoned an objective, individualized model based on clinical need and has adopted a redistributive framework that favors certain demographic groups under the pretext of advancing "equity."[25] Although HFH noted the administrative burden of implementing the IOTA Model, it nonetheless endorsed the premise that racial and socioeconomic differences in transplant outcomes should be corrected through population-level interventions. It further supported income-based financial assistance for "diverse populations"—a proxy for race-based redistribution of costs.[26]

HFH's transplant policies, as implemented under IOTA and its own DEI framework, prioritize certain racial groups, adjust waitlist eligibility using race-based calculations, deliver exclusive benefits to select identity groups, and link funding to race-based outcome metrics. As detailed in a FOIA request submitted by America First Legal, there is now a clear and present danger that healthcare systems like HFH are allocating donated organs based on race rather than clinical status.[27] This type of prioritization is not only unauthorized—it is unlawful, elevating group identity over individual merit and resulting in impermissible racial classifications under Title VI.

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[21] Henry Ford Health, Comment Letter on Proposed Rule Alternative Payment Model Updates and the Increasing Organ Transplant Access (IOTA) Model at 6–7 (July 3, 2024), https://perma.cc/6XKW-7NCF.

[22] Medicare Program; Alternative Payment Model Updates and the Increasing Organ Transplant Access (IOTA) Model, 89 Fed. Reg. 84128 (Dec. 4, 2024), https://perma.cc/L4YP-6PGF; *Increasing Organ Transplant Access (IOTA) Model*, CTRS. FOR MEDICARE & MEDICAID SERVS., https://perma.cc/L3E4-GTZZ.

[23] *Id.*

[24] Henry Ford Health, *supra* note 21, at 6–7.

[25] *Id.*

[26] *Id.*

[27] *America First Legal Investigates Biden HHS's Plans to Prioritize Organ Transplants Based on Skin Color*, AM. FIRST LEGAL (Apr. 3, 2023), https://perma.cc/7WRB-49Z6.

B. Race- and sex-based employment decisions

HFH has operationalized race- and sex-based decision-making across its hiring, promotion, and leadership development processes through the implementation of its Diversity, Equity, Inclusion, and Justice ("DEIJ") Strategic Plan.[28]

In 2022, HFH created an Executive Diversity Recruitment Committee "that reviews the applicant pool for all executive-level positions and approves all hiring offers before they are made."[29] The committee is "responsible for meeting goals, established each year by the HFH board of trustees, to ensure that the value of diversity factors into hiring decisions." This same committee "must approve every senior-level hiring decision" and ensures that "the priority of diversity is part of the recruitment, interviewing, and hiring process for those openings."[30]

HFH's Board of Trustees sets "diversity-related goals, monitors metrics to ensure that the goals are being achieved, and holds leaders accountable."[31] These include "hiring goals that reflect the availability of diverse candidates." Furthermore, leadership compensation is directly linked to achieving diversity targets, with up to 10 percent of annual bonus pay contingent on meeting these benchmarks. If a candidate pool for a senior-level position does not include a sufficient number of individuals of a particular race or sex, the hiring process is paused until it does, effectively embedding group-based criteria as a precondition for advancement.[32]

Furthermore, when "a diverse applicant pool includes equally qualified candidates and the hiring manager wants to offer the job to a white male, the committee needs to discuss why."[33] There is no corresponding requirement that a hiring manager justify selecting an equally qualified minority candidate over a white male, illustrating the one-directional nature of the policy and its discriminatory application.

This organizational use of race and sex-based quotas, benchmarks, and oversight committees transforms what should be a merit-based personnel organization into one driven by discriminatory classifications, favoring or disadvantaging individuals based on protected characteristics in violation of federal civil rights laws.

In addition to formal benchmarks and oversight committees, HFH's job postings confirm that DEI is embedded in its employment practices across the system. A

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[28] *Henry Ford Physician Network: Diversity, Equity, Inclusion and Justice*, HENRY FORD HEALTH, https://perma.cc/76V6-DLE6.
[29] Lola Butcher, Henry Ford Health System Board Essential for Diversity, AHA TRUSTEE SERVS. (Apr. 5, 2021), https://perma.cc/24NF-95EB.
[30] *Id.*
[31] *Id.*
[32] *Id.*
[33] *Id.*

search of Henry Ford Health's public job board reveals that more than 200 current job listings explicitly incorporate DEI language or requirements into job descriptions, qualifications, or core responsibilities.[34] These include clinical positions for pediatricians, where applicants are expected to "support diversity, equity and inclusion in all aspects of work," even when DEI-related functions are unrelated to clinical competence or patient outcomes.[35] Furthermore, applicants "must demonstrate a strong commitment" to social justice, equity, diversity, and inclusion as core values.[36]

Moreover, HFH openly states in its job postings that "diversity and inclusion are considered in all our decisions and are the key reasons that we are nationally recognized as a top diversity employer."[37] The HFH touts recognition from Modern Healthcare as a "top diversity leader," further demonstrating that DEI is a formalized, performance-based dimension of human resource decision-making.[38] These practices confirm that DEI considerations are not aspirational or peripheral, but are integral to HFH's personnel decisions and hiring framework. When tied to federally funded programs, these policies raise serious legal concerns under Title VI and related civil rights statutes.

C. Identity-restricted medical education opportunities

HFH states it is "committed to being a trusted leader" in the community, acting as the "example for equity and justice in healthcare, education, and research." It holds "four core values" in the domain of DEIJ: (1) "Anti-racism and social justice advocacy," (2) "Diverse workforce and inclusive culture," (3) "Community empowerment," and (4) "Healthcare equity."[39]

These institutional commitments are reflected in departmental directives and residency recruitment practices. For example, the Department of Orthopaedic Surgery prioritizes "underrepresented" applicants and has modified its "holistic review" process to favor "unique" diversity-related attributes, such as race, sex, and other protected classifications, over merit-based criteria.[40] HFH not only recruits on the basis of identity but also requires residents to "receive formal education in healthcare equity" as part of their clinical training, embedding ideological instruction

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[34] *Job Listings Search Results: "Diversity"*, HENRY FORD HEALTH, https://perma.cc/TT42-883L.
[35] *Pediatrician – Taylor*, HENRY FORD HEALTH, https://perma.cc/S83T-YZX3.
[36] *Id.*
[37] *Registered Nurse – Home Health Care (Oakland, Macomb, Downriver County)*, HENRY FORD HEALTH, https://perma.cc/PW46-5CSP.
[38] *Id.*
[39] *Orthopedic Surgery Residency: Diversity, Equity, and Inclusion*, HENRY FORD HEALTH, https://perma.cc/M47A-WJ46.
[40] *Id.*

into its graduate medical education pipeline. HFH's other residency programs impose similar requirements.[41]

HFH offers residency clerkship scholarships that are explicitly limited to individuals who identify as members of underrepresented groups. For example, the Department of Emergency Medicine at HFH provides a $1,500 visiting clerkship stipend exclusively to fourth-year medical students who "*must* also identify as a member of a group that is underrepresented in medicine," which may include students "such as racial and ethnic minorities, LGBTQI-identified or gender nonconforming individuals, individuals from disadvantaged backgrounds, and those with special needs."[42] White or Asian students who do not fall within these categories are categorically excluded from eligibility, even if they are more qualified than their underrepresented fellow applicants.[43] Similar clerkship stipends across other HFH residency programs prioritize applicants based on race, sexual orientation, and gender identity, transforming what should be competitive, merit-based opportunities into exclusionary programs rooted in protected characteristics.

The Department of Orthopaedic Surgery offers a "Underrepresented in Orthopaedics Visiting Student Scholarship" to encourage participation by students from specific identity groups.[44] The Diagnostic Radiology Residency has a Diversity & Inclusion Committee that organizes DEI educational conferences and mentorship programs aimed at underrepresented medical students.[45] The Dermatology Department operates a "Diversity Committee" that helps the department promote DEI and cultural competence in patients, trainees, and faculty.[46] The Obstetrics and Gynecology Residency maintains a dedicated "Equality, Inclusion, and Diversity Committee" and holds monthly DEI conferences.[47] This barely scratches the surface.

At the Henry Ford Wyandotte Hospital campus, residency programs in emergency medicine, general surgery, obstetrics and gynecology, pharmacy, and podiatry all operate under a DEIJ Committee that "aims to build a more welcoming and inclusive clinical environment by incorporating a diversity and equity lens" into their "recruitment and hiring processes, clinical training, and patient care."[48]

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[41] *Frequently Asked Questions*, HENRY FORD HEALTH, https://perma.cc/22DX-68MC.
[42] *Underrepresented in Medicine Visiting Clerkship Scholarship*, HENRY FORD HEALTH (emphasis added), https://perma.cc/JX5L-6S4V.
[43] *Id.*
[44] *Underrepresented in Orthopaedics Visiting Student Scholarship*, HENRY FORD HEALTH, https://perma.cc/J5UN-7ERK.
[45] *Interventional Radiology Residency: Diversity and Inclusion*, HENRY FORD HEALTH, https://perma.cc/E9D7-KUN9.
[46] *Dermatology Residency Program*, HENRY FORD HEALTH, https://perma.cc/TMB5-43UX.
[47] *Diversity Committee*, HENRY FORD HEALTH, https://perma.cc/N2YG-FU5T.
[48] *Henry Ford Wyandotte Hospital DEIJ Committee*, HENRY FORD HEALTH, https://perma.cc/H4KB-WU6Q.

While framed as inclusive, these efforts apply identity-conscious restrictions, preferences, and quotas that organizationally exclude or disadvantage candidates based on race, sex, national origin, or other protected traits. When implemented in federally funded training programs, such practices violate Title VI's bar on discrimination in education programs receiving federal financial assistance.

D. Discriminatory Supplier Diversity Practices

HFH also maintains a supplier diversity program that explicitly prioritizes contracting with businesses owned by certain minority groups.[49] While supplier diversity is framed as inclusive, its execution involves treating businesses differently based on the race, sex, or sexual orientation of their owners—a practice that may violate Title VI and Executive Order No. 14173 when federal funds are used for such contracts.[50]

IV. Request for Relief

In light of the organizational and unlawful nature of Henry Ford Health's discriminatory policies and practices, America First Legal Foundation respectfully requests that the U.S. Department of Health and Human Services, Office for Civil Rights:

I. Open a formal investigation into HFH for violations of Title VI of the Civil Rights Act of 1964 and Executive Order No. 14173;
II. Initiate a comprehensive compliance review of all HHS-funded programs and activities administered by HFH, including but not limited to its clinical care models, residency and fellowship programs, hiring and promotion organizations, and procurement and contracting policies;
III. Require HFH to immediately suspend all race- and sex-based policies, preferences, quotas, and decision-making criteria across its operations, including its transplant program, medical education initiatives, recruitment and promotion practices, and DEI-based care delivery frameworks;
IV. Require HFH to demonstrate compliance with federal civil rights law by submitting revised policies, internal audits, and corrective action plans subject to OCR oversight;
V. Impose all available legal and administrative penalties for noncompliance, including the suspension or termination of federal financial assistance;

[49] *Supplier Diversity*, HENRY FORD HEALTH, https://perma.cc/6TQN-DXU7.
[50] This may also violate 42 U.S.C. 1981, which prohibits racial discrimination in the making and enforcement of contracts.

VI. Refer any potentially unlawful conduct outside OCR's jurisdiction to the appropriate federal enforcement agencies, including the U.S. Department of Justice and the Office of Inspector General.[51]

Despite recent efforts to erase DEI-related content from its public-facing website, there is no indication that HFH has ceased implementing the discriminatory policies and practices outlined above. To the contrary, the structure and scope of its DEI programs appear deeply embedded within the System's health care delivery operations and employment practices.[52] The removal of public documentation, without corresponding policy reversals, suggests not compliance but concealment. This underscores the urgent need for a federal investigation to determine whether HFH continues to violate Title VI of the Civil Rights Act and other applicable laws while evading public accountability.

V. Conclusion

The facts presented herein demonstrate a sweeping, deliberate, and ongoing pattern of discriminatory practices by a major healthcare institution receiving significant federal support. HFH's conduct is not isolated or incidental—it reflects a calculated and ideologically driven effort to embed racial and identity preferences throughout its federally funded programs.

OCR is responsible for enforcing Title VI, Executive Order 14173, and all applicable civil rights statutes and regulations to ensure that federal dollars are not used to fund unlawful discrimination. OCR should take immediate enforcement action to prevent further harm and restore merit-based, nondiscriminatory administration of HHS-funded healthcare and education.

Failure to act in the face of such egregious and well-documented violations would not only signal tolerance of unlawful discrimination but would undermine the federal government's duty to ensure that taxpayer dollars are not used to advance unconstitutional or ideologically driven practices.

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[51] While OCR does not have jurisdiction to enforce Title VII of the Civil Rights Act of 1964, HFH's employment practices are nonetheless subject to Title VI to the extent that federal funds are used for the purpose of providing employment or where discriminatory practices affect program beneficiaries, such as patients and residents. AFL respectfully requests that OCR assert jurisdiction under 42 U.S.C. § 2000d–3 and 28 C.F.R. § 42.104(b)(2) and refer any potentially unlawful employment practices to the U.S. Equal Employment Opportunity Commission and the U.S. Department of Justice for further review.

[52] There is reason to suspect that HFH is also discriminating based on national origin and religion in its residency and hiring programs. Available information suggests potential favoritism toward foreign nationals from the Middle East, Pakistan, and India, over White and Asian U.S. citizens who identify as Christian or Jewish. AFL respectfully requests that the OCR investigate whether such practices violate Title VI and consult with the U.S. Department of Homeland Security, the U.S. Department of State, or other appropriate federal agencies to determine whether additional oversight or coordinated enforcement is warranted.

We respectfully request prompt confirmation of receipt of this request for investigation and notification of any additional information or documentation necessary to assist in your review.

Thank you in advance for your attention to this matter.

Sincerely,
/s/ Megan D. Redshaw
America First Legal Foundation
611 Pennsylvania Avenue SE #231
Washington, D.C. 20003

Cc: The Honorable Robert F. Kennedy Jr., Secretary, U.S. Department of Health and Human Services
The Honorable Pamela J. Bondi, Attorney General, U.S. Department of Justice
The Honorable Harmeet K. Dillon, Chief, Civil Rights Division, U.S. Department of Justice
The Honorable Andrea R. Lucas, Acting Chair, U.S. Equal Employment Opportunity Commission
Carlton M. Hadden, Director, Office of Federal Operations, U.S. Equal Employment Opportunity Commission
The Honorable Kristi Noem, Secretary, U.S. Department of Homeland Security
The Honorable Marco Rubio, Secretary, U.S. Department of State
Riley M. Barnes, Senior Bureau Official, Bureau of Democracy, Human Rights, and Labor, U.S. Department of State

APPENDIX

Project Grant FAIN CPIMP231375

Unlinked Award

In Progress (2 years, 5 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

HENRY FORD HEALTH SYSTEM

1 FORD PL
COM HEALTH PROGRAMS/STRATEGIES
DETROIT, MI 48202-3450
UNITED STATES

Congressional District: MI-13

Assistance Listings (CFDA Programs)

93.137 - COMMUNITY PROGRAMS TO IMPROVE MINORITY HEALTH

VIEW MORE INFO ABOUT THIS PROGRAM

Dates

Today

Start Date Sep 30, 2023

End Date Sep 29, 2027

$ Award Amounts

Outlayed Amount	$0.00
Obligated Amount	$2,480,000.00
Non-Federal Funding	$0.00
Total Funding	$2,480,000.00

View Transaction History

Description

BABIES WIN. FAMILIES THRIVE. COMMUNITIES TRANSFORMED! -- DETROIT'S INNOVATIVE COLLABORATIVE FOR THE INTEGRATION OF COMMUNITY-BASED MATERNAL SUPPORT SERVICES IN PERINATAL SYSTEMS OF CARE - HENRY FORD HEALTH IN PARTNERSHIP WITH BLACK MOTHERS BREASTFEEDING ASSOCIATION AND THE UNIVERSITY OF MICHIGAN (UM) ARE PLEASED TO PRESENT THIS PROPOSAL FOR BABIES WIN. FAMILIES THRIVE. COMMUNITIES TRANSFORMED! (THE TRIPLE CROWN) WHICH WILL DEVELOP AN INNOVATIVE COLLABORATIVE TO FACILITATE THE INTEGRATION OF COMMUNITY-BASED MATERNAL SUPPORT SERVICES INTO PERINATAL SYSTEMS OF CARE IN DETROIT, MI WHERE THE POPULATION IS 76.6% BLACK AND 31.5% OF WOMEN LIVE IN POVERTY. JOINING THE TRIPLE CROWN COLLABORATION ARE A DIVERSE GROUP OF PUBLIC, PRIVATE, AND COMMUNITY PARTNERS INCLUDING BIRTH DETROIT, BRILLIANT DETROIT, COREWELL HEALTH, DETROIT HEALTH DEPARTMENT, FOCUS: HOPE, HARAMBEE CARE, MOLINA HEALTHCARE, SOUTHEAST MICHIGAN PERINATAL QUALITY IMPROVEMENT COALITION, UNITED WAY OF SOUTHEASTERN MICHIGAN, AND UM CHILD HEALTH EVALUATION AND RESEARCH CENTER. TOGETHER THESE MEDICAL, SOCIAL, COMMUNITY-BASED, ADVOCACY AND SUPPORT PARTNERS WILL ADDRESS SOCIAL DETERMINANTS OF HEALTH AND FILL GAPS THAT EXIST IN THE CONTINUUM OF CARE FOR PREGNANT AND POSTPARTUM PERSONS WHILE PURSUING THE MATERNAL INFANT CHILD HEALTH OBJECTIVES OF HEALTHY PEOPLE 2030. BY PARTNERING WITH INVESTED STAKEHOLDERS ACROSS THE CITY OF DETROIT, EXPANDING THE PERINATAL CARE TEAM WORKFORCE, AND EQUIPPING THEM WITH NEEDED RESOURCES, WE CAN ADDRESS DETROIT'S MATERNAL AND INFANT HEALTH CRISIS IN A FEASIBLE, EFFECTIVE, AND SUSTAINABLE WAY.

read less

Project Grant FAIN R21HD110899 — **In Progress** (1 year, 4 months remain)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

HENRY FORD HEALTH + MICHIGAN STATE UNIVERSITY HEALTH SCIENCES

426 AUDITORIUM RD
EAST LANSING, MI 48824-2600
UNITED STATES

Congressional District: MI-07

Assistance Listings (CFDA Programs)

93.865 - CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH

VIEW MORE INFO ABOUT THIS PROGRAM

Dates

Today

Start Date: Sep 05, 2024
End Date: Aug 31, 2026

$ Award Amounts

Outlayed Amount	$3,537.26
Obligated Amount	$245,532.00
Non-Federal Funding	$0.00
Total Funding	$245,532.00

Description

EXAMINING MATERNAL LIFETIME EXPOSURE TO STRUCTURAL RACISM AND METABOLOMICS IN NEONATAL DRIED BLOOD - STRUCTURAL RACISM (SR) DENOTES THE MULTIDIMENSIONAL AND SYSTEMIC OPPRESSION OF BLACK INDIVIDUALS IN THE US. RESIDENTIAL SEGREGATION IS A CENTRAL COMPONENT OF SR. ACCORDING TO EXPERTS, RACE-BASED RESIDENTIAL SEGREGATION IS A FUNDAMENTAL DETERMINANT OF RACIAL DISPARITIES IN HEALTH THROUGH NEIGHBORHOOD DISADVANTAGE LEADING TO HIGH RATES OF CHRONIC DISEASE AND LOWER LIFE EXPECTANCY IN THESE COMMUNITIES. ACCORDING TO THE CONCEPT OF "WEATHERING", CUMULATIVE EXPOSURE TO RACIAL INJUSTICES (INCLUDING SEGREGATION) OVER THE LIFE COURSE WEAR AT THE PHYSICAL AND MENTAL HEALTH OF MINORITIZED COMMUNITIES. SPATIAL MANIFESTATIONS OF SR HAVE BEEN LINKED TO STRESS RESPONSES, IMMUNE DYSREGULATION, AND HEIGHTENED CHRONIC INFLAMMATION AMONG US BLACK INDIVIDUALS. TRANSFER OF A PROPENSITY TOWARD CHRONIC INFLAMMATION FROM MOTHER TO INFANT CAN CREATE AN INTERGENERATIONAL CYCLE OF DISADVANTAGE AND POOR HEALTH, LEADING TO THE HEALTH INEQUITIES OBSERVED TODAY. WE POSIT THAT MATERNAL EXPOSURE TO SR IS LINKED TO OBSERVED EVIDENCE OF INITIAL STAGES OF DISEASE PROCESSES IN THEIR OFFSPRING. WE PROPOSE TO EXAMINE THE ASSOCIATION BETWEEN MATERNAL LIFETIME EXPOSURE TO SR AND THE PRESENCE OF INFLAMMATORY MARKERS IN THE CHILD'S NEONATAL DRIED BLOOD SPOTS (DBS) USING A COHORT OF WOMEN WHO HAVE DELIVERED A CHILD AT HENRY FORD HEALTH (HFH), A DETROIT-BASED HEALTH CARE ORGANIZATION SERVING A DIVERSE POPULATION WITH RESPECT TO RACE AND SOCIOECONOMIC STATUS. DBS ARE ROUTINELY COLLECTED AT BIRTH AND STORED BY THE STATE OF MICHIGAN. OUR PLAN TO DEFINE THE PROPOSED EXPOSURE, SR, BUILDS ON EXISTING LITERATURE AND THE EXPERTISE OF OUR TEAM. WE WILL CHARACTERIZE NEIGHBORHOODS IN THE DETROIT METROPOLITAN AREA AND ASSIGN A "NEIGHBORHOOD SR SCORE" USING EXISTING SPATIAL MEASURES OF SR (E.G., RACIAL INEQUITIES IN THE DOMAINS OF HOUSING, EDUCATION, EMPLOYMENT, ETC.). AIM 1 IS TO CREATE A CUMULATIVE LIFETIME SR EXPOSURE SCORE FOR EACH PARTICIPANT BASED ON THEIR LIFETIME RESIDENTIAL HISTORY. AIM 2 IS TO ASSOCIATE THE LIFETIME SR EXPOSURE SCORE TO THE LEVELS OF INFLAMMATORY MARKERS MEASURED IN THE DBS OF PARTICIPANT OFFSPRING USING AN UNTARGETED METABOLOMICS PLATFORM. WE HAVE THE INVESTIGATOR EXPERTISE NEEDED TO ACHIEVE OUR AIMS, INCLUDING EPIDEMIOLOGY, BIOSTATISTICS, UNTARGETED METABOLOMICS, AND URBAN PLANNING, AND WE HAVE ACCESS TO THE TARGETED POPULATION. THIS R21 WILL ASSESS THE FEASIBILITY OF CREATING EXPOSURE AND OUTCOME MEASURES AS WELL RECRUITMENT AND DATA COLLECTION. OUR WORK INCLUDES THE DOMAINS OF INFLUENCE REFLECTIVE OF SR FROM THE NATIONAL MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH FRAMEWORK AND WILL INFORM A LARGER STUDY. EMPIRICAL EVIDENCE OF HOW SR CAN INITIATE PROCESSES IN EARLY LIFE THAT MANIFEST IN ADULT DISEASE IS AN INVALUABLE STEP IN ELIMINATING HEALTH INEQUITIES.

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Project Grant FAIN R25NR021357 — **In Progress** (2 years, 1 month remains)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

HENRY FORD HEALTH + MICHIGAN STATE UNIVERSITY HEALTH SCIENCES

426 AUDITORIUM RD
EAST LANSING, MI 48824-2600
UNITED STATES
Congressional District: MI-07

Assistance Listings (CFDA Programs)

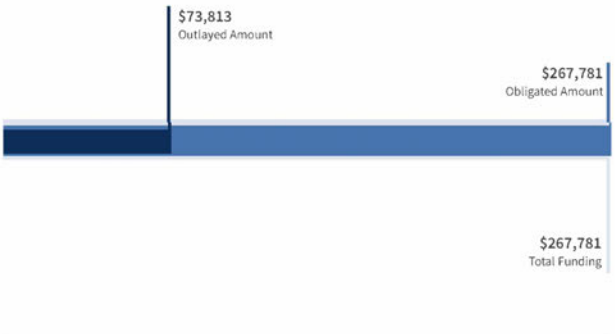
93.361 - NURSING RESEARCH
VIEW MORE INFO ABOUT THIS PROGRAM

Dates

Today

Start Date	Jul 18, 2024
End Date	May 31, 2027

$ Award Amounts



Outlayed Amount	$73,813.21
Obligated Amount	$267,781.00
Non-Federal Funding	$0.00
Total Funding	$267,781.00

Description

A NURSING PROGRAM FOR ADVANCING TRAINING IN HEALTH AND SOCIAL DETERMINANTS (N-PATHS) - PROJECT SUMMARY/ABSTRACT THE N-PATHS (NURSING PROGRAM FOR ADVANCING TRAINING IN HEALTH AND SOCIAL DETERMINANTS) PROGRAM IS A COMPREHENSIVE AND IMMERSIVE RESEARCH TRAINING PROGRAM CONSISTING OF THREE MAIN COMPONENTS, 1) IN-PERSON INTENSIVE AND 2) MONTHLY LEARNING MODULES (ASYNCHRONOUS) AND WEBINARS (SYNCHRONOUS), AND 3) MENTORSHIP (I.E., MENTORED-RESEARCH EXPERIENCES). THE GOAL OF THE PROGRAM IS TO BRING TOGETHER NURSE SCIENTISTS AND ALLIED SCIENTISTS FOR COLLABORATION AND LEARNING EXPERIENCES TO IMPROVE THEIR UNDERSTANDING OF SOCIAL DETERMINANTS OF HEALTH (SDOH) CONCEPTS AND METHODOLOGY AND ACQUIRE SKILLS TO CONDUCT AND DISSEMINATE SDOH AND HEALTH EQUITY RESEARCH. THE OVERALL OBJECTIVES OF THE PROGRAM ARE TO: 1) ENHANCE PARTICIPANT KNOWLEDGE AND UNDERSTANDING OF SDOH FRAMEWORKS AND CONCEPTS, 2) STRENGTHEN PARTICIPANT'S CAPACITY AND SKILLS TO APPLY SDOH CONCEPTS IN THE DESIGN, ANALYSIS, DISSEMINATION, AND IMPLEMENTATION OF RESEARCH, 3) EXPAND THE VOLUME AND QUALITY OF NURSE-LED RESEARCH FOCUSED ON HEALTH EQUITY AND SDOH THROUGH DISSEMINATION OF RESEARCH FINDINGS. THIS 10-MONTH PROGRAM BEGINS WITH AN IN-PERSON INTENSIVE TO FOSTER RELATIONSHIPS AND CONNECTION TO FACILITATE LEARNING FROM DIVERSE PERSPECTIVES. THEN, PARTICIPANTS WILL ENGAGE IN MONTHLY WEBINARS AND MENTORSHIP (SYNCHRONOUS) AND ONLINE SELF-PACED LEARNING MODULES (ASYNCHRONOUS) TO FACILITATE FURTHER KNOWLEDGE ACQUISITION IN SDOH CONCEPTS AND SKILL DEVELOPMENT IN RESEARCH THROUGH MENTORED-RESEARCH EXPERIENCES. THIS PROGRAM IS DESIGNED FOR NURSE SCIENTISTS – THOSE WITH A DEGREE IN NURSING – AND SCIENTISTS IN ALIGNED PROFESSIONS, WHO ARE INTERESTED IN CONDUCTING SDOH RESEARCH. PROGRAM CURRICULUM WILL BE DEVELOPED BY THE PROGRAM FACULTY AND REVIEWED BY AN ADVISORY COMMITTEE, WHO WILL PROVIDE FEEDBACK ON PROGRAM PROCESSES AND CONTENT. THE PROPOSED TIMELINE FOR N-PATHS INCLUDES CURRICULUM AND WEBSITE DEVELOPMENT ALONG WITH RECRUITMENT OF PARTICIPANTS IN YEAR 1 AND THEN DISSEMINATION OF THE N-PATHS RESEARCH TRAINING PROGRAM IN YEARS 2 & 3.

read less

Cooperative Agreement FAIN UG3OD035518 **In Progress** (1 month remains)

Awarding Agency

Department of Health and Human Services (HHS)

Recipient

HENRY FORD HEALTH SYSTEM

1 FORD PL
DETROIT, MI 48202-3450
UNITED STATES

Congressional District: MI-13

Assistance Listings (CFDA Programs)

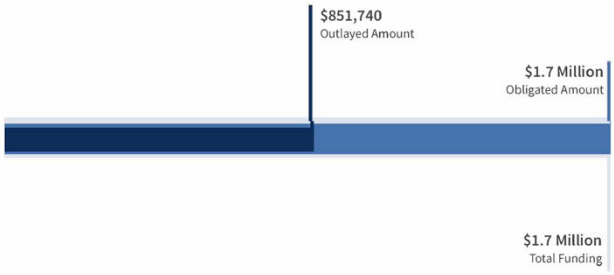
93.310 - TRANS-NIH RESEARCH SUPPORT
VIEW MORE INFO ABOUT THIS PROGRAM

Dates

Today

Start Date Sep 01, 2023
End Date May 31, 2025

$ Award Amounts



Outlayed Amount	$851,739.96
Obligated Amount	$1,677,190.00
Non-Federal Funding	$0.00
Total Funding	$1,677,190.00

Description

EPIDEMIOLOGY OF MULTIMORBID PEDIATRIC ATOPIC AND AIRWAY DISEASES AND THE IMPACT OF PRENATAL MATERNAL ENVIRONMENTAL EXPOSURES AND PLACENTAL EPIGENETICS - PROJECT SUMMARY WE PROPOSE TO CONTINUE TO FOLLOW THE RACIALLY AND SOCIOECONOMICALLY DIVERSE HENRY FORD HEALTH (HFH) CHILDHOOD ALLERGY AND THE NEONATAL ENVIRONMENT (CANOE) COHORT. THE INVESTIGATIVE TEAM HAS SPECIFIC INTEREST IN THE PREVENTION OF ATOPIC DISEASES – INCLUDING ATOPIC DERMATITIS (AD), FOOD ALLERGY, ASTHMA AND ALLERGIC RHINITIS – WHICH POSE A SIGNIFICANT SOCIAL, FINANCIAL, AND DEVELOPMENTAL BURDEN FOR CHILDREN AND ARE A PRIORITY FOR THE ECHO PROGRAM. THE INCIDENCE RATES AND FUNDAMENTAL DESCRIPTIVE EPIDEMIOLOGY TRENDS OF ATOPIC MULTIMORBIDITY FOR CHILDREN IN THE US ARE UNKNOWN, ALTHOUGH THE CO-EXISTENCE OF MULTIPLE ATOPIC DISORDERS CONTRIBUTES TO A SIGNIFICANT DETRIMENT IN HEALTH AND DEVELOPMENT, INCLUDING NEUROCOGNITIVE DEFICITS AND POOR GROWTH. CLINICAL PRACTICE ALSO LACKS AN EARLY BIOMARKER TO IDENTIFY THE CHILDREN WITH ATOPIC MULTIMORBIDITY PHENOTYPES, INCLUDING THOSE WITH AD, FOOD ALLERGY, AND ASTHMA WITH OR WITHOUT ALLERGIC RHINITIS (REFERRED TO HEREIN AS SEVERE ATOPIC MULTIMORBIDITY [SAMM]). ENVIRONMENTAL FACTORS MAY IMPACT RISK OF ATOPY, AND DNA METHYLATION (DNAM) IS INFLUENCED BY ENVIRONMENTAL FACTORS AND CAN PROMOTE IMMUNE PATHWAYS TOWARDS AN ALLERGIC PHENOTYPE THROUGH GENE REGULATION. LIMITED INVESTIGATIONS HAVE BEEN DONE ON PLACENTAL DNAM, A BIOLOGICALLY RELEVANT TISSUE FOR ASSESSING PRENATAL EXPOSURES THAT MAY INFLUENCE RISK OF ATOPY AND ACT AS AN EARLY BIOMARKER OF SAMM RISK. WE HYPOTHESIZE THAT THE INCIDENCE RATES OF SAMM VARY BASED ON DEMOGRAPHIC FACTORS. WE ALSO HYPOTHESIZE THAT INFANTS AT RISK OF SAMM HAVE DIFFERENTIAL PLACENTAL DNAM THAT MAY BE INFLUENCED BY ENVIRONMENTAL FACTORS. THE SPECIFIC AIMS FOR THIS PROPOSAL ARE TO: (1) DETERMINE ECHO-WIDE INCIDENCE RATES AND PREVALENCE OVER TIME OF SEVERE ATOPIC MULTIMORBIDITY (SAMM) EVIDENT BY THE AGE OF 6 YEARS BY DEMOGRAPHIC FACTORS INCLUDING AGE, SEX, RACE/ETHNICITY, AND GEOGRAPHY; (2) DETERMINE WHETHER PLACENTAL DNAM ALTERATIONS DIFFERENTIATE CHILDREN WITH SAMM AND IF THEY ARE INFLUENCED BY PRENATAL ENVIRONMENTAL EXPOSURES; AND (3) UTILIZE COMMUNITY HEALTH WORKERS AND DIVERSITY, EQUITY, AND INCLUSION PRINCIPLES TO CONNECT AND ENGAGE WITH STUDY PARTICIPANTS TO ENHANCE AND COMPLETE ECHO STUDY ACTIVITIES AND PROTOCOLS FOR AN ADDITIONAL 7 YEARS; AND UTILIZE PARTICIPANT ADVISORS TO AMPLIFY THE VOICES OF PARTICIPANTS AND OVERCOME CHALLENGES WITH ENGAGEMENT AND RETENTION. THE DATA GENERATED BY THIS PROPOSAL, COMBINED WITH ECHO-WIDE DATA, WILL ALLOW FOR ACCURATE ESTIMATES OF INCIDENCE RATES OF CO-MORBID ATOPIC DISEASE PHENOTYPES AND IS AN IMPORTANT STEP TOWARD UNDERSTANDING HOW THE PLACENTA MAY INFLUENCE ALLERGIC DISEASE RISK. MOST IMPORTANTLY, THE DATA AND BIOSPECIMENS THAT WILL BE GENERATED BY THIS COHORT AS IT AGES FROM BIRTH THROUGH MIDDLE CHILDHOOD WILL BE A FUNDAMENTAL ASSET FOR THE ECHO RESEARCH PLATFORM AS NUMEROUS INVESTIGATORS ALL OVER THE COUNTRY UTILIZE THESE DATA TO ADDRESS CHILD HEALTH AND DISEASE FOR YEARS TO COME. CONTINUED FOLLOW-UP OF THE HFH CANOE COHORT WILL ALLOW FOR SOLUTION-ORIENTED INVESTIGATIONS INTO CAUSES AND CONTRIBUTORS TO HEALTH AND DISEASE.

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Henry Ford Health Named as One of 'America's Greatest Workplaces for Diversity 2023'

March 16, 2023

DETROIT – Henry Ford Health's success with empowerment of women, promotion of veterans, development of entry-level employees, and support of LGBTQ+ team members and overall culture has landed it on Newsweek's list of "America's Greatest Workplaces for Diversity 2023."

This particular list is Newsweek's first and is grouped by six main economic sectors and 34 industries including healthcare. Henry Ford is one of the few Michigan healthcare organizations to make the list and of those, the only one to receive a five-star rating. A total of 1,000 employers nationwide were listed.

"We are excited about this latest national recognition and acknowledgement of our ongoing commitment to diversity," said Henry Ford Health President and CEO Robert G. Riney. "We celebrate this ranking which further energizes us to continue to serve as an industry leader, community partner and innovator with a vision of equity for all. While our vision incudes diversity, it doesn't stop there. We have embarked on an extensive, multi-year journey, guided by our Diversity, Equity, Inclusion and Social Justice Strategic Plan. It is a roadmap designed to ensure our staff, patients and the communities we serve are afforded the full opportunity to participate in all aspects of economic, social and civic life."

Newsweek partnered with market data research firm, Plant-A Insights Group, which produced the rankings. Scoring was based on a review of publicly available data, interviews with Human Resources professionals and an anonymous online survey of full- and part-time employees at companies with 1,000 or more team members in the United States. Respondents were asked about working environment, corporate culture and other subjects at their own companies and others with which they were familiar. More than 350,000 reviews were generated.

"Throughout metropolitan Detroit and our entire state, there is a significantly diverse population," says Michelle Johnson Tidjani, Esq., Henry Ford Health's Executive Vice President and General Counsel. "We have large populations from a vast array of countries and each group has unique needs and sensitivities that can affect their healthcare experience. Our workforce is equally diverse, with team members from all over the world. That diversity of thought, cultures and experiences helps us to address and meet the unique needs of the communities we serve."

"Diversity, equity, inclusion and social justice have to be key business imperatives for any organization to be a genuine representation of the communities it serves," said Henry Ford Health Executive Vice President and Chief Human Resource Officer, Nina Ramsey. "We want our team members to feel a sense of belonging; that they can bring their whole selves to work with the assurance of feeling heard, accepted and embraced. This latest recognition is rewarding and validation of the work we do every day for our patients and team members," said Ramsey.

"We know diversity is a desirable attribute for any company and it makes good business sense," said Newsweek Global Editor-In-Chief, Nancy Cooper. "It is common to hear employers emphasizing their efforts to recruit and promote people of different ages, races, genders and abilities. With the word 'diversity' attracting so much attention from companies, it can be challenging for job applicants and potential business partners to tell who is serious about truly supporting a diverse workforce and who isn't. That is why we worked with Plant-A Insights Group and are proud to introduce 'America's Greatest Workplaces for Diversity 2023.'"

Henry Ford Health's LGBTQ+, women-empowered and veteran supportive policies and practices are numerous and include:

- A Henry Ford Health dedicated LGBTQ+ Health Resources web page.
- Hospital visitation policies that grant equal visitation to LGBTQ+ patients and their families.
- Provider and employee training on LGBTQ+ patient-centered care and unconscious bias.
- Availability of all gender restrooms in all Henry Ford care facilities.
- An Employee Resource Group (ERG) called PRIDE, which strengthens the organization's workforce through recruitment of talented LGBTQ+ employees.
- An ERG called the Women's Improvement Network (WIN), that works to increase organizational performance by enhancing the professional, personal and family lives of working women at Henry Ford Health.
- An ERG called HF4Vets, which supports the unique needs of our employees and their family members who are veterans through fostering personal and professional growth, providing opportunities for veterans and allies to stand united in support of veterans and their families, and engaging in community outreach opportunities that bring awareness to and address the unique needs of veterans.

Health Equity: Henry Ford Health appreciates that the focus of the health equity plan requirements is on equity and disparities within the IOTA patient population, as opposed to the community or hospital service area in general. But the requirements are extensive and will take substantial resources, including labor, on the part of the provider participant to develop and implement the plan. Specifically, CMS proposes that the health equity plan must:

- Identify target health disparities.
- Identify the data sources used to inform the identification.
- Describe the health equity plan intervention. CMS proposes to define "health equity plan intervention" as the initiative(s) the IOTA participant would create and implement to reduce target health disparities.
- Include a resource gap analysis. CMS propose to define "resource gap analysis" as the resources needed to implement the health equity plan interventions and identifies any gaps in the IOTA participant's current resources and the additional resources that would be needed.
- Include a health equity project plan. CMS proposes to define "health equity project plan" as the timeline for the IOTA participant to implement the IOTA participant's the health equity plan.
- Identify health equity plan performance measure(s). CMS proposes to define "health equity performance plan measure(s)" as one or more quantitative metrics that the IOTA participant would use to measure the reductions in target health disparities arising from the health equity plan interventions.
- Identify health equity goals and describes how the IOTA participant would use the health equity goals to monitor and evaluate progress in reducing targeted health disparities. CMS proposes to define "health equity goals" as targeted outcomes relative to the health equity plan performance measures for the first performance year (PY) and all subsequent PYs.

The work to develop, implement and operate the health equity plan is not reimbursed under the proposed model, yet it represents a significant investment in time and money by the IOTA participant, which could impact the participant's ability to succeed in the model.

Henry Ford Health agrees with CMS that there is opportunity to improve access to organ transplants for diverse populations, but we believe that this would be best attained by directly addressing the causal reasons why disparities exist such as socioeconomic status. For example, there is evidence from the National Living Donor Assistance Center program that some form of financial assistance based on income level can help remove barriers. This would be a more direct and effective demonstration model for such populations. We believe there are other more direct means to improve organ transplant disparities, rather than adding another layer of administrative burden onto transplant hospitals.

Thank you again for the opportunity to comment on the proposed IOTA model.

Sincerely,

Marwan S. Abouljoud, MD, FACS, CPE, MMM
Benson Ford Endowed Chair
Transplant and Hepatobiliary Surgery
Director, Henry Ford Transplant Institute
Past President, American Society of Transplant Surgeons

Henry Ford Physician Network

For Physicians

CME/Learning Tools

Diversity, Equity, Inclusion and Justice

Epic Login

Member Benefits/Services

Diversity, Equity, Inclusion and Justice

The HFPN is committed to fostering and practicing Diversity, Equity, Inclusion and Justice both within its own team and extending out to the entire HFPN membership. Below is the HFPN DEIJ commitment statement. If you would like to engage in a conversation regarding DEIJ, please reach out to the HFPN at HFPNHelp@hfhs.org.

"The HFPN aims to be an inclusive network that unites providers from a wide area - with differing practice models - to accomplish greater efficiencies for patients and professional success. The Network is committed to taking steps to embody this belief in its dynamic and robust actions promoting accountability among all members to ensure diversity, equity, inclusion and justice (DEIJ). It is an expectation, both within the HFPN administration/leadership and with all of its physician members, that we always demonstrate diverse and equitable practices, take steps to identify implicit biases in our professional and personal interactions and apply swift action to address them with an eye on justice using education, reflection and understanding. The HFPN is committed to offering its physician members support to help recognize and understand the importance of embracing multiculturalism and DEIJ in their patient care as a requirement for success both today and in the future."

Henry Ford Health System board essential for diversity

By Lola Butcher

Henry Ford Health System, a five-hospital system in the Detroit area, routinely earns one of the top spots on DiversityInc.'s Top 12 Hospitals and Health Systems, an annual ranking of health care organizations that are committed to diversity. To make the cut, the 30,000-employee system is continually working to improve its talent pipeline, talent development practices, supplier diversity and other things essential to an inclusive culture.

Two years ago, HFHS created an executive diversity recruitment committee that reviews the applicant pool for all executive-level positions and approves all hiring offers before they are made.

The committee is responsible for meeting goals, established each year by the HFHS board of trustees, to ensure that the value of diversity factors into hiring decisions.

Because the committee must approve every senior-level hiring decision — and it has its eyes on the annual goal for the entire organization — the priority of diversity is part of the recruitment, interviewing and hiring process for those openings.

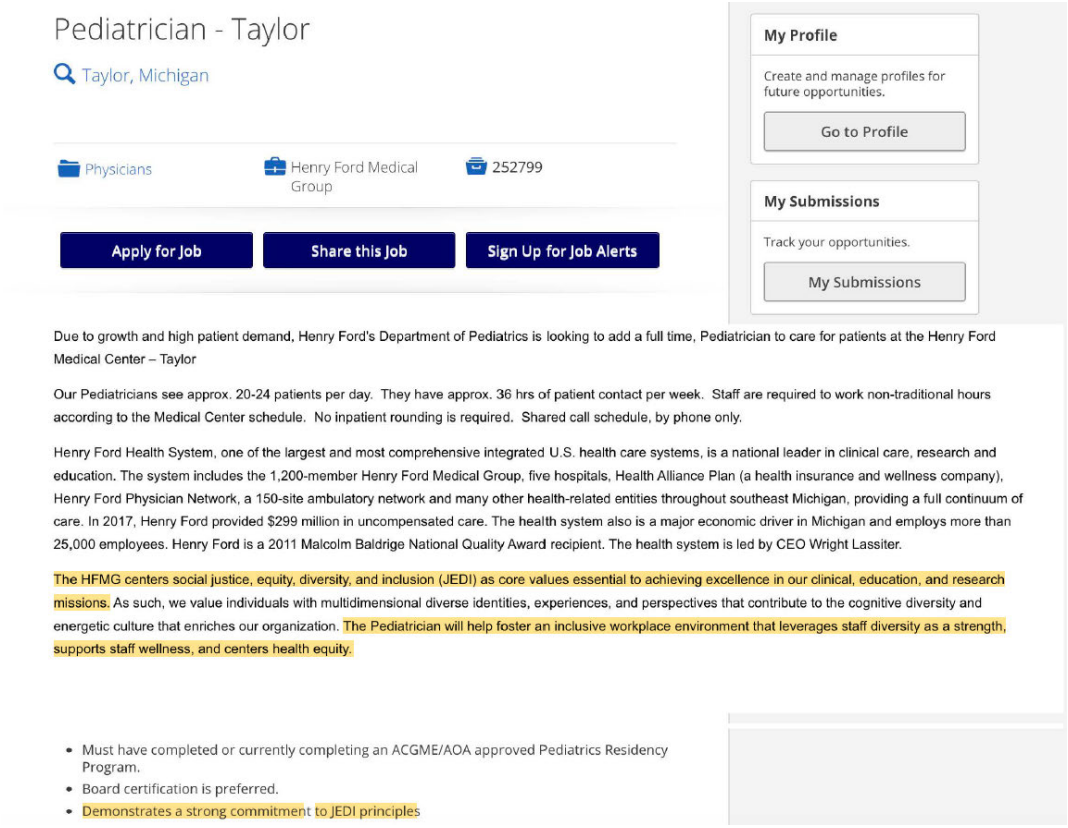
Related story: Enhancing diversity

The board sets the organization's diversity-related goals, monitors metrics to ensure that the goals are being achieved and holds leaders accountable. Diversity-related goals are tied to the senior leadership bonus program, which accounts for 10 percent of senior leaders' pay.

The committee monitors the hiring process — and approves hiring decisions — for all positions at the director level and above, in addition to a few high-level manager positions.

The board sets annual senior leadership hiring goals that reflect the availability of diverse candidates.

The human resources staff use U.S. Census data to calculate the "availability" of diverse candidates for senior-level positions. Availability is an HR term that means the percentage of individuals in certain job classifications within a given recruitment area who are racial/ethnic minorities, women, disabled or veterans. For example, if 33 percent of all chief financial officers in the recruitment area are women, that indicates 33 percent "availability" of female candidates for chief financial officer positions.



Pediatrician - Taylor

Taylor, Michigan

Physicians | Henry Ford Medical Group | 252799

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Due to growth and high patient demand, Henry Ford's Department of Pediatrics is looking to add a full time, Pediatrician to care for patients at the Henry Ford Medical Center – Taylor

Our Pediatricians see approx. 20-24 patients per day. They have approx. 36 hrs of patient contact per week. Staff are required to work non-traditional hours according to the Medical Center schedule. No inpatient rounding is required. Shared call schedule, by phone only.

Henry Ford Health System, one of the largest and most comprehensive integrated U.S. health care systems, is a national leader in clinical care, research and education. The system includes the 1,200-member Henry Ford Medical Group, five hospitals, Health Alliance Plan (a health insurance and wellness company), Henry Ford Physician Network, a 150-site ambulatory network and many other health-related entities throughout southeast Michigan, providing a full continuum of care. In 2017, Henry Ford provided $299 million in uncompensated care. The health system also is a major economic driver in Michigan and employs more than 25,000 employees. Henry Ford is a 2011 Malcolm Baldrige National Quality Award recipient. The health system is led by CEO Wright Lassiter.

The HFMG centers social justice, equity, diversity, and inclusion (JEDI) as core values essential to achieving excellence in our clinical, education, and research missions. As such, we value individuals with multidimensional diverse identities, experiences, and perspectives that contribute to the cognitive diversity and energetic culture that enriches our organization. The Pediatrician will help foster an inclusive workplace environment that leverages staff diversity as a strength, supports staff wellness, and centers health equity.

- Must have completed or currently completing an ACGME/AOA approved Pediatrics Residency Program.
- Board certification is preferred.
- Demonstrates a strong commitment to JEDI principles

Driving Health Equity Forward: Insights from the 2022 Health Equity Summit

In 2022, Henry Ford Innovations (HFI), in collaboration with the PINC AI™ Applied Sciences team, hosted the inaugural "Advancing Health Equity Through Innovation and Collaboration" event. This two-day event united global life sciences leaders with Henry Ford Health experts working to address health disparities in marginalized communities. The goal was to transform conversations into measurable actions that improve the health of millions.

Building on its long-standing commitment to Detroit's underserved populations, Henry Ford Health continues to lead impactful work in the region. "The impactful work Henry Ford Health already has under way makes Detroit an ideal location to look for solutions to reduce health inequities across the country," said Denise Juliano, Life Sciences Group Vice President, PINC AI™ Applied Sciences.

Orthopedic Surgery Residency

- Orthopedic Resident Clinical Rotations
- Orthopedic Didactic Program
- Resident Research in Orthopedic Surgery
- Current Orthopedic Surgery Residents
- Resident Life
- Recent Graduates
- Orthopedic Sports Medicine Fellowship
  - Orthopedic Sports Medicine Fellowship Faculty
  - Sports Medicine Fellowship FAQs
  - What to Expect
  - Research in Sports Medicine

Diversity, Equity and Inclusion

Henry Ford Health is committed to being a trusted leader in our community, acting as the example for equity and justice in healthcare, education, and research. The health system holds four core values in the domain of diversity, equity, inclusion, and justice:

1. Anti-Racism and Social Justice Advocacy
2. Diverse Workforce and Inclusive Culture
3. Community Empowerment
4. Healthcare Equity

As a member of the Henry Ford Health community, our Orthopaedic Surgery Residency is committed to creating an inclusive and welcoming training program, respecting and valuing the contributions of diverse faculty, trainees, staff, and patients to achieve excellence in patient care, education, and research. We acknowledge the importance of a diverse and equitable workforce and strive toward healthcare justice and equity for our diverse patient populations. We also acknowledge that our specialty of orthopaedic surgery stands far behind our peers in developing a future generation of diverse surgeons.

In working to create this future generation, our training program starts with a resident recruitment process that emphasizes holistic review of every application, seeking to find the unique attributes that can make future residents into productive allies in this endeavor. During training, our residents have numerous opportunities to provide care to underserved populations, receive formal education in healthcare equity, and participate in service projects to benefit our community.

What are some of the unique opportunities at the Henry Ford Family Medicine Residency?

- Residents have the opportunity to regularly work with Street Medicine Detroit whose mission is to ensure access to compassionate and high-quality medical care for Detroit's unreached and service-resistant homeless population.
- All residents complete a Health Equity rotation in their first year. This is led by Dr Denise White-Perkins, who is a leading expert on health care equity both locally and nationally.
- Residents complete a longitudinal Community Oriented Primary Care (COPC) rotation, which provides opportunities for community engagement, systems-based practices and research.
- Residents will rotate on the inpatient service at the Childrens' Hospital of Michigan during the second year, which is one of the oldest pediatric training institutions in the nation and gives residents extensive exposure to a variety of pediatric pathology.
- Residents have the opportunity to learn comprehensive primary care for LGBTQ+ patients including gender-affirming hormone therapy, PrEP for HIV prevention, and HIV primary care through our LGBTQ+ Health elective which is done in partnership with the Ruth Ellis Health and Wellness Center. This elective is available to second and third years.

Emergency Medicine Program
EM IM Program
Combined Emergency Medicine, Internal Medicine & Critical Care Program
EMS Fellowship
Current Residents
Division of Critical Care
Division of Ultrasound
Research in Emergency Medicine
Underrepresented in Medicine Scholarship Program for Visiting Clerkships
Program Leadership
Meet the Faculty
Emergency Medicine Resident Benefits

Henry Ford Health has a long-standing and deep-rooted commitment to diversity in our workforce, research and educational programs. In the Department of Emergency Medicine, we believe that this commitment to diversity both strengthens our community and ensures delivery of the highest quality patient care. We encourage inclusion of all, including those who are historically underrepresented in medicine, such as racial and ethnic minorities, LGBTQI-identified or gender nonconforming individuals, individuals from disadvantaged backgrounds, and those with special needs.

The Emergency Medicine Diversity, Equity and Inclusion Committee is pleased to sponsor a scholarship program to support underrepresented in medicine medical students who have an interest in emergency medicine. The scholarship will provide recipients $1500 to be used for travel, lodging and other expenses associated with participating in the 4th year visiting clerkship.

Awardees will participate in the Henry Ford Hospital visiting clerkship in emergency medicine. This experience includes clinical shifts, didactics, simulation, journal club and the opportunity to develop mentoring relationships with attending physicians and residents.

Prerequisites

4th year medical student at accredited U.S. allopathic and osteopathic medical schools who plan to apply to an emergency medicine residency.

Good standing at their medical school, with completion of all their required core-clerkships prior to the rotation.

Students must also identify as a member of a group that is underrepresented in medicine.

Department of Orthopaedic Surgery Scholarship for Underrepresented in Medicine Students

At Henry Ford Health, we are committed to fostering diversity within our department. We want to develop students to become future leaders in the field who will continue our mission of promoting equity, humanism, and social justice. We welcome everyone to join our orthopaedic surgery family, including those who are from backgrounds historically underrepresented in medicine and orthopaedics. We are proud to offer $1000 scholarships to help offset the costs of travel and housing associated with this rotation.

About our scholarship

The goal of this scholarship is to provide students with the opportunity to experience our orthopaedic surgery residency program as well as to live and work in the vibrant city of Detroit, one of the most diverse cities in the country. We aim to expose students to various opportunities within academic medicine and to provide mentorship and networking from both our residents and attendings. We hope to recruit applicants with interests, backgrounds, life experiences, and goals that will bring diverse perspectives to our department.

Diversity and Inclusion

The Department of Radiology at Henry Ford Hospital welcomes candidates of all races, ethnicities, religions, countries of origin, genders, sexual orientations, ages, and abilities.

With special recognition of the underrepresentation of women, Black, Latinx, American Indian and Pacific Islanders in radiology, the Henry Ford Radiology Diversity & Inclusion committee was founded in 2020. Our mission is to promote a more diverse, equitable and inclusive environment for our residents, faculty, departmental staff, and patients through individual, departmental, hospital and local initiatives focused on education and awareness.

Our mission will be accomplished through:

- Bimonthly committee meetings/outings
- Biannual newsletter
- Dedicated diversity, equity and inclusion (DEI) educational conferences three times per academic year
    - Journal club
    - Small group interactive sessions
    - Grand rounds featuring a prominent speaker on DEI in radiology
- Committee member and departmental-wide DEI module completion
- DEI book club
- Updated recruitment strategies
    - Mentorship
    - Local medical school outreach
    - Post-interview engagement with underrepresented candidates
- Advocacy and consultation

Henry Ford Health is also committed to creating an inclusive and diverse workplace. Please see the Health System Diversity and Inclusion page for additional details.

Henry Ford Wyandotte Diversity, Equity, Inclusion, and Justice Committee

The HFWH DEIJ committee is part of the graduate medical education system and is led by a team of residents, with representatives from each of our 4 programs. It aims to build a more welcoming and inclusive clinical environment by incorporating a diversity and equity lens into our recruitment and hiring processes, clinical training, and patient care. Specifically, this committee serves in an advisory capacity to achieve the following:

1. Expand efforts to recruit applicants from underrepresented groups to our postgraduate training programs in OBGYN, EM, General Surgery, and Podiatry.
2. Training residents in health disparities and the economic and social determinants of health that uniquely impact the communities we serve.
3. Ensuring dignifying clinical delivery that is culturally sensitive and grounded in empathy and justice.

Click here for information about the Clinical Excellence through Diversity Scholarship.

Supplier Diversity

At Henry Ford Health, we have a rich history of supporting supplier diversity. Our plans to further demonstrate diversity, equity, inclusion and justice in action means we are pursuing a deeper, broader commitment to the inclusion of diverse suppliers. Our goal is to increase our engagement with high quality, diverse partners – and to empower them to thrive in the communities we serve throughout southeast and south central Michigan.

We are committed to further infusing supplier diversity into the strategic operation of our organization to provide equitable access to opportunities and contracts to enhance the wealth and health of the communities we serve.

Register Your Business Today

All businesses must begin their journey with Henry Ford through our vendor portal. Register or update your business information here to join our database for potential inclusion in future RFPs, RFQs or RFIs.

A diverse business must be at least 51% owned, managed or controlled by one or more such individuals. In the case of a publicly owned business, one or more such individuals must own at least 51% of the stock. Suppliers are asked to take about 10 to 20 minutes to register and share the following information in the vendor portal: