



Center for  
Healthcare  
Innovation

**JUNE 20 - 22, 2023**  
Chicago, IL 60661

# **11TH ANNUAL DIVERSITY, INCLUSION, & HEALTH EQUITY SYMPOSIUM**

## **EXECUTIVE SUMMARY**



# CONTENTS

<b>Introduction</b>	<b>3</b>
<b>Background</b>	<b>4</b>
<b>Distinguished Keynote Addresses</b>	<b>5</b>
<b>Panel Discussions</b>	<b>10</b>
<b>Diversity Career Fair</b>	<b>15</b>
<b>Virtual Case Study</b>	<b>16</b>
<b>Virtual Panel</b>	<b>17</b>
<b>Special Thanks</b>	<b>18</b>
<b>Key Contacts</b>	<b>19</b>
<b>CHI Team</b>	<b>20</b>

# INTRODUCTION

On June 20-22, 2023, the Center for Healthcare Innovation (CHI) held its 11th Annual Diversity, Inclusion, & Health Equity Symposium in Chicago.

This annual symposium was a collaborative event that focused specifically on health equity, health disparities, and critical diversity, equity, and inclusion (DEI) issues impacting healthcare in the U.S. The hybrid symposium featured both live and virtual panel discussions, keynote addresses, and networking opportunities. The event brought together leading healthcare executives, physicians, researchers, patient groups, academics, authors, clinical trial professionals, and DEI advocates in a collaborative forum to discuss health equity. The symposium focused on the latest trends, challenges, and opportunities in the marketplace and workplace. In-person panel discussions included [best practices for making clinical research more inclusive](#), [DEI in healthcare: building sustainable strategies](#), [healthcare technology, race, & equity](#), and [understanding obstacles to access to care for underserved communities](#). Additionally, the hybrid symposium featured distinguished keynote addresses, case studies, and a virtual panel discussing [digital health equity: lessons learned from COVID-19](#). Key opinion leaders and symposium participants discussed new ideas and perspectives on addressing the broader health disparities that disproportionately impact marginalized communities in the U.S. This executive summary aims to:

- Discuss best practices for diversifying clinical trials to include underrepresented groups.
- Outline steps toward sustainable DEI strategies in healthcare
- Identify strategies for reducing systemic health disparities that disproportionately affect communities of color.
- Explore the growth of technology and artificial intelligence in the healthcare ecosystem and potential equity concerns for underrepresented communities.

The industry-wide shift towards patient-centered care, increasing emphasis on access to care, and the prioritization of diversity throughout the workforce highlight the healthcare industry's commitment to fostering equitable change. This executive summary aims to guide ideas and insights regarding the challenges and calls to action in addressing these issues.

# BACKGROUND

CHI's Diversity, Inclusion, & Health Equity Symposium is one of the country's leading and longest-running events focusing specifically on health equity, health disparities, and critical diversity, equity, and inclusion (DEI) issues impacting healthcare in the U.S. The hybrid symposium features both live and virtual panel discussions, keynote addresses, and networking opportunities. The symposium brings together leading healthcare executives, physicians, researchers, patient groups, academics, authors, clinical trial professionals, and DEI advocates in a collaborative forum to discuss health equity. The symposium focuses on the latest trends, challenges, and opportunities in the marketplace and workplace. Key opinion leaders and symposium participants will discuss new ideas and perspectives on (1) diversifying clinical trials to include underrepresented groups, (2) developing a diverse workforce and inclusive workplace, and (3) reducing systemic health disparities that disproportionately affect marginalized communities of color. This 3-day event also aims to address the broader health disparities that disproportionately impact marginalized communities in the U.S. Participants will learn the latest insights and industry-tested solutions, share new ideas and perspectives, and meet new industry and marketplace colleagues.





# DISTINGUISHED KEYNOTE ADDRESSES

JUNE 20, 2023



## **Dr. Ebbin Dotson , PhD, MHSA**

**Assistant Professor, Department of Health Management and Policy, University of Michigan School of Public Health**

**DISTINGUISHED WELCOMING ADDRESS  
TUESDAY, JUNE 20 | 9:00 AM - 9:30 AM CST**

Ebbin Dotson, PhD, MHSA is an Assistant Professor in the Department of Health Management and Policy (HMP), the Faculty Director for the UM Summer Enrichment Program (UMSEP), and the Director for the Health Equity Leadership Pipeline Collaborative (The Collaborative) at the University of Michigan School of Public Health. Dr. Dotson's research topics include organizational theory and behavior, health equity, leadership competencies, health professions pipelines, workforce diversity, predictive assessment, health literacy, and community health. In HMP, Dr. Dotson teaches courses in organizational behavior, leadership, and health equity management. He is the student case competition faculty director and is the faculty liaison to the HMP Alumni Board. Within SPH, Dr. Dotson supports recruitment and retention pipeline program initiatives, and advises the student organization Public Health Student of African Descent (PHSAD). On campus, Dr. Dotson enjoys his work with The Edward Ginsberg Center, the Center for Interprofessional Education, and the Men of Color Faculty Writing Group. Before joining UM SPH, Dr. Dotson served as the Assistant Dean of the Office of Diversity and Inclusion and an Assistant Professor in Community Health Sciences at the University of Illinois at Chicago School of Public Health. Dr. Dotson received his PhD in Health Services and Policy Analysis from the University of California at Berkeley School of Public Health. He earned a Masters of Health Services Administration degree and a Bachelors of Science degree in Organizational Studies from the University of Michigan, Ann Arbor. He was also an administrative fellow at Michigan Medicine. Dr. Dotson serves on the University of Michigan SPH Health Management and Policy Program Alumni board, and several of his community service efforts are focused on mentoring youth, especially young men.

## **ADDRESS SUMMARY**

Health equity was at the core of Dr. Dotson's Distinguished Welcoming Address, highlighting the importance of the just and equitable distribution of healthcare resources, opportunities, and outcomes, irrespective of one's background or circumstances. Dr. Dotson emphasized key metrics to ensure everyone has an equal opportunity at good health and bridge healthcare access and quality gaps among diverse populations. Throughout his opening keynote, Dr. Dotson stressed the importance of teaching health equity and the need to achieve and advance it actively. He highlighted that this commitment demands continuous efforts and provided a historical perspective, tracing the first real conversation about health disparities in the 1970s. This historical context underscored the longstanding struggle for equity in healthcare and served as a reminder of the persistent challenges that must be addressed. Central to Dr. Dotson's message was the transformative power of leadership in shaping health equity. Whether in administrative roles, research, policy-making, or direct patient care, healthcare leaders hold the responsibility and influence to create a more just and equitable healthcare system. Leadership's decisions and actions directly impact the accessibility, affordability, and quality of care provided to diverse communities. Moreover, Dr. Dotson called upon attendees to act based on their unique vision of health equity, recognizing that different perspectives and experiences of health disparities may lead to diverse action pathways. Throughout the address, a recurring theme was the timeless notion of "becoming a leader in healthcare." Dr. Dotson emphasized how this idea has persisted through history, guiding generations of healthcare professionals and advocates dedicated to advancing health equity. His journey from student participant to program director was a testament to the potential for transformation and progress through leadership. By emphasizing that health equity goes beyond mere provision, Dr. Dotson's Distinguished Welcoming Address inspired critical thinking, decisive action, and a strong embrace of leadership in healthcare. Health equity requires continuous efforts and improvements in policies, practices, and societal attitudes to see lasting progress and create a more inclusive and equitable healthcare system for all communities.



## Dr. Del Smith, PhD

**Co-Founder and CEO, Acclinate**

**DISTINGUISHED KEYNOTE ADDRESS**

**TUESDAY, JUNE 20 | 11:30 AM - 12:00 PM CST**

Dr. Del Smith harnesses the power of business to drive health equity. As the co-founder and CEO of Acclinate, a fast-growing digital health company, he is committed to ensuring that communities of color are empowered to make informed health decisions related to clinical trial participation. With an extensive background in healthcare, information technology, higher education, and government, Del brings a wealth of leadership experience to his role. Prior to his current position, he served as the dean of the business school at Alabama A&M University, where he nurtured the next generation of innovative thinkers. Del's understanding of technology and his entrepreneurial spirit have propelled him to establish and cultivate successful tech-related ventures. He possesses a deep curiosity about how minority-owned firms achieve remarkable levels of success, and his research on this subject has been widely recognized. His insights have been featured in esteemed publications, including the Journal of Business Research, the Journal of Developmental Entrepreneurship, and the Journal of Equity, Diversity, and Inclusion. Armed with a Ph.D. in Business from the University of Alabama, Del is dedicated to leveraging business as a force for bridging gaps in healthcare disparities and creating a more equitable society.



## Mr. Julius Pryor III

**Executive Director, Diversity & Global Health Equity, BeiGene USA, Inc. & Chair, Board of Directors, Center for Healthcare Innovation**

**DISTINGUISHED KEYNOTE ADDRESS- MODERATOR**

**TUESDAY, JUNE 20 | 11:30 AM - 12:00 PM CST**

Julius Pryor helps companies accelerate innovation and drive business results. Having created and led groundbreaking strategies at six global corporations, Julius practically created the role of the modern Strategic Diversity Officer. He is currently Head of Diversity and Global Health Equity at Biotech innovator, BeiGene. He's held executive roles at Johnson & Johnson, Roche, Coca-Cola, Russell Athletic, Abbott, Takeda, and Cerner. Julius served as Head of Innovation, Diversity & Inclusion at Genentech. He is Chair of the Board of Directors at the Center for Healthcare Innovation, an independent, non-profit research institute dedicated to driving Health Equity, by leveraging technology, data analytics, and innovative marketplace platforms. Julius is not a traditional diversity officer. His focus is leveraging foundational principles of DEI to drive revenue, market share, new products, and unique services. He builds organizational diversity maturity which drives ideas across lines of demarcation and enables leaders to make better decisions. Julius learned a great deal about agility and clarity of mission during his service in the U.S. Navy. He notes that, "The Navy is requirement driven - you can delegate authority, but not responsibility". He is a U.S. Navy Captain, Surface Warfare Officer, and instructor for the Navy Officer Leadership Development Program. He held significant roles in Atlantic and Pacific fleets. He had the honor of serving on the re-commissioning crew of the historic USS Missouri (BB-63). Julius is a graduate of Morehouse College and The Williston Northampton School (Easthampton, Massachusetts). He is on the following boards: Andrew Young Center for Global Leadership; Dr. Ernest Everett Just, Life Science Society; AArete Corporation; The Center for Healthcare Innovation (Board Chair). He was initiated into the legendary Psi Chapter of the Omega Psi Phi Fraternity while at Morehouse.

## ADDRESS SUMMARY

In the Distinguished Keynote Address moderated by Mr. Julius Pryor III, Dr. Del Smith discussed the transformative potential of predictive analytics in inclusive healthcare research. Grounded in his own experience founding the digital health company Acclinate, Dr. Smith emphasized the importance of engaging communities of color to inform decisions on clinical trial participation. Through its predictive analytics platform, Acclinate leverages community trust and real-time engagement data to generate a participation probability index, identifying individuals ready to take part in health-related actions. Dr. Smith highlighted some of the hurdles faced by Acclinate in its achievements, including establishing collaborative partnerships with major pharmaceutical companies, sourcing talented individuals for its leadership team, and addressing issues surrounding excessive healthcare costs. He also underscored the impact of the FDA's guidance on diverse clinical trial recruitment. Focused on sustained community engagement, this guidance has raised industry-wide awareness and provided a particular tailwind for Acclinate to expand its presence among pharmaceutical companies. Dr. Smith urged the healthcare community to recognize the potential of investing in new collaborations to achieve key performance indicators and enable pragmatic, data-driven success. He concluded by discussing the ongoing efforts of medical research centers to enhance the diversity of health data and the need for healthcare organizations to prioritize adapting their strategies and engagement methods in order to get more representative results. The address ultimately shed light on how cultivating innovative technological solutions and fostering connections with people of color can drive better health outcomes while enhancing health equity.

**JUNE 21, 2023**



### **Dr. Adam Robinson Jr., MD, MBA, CPE**

**Director, Veteran's Administration Pacific Island Health Care System**

**DISTINGUISHED KEYNOTE ADDRESS**

**WEDNESDAY, JUNE 21 | 11:00 AM - 11:30 PM CST**

Dr. Adam M. Robinson, Jr., MD, MBA, FACS, FASCRS, CPE, was appointed Director of the VA Pacific Islands Health Care System effective August 15, 2020. Prior to his appointment, he served as the Director for the VA Maryland Health Care System. Dr. Robinson has over 30 years of experience as a senior leader in the United States Military Health care System, culminating in his selection as the 36th Surgeon General of the United States Navy. The Surgeon General is the Chief Executive Officer for Navy and Marine Corps health care systems and serves as the primary advisor on all health care issues and policies for the Secretary of the Navy, the Chief of Naval Operations and the Commandant of the Marine Corps. As the Surgeon General, Dr. Robinson served as the principle Tricare Health Plan representative for active duty Sailors and Marines, their families, and Navy and Marine Corps retirees and their families, numbering over 2.5 million people. Dr. Robinson led a team of 63,000 Navy Medicine personnel in over 220 health care facilities located worldwide with an annual budget of \$3.5 billion. This included three tertiary care medical centers located in geographically diverse parts of the United States that provided the single largest source of residency trained health care providers for the Navy medical department. After retiring from the United States Navy as a Vice Admiral, Dr. Robinson served as the Medical Director and Staff Physician of Conmed Healthcare Management in Montgomery County, Maryland. Dr. Robinson received his Doctor of Medicine from Indiana University School of Medicine in Indianapolis, Indiana, and completed his Residency in General Surgery at the National Naval Medical Center and Fellowship in Colon-Rectal Surgery at the Carle Foundation Hospital and the University of Illinois School of Medicine in Urbana, Illinois. Dr. Robinson also has a Master of Business Administration from the University of South Florida in Tampa, Florida. The author of numerous publications, Dr. Robinson holds fellowships in the American College of Surgeons and the American Society of Colon and Rectal Surgery. He is a Certified Physician Executive from the American College of Physician Executives. Dr. Robinson's personal decorations include the Distinguished Service Medal (three awards), Legion of Merit (two awards), Defense Meritorious Service Medal (two awards), Meritorious Service Medal (three awards), Navy Commendation Medal, Joint Service Achievement Medal, Navy Achievement Medal and various service, and campaign awards.

## ADDRESS SUMMARY

In his Distinguished Keynote Address, Dr. Robinson spoke about how disadvantaged communities are disproportionately at risk of inability to access care and adverse health outcomes stemming from social determinants of health. As a result, racial and ethnic minorities have higher rates of chronic disease, infant and maternal mortality, and lower life expectancy due to systemic discrimination and violence. Importantly, Dr. Robinson noted that people at the intersection of multiple marginalized identities can experience worse health outcomes in what is called a double bind. Essential to addressing this problem is understanding the complex identities of each patient: something Dr. Robinson aims to achieve through his work at VA Pacific Islands Health Care System by utilizing Veterans Affairs' approach to health care, Whole Health. In order to utilize the VA's Whole Health model of care, which centers on patient health and well-being, it is paramount for providers to understand the diverse identities of each patient community and practice cultural humility. Consequently, community representation in the healthcare workforce is key to building and sustaining quality, effective care models. Dr. Robinson's Distinguished Keynote Address stressed the importance of patients directing their own care. He expressed that there is no one-size fits all approach to promoting diversity, equity, and inclusion, just as there is no one-size fits all approach to health care. However, with a long-term commitment to DEI through pathways such as education and training, promoting representation in leadership, and encouraging dialogue across different communities, healthcare professionals can adapt DEI advancement to different cultures and contexts. Dr. Robinson reminded us that health care is about what matters to the patient, not "what's the matter" with the patient.

[VIEW RECORDING HERE >>](#)

JUNE 22, 2023



### Ms. Michellene Davis, Esq.

**President and CEO, National Medical Fellowships, Inc.**

**DISTINGUISHED CLOSING ADDRESS**

**THURSDAY, JUNE 22 | 11:45 AM - 12:00 PM CST**

Michellene Davis is the National Medical Fellowships, Inc. (NMF) President and Chief Executive Officer. Davis is among Becker's Black Healthcare Leaders to Know in 2023, Modern Healthcare magazine's Top 25 Most Influential Minority Leaders in Healthcare, and 75 Black Healthcare Leaders to Know 2022. Davis also founded the Social Impact and Community Investment, an equity-centered, policy-led community health practice addressing health's social and political determinants. Serving under former New Jersey Governor Jon S. Corzine, was the first African American in state history to serve as Chief Policy Counsel and the first African American and the second woman to serve as New Jersey State Treasurer. Davis is the co-author of *Changing Missions, Changing Lives: How a Change Agent Can Turn the Ship and Create Impact* (ForbesBooks, 2020), which provides a blueprint for those committed to leading systems change within organizations. Ms. Davis began her legal career as a trial litigator, is an Honors graduate of Seton Hall University, and holds a Juris Doctorate from Seton Hall School of Law. She has Executive Education Certificates in Corporate Social Responsibility from the Harvard Business School and Social Impact Strategy from the Wharton School of Business.



## ADDRESS SUMMARY

In her impactful Distinguished Closing Address, Ms. Davis addressed the disparate burden of disease faced by communities of color and the critical role physicians of color play in addressing this disparity. Specifically, she highlighted the crucial need to ensure current and future African American physicians have access to specialty training, as their inclusion is essential to combating the disparities underserved communities face. Ms. Davis advocated for investing in a diverse healthcare workforce, citing evidence that proves racially and ethnically diverse medical practitioners significantly improve outcomes for underserved patient populations. This underlines the importance of fostering a healthcare system that embraces diversity and representation. She confronted the historical injustices ingrained in medical education, exposing the existence of racist mythology throughout her address. By acknowledging this problematic past, Ms. Davis called for a profound transformation in medical training to create a more equitable and inclusive future. Ms. Davis instilled hope and determination in listeners by emphasizing their potential to drive change by empowering attendees to take charge of their role in shaping a fairer healthcare landscape. Urgency resonated in her words as she urged action in the present moment, pushing back against dialogues that obstruct progress toward equity. In the face of challenges, Ms. Davis remained steadfast, instilling confidence in her listeners. Ms. Davis called for a shift in clinical decision-making, stressing the significance of racial equity in healthcare. She implored healthcare practitioners to ensure racial equity and cultural humility are ingrained in every clinical decision, driving a more just and compassionate approach to patient care. In conclusion, Ms. Davis' impassioned address ignited a sense of purpose, prompting action and change. Through her powerful words, she inspired attendees to embrace diversity, challenge systemic racism, and actively contribute to creating a healthcare system that embraces equity, compassion, and inclusivity.

**[VIEW RECORDING HERE >>](#)**

JUNE 20, 2023

# PANEL DISCUSSIONS

## PANEL 1:

### Best Practices for Making Clinical Research More Inclusive

#### MODERATOR

Dr. Jeffrey Sherman, MD, FACP

#### PANELISTS

Dr. Melva Covington, PhD, MPH, MBA

Dr. Maggie Smith, DNP, MSN-Ed, RN, OCN

Dr. Uzoma Okeagu, PharmD

[View the program book to read the speaker bios](#)

## PANEL SUMMARY

Historically, clinical research has been exclusionary, with limitations to participation placed on race, socioeconomic status, health status, and proximity to the research location. These exclusions have overwhelmingly impacted minority groups and have contributed to the increased disparities seen in health outcomes for these same populations. It was not until 1993, when the NIH Revitalization Act became law and ensured women and minority groups would be included in all NIH-funded clinical trials, did we see a commitment to clinical trial diversity. However, there is still a lot of work to be done to diversify clinical trials. According to the FDA, African-Americans currently represent 8% of clinical trial participants and Hispanic Americans represent 11% although they contribute to higher percentages of the U.S. population (13% and 19% respectively). With this understanding, healthcare professionals, researchers, and clinicians are actively working to disrupt the repetitive cycle of exclusion and make clinical research more inclusive for all. Placing trust and transparency at the forefront of clinical trials will help to champion health equity and increase clinical trial participation in all groups. Moderator Dr. Jefferey Sherman, MD, FACP, led panelists through an informative discussion centered on the best practices that increase equity and inclusivity in clinical trials while also being sure to acknowledge the historic atrocities that have occurred in the past. It remains paramount to seek equity when diversifying clinical research. Understanding the hesitancy to participate through a historical lens is crucial for certain communities because many individuals living today still recall past harm. It is the responsibility of the clinical research ecosystem to ensure safety and trust remains at the forefront of minds when conducting clinical trials. As the discussion further developed, experts in the field dove into the details of the clinical research ecosystem, the impacts of technology within this space, and how to increase inclusivity.

## BEST PRACTICES

- **Remain honest and transparent with clinical trial participants**
  - Allow participants to know the advantages of clinical research, the potential to help people in the future, and to ask any questions they may have.
- **Acknowledge the historical context of clinical research in minority populations**
  - Many clinical trial participants still recall historical harm and distrust with the medical system; thus, we should engage community members in dialogue centered on clinical research to build trust.
- **Go where underrepresented populations are**
  - Decentralized sites near underserved populations should be prioritized when seeking to increase clinical trial diversity.

## PANEL 2:

### DEI in Healthcare: Building Sustainable Strategies

#### MODERATOR

Ms. Lynn Hanessian

#### PANELISTS

Ms. Cherie Price, MSC, CDP

Ms. Jessica Simpson, MPH

[View the program book to read the speaker bios](#)

Dr. Courtney Walker, PharmD, RPh

Ms. Rani Williams, MS

## PANEL SUMMARY

In recent years, re-illuminated disparities in healthcare have reenergized the industry's commitment to health equity from clinical and non-clinical lenses. Moderator Ms. Lynn Hanessian led panelists through a discussion of the industry's progress to date, highlighting ways in which healthcare companies have begun to allocate resources and target interventions to expand diversity. Despite conversations on health equity gaining new momentum, sustainability is a crucial element to Diversity, Equity, and Inclusion (DEI) strategies that remains elusive. According to a report by McKinsey & Company, only 13% of healthcare employees report DEI as a top priority at their company, which suggests the potential for DEI to be deprioritized in favor of other business demands. Panelists invoked their own efforts on anti-racism initiatives and observations that while some organizations have invested in developing inclusive goals and practices, others have been far more hesitant to implement actionable, long-term plans. As such, building DEI strategies that center on sustainability is imperative for healthcare organizations, and healthcare leaders must commit to being held accountable for upholding them. These strategies must start during the hiring process and be present in an organization's internal and external efforts. Currently Black employees comprise only 4-5% of overall private-sector executive leadership, and women of color comprise just 5% of the healthcare workforce at the C-suite level. Organizations must therefore cultivate equitable leadership in targeting areas for workforce development improvement, modifying race and ethnicity captures, and collaborating through partnerships to support early healthcare careers. Prioritizing these items establishes a sustained commitment to expand diversity among healthcare executives and to ensure that the healthcare workforce reflects the communities it serves. By integrating sustainable DEI efforts in this light, healthcare organizations can maintain focus on health equity amid competing priorities, reshape the industry's narrative, and create a lasting, more inclusive environment overall.

## BEST PRACTICES

- **Embed DEI practices across your entire organization**
  - Creating a more inclusive healthcare space for people of color and other historically underrepresented groups is a multi-layered investment. Sustainable efforts must go beyond one separate department, position, or initiative; they must be integrated and emphasized throughout your organization as a whole.
- **Incorporate health equity in your goal-setting and strategic plan**
  - Prioritize diversity and health equity in defining your organization's goals as they relate to the needs of the community you serve. Take the opportunity to target areas for development and improvement while outlining a realistic plan.
- **Invest in innovation and collaboration**
  - Seize new opportunities and initiate new partnerships focused on sustainable change in order to expand your expertise, bridge gaps in serving your community, and support early healthcare careers.

## CASE STUDY:

# Championing Diverse Blood Donors through Innovation and Outreach

## PANELISTS

**Ms. Deanna Cardone, MBA**  
U.S. Marketing Head, Transfusion Medicine,  
Abbott

**Mr. Gitesh Dubal, MBA**  
EVP, Chief Marketing Officer, Versiti

[View the program book to read the speaker bios](#)

## CASE STUDY SUMMARY

Health inequity has an impact across several aspects of healthcare, and blood donation is no different. Currently, all diverse communities are under indexed in blood donation, with only about a third of the participation compared with Caucasians. There is an opportunity to further understand barriers leading to this trend, and strategies to address them in a sustainable fashion. Over the last few years, Versiti has made significant strides in unlocking these challenges. Abbott and Versiti conducted an in-person case study on how they are championing diverse blood donors through innovation and outreach.





## PANEL 3:

### Healthcare Technology, Race, & Equity

#### MODERATOR

Dr. Cheryl Anderson, PharmD, MBA

#### PANELISTS

Ms. Dima Elissa, MBA

Dr. LaMar Hasbrouck, MD, MPH, MBA

Dr. Maia Hightower, MD, MPH, MBA

[View the program book to read the speaker bios](#)

Ms. Olyvia Phillips, MPH, MBA

Ms. Olivia Thompson

## PANEL SUMMARY

Technology and innovation have revolutionized healthcare in the United States, improving patient outcomes. Advancements in healthcare technology offer numerous benefits, including enhanced preventive measures, health education, early detection, and increased patient engagement. However, discussions within the technology and healthcare domains have drawn attention to the issue of coded bias present in tools, algorithms, and artificial intelligence. This bias can lead to discrimination against marginalized patient groups, exacerbating healthcare disparities for underrepresented communities and highlighting systemic inequities. Addressing biased technology is essential for fostering a more equitable healthcare system. Moderator Dr. Cheryl Anderson led a panel of experts from various fields, including healthcare, technology, medical students, providers, and health equity advocates, to explore strategies and best practices to combat these biases and promote health equity while embracing innovation. Additionally, the panel discussed another persistent challenge in the healthcare technology ecosystem, the need for comprehensive, inclusive, and affordable healthcare data. Reliable and comprehensive data is crucial for medical research, clinical decision-making, and improving patient outcomes. However, obtaining such data is often time-consuming and challenging due to a lack of diversity in data sets, which has implications for healthcare innovation and equitable access to future medical advancements. Additionally, the high cost of data procurement hinders smaller healthcare organizations and research institutions from accessing the data they need to innovate and provide better patient care, perpetuating disparities in resource-constrained areas and for underserved populations. Efforts to address these challenges include initiatives promoting data sharing and interoperability among healthcare systems and organizations. While healthcare technology has brought remarkable improvements, addressing coded bias and data access are crucial for fostering an equitable healthcare system. Collaborative efforts, regulatory measures, and advancements in data-sharing infrastructure are vital to promoting innovation and providing equitable access to healthcare advancements for all.

## BEST PRACTICES

- **Champion accessibility and inclusivity**
  - Develop healthcare technology that is accessible to all communities, including individuals with disabilities, ensuring easy accessibility and compatibility with assistive technologies.
- **Ensure privacy and security in healthcare**
  - Safeguard patient data and ensure compliance with privacy regulations. Be transparent with patients about data security measures to build trust with underserved and underrepresented communities.
- **Prioritize training and support**
  - Provide comprehensive training and ongoing support to users of healthcare technology, including patients, healthcare professionals, and administrators, to expand access and awareness of advancements.

## PANEL 4:

# Understanding Obstacles to Access to Care for Underserved Communities

## MODERATOR

Mr. Joseph Gaspero

## PANELISTS

Ms. Cassandra Burton, MS, MA

Dr. Eugene Manley Jr., PHD, MS

[View the program book to read the speaker bios](#)

Dr. Suzet Mckinney, DrPH, MPH

Ms. Meghan Phillipp, MBA

## PANEL SUMMARY

The World Health Organization reports that health access directly impacts life expectancy in the United States. However, healthcare access is unequal in the U.S., increasing life expectancy gaps in underserved communities. Those with regular access to care enjoy healthier lifestyles and less stress than underserved and vulnerable populations. The Centers for Disease Control and Prevention reports that 6.1% of Americans, over 20 million people, failed to obtain medical care due to cost in 2022. Moderator Mr. Joseph Gaspero led panelists through a discussion about how financial constraints, along with other obstacles such as transportation difficulties, care deserts, and cultural and social stigma, reduce community health and widen health disparities. Panelists discussed how when people are focused on how to feed their family, healthcare takes a back seat. Addressing these obstacles to care means increasing representation in the healthcare industry by training more doctors of color, creating career opportunities for community members, and providing sponsorship for minority professionals. Shifting workforce demographics to reflect the communities they serve bolsters the efficacy of care, cultural competency of the organization, and, most importantly, patient trust. This panel identified obstacles to healthcare access and discussed how healthcare professionals can partner with and invest in communities to decrease health disparities and improve health outcomes.

## BEST PRACTICES

- **Leverage your power to create opportunities for people in the communities you serve**
  - Create career and sponsorship opportunities for people from underrepresented communities and ensure there are opportunities for career development and advancement.
  - Investing in underrepresented talent not only diversifies the workforce but also impacts a community's economic well-being and trust in their medical providers, thus improving care and health outcomes.
- **Representation is key**
  - By employing community members, organizations can cultivate trust and partnership, enhance equity, and push themselves to better understand the communities they serve.
- **Understand the roots of lack of access to healthcare in economic disparities**
  - Creating sustainable, well-paying jobs and other economic solutions that reduce barriers to employment will in part improve access to healthcare.
- **Ask communities how you can better serve them**
  - Work under the knowledge that no one knows solutions better than the people living in vulnerable communities. Ask patients and communities what they need to have a better experience with healthcare.

JUNE 21, 2023

# DIVERSITY CAREER FAIR



Center for  
Healthcare  
Innovation

## DIVERSE TALENT IN HEALTHCARE

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Diverse Talent in Healthcare is a virtual career fair platform to connect innovative, DEI-focused healthcare and ancillary organizations with diverse and underrepresented professionals, including people of color, women, LGBTQ+ community, veterans, and the differently-abled. The career fair welcomes diverse job seekers of all career stages and all subsets of healthcare, including the provider, pharma, technology, and other domains. Employers will have the opportunity to meet and interview diverse jobseekers, collect résumés, and position your company in a competitive labor market.



**130+**  
EVENT  
ATTENDEES



**68**  
RESUMES  
SUBMITTED



**109**  
ORGANIZATIONS  
REPRESENTED



**4**  
EMPLOYER  
BOOTHS

## VIRTUAL CASE STUDY:

### The Diversity Drug: And Why Everyone Needs a Dose

#### PANELISTS

**Ms. Sand'Eria Lewis**

Director, Operational and Commercial Excellence for US Commercial, Astellas

[View the program book to read the speaker bios](#)

**Dr. Valencia Wilson, PharmD, MBA**

Director in Medical Intelligence and Patient Insights, Astellas

#### CASE STUDY SUMMARY

It's no secret. All patients do not have the same access to therapies and/or benefit from medical innovations resulting in huge disparities in health care for underserved and underrepresented populations. One way this can be addressed is by optimizing clinical trial site operations in underserved communities where awareness and participation is low. However, we sometimes avoid the tough question of "why" there are low participation rates in clinical trials, especially amongst people of color. It is important to look at the bigger picture and better understand core participation motivators and barriers from the perspective of these populations to improve access and participation in clinical trials. Beyond Good Medicine (BGM) is a team of dedicated and community-focused Astellas employees devoted to increasing diversity in clinical trials through education, advocacy and access. The BGM team believes that the greatest impact starts with challenging ourselves to address issues with profound effects on our industry and society. BGM aspires to highlight and combat a unique set of challenges that include language barriers, concerns about immigration status and various cultural views on health care. Based on these unique challenges, their approach aims to: 1) Improving clinical trial access and efficiencies for currently overlooked trial sites 2) Better understanding the voice of the patient and 3) preparing future investigators to lead sites in underserved communities, starting with HBCU (Historically Black Colleges and Universities) Medical Schools.

#### CASE STUDY RECORDING





JUNE 22, 2023

# VIRTUAL PANEL

## Digital Health Equity: Lessons Learned from COVID-19

### MODERATOR

Ms. La Toya McClellan, MA

### PANELISTS

Dr. Anil Jain, MD

Dr. Allison Matthews, PhD

[View the program book to read the speaker bios](#)

## PANEL SUMMARY

Healthcare has seen rapid adoption and use of virtual platforms stemming from the COVID-19 pandemic. The surge in telemedicine is a prominent example; according to a global 2022 study by the Italian Institute of Telemedicine in collaboration with the Yale College of Medicine and Kaiser Permanente, telemedicine visits increased by more than 3,000% during October 2020 compared to 2019 in the U.S. As a result of the explosion of telemedicine, the rise of artificial intelligence, and innovations in data structure and collection, the healthcare industry has more technology at its disposal than ever before. Yet despite the vast potential of these rapidly growing health technologies accelerated by COVID-19, challenges to health equity remain. Moderator Ms. La Toya McClellan led panelists in a conversation about the opportunities that digital platforms enable, and how such technology can be leveraged to close health equity gaps and increase positive patient outcomes, particularly for those who are underserved and from historically marginalized groups. Panelists delved into the advancements that digital health interventions have achieved since the COVID-19 pandemic, while also acknowledging the biases that correspondingly surfaced. Even with cohesive data infrastructure and artificial intelligence, barriers to care such as technological literacy gaps, language divides, coded bias, and the lack of representative data collection, continue to perpetuate disparities in the digital health landscape. Healthcare organizations and institutions must take proactive measures to facilitate introductions to new technology and expand digital education, bridging the access differences that exist. Working to expand the diversity on both the patient and the professional fronts can ensure personalized and representative care while laying the foundation for equitable integration of digital health solutions.

## BEST PRACTICES

- **Recognize coded biases**
  - Hire people of color and include stakeholders at every level to detect biases early on and pilot digital health solutions that reflect community needs.
- **Accommodate differences in technological literacy**
  - Digital health is not one-size-fits-all. Connect with community leaders and provide the necessary support to proactively address literacy gaps and develop solutions that overcome access barriers.
- **Target representative samples**
  - Sample diverse populations in medical research studies, such as those surrounding COVID-19, in order to further enhance the personalization and equity of care post-pandemic.
- **Collect demographic data upfront**
  - Gather a full picture of patient information to ensure that resources are allocated to the communities that need them most. The more data collected, the better clinicians can understand what needs to be done differently across patient groups to improve health outcomes.

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The Center for Healthcare Innovation is an independent, 501(c)(3) research and educational institute that helps patients and providers increase their knowledge and understanding of the opportunities and challenges of maximizing healthcare value to improve health and quality of life. We aim to make the world a healthier place. CHI encourages and enables meaningful and executable innovation that aims to address existing and ensuing healthcare dynamics through communication, education, training, symposia, reports, and research. By bringing the best and brightest healthcare leaders from all over the world together to share their ideas and expertise, CHI creates a unique opportunity to address and improve healthcare value, which we view as a function of quality, access, and cost. For more information, please visit [www.chisite.org](http://www.chisite.org).

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