



Center for
Healthcare
Innovation

2017 Diversity, Inclusion, & Life Sciences Symposium Executive Summary



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Introduction

Welcome to this executive summary of the Center for Healthcare Innovation's 7th annual Diversity, Inclusion, & Life Sciences Symposium, which took place in Chicago, IL, USA on June 15, 2017.

The Symposium is the world's leading annual event focusing on diversity and the life sciences. It is an interactive and collaborative forum for life science and healthcare executives, entrepreneurs, policymakers, researchers, scientists, technologists, academics, and service providers to discuss best practices, challenges, and opportunities at the crucial interface of diversity, healthcare, and the life science industry.

The Symposium featured some of the world's leading healthcare, life science, and diversity experts coming together in a collaborative setting to discuss the most pressing diversity issues facing the healthcare and life sciences industries in the 21st century. Panel discussions included *The Role of Coaching & Mentoring in Executive Success*, *Expanding Definitions of Diversity*, and *Diversity and Inclusion in Clinical Trials and Research*. The Symposium also featured a Distinguished Keynote Address by Dr. Susan Windham-Bannister, Managing Partner of Biomedical Innovation Advisors, and a Distinguished Welcoming Address by Dr. Maha H. Hussain, Senior Deputy Director & Associate Director for Clinical Sciences Research at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

This executive summary captures some of the insights, ideas, best practices, and new perspectives from the Symposium's distinguished speakers, panelists, and other experts. It is meant to serve as a summary of the innovative ideas and insights regarding diversity and inclusion for healthcare and the life sciences. We hope it can be a resource for you and your organization as you think about diversity in the 21st century.



Joseph P. Gaspero
Chief Executive Officer & Co-Founder
Center for Healthcare Innovation

Click Below to See Video of CHI's 7th annual
Diversity, Inclusion, & Life Sciences Symposium



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Center for Healthcare Innovation

CHI 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.

I. Distinguished Welcoming Address



Dr. Maha H. Hussain, MD

Senior Deputy Director & Associate Director for Clinical Research
Robert H. Lurie Comprehensive Cancer Center
Northwestern University Feinberg School of Medicine

Dr. Hussain's research efforts are focused on the development of novel therapeutics integrating scientific advances into clinical trials for prostate and bladder cancer. Prior to join Robert H. Lurie Comprehensive Cancer Center, she was Cis-Maisel Professor of Oncology, and Professor of Medicine and Urology at the University of Michigan.

Dr. Hussain's extensive national scientific leadership roles include serving as Co-Chair of the Prostate Cancer Subcommittee/ Genitourinary Cancer Committee of SWOG, where she guided research in areas of advanced prostate cancer that led to changing standards of care. She has served as a member and chair of the Integration Panel of the U.S. Army Medical Research and Materiel Command Prostate Cancer Research Program, and as a member and Chair of the U.S. Food and Drug Administration Oncology Drug Advisory Committee. Dr. Hussain has held numerous leadership roles within the American Society of Clinical Oncology (ASCO) and was recently elected to ASCO's Board of Directors which is comprised of oncology leaders from various specialties. She currently serves on ASCO's Clinical Practice Guidelines Committee, as a member of the National Comprehensive Cancer Network (NCCN) International Committee and the Advanced Prostate Cancer Panel of the American Urological Association.

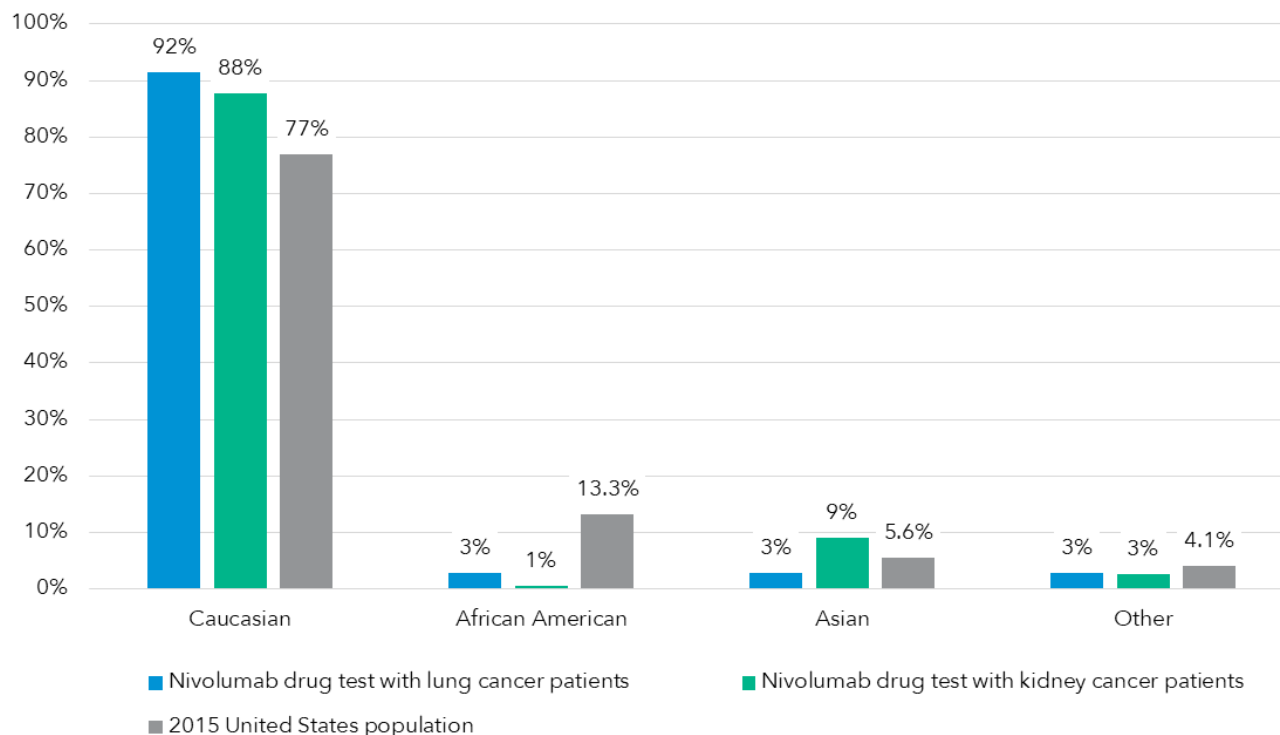
I. Distinguished Welcoming Address

Dr. Maha H. Hussain, MD, began the 7th annual Diversity, Inclusion, & Life Science Symposium with an overview of cancer and the bright future of cancer treatment. To provide a thorough understanding of how cancer impacts minority patient populations, Dr. Hussain began the day with a comprehensive description of the disease. Cancer arises from a loss of normal growth control. In a healthy scenario, the rates of new cell growth and cell death are kept in balance. However, in cases of cancer, this balance is disrupted. This imbalance is usually caused by uncontrolled cell growth or the loss of a cell's ability to undergo cell suicide. "Tumor" is a word almost exclusively associated with cancer. However, the type of tumor is what determines if cancer is present. Benign tumors are tumors that cannot spread by invasion or metastasis, and thus, they only grow locally. Malignant tumors, on the contrary, are capable of spreading by invasion and metastasis, which is the growth of cancer at a secondary site at a distance from a primary site of cancer. Therefore, the term "cancer" applies specifically to malignant tumors. Dr. Hussain described how cancer tends to dramatically corrupt its surrounding environment, in addition to the enormous molecular changes that occur within a cancer cell. Cancer cells lose the receptors that would normally respond to neighboring cells calling for growth to stop because tumors amplify their own supply of growth signals. Due to the serious health problems caused by malignant tumors, proper treatment is crucial for every individual affected by the disease. Treatment is especially important before cancer spreads to distant parts of the body and disrupts the function of vital organs, and physicians want to create the best plans to treat patients at this crucial time.

Dr. Hussain also reviewed the precise process of treating patients. Tissue diagnosis should first be conducted for patients, followed by procedures to determine sites where the disease may have spread. It is important to remember that procedure staging may not be the same for every cancer patient. The survival period of cancer for individual patients in different stages varies significantly. Dr. Hussain emphasized the importance of patient care and that it is patients who play the most significant roles in their cancer treatments. According to Dr. Hussain, "we are treating the

"It is essential to collect as much information as possible about patients that are being treated, and physicians should flexibly adjust treatment plans based on their patients' diverse backgrounds."

Race Diversity in Clinical Trials Participation vs. United States Population



Source: <https://www.nytimes.com/2016/12/23/health/cancer-trials-immunotherapy.html>

patient, not cancer.” To that end, it is essential to collect as much information as possible about patients that are being treated, and physicians should flexibly adjust treatment plans based on their patients’ diverse backgrounds. Patient information such as prior medical history, comorbidities, general functional ability, age, support system, and beliefs are crucial information that helps to maximize patients’ benefit. Dr. Hussain further introduced several treatment types for cancer patients and specifically mentioned immunotherapy, which is a treatment type that uses the body’s own immune system to assist in fighting cancer.

I. Distinguished Welcoming Address

Dr. Hussain continued her address by presenting an informative description of clinical trials, including the role clinical trials play in cancer treatment, the history of clinical trials, foundations and regulations of clinical research, types and phases of clinical trials, and the impact of clinical research. She emphasized that during clinical trials, the “patient is not a subject, but a partner.” Patients should be engaged and informed, providers should use language that patients can understand, and patients should actively decide how they want to be part of any of the processes. Additionally, based on the foundation and regulations of clinical research, providers should help patients and guide them in their selection of treatments. Both providers and patients must understand that no patient is the same as another, and clinical trials may not affect every individual in the same way, which is why diversity is essential to every aspect of the clinical trial process. Clinical trials are conducted to help gain new knowledge and to avoid adverse outcomes as effectively and efficiently as possible.

To conclude her address, Dr. Hussain shared her story of working with prostate cancer in 1983 and presented the incredible developments that cancer treatments have had in the last 30 years. Mortality rates are decreasing among major types of cancer such as lung cancer, breast cancer, and prostate cancer. As Dr. Hussain asserted, the United States is a nation of immigrants, and there are biological changes as generations live and grow in the country. Therefore, healthcare professionals need to take advantage of clinical research to collect data so that research is constantly improving. Healthcare professionals are beginning to conquer cancer and see the benefits of investing in research and healthcare. It is vital for healthcare professionals to remember that everything is about the patient, and research is what will cure cancer.

“Both providers and patients must understand that no patient is the same as another, and clinical trials may not affect every individual in the same way, which is why diversity is essential to every aspect of the clinical trial process.”

II. The Role of Coaching & Mentoring in Executive Success



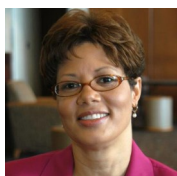
MODERATOR: Dr. Bonnie Lai, PhD
Dr. Khaudeja Bano, MD
Ms. Brenda Battle, MBA, BSN, RN
Dr. Nikki Childs Pendleton, PharmD
Ms. Leslie M. Stokes, MBA
Mr. Everett Tucker

An effective mentorship program can be beneficial to the growth of the company. It involves the effort and commitment of both parties, the mentors and the mentees, to achieve better engagement, retention and promotions. However, as the U.S. global labor pool and marketplace have become more diverse, and demographics have rapidly shifted, a question has been raised: is it appropriate to also be diverse in mentor and mentee selection? This panel explores the tangible benefits of an effective and successful mentorship program, as well as whether a diverse and inclusion mentorship program makes a difference in executive success, especially the career advancement of minorities, women, and other underrepresented groups.

Distinguished Panelists



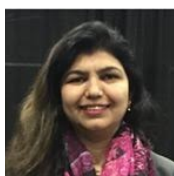
MODERATOR: Dr. Bonnie Lai, PhD, is Vice President of Pharmacy Solutions at Procured Health, a technology company forefront of helping health systems achieve the best clinical outcomes at an optimal cost. Prior to Procured Health, Dr. Lai worked for five years at The Boston Consulting Group (BCG), a management consulting firm where she served clients across the healthcare industry (pharmaceuticals, medical devices, payers, providers). Dr. Lai was a member of BCG's Career Development Committee responsible for performance evaluation and a recipient of the Journeyman Award for people development. Dr. Lai holds a bachelor's from Northwestern University and PhD from Duke University in biomedical engineering.



Ms. Brenda Battle, MBA, BSN, RN, serves as The University of Chicago Medical Center's Vice President for Care Delivery Innovation and Chief Diversity and Inclusion Officer. She is responsible for leading UCMC's transformation to population health management, implementing new models of care and integrating care between the hospital and community. Battle's prior experience includes serving as the director of the Center for Diversity and Cultural Competence for Barnes-Jewish Hospital on the Washington University Medical Center Campus, St. Louis, MO. She served as a health care lobbyist for several years and held several leadership roles in the managed care industry.



Ms. Leslie M. Stokes, MBA, was the Senior Vice President of Physician Engagement at the American Medical Association. She is the executive sponsor of a Diversity Initiative that launched in 2015. Prior to AMA, Leslie spent more than 20 years of combined sales and marketing experiences at Merck, Johnson & Johnson and Baxter Healthcare. During her time at Baxter, she worked in Global Marketing and was also the Co-President of the African-American Leadership Council, a newly formed business resource group. Leslie holds a BS in Business Administration and Marketing from Penn State University and an MBA in International Business from Temple University. Leslie lives in downtown Chicago and in her spare time enjoys mentoring early career professionals.



Dr. Khaudeja Bano, MD, is a Physician with a Masters in Clinical Research (UCSD), Pharmaceutical engineering Certification, an Oracle DBA, and a certified Project Management Professional. She is an Abbott President's award winner, avid Toastmaster and certified coach. Khaudeja has more than 25 years professional experience, including clinical practice. She has held several global safety positions at Guidant, Abbott Vascular, Abbott Diagnostics, Abbott Established Pharma Division, and AbbVie Inc. Her career includes global medical / clinical and safety leadership roles in devices, diagnostics, pharmaceuticals and combination products.



Dr. Nikki Childs Pendleton, PharmD, is the Director for the Southeast Diabetes Regional Medical Liaison team at Sanofi. Dr. Pendleton completed her pre-pharmacy work at Emory University and then earned a Doctor of Pharmacy degree from Howard University in 1994. Nikki started her pharmaceutical career as a medical liaison at Gilead Sciences in 1999. She then joined Sanofi as a Regional Therapeutic Liaison and was promoted to Regional Director of the CV-RML team in 2005. In 2012, Dr. Pendleton was named "Field Medical Director of the Year" by her peers and the leadership at Sanofi. She was also selected as "Sanofi Talent Champion" for excellence in Leadership and mentorship in 2013. Dr. Pendleton holds memberships in the National Pharmaceutical Association and American Diabetes Association. She is also the Co-Lead of ADVANCE a diversity employee resource group at Sanofi.



Mr. Everett Tucker is the Division Vice President, Global Operations Strategy and Engineering at Abbott. Mr. Tucker is a transformational, C level executive who energizes global teams to achieve operational excellence, revolutionize the customer experience, and create a culture of execution in private equity, Fortune 50, & mid size company environments. Previously, Everett was the Vice President, Global Engineering & Operations at CAE Healthcare. He has deep and broad experience in Customer Service, Engineering, Global Supply Chain Design, Supply Chain Operations, Manufacturing Operations, & Project Management. Accomplished at enabling growth & diversification, profitability, and organizational efficiency.

II. The Role of Coaching & Mentoring in Executive Success

Five panelists opened the discussion on the role of coaching & mentoring by sharing their own mentor-mentee experiences and how their mentoring relationships have positively impacted their healthcare careers, especially as minorities and women. The panelists articulated that mentors must put thought and consideration into the guidance they provide their mentees. Additionally, mentees must patiently listen to mentors' advice and ask questions if they don't understand how their mentors are guiding their healthcare careers. The mentor-mentee relationship should be an incredibly safe environment to ask challenging questions and test ideas. To obtain as many benefits as possible from the relationship, mentees must also be specific about their challenges and opportunities and what they need from their mentors. "The relationship may not always be natural, and mentees need to find the place of need," one panelist explained. When mentors can help their mentees overcome weaknesses and both the mentor and mentee have courage, conviction, and care for others, the relationship will flourish. Therefore, it is crucial for mentees to be clear about their learning and career goals as healthcare professionals. This is particularly important for women and minorities.

Mentees from diverse backgrounds do not have to always find mentors from the same background. As one panelist suggested, diverse mentees are encouraged to seek mentors out of their immediate circle of influence or organization, and mentors do not have to share their same demographic traits. Regardless of gender and race, mentors should be someone that mentees admire and aspire to become, as well as someone the mentee can relate with and understand. Mentors should be able to open doors for diverse mentees and expose mentees to new experiences. Thus, it is critical that diverse mentees choose their mentors with the intention of successfully achieving their career and learning goals from the mentor-mentee relationship.

The panelists also discussed the time commitment of mentor-mentee relationships. Investing the appropriate amount of time is essential for the relationship to be successful. At times, a 30-minute coffee chat works best, while phone conversations work better in different circumstances. It is up to both mentors and mentees to ensure they devote and invest the appropriate amount of time to nourish the relationship. This can often be difficult, given increasing demand on everyone's time. However, setting aside the proper time with each other is critical to help mentees reach

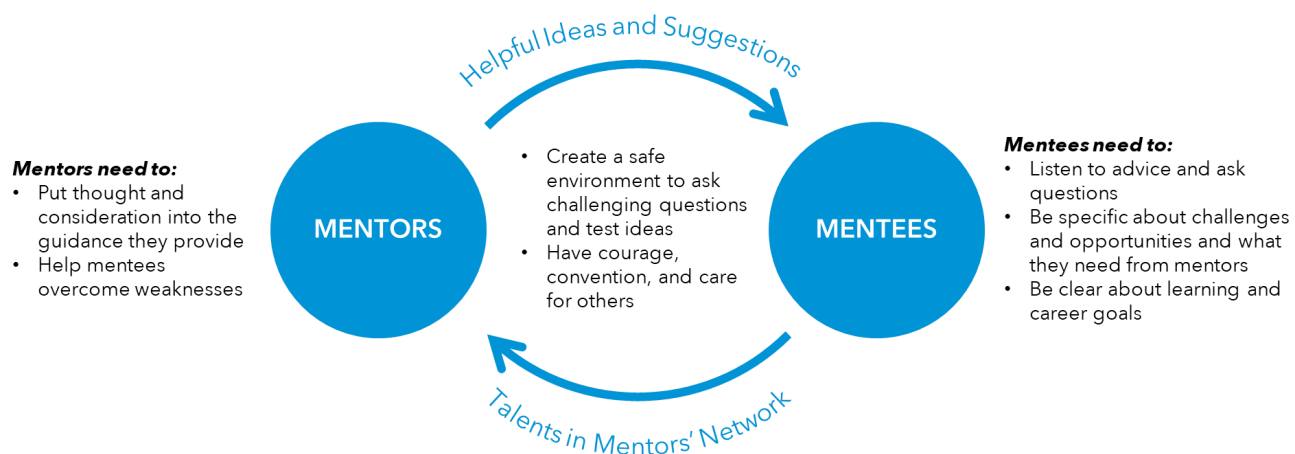
"Diverse mentees are encouraged to seek mentors out of their immediate circle of influence or organization, and mentors do not have to share their same demographic traits."

II. The Role of Coaching & Mentoring in Executive Success

their goals and objectives. As one panelist addressed, mentees should “be creative on the ways to approach the relationship and be confident and flexible to sustain the relationship.” Scheduling conflicts may exist, but there will always be ways to work around demanding schedules and find the time. Mentees should collect sufficient information about their mentors, analyze their schedules and lifestyle, and ultimately develop a balanced plan that works best for both parties.

When consulting mentees, mentors are encouraged to focus on discussing their failures and mistakes in their career path, and how they overcame such obstacles as professionals. As one panelist stated, “you are not a true leader unless you have made another leader.” The mentor-mentee relationship not only brings helpful ideas and suggestions to mentees but also offer mentors the seeds of talents in the healthcare industry. By sharing experiences and teaching mentees to overcome weaknesses, mentors can help train mentees to become great healthcare leaders. These future leaders will become a significant part of their mentors’ network. The mentor-mentee relationship will naturally transfer to a positive and stable business relationship since everyone wants to work with people they trust the most. Mentors should be proud to see their mentees flourish and advance in their careers. Additionally, being honest is the key to building trust between mentors and mentees, which is essential to a productive relationship. At last, the panelists encouraged every healthcare professional to be a mentor, share a piece of wisdom and say “yes, let me help you” to all the potential future healthcare leaders.

*“You are not a true leader
unless you have made
another leader.”*



Calls to Action:

- ***Be authentic and honest*** - Mentors need to be authentic, talk about failures, insecurities, and lessons they wish they had learned. This can help mentees significantly more than only sharing success stories.
- ***Explore diversity “blind spots” when selecting mentors*** - It can sometimes be beneficial to find mentors with different backgrounds, and to either formally or informally explore our diversity “blind spots” and unconscious biases.
- ***Reap the reward*** - Good mentoring can be incredibly rewarding to both participants. “Each one teach one” is an important leadership motto. Proper mentoring will provide a continuous source of new leaders – this is particularly important for women and minorities.
- ***Have the audacity to control your destiny*** – Both mentors and mentees should set clear and ambitious goals, and then work to achieve those goals with courage and persistence.

III. Presentation on Diversity Trends in the Health Sector



Mr. Doug Harris

Chief Executive Officer
The Kaleidoscope Group

Mr. Doug Harris is the Chief Executive Officer of The Kaleidoscope Group with almost 30 years of experience in the field of diversity & inclusion consulting. Prior to joining Bea Young Associates in 1993, Doug worked for several years as a consultant and trainer for Harbridge House, Inc. where he facilitated diversity & inclusion education sessions with senior executives of Fortune 500 organizations. Today, as the leader of The Kaleidoscope Group, Doug empowers organizations to achieve their diversity and inclusion goals. His knowledge and expertise guides organizations through the creation of customized strategies that address the specific diversity needs of the business. He recently developed and launched The Kaleidoscope Group Youth Practice to assist underserved youth in the Chicagoland and surrounding communities and is working with Tufts University to design and implement a student leadership development program.

III. Presentation on Diversity Trends in the Health Sector

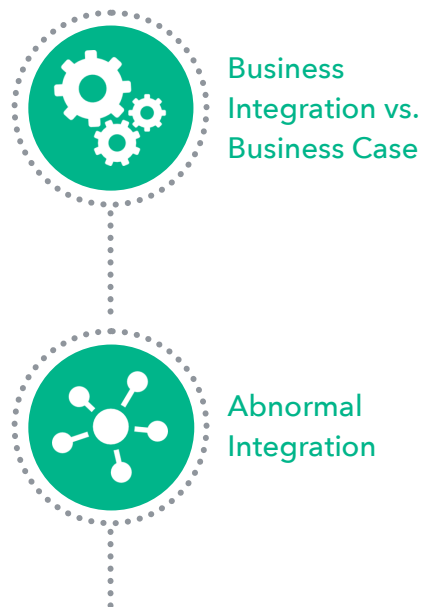
Mr. Doug Harris called attention to three of the most popular questions about diversity and inclusion in the healthcare industry. First, how do we actually serve diverse or underserved patient populations? To do this, we must build trust with these communities. Second, how do we address the challenges of creating a diverse and inclusive healthcare system?

According to Mr. Harris, we must bring different organizations together to align goals and aim to achieve those goals. Finally, what diversity and inclusion trend is most important to you and your organization? To this, Mr. Doug Harris stated that one of greatest challenges facing organizations is the development and retention of diverse talent. It is vital for organizations to get to a higher ground that can better welcome the next generation of diverse talent, nourish and groom these professionals with essential leadership skills, and create diverse and inclusive leadership teams and board rooms that better reflect the diversity in the patient population.

Mr. Harris then went on to discuss five key trends affecting the intersection of healthcare and diversity today:

1. Business integration versus business case - Historically, many organizations took a stance that diversity within organizations merely marginally affected the core business. However, in today's world, healthcare professionals need to know company goals and aspirations and how a diverse and inclusive culture will fundamentally impact the ability to reach these goals and have a significant effect on the core business model, bottom line, and sustainability.
2. Abnormal integration - Professionals have been working to solve healthcare issues in isolation for years. Often, industry, government, NGOs, and other stakeholders have been working on solutions in isolation. If professionals can find various organizations and diverse groups to connect and collaborate with, significant challenges across the healthcare arena would be easier to tackle.

Five Key Diversity Trends in the Health Sector



III. Presentation on Diversity Trends in the Health Sector

3. Real versus small talk – Organizations and professionals need to have candid, open, and honest conversations about the challenges we face. We must spend time discussing real issues if we want to work towards real changes.
4. The importance of connecting our work to savings - The way outcomes create cost savings should be considered carefully.
5. Healthcare disparities are everywhere – health equity and the ability for all patient groups to access quality care remain major challenges, and occurrences of many chronic diseases disproportionately affect many minority patient populations. In addition to the other socioeconomic variables that impact the ability to access care, the broader healthcare ecosystem must work to reduce these healthcare disparities.

Additionally, Mr. Harris shared several key traits to become an effective diversity and inclusion advocate: be genuine and honest, have the courage to speak truthfully to leaders instead of focusing on keeping leaders happy, develop the empathy to understand different situations, and be open to learning new ideas and perspectives.



IV. Expanding Definitions of Diversity



MODERATOR: Dr. Chad Womack, PhD
Ms. Rachel Cheeks-Givan, MBA
Mr. David Cousins, MS
Ms. Dima Elissa, MBA
Ms. Cristina Santos
Mr. Rodrigo A. Sierra , MBA
Dr. Thomas Summerfelt, PhD

Many organizations are committed to achieving a more diverse workforce, whereas the definition of diversity has been evolving since the idea was introduced. For example, other than women and ethnic minorities, underrepresented groups can also include LGBTQ, disabled people, veterans, and more. Additionally, the definition of diversity in different cultural context can differ as well. A study from Deloitte found that Millennials are more concerned with cognitive diversity as they are already comfortable with the traditional idea of diversity. However, even though statistics show that our country has become more demographically diverse, it's superficial. We have yet to see a working representation of our definition in society. There are still obstacles and challenges that remain. This panel explores the appropriate definitions of diversity in the current era when the population becomes more diverse but true diversity has not yet arrived.

Distinguished Panelists



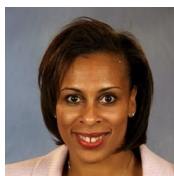
MODERATOR: Dr. Chad Womack, PhD, is the National Director of STEM Initiatives at the United Negro College Fund, including the UNCF-Merck Fellowship Program and the co-founder and co-lead of the White House-supported HBCU Innovation, Commercialization &

Entrepreneurship. He co-founded The America21 Project and DC Innovates, both innovation-based community and economic development nonprofit organizations dedicated to empowering metro-centers and underserved communities through STEM education, tech-entrepreneurship and access to capital. Dr. Womack also founded the Philadelphia Biotechnology & Life Sciences Institute as a nonprofit initiative dedicated to addressing unmet educational and workforce development needs of Philadelphia. He co-founded 3GEN Vaccines, a nano-biotechnology company. Prior to his entrepreneurial ventures, he completed research fellowships at the NIH, most recently at the National Institutes for Allergy and Infectious Diseases (NIAID) Vaccine Research Center (VRC) and at the Harvard AIDS Institute at the Harvard School of Public Health and the Department of Immunology and Infectious Diseases.



Mr. David Cousins, MS, is a Managing Director at Abbott. Previously, he was a Vice President Commercial of the Great Lakes Region at Quest Diagnostics since 2012. Prior to that role, he was a Director of Sales at Quest Diagnostics since 2011. His former positions include

Managing Director at Novartis and a Director of Marketing and Sales at Novartis Transplant & Infectious Disease. Mr. Cousins received his BA in Economics from Duke University and his MS in Organizational Dynamics from the University of Pennsylvania. David is a veteran of the U.S. Air Force. His specialties include account management, project management, budgeting, forecasting, sales, and strategy.



Ms. Rachel Cheeks-Givan, MBA, is Global Director Diversity and Inclusion at Pfizer. She is also an Adjunct Professor at New York University, where she facilitated the delivery of Managing Diversity & Cultural Inclusion Masters Course in the School of Professional Studies HR Program.

Ms. Cheeks-Givan is a Global Corporate Diversity and Inclusion Leader known for strategic planning and execution of cultural transformation in areas of employee and leadership engagement, learning and development and the advancement of women. Prior to join Pfizer, she was Director Global Diversity & Inclusion at PepsiCo. Ms. Cheeks-Givan earned her MBA from Southern Methodist University - Cox School of Business and her BBA in Accounting from Baruch College.



Ms. Dima Elissa, MBA, is the CEO and founder of VisMed-3D, a medical 3D printing company. She is also the Diversity, Inclusion, and Innovation (D & I²) - Tech & Innovation Lead at American Medical Women's Association. As an adjunct faculty member teaching Entrepreneurship at

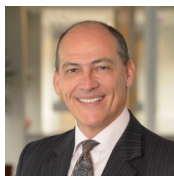
the Associated Colleges of the Midwest in Chicago and in-demand speaker, she exemplifies her commitment to giving back and paying it forward. She currently serves on the boards of mHUB Chicago, BWG Strategy LLC, Ms. Tech, Women in Bio, Galvanize Labs, and is on the STEM steering committee for the Aparecio Foundation, which provides mentoring to high-achieving, low-income female high school students. Dima holds a B.A. in Chemistry from Hanover College, and earned her MBA from Texas A&M's May's School of Business with a concentration in Finance.

Distinguished Panelists



Ms. Cristina Santos brings 16 years of pharmaceutical experience and is currently Head of Multicultural Marketing for the Sanofi U.S. Diabetes and Cardiovascular portfolio, establishing this critical capability for the organization. The aim of her team is the

"thoughtful and intentional inclusion of diverse patients and the customers that care for them in all aspects of the business". In the past she's been a leader of Diversity & Inclusion and several ERGs, continuing to fuel that passion today as a member of Sanofi's D&I steering committee. During her tenure she's held several commercial roles in Global Oncology, U.S. Sales Leadership, and Training & Development to name a few. A proud wife and mother of four, she was recognized in 2012 as a "Working Mother of the Year" in Working Mother Magazine.



Mr. Rodrigo A. Sierra, MBA, is chief communications and marketing officer and senior vice president of the American Medical Association (AMA). There, he is leading a transformation of the 165-year-old organization to reclaim a leadership position in shaping the

evolving healthcare system for the nation. The brand repositioning, media and public affairs expert is responsible at the AMA for public relations, enterprise marketing & communications, digital & social media, leadership positioning and brand strategy. Over a distinctive and award-winning career, Sierra has been instrumental in achieving meaningful results in high-profile corporate, media, government and regulatory positions. He has led change for Johnson Publishing Company, Integrys Energy Group, Peoples Energy, Mayor Richard M. Daley and the City of Chicago, WGN Radio, ABC News, and others. Rodrigo earned an MBA from the Kellogg School of Management and holds a bachelor's degree in philosophy from Northwestern University. He and his wife, Elizabeth, live in Chicago where they are raising four sons.



Dr. Thomas Summerfelt, PhD, is the President, North America at Convergence CT. Prior to this role, Dr. Summerfelt is the Vice President of Research & Innovation at Advocate Health Care. Dr. Summerfelt earned his PhD from Vanderbilt University and focused his doctoral and post-

doctoral training on Health Services Research. He has held faculty appointments at Vanderbilt, Michigan State, and University of Chicago. His scholarly work focuses on effectiveness research, program evaluation, and value-based analysis. At Advocate Health Care, he has used his university experiences to craft innovative approaches to research administration and support to investigators while focused on patient outcomes, compliance, efficiency, and effectiveness.

IV. Expanding Definitions of Diversity

Creating a diverse workforce for organizations no longer simply means hiring employees with a diverse background. The definition and implications of diversity and inclusion have changed considerably over the past decade, and the panelists began by sharing their perspectives on the concepts and definitions of diversity in healthcare, as well as strategies to better build diverse and inclusive cultures in today's healthcare organizations. As one panelist asserted, the definitions of diversity and inclusion have been expanding, and this could create a false sense of inclusion. Although the concept of cognitive diversity has proliferated over the past several years, this newer theme, although valid, could divert attention and resources away from more traditional definitions of diversity – mainly efforts focused on minorities and women. Thus, it's important to carefully balance the newer definition of cognitive diversity with the more traditional definition. Organizations and the industry as a whole need to ensure they are not checking the “diversity & inclusion box” to imply success in the space. It is everyone's responsibility to step back and introspectively analyze if there is a good representation across the traditional definitions of diversity and inclusion in the healthcare industry. The investigation, evaluation, and development of the definitions of diversity and inclusion should be implemented sequentially among healthcare organizations. During this process, the intentionality of diversity and inclusion plays a significant role in connecting diversity and benefiting organizations. When leaders make diversity commitments, healthcare organizations need to be intentional and have actions that follow these commitments, which can lead to global-scale conversations.

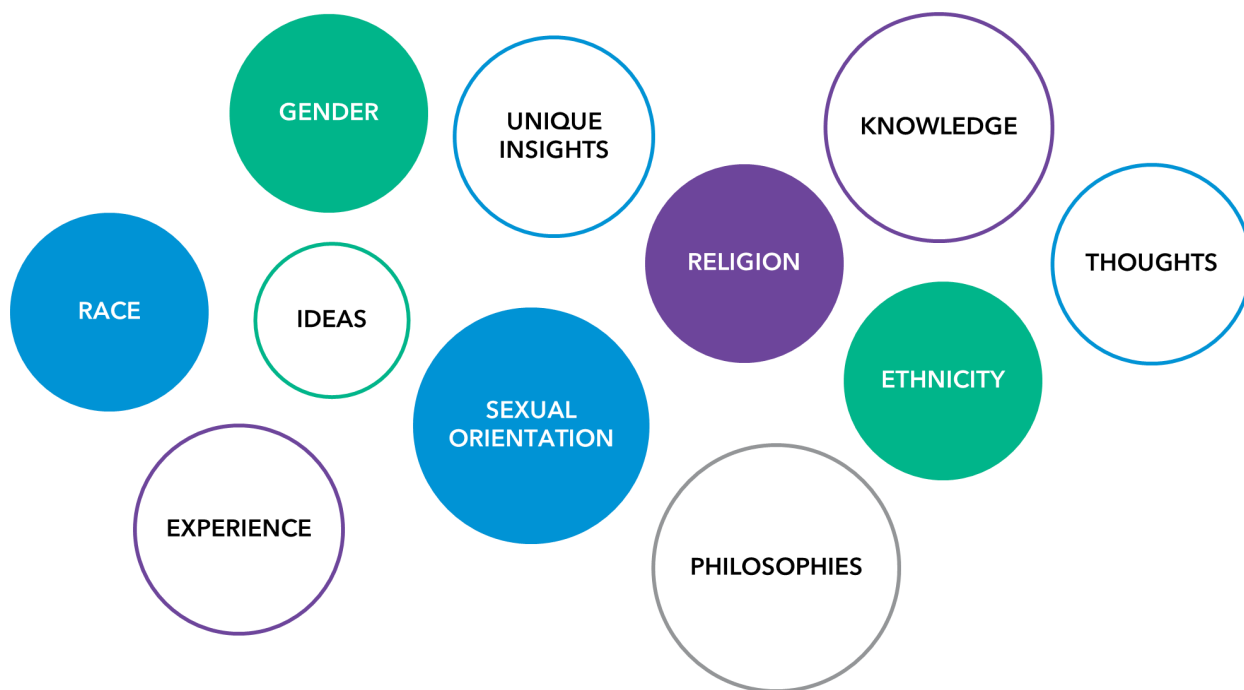
The panelists also emphasized the benefits of a diverse and inclusive organizational culture, including the benefits that cognitive diversity brings to healthcare organizations and the patients they serve. Promoting cognitive diversity can keep healthcare professionals from making assumptions about patients and help promote diversity conversations within organizations. When healthcare professionals serve diverse patients, they must be conscious of diversity and actively refrain from making assumptions about others. Assumptions, such as sexual

“It is everyone's responsibility to step back and introspectively analyze if there is a good representation across the traditional definitions of diversity and inclusion in the healthcare industry.”

IV. Expanding Definitions of Diversity

preference or gender identification, should not be made and information should only be gathered through communication and conversation. Engaging patients with simple, emphatic questions, such as, "How are you feeling today?" helps patients to engage in conversation with their providers. This engagement is critical for care because these conversations help healthcare professionals learn about individual patients and what makes them unique. Cognitive diversity can create an environment where healthcare professionals and diverse patients talk to one another and are genuinely interested and caring about each other and what that patient is communicating.

Different Definitions of Diversity



Source: Deloitte University Leadership Center for Inclusion, "The radical transformation of diversity and inclusion"

IV. Expanding Definitions of Diversity

The panelists then asserted that healthcare organizations must stress that diversity and inclusion are not only important theoretical concepts, but they must be actively practiced among all members of the organization. Explaining how diversity and inclusion create value, one panelist stated it is important to realize that, “diversity is who we are; inclusion is what we do.” Healthcare organizations should personalize diversity and understand how an inclusive culture contributes to the organization. Diverse professionals should be encouraged to be authentic and clearly offer their unique insights, values, and perspective. Organizations need to stress the value of bringing diverse characteristics and talents to the organization. Meanwhile, the entire healthcare ecosystem as a whole needs to welcome diverse talent and groom future leaders. Healthcare organizations need to ensure the culture of the organization is one that values diverse talent and devotes the appropriate resources, such as employee resources groups, mentoring and sponsorship programs, to developing that talent. The entire organization needs to be onboard and supportive for every individual.

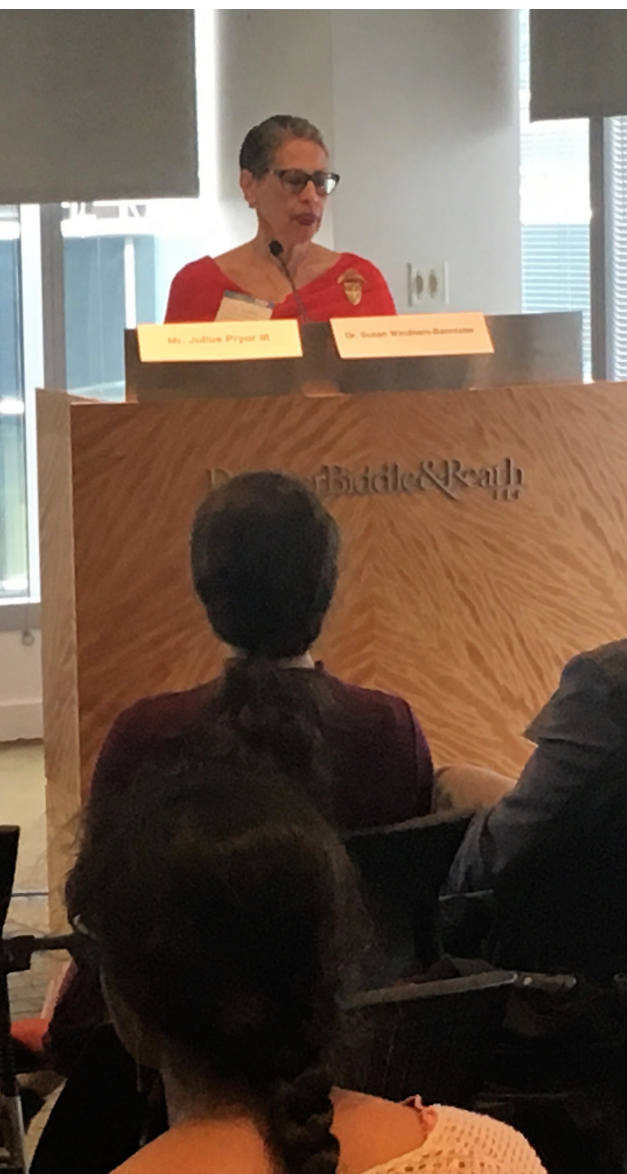
*“Diversity is who we are;
inclusion is what we do.”*

When an organizational culture is accepting, and healthcare organizations encourage diversity, greater value is created for all. One analogy used by panelists to illustrate this point is how musicians work together in orchestras. There are typically around 50 individual musicians in an orchestra, each playing their individual part. Ultimately, these parts combine to produce a great harmony for the audience. If each musician were playing the same instrument and music, the orchestra would deliver something akin to noisy chaos, rather than the beautiful harmony. The panelists drew on this analogy to indicate how organizations can leverage diverse and unique individuals to achieve the greater organizational mission.

Calls to Action:

- **Take an honest assessment** - Leaders in the healthcare industry should analyze their organizations to see if there is strong representation on the traditional definitions of diversity and inclusion, then, evaluate further to identify any needed improvements.
- **Be intentional about diversity** - Healthcare professionals need to keep diversity as an intentional and global focus of the organization and actions need to follow commitments.
- **Welcome all perspectives** - The healthcare industry needs to promote cognitive diversity. This thinking helps healthcare professionals move away from making assumptions about their patients and forces them into conversations with their patients.
- **Diversity affects the bottom line** - The healthcare industry and practitioners need to create the sense that diversity is not only important but also creates significant business value that also impacts the bottom line
- **Build the appropriate organizational culture** - The entire workplace culture needs to be supportive and inclusive of diversity for everyone. Employers need to personalize diversity and find characteristics that contribute to the organization.

V. Distinguished Keynote Address



Dr. Susan R. Windham-Bannister, PhD

Managing Partner of Biomedical Innovation Advisors
President and CEO of Biomedical Growth Strategies

Dr. Susan Windham-Bannister, PhD, is a nationally and internationally recognized innovation expert. She was recognized by the Boston Globe as one of the “10 Most Influential Women in Biotech” in 2013 and by Boston Magazine as one of the “50 Most Powerful Women in Boston” in 2011. Dr. Windham-Bannister currently serves as Managing Partner of Biomedical Innovation Advisors LLC, which she founded with Dr. Harvey Lodish, co-founder of Genzyme, and member of the Whitehead Institute, MIT. She also serves as the President and CEO of Biomedical Growth Strategies, LLC. Both of these advisory firms leverage Dr. Windham-Bannister’s experience as the immediate past President and CEO of the Massachusetts Life Sciences Center. She is the first African American in the U.S. to lead a life sciences-focused innovation initiative of this scale. The MLSC is the hub for all sectors of the Commonwealth’s life sciences community – biotechnology, pharmaceuticals, medical devices, medical diagnostics and bioinformatics.

Since completing her tenure as President and CEO of the MLSC, Dr. Windham-Bannister has been an advisor to other city, state and regional life sciences initiatives. Her work with the New York City Partnership Fund resulted in a \$1.1B New York life sciences initiative, announced by Governor Cuomo and Mayor De Blasio in December 2016. Currently she is advising the Mayo Clinic on an implementation plan for its Destination Medical Center/Discovery Square Initiative.

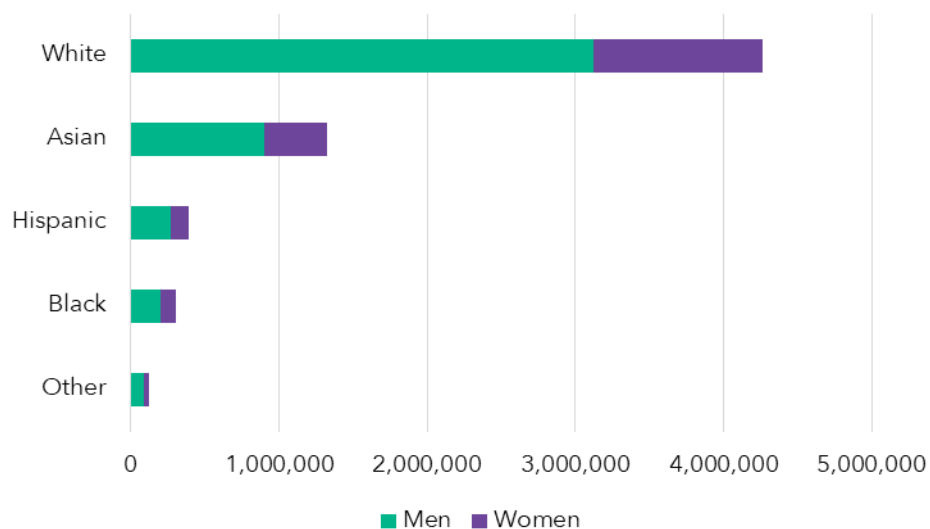
V. Distinguished Keynote Address

The Distinguished Keynote Speaker, Dr. Susan Windham-Bannister, addressed three main issues of diversity and inclusion in the healthcare workforce: policy, personal issues, and business results. Dr. Windham-Bannister began with the message that every individual should have the opportunity to achieve their fullest potential, yet many career barriers still exist, particularly for minorities and women.

The life sciences and STEM sectors are major growth engines of today's global 21st-century economy, and these sectors drive work opportunities and wealth. The number of science jobs in the U.S. is expected to grow 13% by 2022, and the job growth outlook for biochemists and biophysicists will grow 31% by 2020. Ideally, the breakdown of STEM careers should correlate with the demographic composition of the U.S. population. Women and minorities should be equally represented in these STEM opening job positions. The U.S. is already undergoing a significant demographic shift, and the number of minorities is growing rapidly. In fact, the U.S. is projected to become a majority minority nation by 2044. The Asian American, African American, and Hispanic American population growth rates are projected at five times, four times, and two times the Caucasian growth rate, respectively. The majority of the U.S. population growth will come from minorities, and the labor supply should be filled with a majority of people of color. However, a significant gap exists in which both women and people of color are under-represented in the STEM fields. From Dr. Windham-Bannister's data on the occupation rate between different races in the STEM workforce, it is evident that Caucasian men still dominate the STEM workforce. Women and people of color should be supported with more resources, encouragement, and opportunities to join the STEM labor force. Dr. Windham-Bannister also discussed how immigrants are another source of talent for the STEM workforce. Welcoming talent, making use of that talent, and creating opportunities for immigrants in the U.S. health sector are all vital for staying competitive. At the same time, we must work to fully utilize the native talent that already exists in the U.S., while simultaneously welcoming the best-and-brightest advanced, skilled talent from around the world.

"The number of science jobs in the U.S. is expected to grow 13% by 2022, and the job growth outlook for biochemists and biophysicists will grow 31% by 2020."

Scientists and Engineers Working in Science and Engineering Occupations: 2015



Source: <https://www.nsf.gov/statistics/2017/nsf17310/digest/occupation/overall.cfm>

Next, Dr. Windham-Bannister discussed how acknowledging the gap in equal representation could raise awareness, create opportunities, and change attitudes. Since STEM has historically been a field dominated by Caucasian males, there may not currently be enough role models for women and people of color. Lack of encouragement from parents, teachers, and guidance counselors can have a negative impact on potential candidates who are seeking to join the STEM fields. Negative perceptions of STEM can cause lower interest among those who would have considered pursuing a career in the field. Dr. Windham-Bannister stated that interest in STEM among U.S. females begins to decline around the 6th grade. Unfortunately, stereotypes of women in STEM fields still exist, and breaking these stereotypes is essential to creating a more diverse talent base for the field.

V. Distinguished Keynote Address

Another barrier to building a STEM talent pipeline of women and people of color is that these career paths are easily and often misunderstood. The traditional perception of STEM careers has been scientists in white lab coats working in the limited and competitive areas of science, engineering, technology, and math. However, STEM careerists can leverage a variety of skills to pursue exciting careers in many industries - administration, animal care, finance, advertising, and communications, to name just a few.

Due to these challenges, women and people of color are woefully underrepresented among STEM graduates, and the talent pipeline for the innovation economy is becoming narrower. The share of STEM bachelor's degrees awarded to women has decreased over the past decade, with the largest decline in computer science. Women received 23% of Bachelor's degrees awarded in computer science in 2004, but only 18% in 2014. While the number of Hispanic workers in the U.S. workforce rose 12% between 1970 and 2011, the increase in Hispanic professionals in STEM career fields was less than half that amount at only 5%. In both the U.S. and Europe, women make up less than 25% of leadership teams, and over half of biotech companies in the U.S. and Europe have all-male boards. In order to promote diversity and inclusion in STEM fields, Dr. Windham-Bannister listed several benefits of hiring women and people of color, and stated that organizations with diverse leadership teams and boards deliver stronger results on almost all metrics of business performance, and these organizations tend to be more innovative due to a greater diversity of thought, creativity, skill sets, and approaches to problem-solving. As a life science leader, Dr. Windham-Bannister suggested that teachers and parents should play roles in helping break down the stereotypical expectations of how scientists and engineers should appear. Further driving home the value of encouraging all people to join STEM fields and join exciting careers, Dr. Windham-Bannister left the audience with an important takeaway, "if women and people of color are not trained, readied, and welcomed into STEM careers, the United States will be left behind in the global innovation economy."

"If women and people of color are not trained, readied, and welcomed into STEM careers, the United States will be left behind in the global innovation economy."

VI. Diversity and Inclusion in Clinical Trials and Research



MODERATOR: Ms. Almenia Garvey, MS
Dr. Neelum Aggarwal, MD
Dr. Owen Garrick, MD, MBA
Ms. Regina Greer-Smith, MPH
Ms. Allecia Harley, MPH
Dr. Charlotte Jones-Burton, MD, MS
Ms. Tamara Lazier Oyejide, MBA
Dr. Paul Underwood, MD

According to the FDA, African-Americans represent 12 % of the U.S. population but only 5% of clinical trial participants. Additionally, Hispanics represent 16% of the U.S. population but only 1% percent of clinical trial participants. In a country where minorities are estimated to outnumber white Americans by 2044, the inclusion of individuals of varied races, ethnicities, ages, gender, gender identity, and sexual orientation in clinical trials can help to prevent disparities in the evaluation of potential new medicines. Additionally, as newer concepts such as precision medicine and biomarkers move to the forefront, diversity in clinical research will have important implications. This panel explores the obstacles that underrepresented patient populations face in accessing clinical trials and healthcare, as well as discusses best practices and new ideas for making clinical trials more diverse. A group of clinical trial experts will explore these obstacles and share their insights on how to make our clinical trial ecosystem more diverse and inclusive.

Distinguished Panelists



MODERATOR: Ms. Almenia Garvey, MS, is Director, Health Care Alliances at ICON Plc. With over 20 years of clinical research experience, she is a strong leader and proven relationship builder. Almenia is a site relations expert who specializes in minority recruitment, site selection strategy, investigator identification and investigator relationship management. ICON plc is a global provider of drug development solutions and services to the pharmaceutical, biotechnology and medical device industries. Her prior role was Associate Director, Site Alliances at PAREXEL. Her education includes a M.Sc., Communication, Advertisement and Public Relations from Ulster University.



Dr. Neelum Aggarwal, MD, is a neurologist in the Departments of Neurological Sciences and the Rush Alzheimer's Disease Center and Director for Research at the Rush Heart Center for Women at Rush University Medical Center in Chicago, IL. She is a clinical researcher, and specializes in Alzheimer's Disease dementia and Vascular dementia and is the Site Principal Investigator for multiple NIH funded clinical trials in the areas of healthy aging and dementia of Alzheimer's Disease. She is the co-principal investigator for the Community Engagement for Early Recognition and Immediate Action in Stroke (CEERIAS) study, which addresses disparities in stroke awareness, barriers to health care access, and treatments and outcomes in Chicago's minority communities. As Chief Diversity Officer for the American Medical Women's Association, she is responsible for enhancing the diversity of AMWA's leadership team, and leading AMWA's Diversity and Inclusion Section and resource groups.



Dr. Owen Garrick, MD, MBA, is President & COO of Bridge Clinical Research. Bridge Clinical is a global patient recruitment healthcare communications company. It is also the leading company focused on increasing the participation of minority investigators and patients in clinical trials. Dr. Garrick was formerly Director of Corporate Strategy and M&A at McKesson. Prior to McKesson, Dr. Garrick was Global Head of M&A Negotiations at Novartis. Previously he was at Goldman Sachs in New York. Dr. Garrick earned his MD from Yale, MBA from Wharton. He holds an AB from Princeton University. Dr. Garrick also serves on the boards of Sutter Health, the American Psychiatric Association Foundation and Samuel Merritt University. He was confirmed to the HHS Secretary's Advisory Committee on Human Research Protections in 2012.



Ms. Regina Greer-Smith, MPH, is a member of the Advisory Panel for Patient Engagement at the Patient Centered Outcomes Research Institute (PCORI). Regina is the President and Owner of Healthcare Research Associates, LLC. Regina's work includes building and maintaining collaborations between communities and stakeholders that enable improved healthcare outcomes. Regina is a consultant /healthcare coordinator to agencies providing services to developmentally and intellectually disabled adults in Illinois and the use of mobile technology to enable collaboration between patients/caregivers and providers. She is the developer and principal investigator of The S.T.A.R. Initiative. The mission of The S.T.A.R. Initiative is to increase minority participation in patient-centered outcomes research and clinical trials. Regina holds a Master of Public Health Degree (MPH) from Benedictine University and is a Fellow with The American College of Healthcare Executives.

Distinguished Panelists



Ms. Allecia Harley, MPH, is the Associate Vice President of Clinical Research Administration in the Office of Research Affairs at Rush University and is Certified Clinical Research Professional (CCRP). Allecia has 20+ years of experience in clinical research working for pharmaceutical companies, contract research organizations, a consulting firm, and an academic medical center. Prior to joining Rush, Allecia was a Director at Huron Consulting Group, where she Provided oversight to multidisciplinary project teams that assisted academic medical centers, NCI designated cancer centers, and health systems with complex regulatory challenges in research administration. Allecia received her Bachelor of Science in Biology with a Minor in Biochemistry from Spelman College in Atlanta and a Master of Public Health in Epidemiology with a minor in Biostatistics from the University of Michigan in Ann Arbor.



Ms. Tamara Lazier Oyejide, MBA, is Associate Director, Patient Recruitment at PAREXEL, where she provides strategic leadership and outreach support across PAREXEL's network of global clinical units. Tamara has almost 20 years of professional experience executing outreach campaigns across various industries (pharmaceutical, telecommunications and social media) and a broad background in clinical trials management of phase II/III trials in various indications. Her specialties include patient recruitment and retention strategy, marketing campaign creation and execution, brand management, media and vendor negotiations. Tamara earned her MBA in Marketing and BBA in Finance from Georgia State University - J. Mack Robinson College of Business.



Dr. Charlotte Jones-Burton, MD, MS, is the Global Clinical Research Program Lead at Bristol-Myers Squibb. Dr. Charlotte Jones-Burton is an entrepreneurial leader who has brought innovation and passion to her diverse roles within the healthcare industry over the last 20+ years as biopharmaceutical medical director, thought leader in clinical trial research, internal medicine and nephrology physician, and professor. In her role at Bristol-Myers Squibb, Dr. Jones-Burton leads cross-functional teams to design, implement, and oversee clinical trial studies for innovative medicines. She has also achieved a high level of success as an entrepreneur in direct sales and franchise industries. Her education includes a MD and a MS in Epidemiology and Preventive Medicine from University of Maryland School of Medicine.



Dr. Paul Underwood, MD, is a medical director for the interventional cardiology/structural heart franchise at Boston Scientific and a member of Close the Gap, Boston Scientific's health equity education initiative. At Boston Scientific, Dr. Underwood recently received the Interventional Cardiology Business Unit Diversity Award for his work with the PLATINUM Diversity trial, the first interventional cardiology study to focus solely on women and minorities. In 2015 he also received the Chairperson's Award from the National Forum for Heart Disease and Stroke Prevention. Prior to Boston Scientific, Dr. Underwood practiced interventional cardiology and clinical research in Phoenix for over 18 years and has been actively involved in community-based efforts focused on promoting cardiovascular health. He received his MD degree from the Mayo Clinic, followed by a cardiology fellowship at the Cleveland Clinic.

VI. Diversity and Inclusion in Clinical Trials and Research

Increasing diversity and inclusion in clinical trials is an essential, yet complex, task. The panelists revealed prior efforts to raise awareness of the lack of diversity and inclusion in clinical trials, as well as the challenges they have witnessed firsthand. As one panelist noted, healthcare professionals need to bring the data collected from hospitals and trial sites back to diverse communities. The results of research on drug usage, dosing, and side effects, based on patients' demographics should be properly disclosed and communicated back to patient communities. Sharing this important information will help stimulate patients' interest, create awareness of clinical trials, and build trust between patients and the larger healthcare community. It will also aim to heal prior wounds and the opaque historical nature of clinical trials within diverse patient populations, particularly with African American communities and the history of the Tuskegee Syphilis Experiment. Rather than asking random volunteers to fill these trials, healthcare professionals should directly engage with targeted patients to demonstrate the potential benefits of clinical trials for future generations. To drive increased diversity in clinical trials, healthcare professionals must also build and maintain relationships with diverse patient populations by offering honesty, transparency, and a focus on providing the best care. Only by building these genuine and honest relationships can increased diversity in clinical trials become attainable.

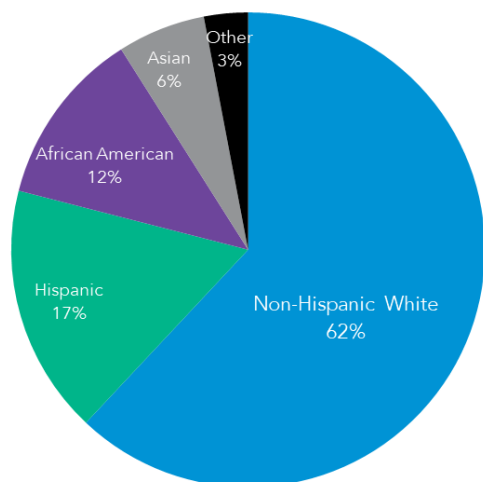
The panelists also discussed strategies to better communicate with diverse patient groups. One panelist suggested conducting home visits and utilizing social media as tools to communicate with patients. Home visits allow healthcare professionals to provide more personalized, direct attention to patients. Moreover, in-person conversations create an environment that is more conducive to communication and openness. Patients are more comfortable conveying their concerns in the home environment. This allows healthcare professionals to collect more accurate data, removing biases that can come through paper surveys.

To implement this transformation, technology is a starter, but healthcare professionals need to develop specific strategies. Communicating

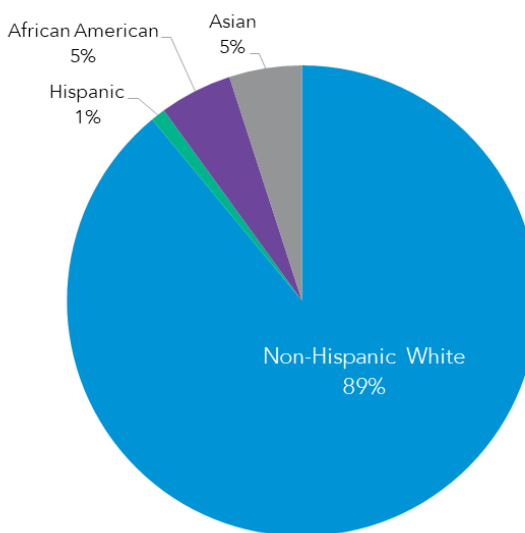
“Rather than asking random volunteers to fill these trials, healthcare professionals should directly engage with targeted patients to demonstrate the potential benefits of clinical trials for future generations.”

VI. Diversity and Inclusion in Clinical Trials and Research

2016 U.S. Racial Demographics



2016 Clinical Trial Diversity



Source: Center for Healthcare Innovation, "The ABCs of Why Diverse Clinical Trials are Important" & The United States Census Bureau

through social media platforms is one tactic. Using on-sight videos to demonstrate to patients what to expect during trials is beneficial. Patients will know what to expect and develop more trust for the system. In general, the panelists agreed with the idea of humanizing and updating research methods so patients can understand and comfortably accept their care. As the panelists summarized, building a trust-based relationship with patients is the most critical strategy to increase diversity in clinical trials, and this strategy requires a long-term commitment.

VI. Diversity and Inclusion in Clinical Trials and Research

In addition to sharing research results with diverse patient groups, the panelists also advised healthcare professionals to work towards better understanding what experiences diverse patients have experienced with clinical trials and what barriers these patient populations face when accessing quality healthcare. One panelist described two common barriers facing underserved patients: rising costs and crisis of confidence. The cost of care has created barriers to access. In addition to financial obstacles, many patients have refused help from a healthcare system, because these patients have no trust in the system. Many minority patients refuse to go to the nearest hospital for treatment and will instead go to a certain hospital that they trust, risking longer wait times and delaying care. This crisis of confidence results in many underserved patients not receiving timely treatment.

To overcome these barriers, the panelists suggested healthcare professionals should educate and train community workers to understand the possibility of mistreatment that currently exists. Trained community workers need to be able to translate healthcare knowledge and the system's attitudes for minority patient communities in a culturally competent manner. This approach will ultimately raise awareness of the benefits that clinical trials bring for everyone.

Finally, the healthcare community should focus on communicating with underserved patients who have participated in clinical trials in the past and encourage these patients to share their experiences and opinions with others. Word of mouth marketing remains one of the strongest ways to spread a message. Forming positive patient relationships and patient experiences are crucial in the effort to increase diversity and inclusion in clinical trials.

“Trained community workers need to be able to translate healthcare knowledge and the system’s attitudes for minority patient communities in a culturally competent manner”.

Calls to Action:

- ***Improve communication with diverse populations*** - The healthcare industry, especially clinical research professionals, need to do much better job of communicating with patients and diverse patient groups about drug usage, dosing, and potential side effects, based on patients' demographics.
- ***Remember that trial participants are humans, not subjects*** - Healthcare professionals and researchers need to humanize and update research methods in ways that the community can understand and comfortably accept.
- ***Build long-term relationships built on trust*** - All participants in the clinical trial space (sponsors, investigators, coordinators, community networks and subjects/ patients) need to make a heightened effort to increase communication and build relationships with patients, especially with patients outside of their arena.
- ***Leverage new and innovative tools and methods*** - Healthcare professionals and researchers need to conduct home visits and use social media platforms as research tools.
- ***Make diversity in clinical trials an organizational priority*** - Organizations need to continue to advocate for minority inclusion in their clinical trials and support success of these efforts by tracking increased inclusion on a live basis.

VII. Presentation on Attaining Gender Parity



Ms. Laurie Cooke, RPh

Chief Executive Officer
Healthcare Businesswomen's Association

Ms. Laurie Cooke, RPh, is the CEO of the Healthcare Businesswomen's Association. Leading the global organization with an impressive cadre of industry leaders, Laurie has created a united force for change as the HBA has a community size of 25,000 women and men, 120 corporate partners, and 24 chapters across the US and Europe. Prior to the HBA, Laurie served on the PMI executive management team responsible for the strategic product portfolio as her entry point into nonprofit leadership. Prior to this she held global leadership roles in the pharmaceutical industry serving on international teams driving shorter cycle times, global simultaneous submission, and effective corporate merger outcomes. Laurie is a dedicated advocate for gender parity making meaning change as a speaker and thought leader, and a proud award recipient with accolades such as the PharmaVOICE 100 most inspiring people in life sciences and ASAE Mentor of the Year. Laurie's academic history includes a degree in Microbiology from the U of MD, an advanced scientific degree in Pharmacy from the U of WA, a master's degree in Software Engineering Management from the U of Luton, England and she is a licensed Pharmacist and Certified Association Executive.

VII. Presentation on Attaining Gender Parity

Ms. Laurie Cooke, RPH, began the presentation by introducing the academic research and practitioner paper *“Gender Parity, Diversity 5.0, and 10 Best Practices for the Global Life Sciences Industry”*, co-authored by James Gillespie, PhD, JD, MPA, Wanda Hope, and Deborah Dunsire, MD. She then gave a description of the phases and evolution of diversity in organizations.

The beginning of greater advocacy and attention toward increasing workplace diversity can be traced back to the 1970s and 1980s when corporations began emphasizing achieving targeted numbers of women and minorities in their organizations, noted as Diversity 1.0. Diversity 2.0 began in the 1990s when additional diversity categories were represented, moving beyond gender and race, and including disability, religion, sexual orientation, and veteran status, to name a few. During the 2000s, corporations practiced Diversity 3.0 to go further in making an effort to make diverse employees feel truly welcomed, valued, and included within the organization. Diversity 4.0 was during the 2010s when thoughtful organizations shifted to seeking to leverage employee diversity, inclusion, and engagement to enhance business performance, particularly on key metrics like innovation, revenue, costs, and profits.

Diversity 5.0 now focuses specifically on gender parity and promotes equitable and equivalent opportunities for male and female employees regarding recruitment, selection, training, advancement, and retention. The research paper does not refer to the parity of outcomes. Rather, it references parity in opportunities, experience, and treatment. Ms. Cooke stated that based on their experience, they find there are at least ten specific best practices that healthcare organizations can adopt that form the essence of a Gender Diversity 5.0 strategy to achieve greater parity in the workplace. Increasing parity can deliver the additional benefits of enhanced corporate performance.

VII. Presentation on Attaining Gender Parity

The ten best practices are:

1. Making Diversity & Inclusion an essential element of global strategy
2. Tailoring global Diversity & Inclusion initiatives to fit local needs
3. Embedding Diversity & Inclusion throughout the organization
4. Multiplying Diversity & Inclusion impact via external partnerships
5. Maximizing the role of employee resource groups (ERGs)
6. Maximizing the role of diversity councils (DCs)
7. Leveraging Diversity & Inclusion for innovation and new thinking
8. Leveraging Diversity & Inclusion for business development
9. Engaging the CEO
10. Making sharing of Diversity & Inclusion best practices a Meta best practice

The goal of these ten best practices is to make the practices relevant to various industries while also applying to hospital systems, big pharma, and support services. These practices can play a significant role in attaining gender parity in the healthcare arena.



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About the Center for Healthcare Innovation:

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.

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