



Center for
Healthcare
Innovation

Breakthroughs in Healthcare Equity Action Plan



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Executive Summary

This Action Plan is based on CHI's second annual Breakthroughs in Healthcare Equity Symposium, a leading annual, collaborative symposium for patients, patient groups, clinicians, researchers, technologists, healthcare and life science executives, and diversity and inclusion advocates to discuss equity in healthcare. The second annual symposium brought these groups together in a collaborative forum to create networks, discuss best practices, and exchange new ideas related to making healthcare more equitable, with a specific focus on understanding how to serve underserved patient groups, including racial and ethnic minorities, women, and the LGBT community. The symposium also focused on helping provider, pharma, and other organizations who serve patients with the latest ideas and insights on how these organizations can better understand the unique and diverse needs of the patients they serve. Attendees exchanged the newest insights and ideas, discussed practical solutions, and met industry and marketplace colleagues. The symposium, which took place in San Francisco on 2/8/18, featured keynote speakers, educational panel discussions, breakout sessions, and networking opportunities. This Action Plan is meant to help operationalize the insights discussed at the symposium, with a specific focus on providing actionable and implementable steps that healthcare organizations and individuals can take to build a more equitable healthcare system that reduces healthcare disparities for the most vulnerable, at-risk, and underserved patient populations.



I. Distinguished Keynote Address



Ms. Ricki Fairley, MBA

Breast Cancer survivor & thriver
Chair of the Board of Trustees, Triple Negative Breast Cancer Foundation
President, DOVE Marketing

Ricki Fairley is the Founder, President and Thought Leader of DOVE Marketing, a marketing agency with a mission to deliver iconic thinking, strategic problem solving and creative genius to clients seeking profitable business results. Fairley is a seasoned marketer with over 30 years of marketing experience including 20 years in brand management at Johnson & Johnson, Nabisco, Reckitt & Colman and The Coca-Cola Company, and over ten years in agency leadership encompassing strategic planning and consulting for numerous Fortune 500 companies. She is passionate about helping clients identify marketplace opportunities, establish insight-based objectives and strategies, and build results-driven campaigns with resonating creativity. Ricki holds the Leadership Award from the Creative Thinking Association of America, and was named a Top 100 Marketer by Black Enterprise Magazine in February 2011. In November 2013, Ricki received the Association of National Advertisers Multicultural Excellence Award for the African American advertising for the Obama for America campaign. In May 2014, DOVE Marketing received the US Trade & Commerce Institute Excellence in Marketing Award.

Ricki holds a BA from Dartmouth College and an MBA from Kellogg School of Management at Northwestern University. She is the President Emeritus of the Black Alumni of Dartmouth Association, and serves on the board of Kenny Leon's True Colors Theatre Company. Ricki is Chair of the Board of Trustees and chairs the Marketing Committee for the Triple Negative Breast Cancer Foundation. As a Stage 3A Triple Negative Breast Cancer Survivor/Thriller, she speaks regularly to advocate for awareness of the disease.

I. Distinguished Keynote Address

Ms. Ricki Fairley began her keynote address by describing her story battling Triple Negative Breast Cancer, a particularly aggressive form of breast cancer that disproportionately impacts women of color. She described how her story forms her understanding of our collective purpose to expand healthcare access for underserved populations. Her experiences have led her to work with a variety of organizations working to raise awareness for numerous medical conditions, such as cancer, heart disease, and mental illness, that disproportionately affect vulnerable, at-risk and minority communities.

Triple Negative Breast Cancer has been found to be the most aggressive form of breast cancer, and there is no known drug for women with this kind of breast cancer. Many women are not aware of clinical trials and drug screenings that are available for this type cancer. Additionally, there is often distrust of the medical community that persists in minority populations, particularly the African American population. These ideas and valid source of mistrust stem from experiences such as the Tuskegee syphilis experiment nearly a century ago, and this distrust can be passed down through generations in African American communities.

Much more work needs to be done to build trust in vulnerable, at-risk patient communities. The healthcare establishment should strategically develop plans and tactics on how to engage, communicate with, and build trust with these patient populations. The use of testimonials and personal stories in advertising and social media can be utilized in these outreach efforts. It is also crucial to connect providers with one another to exchange best practices and share new ideas. Providers can then develop strategies to encourage patients to engage with their healthcare community. Preventative care also needs to be a priority, particularly for minorities and women. Additional educational resources need to be provided, particularly on the local level, for individuals that lack the awareness and knowledge of their healthcare, as well as certain diseases and conditions.

“Triple Negative Breast Cancer has been found to be the most aggressive form of breast cancer, and there is no known drug for women with this kind of breast cancer.”

Calls to Action:

- Emphasize the importance of preventative medical care, especially to minority populations that are higher risk to diseases like cancer
- Advertise directly to minority populations, particularly with testimonials and personal stories, about the benefits of being an engaged and knowledgeable partner in their own care and wellness
- Encourage providers to exchange information and best practices to better standardize care for all populations
- Provide patients with the appropriate educational resources so they can learn more about diseases and treatments and encourage patients to seek out participation in clinical trials and other cutting-edge research

II. Diversity in Clinical Trials and Research Panel



According to the FDA, African-Americans represent 12% and Hispanics 16% of the U.S. population, but these racial/ ethnic groups only represent 5% and 1% of clinical trial participants, respectively. In a country where minorities are estimated to outnumber Caucasian Americans by 2044, the inclusion of individuals of varied races, ethnicities, ages, gender identities, and sexual orientations in clinical trials and clinical research will help prevent disparities in the evaluation of potential new medicines, therapies, and treatments. Historically, racial and ethnic minorities have been woefully underrepresented in clinical trials and research. A recent New York Times Article states, "As money pours into immunotherapy research and promising results multiply, patients getting the new treatments in studies have been overwhelmingly white. Minority participation in most clinical trials is low, often out of proportion with the groups' numbers in the general population and their cancer rates." Clinical research provides crucial information on whether new drugs and treatments are safe and effective, and it is vital for researchers and the entire healthcare sector to ensure that research participants are representative of the broader U.S. population. The lack of minorities in clinical trials becomes more acute as the aforementioned demographic shifts continue. Additionally, as newer concepts such as precision medicine and biomarkers move to the forefront of modern medicine, diversity in clinical research will have even more significant implications. This panel explored the health equity issues in the U.S. and the obstacles that underrepresented and minority patient populations face in accessing clinical trials and healthcare, as well as discussed best practices and new ideas for making clinical trials more diverse and inclusive. A group of clinical trial experts explored these obstacles and shared their insights on how to make our clinical trial ecosystem more diverse and inclusive for all patients.

Distinguished Panelists



MODERATOR: 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.



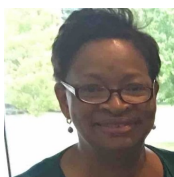
Dr. Manoja Lecamwasam, PhD, MBA, MS, is the Executive Director of the Dignity Health Intellectual Property (IP) Office. Dr. Lecamwasam is also a member of the Strategic Innovation function and is responsible for the introduction of innovative life sciences and

device products and services into Dignity Health service areas. She was Dignity Health's business lead for the establishment of the Precision Medicine Alliance (PMA), a joint venture with Catholic Health Initiatives (CHI), which will provide genomic-based decision support tools to Dignity Health's and CHI's community oncologists at point of care. She is currently a governance board member of the PMA. Dr. Lecamwasam holds a PhD degree in molecular microbiology from Tufts University School of Medicine, a MBA from the University of Phoenix, a MSc degree in molecular biology from Northeastern University, and BA with honors in biology from Mills College in Oakland, CA.



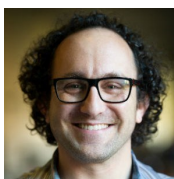
Dr. John Maa, MD, is a general surgeon at Marin General Hospital. He is also the President of the San Francisco Medical Society. He is a member of the Board of Directors of the American Heart Association and the American College of Surgeons, and is a Past-President of the

Northern California Chapter of the American College of Surgeons. He serves as Chair of the University of California, Office of the President Tobacco Related Disease Research Program Scientific Advisory Committee, and as Chair of the American Heart Association Western States Affiliate Advocacy Committee. Previously, Dr. Maa was an assistant professor in general surgery at UCSF. Dr. Maa received his medical degree from Harvard Medical School and completed his general surgical residency at UCSF.



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 MPH degree from Benedictine University and is a Fellow with The American College of Healthcare Executives.



Dr. Uri Lopatin, MD, is a co-founder and the Chief Medical officer and VP R&D for Assembly Biosciences, Inc. Prior to Assembly, he was a Senior Director for Clinical and Translational Research-Liver Disease at Gilead Sciences, a Translational Medical Leader at Roche, and an

Associate Director at Schering Plough. He has designed and coordinated pre-clinical and clinical collaborations, as well as phase I through IV clinical studies of multiple new molecular entities. Dr. Lopatin has published extensively, especially on hepatitis B and immunology and is an author of multiple patents in the field of treatment and diagnosis for viral hepatitis. Dr. Lopatin received his Infectious Disease (ID) Board certification following fellowship training in ID at the NIH, and Internal Medicine Board certification following completion of residency at NYU. He received his MD from University of Medicine and Dentistry-New Jersey Medical School and his BA in biology with honors from Cornell University.

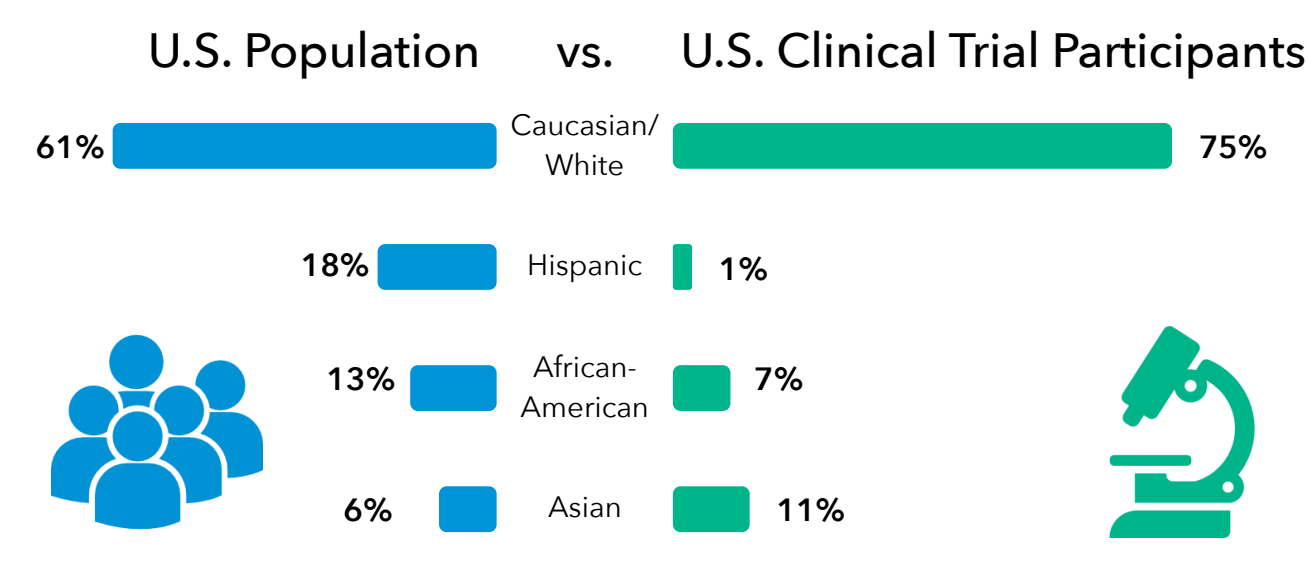


Dr. Arturo Molina, MD, MS, is the Chief Medical Officer at Sutro Biopharma. Dr. Arturo Molina has led scientific innovation and driven clinical programs forward for over twenty years. He has led the development of hematological and oncologic clinical candidates from phase I

through phase III and through post-marking trials. He joins Sutro from his former role as VP of oncology and scientific innovation at Johnson & Johnson's California Innovation Center where he was involved in the evaluation of novel biologics and small molecules, with a focus on immuno-oncology. Dr. Molina received his M.D. and M.S. degrees from Stanford University School of Medicine. He is board certified in internal medicine and medical oncology and has an active California medical license. He additionally has earned distinction as a Fellow of the American College of Physicians.

II. Diversity in Clinical Trials and Research Panel

This panel focused on increasing diversity in clinical trials, particularly the FDA's regulatory authority when it comes to enhancing diversity in clinical trials. The panelists discussed the use of technology to engage communities to get involved in clinical trials, including engaging and encouraging minority patients to get involved. They also discussed leveraging technology to dispel false information surrounding clinical trials and supporting activists to get involved in health equity in the same way that they are engaged in civil rights. Clinical trial leaders need to better communicate this message to community members, as well as members of the organizations who lead clinical trials. One panelist specifically discussed how a pharmaceutical company prioritized incorporating diverse populations in its clinical trials. However, the panelist also asserted that it has been challenging to adhere to this commitment, and smaller organizations do not always necessarily have the infrastructure to conduct trials that meet the FDA's guidelines.



II. Diversity in Clinical Trials and Research Panel

The panel also discussed the cultural norms related to treating underrepresented minorities. One physician explained how in Asian communities, it could sometimes be difficult to tell family and friends about negative medical diagnoses because certain diseases are often stigmatized. The panelist also punctuated the need to look to medical professional organizations for guidance and leadership on public health issues. Community hospitals could also be used as tools to enhance diversity in clinical trials. These community hospitals already have the outreach programs in place to engage with community members, and this existing infrastructure could be utilized to educate patients and encourage them to participate in clinical trials.

The panelist also discussed a potential FDA mandate on the percentage of diverse patients in clinical trials, and there was a not a clear consensus in the panel. One panelist asserted that precise medicine might be a better approach to conduct clinical trials and that it is better to engage communities at the grassroots level instead of through regulation and oversight. Another panelist said that mandates could bring additional resources and raise awareness on the issue. Another expressed concern that mandates might stifle innovation by requiring certain thresholds to be met, even though the infrastructure is not in place as of yet. And another panelist bridged this gap yet offered a more measured approach in which the FDA provides firm guidelines on diversity in clinical trials but falls short of a strict mandate. Either way, a solution will require that communities and the medical establishment collaborate to solve these problems.

Calls to Action:

- Support the existing infrastructure at historically black and Hispanic academic medical centers to better bring clinical trial opportunities to underrepresented patient populations
- Support legislation and policies that can tackle large-scale public health problems, such as sugary beverages, tobacco products, and food deserts
- Bring clinical trials into community hospitals and medical centers, as opposed to solely academic medical centers
- Connect the research community and minority populations to dispel myths and concerns about participating in clinical trials
- Invest in infrastructure to alleviate the workload on physicians, so they can devote more energy to connecting patients with clinical trial opportunities

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. Harris' presentation focused on ways that organizations can adopt policies that support diversity and inclusion. Organizations must have a meaningful commitment to change, a course and strategy to enact that change, and the competent personnel to make that strategy a reality. His presentation focused on five diversity and inclusion trends in healthcare.

Cultural competency

The first is the importance of educating the organization and team members about working with diverse clients and patients. To achieve greater health equity, healthcare professionals need to develop the cultural competencies of working with different patient groups. Not all patients are the same, and healthcare professionals should understand the nuances of serving different groups.

Understanding unconscious biases

It is crucial to understand unconscious biases and developing conscious inclusion. This means building workplace cultures and staff that challenge our unconscious biases, but also demonstrating inclusive behaviors in all situations. They can do this by demonstrating empathy, communicating authentically, embracing differences, managing privilege, and acting courageously.

Business Impact to Business integration

There is also a move from business impact to business integration. This means that diversity and inclusion activities must be integrated into the enterprise-wide business strategy, and not confined solely to the HR arena.

Be Specific

There also needs to be a move from general diversity and inclusion initiatives to more specific initiatives that encourage community engagement.

Activity to Outcomes

Successful organization needs to move from activities to outcomes. This requires that organizations diligently monitor the outcomes of their diversity efforts in all areas of the organization and track their progress.

Calls to Action:

- Develop internal teams devoted to diversity and inclusion that draft strategies and track the progress of the organization
- Focus on addressing or reacting building a strategic, comprehensive diversity strategy that supports the core business, rather than address or react to diversity concerns or an individual incident
- Develop employee resource groups that invest more in community outreach efforts
- Leverage these employee resource groups to understand and incorporate different perspectives into the enterprise

IV. How Does Diversity Impact Healthcare Organizations Panel



Profoundly shifting U.S. patient demographics will have dramatic implications for the healthcare organizations and professionals that serve the diverse patients of today and tomorrow. Building diverse and inclusive cultures will not only matter in a clinical setting, where strong cultural competencies and the ability to best understand the cultural nuances of diverse patients are crucial, but building these cultures will also have a direct impact on the bottom line of organizations and how they reach healthcare consumers in the 21st century. Understanding how to build culturally competent organizations that are best suited to provide care for diverse patient populations will be critical to addressing many of the broader health equity issues facing the U.S. The ability to provide quality, accessible healthcare, while also understanding and respecting patients' cultural and social beliefs, as well as any linguistic needs, will be vital. The failure to effectively serve patients in a culturally competent manner could lead to the failure to properly explain diagnoses, discuss home treatments and care information, and understand and comply with patients' religious and cultural beliefs. All of these issues have a lasting effect on health outcomes for patients. Additionally, healthcare organizations themselves can often struggle to attract, hire, and promote the diverse talent necessary to address these challenges. According to the American Hospital Association's Institute for Diversity in Health Management, minorities represent just 11% of hospital executives and 19% of frontline and midlevel managers, the source of future leaders in hospitals. Furthermore, just one-third of hospitals surveyed by the Institute planned to increase the number of diverse executives on the senior leadership team. This panel brought together a group of diversity executives, clinicians, and experts to discuss how shifting patient demographics is fundamentally impacting organizations and how healthcare organizations can respond to these seismic shifts.

Distinguished Panelists



MODERATOR: Dr. LaMisha Hill, PhD, joined UCSF in 2014 as the Director of the Multicultural Resource Center. Prior to this, Dr. Hill completed a Post-Doctoral Fellowship at UC Berkeley's Counseling & Psychological Services, and a Pre-Doctoral Internship at UC Riverside's Counseling

Center. Graduate training in Counseling Psychology from the University of Oregon provided foundations in multicultural and ecological frameworks that further sustain her efforts in diversity and inclusion initiatives in higher education. Dr. Hill is passionate about social justice, advocacy, and equity. She oversees the programmatic efforts of the Multicultural Resource Center, which focus on celebrating diversity, social justice initiatives, and mentorship for historically underrepresented learners.



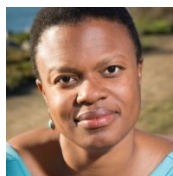
Dr. Joshua Newman, MD, MSHS, is Chief Medical Officer at Salesforce. In his current role at Salesforce, he leads the strategy and cross-functional efforts on the company's health products, develops partner and customer presence on the Salesforce development

platform, and enables health applications for non-profit organizations through the Salesforce Foundation. Prior to Salesforce, he worked as a practicing physician and Assistant Clinical Professor of Medicine at UCLA with a research focus on health information technology. Dr. Newman received his MD from the University of Illinois at Chicago, and completed his residency in Family Medicine at the Advocate Illinois Masonic/UIC program. He completed a Robert Wood Johnson Clinical Scholars Program, a postgraduate fellowship at UCLA, and received an MSHS degree in Health Services. He is a member of a number of professional organizations around medicine and technology.



Dr. Todd Strumwasser, MD, is the Senior Vice President, Operations at Dignity Health. He is responsible for the Bay Area Service Area and an assigned portfolio of healthcare assets which includes acute care, ambulatory outpatient services, philanthropy, physician alignment and

employment business models. Prior to joining Dignity Health, Dr. Strumwasser served as the Chief Executive of two hospitals in Seattle's Swedish Health Services system, Swedish First Hill and Swedish Cherry Hill. Dr. Strumwasser graduated from the University of California, Davis, and received his MD from the University of Southern California. He completed a residency in anesthesiology from the University of Washington Affiliated Hospitals, where he served as chief resident. He completed a certificate in executive development at the University of Washington, Keck School of Business.



Dr. Ayanna Bennett, MD, MPH, is the Director of Interdivisional Initiatives for the San Francisco Department of Public Health. She provides executive leadership for initiatives that combine the resources of the department, including research, education, community engagement,

and health care delivery, to improve community health. Dr. Bennett is a practicing pediatrician who maintained a private pediatric practice in the East Bay for 12 years. During that time she also co-founded the 3rd St Youth Center & Clinic in San Francisco, a non-profit youth center co-located with a part-time youth-focused clinic. Dr. Bennett holds a BA in Human Biology from Stanford University and a Masters from the UC Berkeley School of Public Health. She attended UCSF for both her MD and pediatric residency.



Dr. Dana Pizzuti, MD, is Senior Vice President of Regulatory Affairs and Clinical Quality Assurance at Rigel Pharmaceuticals. Dr. Pizzuti has tremendous experience across the broad range of regulatory, clinical, NDA and commercial-stage functions. Dr. Pizzuti is a Board Certified in

Internal Medicine and has over 25 years of pharmaceutical industry experience, working for companies such as Hoffmann-La Roche, Abbott Laboratories, Bristol Myers Squibb, Johnson and Johnson, and Gilead, before joining Rigel Pharmaceuticals in August 2017. Dr. Pizzuti received her MD from New York University School of Medicine. She completed her postgraduate training in Internal Medicine at New York University/Bellevue Hospitals and subspecialty training in Infectious Diseases at Montefiore Hospital-Albert Einstein School of Medicine in the Bronx, New York.



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.

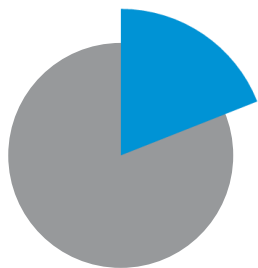
IV. How Does Diversity Impact Healthcare Organizations Panel

This panel focused on how to create more diverse workforces at healthcare organizations, as well as how diversity and inclusion can help these organizations achieve their goals. The panelists discussed how healthcare providers need more assistance understanding the unique challenges that diverse patient populations face. Additionally, diverse perspectives are required to change some of the infrastructural inequities of the U.S. healthcare system. One panelist discussed social determinants of health and expressed optimism that healthcare providers are finally being incentivized to address these issues and invest in preventative care, rather than focusing solely on acute care. Another panelist discussed how civil rights advocacy groups could potentially be involved in enhancing care for the LGBTQ community. The panel also agreed that it is essential to respect the unique cultural concerns of each diverse patient group and individuals.

Minorities in Hospital Management



11%
of hospital executives



19%
of frontline and
midlevel managers

IV. How Does Diversity Impact Healthcare Organizations Panel

The panel also discussed the use of precision medicine and leveraging the health data that is currently available to care providers and other healthcare stakeholders. One panelist expressed concern that sometimes providers do not prioritize or fully consider patient's backgrounds and cultural nuances when administering care. The panel discussed the need to have providers that demographically represent the communities they serve. One panelist asserted that older policies need to be re-evaluated to ensure that they are tailored towards diverse patient groups and rapidly shifting demographic trends. The panel also discussed the need to engage organizational leaders and policymakers of government and pressure them to prioritize issues surrounding health equity.

The panel then delved into cultural issues in medicine that discourage people from coming forward with concerns about diversity. One panelist cited examples from other industries and organizations that have empowered employees across all levels of the organization resulting in better performance and outcomes. There is also a paradigm shift in healthcare where a more considerable amount of care is occurring outside of hospitals, and these changes are incentivizing hospitals to adopt more progressive approaches to team-based care. The change to value-based care is also incentivizing healthcare providers to having a more holistic approach to care and focusing on patients' wellness and lifestyle.

“There is also a paradigm shift in healthcare where a more considerable amount of care is occurring outside of hospitals, and these changes are incentivizing hospitals to adopt more progressive approaches to team-based care.”

Calls to Action:

- Think and act more like the particular patient populations that they are serving, especially as the U.S. patient population undergoes dramatic demographic shifts
- Hire more professionals that look like the patient populations that they are serving
- Be intentional about identifying and elevating diversity and inclusion concerns and discuss these issues more freely and more frequently
- Build affinity groups and employee resource groups
- Establish pipeline programs that encourage minorities, women, and other historically underrepresented groups to assume leadership roles in biotechnology and medicine
- Appoint professionals in leadership roles with the function of addressing diversity in the organization and recruiting a more diverse workforce
- Reinforce the business value of having a diverse workforce
- Educate employees about cultural competency and track the efficiency of these educational programs
- Reward organizations that prioritize cultural competency
- Collect and commoditize data on diversity and its positive benefits

V. The Future of Diversity: Quantum Thinking in Diversity Panel



This panel explores the future of diversity, how it is shaping healthcare, and quantum thinking in diversity. The term "quantum thinking", used by diversity expert Julius Pryor III in his book "Thriving in a Disruptive World: 6 Critical Concepts for Navigating the 21st Century" and borrowed from quantum physics (the very small particles that lie beyond what we can see), is the ability to understand what is happening below the exterior, visual surface. In a world with 24-hour news cycles, distracting social media posts, and other superficial news, we must look beneath the surface to understand the underlying causes, effects, data, trends, and forecasts, to truly understand why diversity is important and how it will shape the future. For instance, according to the McKinsey Diversity Database, organizations in the top quartile for gender diversity are 15% more likely to have above-average financial returns and those in the top quartile for racial/ethnic diversity are 35% more likely. Additionally, the prior panels discussed shifting patient and workforce demographics, and quantum thinking allows one to understand the future of these shifts, as well as the opportunities they present. According to recent reports, there are only five African-American CEOs at the nation's 500 largest companies and 28% of those listed only one female director, despite studies indicating that it takes at least three female board members to achieve a critical mass for enhancing governance and performance. Moreover, a recent HBR article reports that without diversity in organizational leadership, women are 20% less likely than white men to win endorsement for their ideas, people of color are 24% less likely, and the LGBT community is 21% less likely, all of which stifle the creativity and innovation. The future of diversity is also looking beyond just workforce representation and tying diversity to business results. Quantum thinking allows us to see and understand what is happening below the surface to leverage the disruptive trends occurring. This panel brings together a group of quantum thinkers and futurists to understand the broader seismic changes occurring in the diversity, business, and technology realms that are reshaping the healthcare landscape and to understand how to thrive in a new healthcare era.

Distinguished Panelists

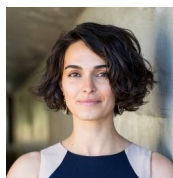


MODERATOR: Mr. Joseph Gaspero is the CEO and Co-Founder of CHI. He is a healthcare executive, strategist, and researcher. Joseph leads CHI's research and education initiatives focusing on including patient-driven healthcare, patient engagement, clinical trials, drug pricing, and other pressing healthcare issues. He sets and executes CHI's strategy, devises marketing tactics, leads fundraising efforts, and manages CHI's Management team. His leadership stems from a wide array of experiences, including founding and operating several non-profit and for-profit organizations, serving in the U.S. Air Force in support of 2 foreign wars, and deriving expertise from time spent in industries such as healthcare, financial services, and marketing. He has lived in six countries, traveled to over 30 more, and speaks 3 languages, all which help him view business strategy through the prism of a global, interconnected 21st century. Joseph has a B.S. in Finance from the University of Illinois at Chicago.



Dr. Barbara B. Adams, PsyD, is the Founder of GAR (Gender, Age, and Race) Diversity Consulting, based in the San Francisco Bay Area. She consults with healthcare, educational services and technology clients globally. Dr. Adams is the author of the forthcoming book:

Women, Minorities, and Other Extraordinary People: The New Path to Workforce Diversity (Greenleaf Book Group, Sept. 2018). Dr. Adams is a former director in the National Diversity & Inclusion Office at Kaiser Permanente (KP), ranked #1 in the 2016 DiversityInc Top 50 survey. She holds a Doctorate of Psychology degree in Organizational Development.



Ms. Kristi Ebong, MPH, MBA, is the Director of Emerging Health Technology at Cedars-Sinai Health System, where she facilitates strategic relationships and product development with start-ups, large corporations, and investors to foster health system innovation. She also oversees deal flow and external relations for the Cedars-Sinai Accelerator Powered by Techstars, focused on innovations commercializing in the provider healthcare delivery space. Kristi holds an MPH and MBA degree from the Johns Hopkins University, and a BA in Global Security and Political Science from University of Wisconsin-Madison.



Mr. Doug Harris is the CEO of The Kaleidoscope Group with almost 30 years of experience in the field of diversity & inclusion consulting. Doug worked for several years as a consultant 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.



Ms. Amy Lazarus, MS, is the Founder and CEO of InclusionVentures. Helping organizations make good on their promise of diversity, inclusion, and equity, InclusionVentures decreases bias and enhances inclusion through the workforce, work culture, and work product. Prior to launching InclusionVentures, Amy served as Executive Director of the International Institute for Sustained Dialogue, increasing earned revenue from 6% to 33%, quadrupling the number of organizations served, and founding PULSE, a neuroscience based leadership retreat to catalyze inclusive talent. Amy holds a bachelor's from Duke University and a Masters in Public Policy from Carnegie Mellon's Heinz School. Amy is a World Economic Forum Global Shaper and TEDx speaker.



Dr. Billy Vaughn, PhD, is passionate about helping people value "the other" as an extension of themselves in order to increase a sense of belonging. As a cognitive cultural psychologist, he commits his professional life to unlocking the keys to promoting inclusion, competence, and creating inclusive organizations. He founded

DTUI.com LLC in 1998 to promote the cultural diversity practitioner profession and provide consulting and training solutions. Billy recently created the freestanding corporate university, Diversity Executive Leadership Academy (DELA), to provide professional credentialing training. Professionals across sectors turn to DELA for professional training, cultural diversity practitioner certification, and continuing education.



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 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 educational and workforce development needs of Philadelphia.

V. The Future of Diversity: Quantum Thinking in Diversity Panel

This panel focused on the future of diversity and diversity trends of the 21st century. The panelists discussed the need to have clear, realistic goals about incorporating more women and diverse professionals into leadership roles in organizations. The panel also discussed the tangible consequences that the lack of diversity has had on innovation in healthcare and the U.S. economy. There is statistical evidence that companies with the most diverse boards and leaders and a sustainably diverse workforce are excelling in the marketplace. There also must be a culture of inclusion, and leaders should be intentional about making sure that people from all groups feel welcome.

Diversity and inclusion efforts need to be focused on maximizing the value of diverse individuals, and not limited entirely to workforce representation. Viewing diversity through a more tactical workforce representation lens fails to see the longer, more strategic elements of diversity and inclusion. When discussing diversity and inclusion, leaders should be looking at business results, outcomes, performance, and the marketplace. For example, building employee resource groups (ERG) are important, but many organizations can struggle when asked: "How does an ERG fundamentally impact the organization, what are the ERGs' business goals, and how do those goals support the larger enterprise?" The demographic shifts are already occurring, and healthcare organizations that fail to see the longer-term strategy of leveraging diversity and changing marketplaces in the 21st century will struggle to even survive in this competitive landscape.

"Diversity and inclusion efforts need to be focused on maximizing the value of diverse individuals, and not limited entirely to workforce representation."

V. The Future of Diversity: Quantum Thinking in Diversity Panel

Organizations can also employ unique strategies to encourage inclusive thinking and challenge default assumptions, which are those "shortcut" and unconscious assumptions that can be damaging and erroneous. For instance, a default assumption is that many Board of Directors have historically been comprised of older, white Caucasian executives. Smaller tactics, such as using stock photos around the workplace that show diverse cultures can challenge these default assumptions. We must be introspective about our unconscious biases and default assumptions. Like many things at the quantum level, just because we cannot easily see these default assumption and unconscious biases, does not mean they do not exist.

Professionals also must be open to learning more about diversity and not be complacent with what they know. One panelist mentioned that there also needs to be a focus on encountering people from different viewpoints and gaining knowledge from those interactions. Additionally, a strong business case to promote and develop a diverse workforce may be ignored by management. One panelist mentioned that statistics surrounding diversity issues need to be personalized to make changes sustainable. Another panelist discussed the cultural challenges that younger generations will have to face when it comes to gaining opportunities in healthcare or technology. The panel also discussed ways in which companies can connect with communities of color when hiring new personnel and develop networks to recruit more minorities.

"Diversity and inclusion efforts need to be focused on maximizing the value of diverse individuals, and not limited entirely to workforce representation."

Calls to Action:

- Build organic relationships with people in different communities and be intentional about correcting bias in the hiring process
- Institutionalize personal networks with team building and social events to encourage the exchange of ideas, discussion of new ideas, and sharing of cultures
- Reinforce the commonalities and similarities between different groups and build a culture of inclusion and respect. Although we all come from different cultural, racial, or ethnic backgrounds, we have much more in common than we are led to believe
- Encourage employees to be leaders regardless of their position in the organization. Entry-level professionals can be tremendous leaders. Leadership skills are not solely determined by an individual's role or title at an organization

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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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