

The Future of Diversity, Inclusion, & Equity in Healthcare Symposium Executive Summary



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Introduction

On November 5th, 2019, The Center for Healthcare Innovation organized our The Future of Diversity, Inclusion, & Equity in Healthcare Symposium. This symposium convened best-in-class entrepreneurs, executives, investors, policymakers, researchers, scientists, and technologists drawn from the Atlanta metro region and across the United States. The symposium focused on the interesting intersection of business, management, strategy, healthcare, and medicine. The emphasis was on compelling, cross-functional, and inter-disciplinary themes. Participants discussed the business case for how diversity, inclusion, and equity --in addition to being beneficial for humanity and society-- are catalytic for decreasing costs, increasing revenues, and ultimately driving higher profits at the organizational level. The event punctuated the crucial importance of diversity, inclusion, and engagement for modern organizations. Most importantly, participants examined the “why” and “how” D&I are good for patients and their families.

Key Terms

Access

The ability for patients and providers to be able to use specific therapies, procedures, and services viably. Such access to services can be viewed through the lenses of financial access (means of payment), physical access (disability, storage, and location), spatial access (geographic connectivity), and cultural access (cultural competency and outreach).

Optimization

Patients and providers must be given options that are sensitive to their needs while allowing providers to conduct services in efficient, ethical, and safe ways.

I. Panel Discussion

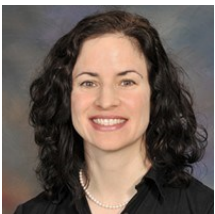
Health Equity Trends, Challenges & Opportunities



MODERATOR: Stephan Kang is the founder and CEO of Intero Life Sciences, which is dedicated to building industry solutions in life sciences and healthcare using its advanced bioinformatics, artificial intelligence, and cloud technologies. Stephan's 20+ years of experience in senior technical leadership roles for world-class tech companies and vision for improving lives through data led him to investigate and develop new paths to solving old problems. To that end, Intero Life Sciences builds and implements impact solutions that help meet the healthcare needs of vulnerable populations and improve food safety and crop yield enhancement through biosurveillance technologies.



Cassandra Cantave, MS, is a Senior Research Advisor for AARP. She has conducted extensive research on issues affecting economically disadvantaged and marginalized populations. Cassandra is passionate about issues that affect women of color, LGBTQ/SGL individuals, young adults, and multicultural populations. She has tackled and helped support advocacy efforts around caregiving, consumer protections, workplace protections, age discrimination, and livable communities. Cassandra is adept at engaging diverse audiences as a lecturer and has an extensive career in the non-profit sector in Washington, DC. Cassandra completed her Master's degree in Sociology from Howard University. She has also obtained her Bachelor's in Sociology from SUNY at Buffalo.



Madeleine Hackney, PhD, holds a BFA in Dance from New York University, Tisch School of the Arts, and a Ph.D. in Movement Science from Washington University in St. Louis. Her doctoral work characterized the effects of gender, attention, disease and unfamiliar skills on locomotion by examining backward and dual task gait to gain insight into which tasks need the most rehabilitative emphasis. Then, she proceeded with design and analysis of challenging exercise programs: traditional exercise, Tai Chi and partnered dance & tango classes, designed to improve physical function and quality of life in people with Parkinson Disease, older adults and those with serious mental illness. The research received media coverage in the New York Times, Scientific American, National Public Radio and in Musicophilia, by Oliver Sachs. At the Atlanta VAMC, she has continued to research the effects of adapted tango and FallProof Balance & Mobility Program for older adults with low vision.

I. Panel Discussion



CAPT Robin Hunter-Buskey, DHSc, MPAS, PA-C, has been a certified PA for over 30 years, and is a Captain in the U.S. Public Health Service. She is the Southeast Region Advanced Practice Provider and PA representative to the Mid-Level Advanced Practice Provider Advisory Board for the Federal Bureau of Prisons, where she has worked since 2003. Her career has included work in internal medicine, emergency medicine, substance abuse, long-term care and obstetrics and gynecology. Hunter-Buskey has been President of the New York State Society of PAs and President of the PA Foundation (PAF). She also previously served on the Board of the Federation of State Medical Boards and as a member of the North Carolina Medical Board. In 2013, she became a member-at-large on the National Commission for Certification of Physician Assistants (NCCPA).



Anita Johnson, MD, is a Breast Surgical Oncologist at Cancer Treatment Centers of America® (CTCA), Atlanta, in Newnan, Georgia and Director of Breast Surgical Oncology. At CTCA®, Dr. Johnson performs oncoplastic surgery, including lumpectomies and skin-sparing and nipple-sparing mastectomies. She also performs breast ultrasounds, needle core biopsies, infusaport placements, genetic testing and counseling, and works with radiation oncologists to treat breast cancer using intraoperative radiation therapy (IORT).

Dr. Johnson earned a medical degree from Morehouse School of Medicine in Atlanta. She then completed a surgery internship/residency at Grady Hospital Department of General Surgery in Atlanta, and subsequently completed a breast surgical oncology fellowship at the University of Arkansas for Medical Sciences.



Carla Robinson, MBA, is Co-Founder and CEO of Canary Telehealth. She is an experienced strategy professional, healthcare entrepreneur, and growth strategist with 16 years of management consulting experience for senior executives at some of the world's largest companies - particularly in healthcare and consumer packaged goods. Carla has significant expertise in health and wellness, including healthcare IT, medical devices, pharmaceuticals, over-the-counter medications, nutrition, food and beverages, and personal care, and animal health. She has extensive experience in developing strategies and implementation plans for organizations with large distributed networks, including retail, hospitality, food service, direct selling, and localized manufacturing. Carla holds an MBA from Northwestern University Kellogg School of Management.



Ikeranda Smith, PhD, is an enthusiastic leader, scholar practitioner, and social change agent with over a decade of experience serving humanity through efforts that aim to build and strengthen communities by finding innovative ways to integrate psychology in traditional settings. Her areas of interest include gender equity, cross racial dialogue, attachment styles, psychological disorders that are rooted in trauma and building communities that promote safety and healing. As a Coach, Ikeranda is focused on efforts that aim to establish transformational learning experiences that cultivate collective care for individuals who are committed to doing their work. She is committed to helping people remove the barriers that interfere with how they connect with others. As a queer woman of color, Ikeranda is committed to helping individuals gain a better sense of self-efficacy and learn how to engage in amazing connections that foster greater self awareness.

I. Panel Discussion

Contrasting Equity vs. Equality: The Age-Old Discussion and Redefinition

In the first panel, panelists were asked to define equity and equality in specific contexts of their professions and fields. Panelists remarked that equality signifies an equal distribution of resources to achieve the same positive health outcomes. Unfortunately, equality does not address the fact that health outcomes require specific, deliberate therapies and programs to account for the differences of particular groups or individuals. In the hallmark of diversity, equity is defined as the deliberate acknowledgment that groups and individuals are distinct and will require unique and specialized courses of action to address the needs of those groups. Equity, as defined by a panelist, embraces the differences between groups and individuals and creates avenues for engagement that can drive positive health outcomes.

The conversation was then framed through the lens of equity in power and resource allocation. Equity acknowledges historical and systemic issues in the U.S. healthcare ecosystem, and one panelist remarked that additional resources and support for underserved communities are necessary to correct historical wrongs.

For instance, one panelist cited the medical mistrust of the African-American community in Atlanta. According to the CDC, Black women in Atlanta have the highest rates of breast cancer mortality in America, and healthcare leaders need to devise new and innovative ways to specifically address this disparity. Such programs cannot be one-size-fits-all treatments, prescriptive and top-down interventions, or superficial fixes. One major issue, for example, has been the decades of medical mistrust of chemotherapy, which is a product of years of systemic exclusion and unethical medical research. This mistrust created an "innovation gap" in which oncology treatments have advanced to create better outcomes, but where certain groups have been unable to access them. The panelist remarked that it is incumbent on institutions to build trust with private and public stakeholders to bridge the innovation gap of access to chemotherapy. The panelists agreed that building trust at a grassroots level and creating sustainable relationships between providers, researchers, and patients is vital. Trust requires thorough research and understanding of the socioeconomic, cultural, and financial factors that result in low participation.

Key Terms

Equity

Prioritizing healthcare resources, strategy, and tactics for groups and individuals that have been systemically deprived of such resources, and more specifically underserved, vulnerable, and at-risk patients. Equity stresses that each group and individual is distinct and requires specific treatment that will forward equitable health outcomes.

Stakeholders

In the healthcare equity context, stakeholders are groups and individuals that are directly affected by the issues, actions, and attitudes of specific healthcare issues.

I. Panel Discussion

Additionally, healthcare professionals must have the proper training to initiate culturally competent patient conversations. One tactic to develop a broader coalition of health equity advocates is to create non-traditional partners in outreach, such as health coaches, faith-based leaders, and other well respected and trusted community leaders. Furthermore, organizations must allocate significant resources in building a diverse range of patients and stakeholders so that innovation is not stifled at the top or limited to certain demographic or socioeconomic groups. Such measures include providing better financial incentives for minorities in clinical trials or providing adequate childcare or transportation for clinical trial participants.

Accountability

The conversation then shifted to the action and accountability that is required to make sustainable change. One panelist discussed working with Asian American and Pacific Islander communities and the need to be involved in outreach, linguistic, education, legislative, and governmental issues that matter to the community to gain trust and understanding. Another panelist asserted that patient outreach and training must be perpetual in certain communities. Another expert works closely with NGOs to gain a holistic understanding of key health equity barriers, such as the intersections of race, class, poverty, and lifestyle. Furthermore, another panelist described their work in creating a task force for older adults in clinical research that aims to create direct channels of communication between researchers and older adults by educating them about clinical research phases, health literacy, informed consent, and ethics in a 16-hour program. Groups such as these could be the foundation for a new patient advocacy community that is comfortable interfacing with the healthcare system and effectively in navigating the complex clinical research ecosystem. Ensuring that patient advocacy efforts are reaching targeted and underserved patient populations could go a long way towards accountability.

Another expert emphasized that diversifying workforces would also increase health equity accountability. A diverse and inclusive workforce that reflects the patient community served can help create systemic, ground-up changes. Other experts remarked that diverse and inclusive workforces could help create new cultures and institutional understanding

I. Panel Discussion

of inclusivity. Just some of the tactics to attract, recruit, and retain a diverse workforce that is representative of the general U.S. patient population include targeted recruiting efforts, coaching and mentorship, and developing employee resource groups.

Innovation and Outreach

Panelists described new technology as a way to bridge the innovation gap for underserved populations and other barriers to inclusion and diversity. This includes the building of critical health infrastructures such as telemedicine, mobile treatment options, and interconnected care. While this will not erase decades of institutional racism that has deprived communities of such care, bridging the innovation gap can offer tools towards desired health equity outcomes. Institutions should actively seek ways to leverage technology to improve health equity while also creating sustainable access points. For instance, telemedicine could reduce disparities in rural populations by giving healthcare providers increased accessibility to patients that they would not otherwise interface with. The lack of exposure to both the infrastructure and technological culture is a significant barrier to the implementation of innovative techniques.

II. Distinguished Keynote Address

Leveraging Digital Medicine and New Platforms to Reimagine What is Healthcare



William H. Carson, MD

President and Chief Executive Officer of Otsuka Pharmaceutical Development & Commercialization, Inc.

Bill is President and CEO of Otsuka Pharmaceutical Development & Commercialization, Inc. (OPDC); a company of the Tokyo-based Otsuka Pharmaceutical Company which reports to Otsuka Holdings. He has a proven track record of successful clinical development of pharmaceutical compounds leading to worldwide regulatory authority approvals and oversees the development of Otsuka's global compounds. He is responsible for functions leading to the approval of the first digital medicine, Abilify MyCite. He is a board member of OPDC, Avanir and Internet 2. He is Board Chair Emeritus of the Sphinx Organization which promotes diversity in the arts. Dr. Carson is a board-certified psychiatrist and holds an A.B. Degree from Harvard College and a M.D. degree from Case Western Reserve University. He is a member of the American Psychiatric Association, the National Medical Association and the Executive Leadership Council.

II. Distinguished Keynote Address

Dr. William Carson discussed how healthcare organizations are increasingly engaging with a broader set of stakeholders, including technologists, advocates, and patients alike. For example, one interesting and compelling collaboration example is how the active lifestyle industry, the African-American black hair and beauty community, and the dermatology community collaborated to synthesize culturally sensitive YouTube hair tutorials. By developing culturally competent materials, entrepreneurs were able to design a new Target store beauty line that caters directly to those who have hair types specific to the Black community. This is an excellent example of how different organizations, and even industries, can come together to achieve shared goals, and in doing so, create a multimillion-dollar enterprise that reached the stakeholders because they were suddenly able to identify with the products and mission of the beauty line.

In another example, the Fourth Industrial Revolution has been commonly referred to as the next technological acceleration centering around AI and large-scale data analysis. As we are now in an era where technology is a ubiquitous and pervasive component of daily life. However, as technology continues to proliferate in society, it will be vital to do so in a way that understands the importance of cultural competency. Additionally, history tells us that technology's use is not always as seamless as predicted. For example, researchers are now uncovering unconscious biases in artificial intelligence and other algorithms that were the result of programmers having these biases. To leverage technology to improve health equity for all, it is vital to learn from the lessons of the past to be able to continue to innovate and leverage technology in a way that considers cultural competency and reaches all intended stakeholders. Robust growth requires cultural competency, on-the-ground experience, and constant updates on the newest thinking. This can be achieved by giving all stakeholders input, creating the space for conversation, and both driving and listening to the conversation of those intersections at hand.

Key Points: Black Girls Run, Black Hair connecting with hair salons, Black hair and skin health from a dermatology perspective.

How: Online website and mobile medium to engage targeted stakeholders

What: Utilizing existing structures of medicine and culturally-competent interfaces (YouTube hair guides, YouTube skin guides), and engaging with Target to scale up and bring more capital into the project.

This is an example of the vital trust-building that yields new patient opportunities while guiding a conversation that is both true to the stakeholders and patients.

Key points: connectivity, cultural competency, organic stakeholder-driven

II. Distinguished Keynote Address

In yet another example, Goqii, a healthcare content creator in India, worked with the Indian government to provide health literacy information to the country's uninsured population. Goqii aimed to gamify the Indian healthcare system through an extensive video platform to incentivize those with little or no health insurance to seek better insurance options. By recording proven healthy lifestyle choices or following specific health plans, insurers were able to use the data to study potential health risks and population dynamics. The videos showcase healthy lifestyle options that would reduce insurance deductibles and premiums, making the system more welcoming to those who are unlikely to purchase insurance otherwise. While there is more work that needs to be done specifically on how such data can preserve patient rights and privacy, what constitutes "health actions," and the implementation of such a plan, the case study provides a unique insight of how seemingly nebulous data can be a treasure trove of vital information.

Key Points: Goqii is an Indian healthcare education enterprise that has gamified healthcare.

Goqii puts healthcare education content on its website for millions of Indians

They work to gamify the positive healthcare lifestyles through recording preventative measures on the phone. Then those measures will be analyzed and be used to drive down insurance costs.

III. Case Study

LGBTQA+ Inclusion and Diversity: Shaping Our Organizations

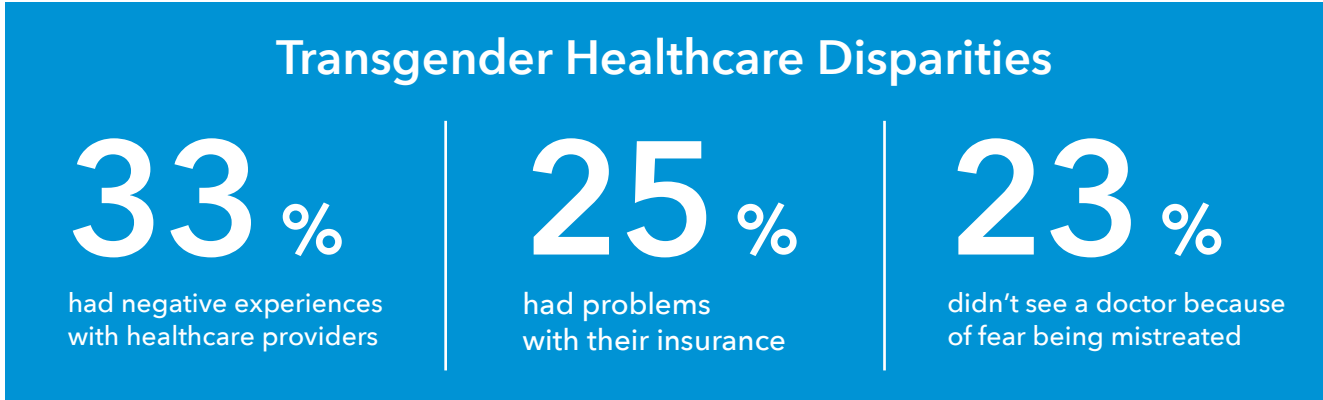
Transformation Journeys Worldwide is an inclusion training and consulting firm with a transgender focus. Some of their clients include Home Depot, Sun Life Financial, UPS, Kaiser Permanente, Royal Bank of Canada, the Atlanta Hawks, Cox Communications, Mercedes Benz, Comcast and Centers for Disease Control, among others. Transformation Journeys Worldwide was honored to be chosen as the Atlanta Gay and Lesbian Chamber of Commerce's 2018 Small Business of the Year, and to receive the Atlanta Hawks' 2019 "True Comes in All Colors" Award, in recognition of their cutting-edge inclusion work.



Gabrielle Claiborne is Co-founder of Transformation Journeys Worldwide. Gabrielle has been an out and active transwoman since 2010. She served on the Executive Board of Atlanta Pride for 5 years, and currently sits on the Board of the Out Georgia Business Alliance, the Trans Task Force of the National LGBT Chamber of Commerce, and on the City of Atlanta's LGBTQ Mayoral Advisory Council. In 2015, Gabrielle was chosen as Atlanta's Best Trans Activist, and in 2019 she was acknowledged as the Atlanta Business Chronicle's "Outstanding Voice" Award recipient. In 2018, Gabrielle was featured in Forbes magazine.



Linda Herzer is Co-founder of Transformation Journeys Worldwide. Linda is a strong advocate for the trans community, a seasoned curriculum developer, experienced trainer, and author. She has served as co-facilitator of support groups for transgender youth and adults, and their parents and spouses. Prior to becoming a trans advocate, she had a 10-year career as a public school library media specialist. Throughout those years she developed and taught an extensive research skills curriculum. During seminary, Linda did diversity training while serving as Assistant Director of Women's Concerns, and designed the curriculum for the school's course on Women in Ministry. She is a certified Breathwork Coach and a Life Coach.



Source: 2015 U.S. Trans Survey

Addressing Healthcare Inequities in the Transgender Community

Transgender and gender non-conforming (TGNC) people experience discrimination from healthcare providers at alarming rates. Of the 27,715 respondents to the 2015 U.S. Trans Survey, 33% had endured at least one negative experience with a healthcare provider, such as verbal harassment, refusal of treatment, or instances of correcting provider misconceptions.

Why are TGNC people treated this way - especially by professionals who have taken an oath to "do no harm?"

The presenters from Transformation Journeys Worldwide (TJWW), Gabrielle Claiborne and Linda Herzer, offered several reasons for this poor treatment. First, most medical professionals receive no training regarding TGNC people. This, coupled with the fact that many healthcare professionals are operating under outdated cultural assumptions about gender, results in professionals offering, often innocently and without intending to do harm, less than competent care.

To help audience members uncover their unconscious cultural assumptions about gender, Gabrielle and Linda asked a simple question: "What question does every pregnant person always get asked?" The answer - "are you having a boy or a girl?" - reveals the cultural assumption that "gender is determined by anatomy."

III. Case Study

To provide a more accurate picture of gender, the TJWW presenters shared the Genderbread Person, a simple, fun, friendly diagram that presents a more scientific view of gender.

The Genderbread Person depicts the four aspects of gender. It also shows that, within the human family, each of these aspects of gender exists on a continuum. Thus, what makes each of us unique is where any one of us falls on any one of these four distinct continuums.

1. Gender identity is indicated by whom we know ourselves to be.
2. Gender expression is how we express and present our gender on the outside, such as attire, hairstyles, mannerisms, and vocal registers, to name a few.
3. Biological sex is determined by our internal and external reproductive organs and chromosome patterns.
4. Sexual orientation relates to whom we are attracted to - romantically, physically, and emotionally.

Unintentional disrespect and culturally incompetent care often result when healthcare professionals, operating under the outdated “gender is determined by anatomy” assumption, encounter a patient whose lived experience is reflective of this more sophisticated understanding of gender. For example, if caregivers or staff do not realize a person’s gender identity might be different from their biological sex, they may use the wrong pronoun for a trans or non-binary patient or misgender them.

While many providers are still growing in understanding the complexities of gender and healthcare implications, Gabrielle and Linda noted these complexities are being increasingly recognized throughout the world. Over 15 countries currently offer their citizens a third gender option on passports or allow them to self-identify their gender on various legal documents. Likewise, at least 15 U.S. states and the District of Columbia now allow their intersex and non-binary residents to have an X gender marker (instead of M or F) on their driver’s licenses.

Despite this growing global affirmation of the complexity of gender, gender-diverse individuals continue to experience inequities trying to secure healthcare and health insurance benefits. The 27,715 respondents to the 2015 U.S. Trans Survey not only revealed the inequities cited at the beginning of this article, but 23% of respondents did not seek healthcare when they needed it because they feared being mistreated. Another 33% did not seek medical treatment because of cost, and 25% had problems with their insurance (e.g., denied coverage for transition-related care).

III. Case Study

While these statistics are alarming, there is hope. The TJWW presenters outlined many steps that healthcare providers can and are taking to provide more equitable care to TGNC people.

- Provide trans and non-binary cultural competency training to all healthcare providers and personnel
- Create welcoming waiting areas
- Use gender-inclusive EHR platforms
- Use names and pronouns respectfully
- Ask about legal or different (not real) names
- Ask about pronouns used, not preferred pronouns
- Update medical records as new names/pronouns are shared
- Apologize for mistakes made regarding names or pronouns
- Explain procedures and move slowly and carefully
- Use the words patients use for their anatomy
- Refrain from curious questions
- Ensure privacy; avoid gossip
- Educate staff members on respectful language and interactions
- Designate a TGNC insurance benefits specialist to provide the extra support trans individuals often need to receive their benefits
- Educate healthcare professionals regarding transition-related care, preventative/wellness care and areas of high risk for TGNC people

Steps like these create competent and respectful healthcare environments for gender diverse individuals and do much to reduce the inequities experienced by TGNC people.

To discuss Transgender and Non-binary Cultural Competency Training for your organization, contact the presenters, Gabrielle@TransformationJourneysWW or Linda@TransformationJourneysWW.

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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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Memberships

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CHI Memberships are on annual basis. Memberships terms can be on a calendar year or fiscal year, based on the preferences of the member organizations. Members can also join on a pro-rated basis for those organizations seeking memberships midway through the current year. As part of the membership process, new members will meet with CHI staff and Board of Director(s) to discuss how to best utilize the membership, as well as help us understand how to create the most valuable membership experience for your organization.

Why Become A Member?

CHI Memberships provide members with comprehensive access to [research](#) and [education](#) throughout the year.

Together, CHI and members aim to:

- Understand opportunities, challenges, trends, and best practices related to healthcare innovation, value, quality, access, and cost, as well as understand how the health sector can best serve patient communities
- Create dialogue among organizational leaders and professionals, CHI Board of Directors, and CHI staff on some of the most pressing healthcare issues and challenges

	Platinum	Gold	Silver	Bronze
MEMBER BENEFITS	\$25,000	\$15,000	\$10,000	\$5,000
Premier branding opportunities on event programs, research reports, & website banners	●	●	●	●
Website advertising and logo placement	●	●	●	●
Special acknowledgement as CHI patron & supporter in widely-distributed programs & other overviews	●	●	●	●
Attendees at CHI's annual educational events (minimum 3 events across the nation)	20	15	10	5
Opportunity to serve as distinguished panelist(s) at CHI's educational events (Based on representative's area of expertise & current role)	5	3	2	1
Guest blogging & other thought-leadership opportunities	6 times / year	4 times / year	3 times / year	2 times / year
Get exclusive early access (30 days earlier) to CHI's research reports	●	●	●	●
Organizational logo & branding opportunities on CHI's research reports	3 times / year	2 times / year	once / year	N/A
Opportunity to make Opening Remarks at CHI's Board of Directors Strategic Retreat (June)	2 attendees & opportunity to make remarks	1 attendee	N/A	N/A
Receive special briefing from Chairman & Vice Chairman of the Board on CHI's annual report	●	●	N/A	N/A
Sponsor research reports & white papers (assist in shaping topic or become a collaborator)	●	N/A	N/A	N/A

Please call (773) 330-2416 or reach out to info@chisite.org for more information.

Recent Research

Equitable Access to Rare Disease Therapies Workshop Executive Summary

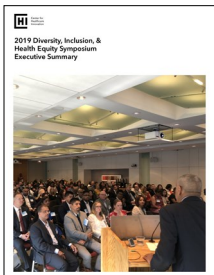


On May 23, 2019, the Center for Healthcare Innovation (CHI) held an Equitable Access to Rare Disease Therapies Workshop which took place in Washington D.C. The workshop focused on identifying solutions to the challenges preventing equitable access to rare disease therapies in the United States. This workshop brought together patients, families, patient advocacy groups, biopharmaceutical firms, providers, policymakers, and other NGOs to discuss how to achieve equitable access to care. The panels focused on the latest developments and prominent challenges in accessing novel rare disease treatments, as well as encouraging and accelerating innovation and utilization. In addition, we also discussed the current barriers to care, including delayed access to treatments and drug pricing.

[Click to Learn More](#)

The paradigm shift towards patient-centered care and increasing emphasis on rare diseases highlights the need for innovative treatments and technologies. This executive summary aims to serve as a guide of the ideas and insights regarding the challenges and calls to action in the rare disease community.

Diversity, Inclusion, & Health Equity Symposium Executive Summary



On June 26, 2019, the Center for Healthcare Innovation (CHI) held its 9th annual Diversity, Inclusion, & Health Equity Symposium in Chicago, IL.

This annual symposium was a collaborative event that focused on health equity and health disparities in the United States. The event brought together leading healthcare professionals, executives, physicians, patient groups, patients, researchers, academics, clinical trial professionals, and diversity and inclusion advocates to discuss health equity in the life sciences and health sectors. The workshop featured a Distinguished Keynote Address by Dr. Jonathan Holloway, Provost of Northwestern University. Panel discussions included understanding how social determinants impact health inequities, how diversity driving business outcomes, achieving diversity in clinical trials, and the need for culturally competent healthcare professionals.

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