Center for
Healthcare
Innovation

2018 Diversity, Inclusion, & Health Equity Symposium Executive Summary

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Introduction

Welcome to this executive summary of the Center for Healthcare Innovation's 8th annual Diversity, Inclusion, & Health Equity Symposium, which took place in Chicago, IL, USA on June 27, 2018.

This event is a leading annual, collaborative event focusing on health equity and health disparities in the U.S. The symposium brings 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 the health sectors. The symposium focuses on the latest trends, challenges, opportunities in both the marketplace and workplace, with a specific focus on how to best serve an increasingly diverse patient base. We also aim to address the broader health disparity challenges in the U.S., and the symposium equips attendees with the latest insights and ideas.

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 Health Equity in the U.S.: Understanding Health Disparities, How does D&I Impact the Bottom Line, and Diversity in Clinical Trials and Research. The Symposium also featured a Distinguished Keynote Address by Dr. Ronald Copeland, Senior Vice President and Chief Diversity & Inclusion Officer of Kaiser Permanente.

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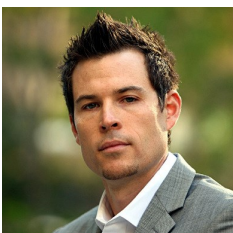
Joseph P. Gaspero
Chief Executive Officer & Co-Founder
Center for Healthcare Innovation

I. Distinguished Keynote Address

Dr. Ronald Copeland, MD, FACS

Senior Vice President
Chief Diversity & Inclusion Officer
Kaiser Permanente

Dr. Ronald L. Copeland, MD, FACS, is senior vice president of National Equity, Inclusion, and Diversity strategy and policy and chief equity, inclusion and diversity officer for Kaiser Permanente. He leads Kaiser Permanente's efforts to ensure their strategic vision for equity, inclusion, and diversity is successfully implemented to drive strategic business and mission outcomes and results in all Kaiser Permanente members achieving health and health care outcomes that are high quality, equitable, and increasingly more affordable.

A board-certified general surgeon, Dr. Copeland joined Kaiser Permanente in 1988 after a six-year honorable tour of duty in the United States Air Force Medical Corps. Dr. Copeland served as president and executive medical director of the Ohio Permanente Medical Group prior to assuming his current role in 2012.

He earned his bachelor's degree from Dartmouth College and medical degree from University of Cincinnati Medical College, and completed his residency in general surgery at State University of New York Upstate Medical Center in Syracuse. He also attended the Advanced Management Program at Harvard Business School.

In the fall of 2016, Dr. Copeland was appointed to the board of Kaiser Permanente's School of Medicine (opening in 2020). He is a fellow of The American College of Surgeons; a member of the Healthcare Delivery and Disparities Research Advisory Panel; a board member of the National Organization on Disability; a committee member of the National Quality Forum Disparities Standing Committee. In January 2016, Becker's Hospital Review recognized Dr. Copeland as one of "15 hospital and health systems chief diversity officers to know."

Dr. Copeland began his keynote address by highlighting the history of Kaiser Permanente (KP) and how the organization has embraced driving excellence through promoting health and health equity.

Briefly, industrialist Henry Kaiser and physician Sidney R. Garfield founded Kaiser Permanente in 1945 to proactively provide medical services for workers and families in the Kaiser shipyards[1]. The strategy behind their success was to build a physician group practice based on an integrated care model, a model that better coordinates care for the many interrelated issues a patient has, that would help leverage buying power to bring down costs. As part of that mission to be more proactive, Kaiser Permanente physicians have had a history of focusing on preventive care and continually promoting good health practices.

Furthermore, Kaiser Permanente's history, culture, and infrastructure have been aligned around a stand on principle and social justice. For example, KP was a leading hospital during the Civil Rights movement with racially integrated hospitals and an ethnically diverse workforce.

Dr. Copeland explained that Kaiser Permanente's approach in the health equity space embraces the values of trust and accountable leadership. Kaiser Permanente has built trust with their patients by promising that patient data is collected under two conditions. First, KP only collects data from patients when the potential benefit from conducting the research is clearly understood. Secondly, the data is collected by the patient's physician or nurse. As a result, 85-90% of patients voluntarily provide their information because patients see the benefit and have a trusting relationship with those collecting the information.

Kaiser Permanente measures accountable leadership with stratified metrics and ensures that equity is part of their goals and performance management. For example, they offer caregiver decision support in the electronic health record (EHR) and same day appointments for issues that the EHR recommends. For example, a patient presents for a knee problem, but the EHR will remind caregivers that the patient needs blood

> Kaiser Permanente's approach in the health equity space embraces the values of trust and accountable leadership.

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drawn for another screening. The patient will be able to have blood drawn shortly after the original appointment so the patient is screened quickly and the process is easy.

Another success involved colorectal screenings in the Latino population. KP discovered that women had screenings, but the men often did not because the screenings challenged their definition of masculinity. Consequently, KP tried to shift the conversation to what really matters and was able to change the focus to being around for the family. KP also worked with family members to co-design a video of someone undergoing the test process rather than offering just a brochure to ease some of the patient's feelings relating to colorectal screenings[2]. Ultimately, Dr. Copeland stressed that KP's successes were due to their willingness to co-own and co-create successful outcomes.

KP's current activities in promoting health equity are wide ranging. They are currently part of a nine-member team that collaborates with the Institute of Health Improvement to promote equity. One way in which they achieve this goal is through addressing the challenge of institutionalized racism because it is an underlying cause behind health equity disparities. Additionally, KP plans to open a medical school to help make an imprint on under-representation in medicine.

Dr. Copeland attributes KP's success to the organization's willingness to set big goals that bring people together. These goals tend to be daunting and on occasion, unachievable, but striving for such a high level of excellence is the best way to make a major impact on these challenging, complex issues within the health equity space.

> KP tried to shift the conversation to what really matters and was able to change the focus to being around for the family.

Calls to Action:

- Empower colleagues, patients, and healthcare stakeholders with knowledge and skills and enable with tech and infrastructure

- People co-own what they co-create

- Fail fast and learn quickly by creating an environment of learning and psychological safety

- Adaptive leadership matters at all levels because change is the norm

- Commit to excellence and strive for greatness

- Achieving success is a journey, embrace it

II. Panel Discussion: Health Equity in the U.S.: Understanding Health Disparities


Health equity is the equal opportunity for all to achieve their highest level of health, regardless of one's socioeconomic status, ethnicity, race, gender identification, sexual orientation, age, neighborhood, income, or any other social determinants. However, the U.S. healthcare system is plagued by health inequities, as certain groups face health disparities and numerous obstacles to achieving the highest level of health. In this context, health disparities are defined as differences in health outcomes between populations. In 2017, the Census Bureau estimated that African Americans and Hispanic/Latinos represented 13.3% and 17.8%, respectively, of the U.S. population. As patient demographics continue to dramatically shift towards larger minority populations, African American and Hispanic patient groups continue to face health disparities. For instance, the rate of diabetes is 77% higher among African Americans, 66% higher among Hispanics, and 18% higher among Asians than non-Hispanic whites. Additionally, the 2015 Kelly Report, which explores health disparities in America, reported that African American women in the U.S. are 41% more likely to die of breast cancer than Caucasian women, even though they are less likely to be diagnosed with the disease. They also have the highest rates of the most aggressive and most difficult to treat breast cancer subtypes – such as triple negative breast cancer. To create a more equitable U.S. healthcare system, the entire industry, government, and individual healthcare organizations and professionals must begin to more aggressively address the health disparities facing our country. Healthcare organizations and professionals that serve the diverse patients of today and tomorrow must adapt. Understanding how to build culturally competent organizations that are best suited to provide care for diverse patient populations and how to develop policies and strategies that aim to reduce health disparities will be key to addressing many of the larger health equity issues facing the U.S. This panel brings together a group of leading healthcare experts to discuss how to strategically aim to reduce health disparities to create a more equitable U.S. healthcare system.
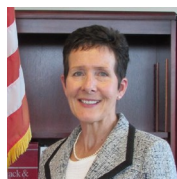
Distinguished Panelists

MODERATOR: Dr. Karen Correa, PhD, MS, is currently Senior Director, Clinical Operations at Adare Pharmaceuticals and a Board Member of CAMcare a Federally Qualified Healthcare Center and Susan G. Komen South Central Jersey Affiliate. Dr. Correa is a published author that has provided strategy and innovation to pharmaceutical companies, clinical sites on diversity inclusion in clinical trials, health disparities, health equity, and patient advocacy. Dr. Correa holds a BS in Biology from East Carolina University, MSA from Central Michigan University, and a Ph.D. in International Health Research from Trident University. She has utilized her educational experience and knowledge to inspire young women and girls via motivational speaking events and workshops in the pursuit of STEM careers and education.
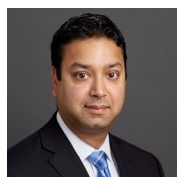
Dr. Parag Aggarwal, PhD, is Associate Director for the Healthcare Delivery and Disparities Research program at the Patient-Centered Outcomes Research Institute (PCORI). Before joining PCORI, Dr. Aggarwal worked for Deloitte Consulting LLP, where he led engagements focused on life science and healthcare strategy through the translation medicine team. He provided subject matter expertise across multiple areas, including healthcare regulatory agencies, life science and pharmaceutical companies, and non-profit organizations. He developed strategies that combined science, business, and regulatory components to enable efficient business operations for life science and healthcare organizations. Dr. Aggarwal received his PhD in Medicinal Chemistry from the University of Michigan.

Ms. Laurinda Dodgen, MPH, is a community strategist with AARP. She has extensive experience working collaboratively with community, governmental and business partners to address public health needs. She led the AARP state office in engaging communities of color and lobbied to pass the Illinois Secure Choice Savings Program (SB2758) that was endorsed by the Black and Hispanic caucuses. Laurinda is the co-founder of the International Sports Exchange Program, a youth sports based exchange program between the US and Turkey. She serves on the Board of Directors for Chicago Housing Authority's (CHA) non-profit Springboard to Success. Laurinda received her BA in Kinesiology and a Masters of Public Health Administration from Northern Illinois University. She also holds a Masters of Public Policy and Administration from Northwestern University.

Ms. Shradha Agarwal is an entrepreneur and investor, with a passion for aligning profit and purpose, people and information and technology with humanity. In 2006, Shradha co-founded ContextMedia, now known as Outcome Health, which serves relevant health education to patients at 40,000+ physician practices around the country to help improve health outcomes. Shradha also co-founded Jumpstart Ventures in 2011 to fund other passionate entrepreneurs executing ambitious solutions in healthcare and education. She also serves on several non-profit boards in the education space, including OneGoal and The Chicago Public Education Fund. Shradha has been recognized by the White House as a Champion of Change and in Chicago for her deep commitment to civic engagement.
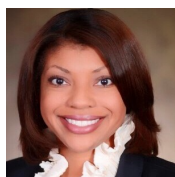
Dr. Kimberly E. Davis, PhD, MS, is a Senior Research Scientist and Director of the Community Outreach Core in CCRTD at Clark Atlanta University. Dr. Davis received her B.S. and M.S. degrees from Alabama A&M University and Ph.D. degree from Florida State University. Her research emphasis includes research in cancer health disparities and falls into four broad categories: cancer etiology, nutritional epidemiology, minority participation in research studies, and cancer survivorship. She conducts research to study relationships between various dietary factors and prostate cancer risk, with an emphasis on racial and ethnic disparities.

Dr. Suzet M. McKinney, DrPH, MPH, currently serves as CEO/Executive Director of the Illinois Medical Dzistrict. Dr. McKinney is the former Deputy Commissioner of the Bureau of Public Health Preparedness and Emergency Response at the Chicago Department of Public Health (CDPH), where she oversaw the emergency preparedness efforts for the Department and coordinated those efforts within the larger spectrum of the City of Chicago's Public Safety activities, in addition to overseeing the Department's Division of Women and Children's Health. In academia, Dr. McKinney serves as an Instructor in the Division of Translational Policy and Leadership Development at Harvard University's T.H. Chan School of Public Health and as Adjunct Assistant Professor of Environmental and Occupational Health Sciences at the University of Illinois at Chicago School of Public Health.

Dr. Dianne Rucinski, PhD, is Evaluation Officer in the Office of Minority Health (OMH) in the US Department of Health and Human Services, where she provides expert consultation and advice to the Deputy Assistant Secretary for Minority Health (DASMH) on research design and methodologies, data collection instruments, analyses, and interpretation of health data pertaining to racial and ethnic minority populations and to OMH research and policy needs. Dr. Rucinski has served as external evaluator to many community organizations, using her quantitative and qualitative skills to help organizations achieve their public health goals. Dr. Rucinski has taught research methods, public health planning and evaluation and community assessment at the Universities of Illinois-Chicago, Wisconsin-Madison, and Iowa. Dr. Rucinski received her PhD in from the University of Wisconsin-Madison and B.S. from the University of Illinois-Urbana.

The panel moderator sent a strong message to the audience when she began with a story about how her niece had to deal with a neuroblastoma diagnosis at the age of four. Treatment became exhaustive to the point where the niece exclaimed that she was "done with medicine" at six-years-old. The panel moderator later learned that African American children tend to die at a higher rate of neuroblastoma[3]. Additionally, she discovered that the chemotherapy treatment for her niece was the wrong dosage for African American and Hispanic children. Consequently, the moderator's niece may have lived if she had the right dosage. The purpose of this story was to remind the audience that 1) health disparity can have a grave impact and 2) to consider the individual lives you are improving.

The moderator summarized the concept of equality versus equity as "what works for you, might not work for me." A panelist from the Federal government further highlighted the pressing issue of health equity by highlighting various statistics. For example, the infant mortality is twice the rate in the African American population compared to the Asian

Exhibit 1

Age-Adjusted Death Rates for Drug Overdose, by Race/Ethnicity
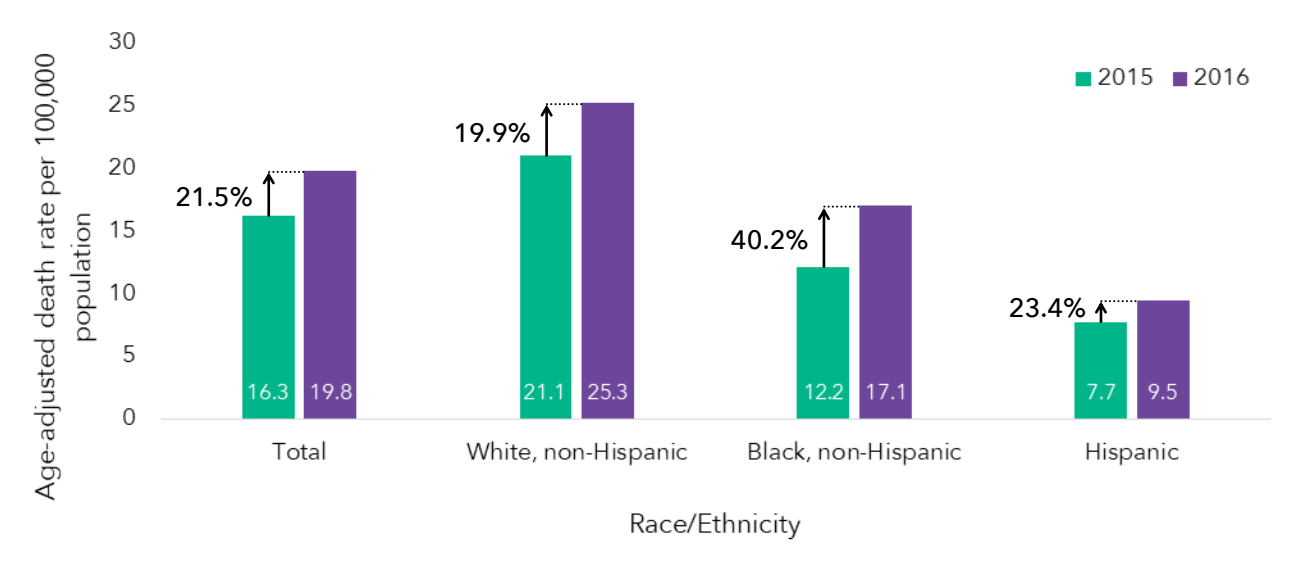
American population (Exhibit 1).[4] The number of drug-related deaths are significantly greater in African American and Hispanic populations compared to non-Hispanic whites[5]. Additionally, African Americans and Native Americans are much more likely to experience multiple chronic conditions at a younger age[6]. The Office of Minority Health promotes reducing disparities by promoting programs that address modifiable factors (e.g. employment, housing) that can lead to improvement in health outcomes. Quality health outcomes must include culturally and linguistically appropriate services.

Panelists were then asked to identify ways in which their organization attempts to eliminate health disparities. One panelist highlighted that her organization's cancer center promotes outreach programs aimed at increasing awareness of disparities and promote community participation in prostate cancer research. Examples include prostate cancer health seminars, media (radio and television) campaigns, health and wellness fairs with a ministerial alliance in Atlanta, and a nationwide self reported prostate cancer registry that allows the members of the registry to have a unified voice on how their data will be used. All of these programs have helped increase engagement with people who normally would not be active participants in their health.

A panelist from a health technology company highlighted how her organization eliminates health disparities through recruiting talent from diverse backgrounds (e.g. upbringing) and creating a culture that allows everyone to speak up and feel comfortable thinking differently. Furthermore, the company creates an unbiased identity of the person through their technology. This promotes the company's ability to think about a satisfactory user outcome unique to each user because what works for one person does not necessarily work for another. Thus, the company minimizes biased decision-making that can be attributed to a virtual profile. The panelist's company also promotes educating the patient with the help of other patients who have had similar experiences in order to have better two-way conversations on improving health.

An Illinois health leader and her organization have established a number of partnerships to improve livelihood and health within the near west side of Chicago. For example, two major health organizations in the area partnered together and determined that there was a 15 year difference in life expectancy between those who lived in the west side of Chicago versus Downtown Chicago. They further identified that the difference in life expectancy was primarily due to various social determinants of health such as a lack of access to education, jobs, and poor neighborhood infrastructure. This organization further established partnerships with businesses in the district to provide educational opportunities to underemployed adults that directly lead to job opportunities. One example of this is the organization's partnership with a major ambulance company, which has led to 100 trained and employed community members.

A panelist from the non-profit arm of an interest group and her organization eliminated health disparities through promoting and supporting disparate communities. Her organization hosts monthly meals where they address health questions. Furthermore, they have workforce development programs, pitch contests for entrepreneurs, and screenings of movies such as Black Panther to promote ideas surrounding identity and representation.

Another panelist from a research funding organization reduced health disparities through funding research that targets known barriers to disparities. Telemedicine is one example of this organization's area of research because telemedicine has the potential to address problems such as healthcare access in rural areas. Social determinants such as access to insurance may not be easily solved, but some of the underlying causes can still be improved.

One interesting question pertained to community health approaches to addressing disparities. A panelist addressed this question by highlighting her organization's partnership with the Cuban Ministry of Health to implement a polyclinical model that led to a team-based

> The difference in life expectancy was primarily due to various social determinants of health such as a lack of access to education, jobs, and poor neighborhood infrastructure.

approach to community care. The implementation of the polyclinical model led to greater collaboration and coordination of care between a wide range of providers such as social workers, psychologists, community members, and clinicians. Since the range of providers was more diverse in scope, more problems could be addressed. Additional successful community health efforts incorporated teamwork with local community health advocates such as mothers and grandmothers to improve health outcomes.

Another fascinating question addressed the challenge of staying positive within health disparities work. Numerous panelists addressed this topic by highlighting the positive direction current public policy is taking, the importance of celebrating, and sharing both big and small wins such as improving one life at one health fair and 50 lives at the next one.

Calls to Action:

- Clearly define how programs reduce health disparities and explore the ways that some programs may inadvertently promote health disparities

- Humanize the work being done. Think of a family member or friend who may benefit by the work and clearly define with others why it is being done

- Create relationships/partnerships to build something that goes beyond data collection and research. This helps minimize community feelings that they are only test subjects

III. Case Studies: Examples in Cultural Competency

This session explores the underlying challenges of racial gaps in chronic disease prevention and management. The presenters will discuss health literacy and how it is often ignored as a determinant of health. For instance, hypertension has a higher prevalence amongst African Americans, and the incidence and death rates are higher compared to any other population, often due to lower control rates in this population. The presenters will also discuss improving health inequities and health literacy among the most vulnerable, underserved, and at-risk patient groups. They will also discuss the impact of improved health literacy in populations that disproportionately suffer from the most severe and costliest chronic diseases such as heart disease, diabetes, and asthma.

Mr. Julius Pryor III helps companies leverage Diversity & Inclusion to accelerate innovation and drive business results. Julius is currently Senor Director, Inclusion & Diversity at McCormick & Company. He's held executive roles at Johnson & Johnson (J&J), Coca-Cola Enterprises (CCE), Russell Athletic, Abbott Labs and Takeda Pharmaceuticals. He was Vice President of Global Diversity at both J&J and Coke. Most recently, Julius served as Head of Innovation, Diversity & Inclusion at biotech leader Genentech. Julius combines a unique vision for the future of D&I, a strong grounding in sales and management, and insights into what works across different industries and sectors. Julius saw the power of diversity to accomplish results during his 26 years of service in the U.S. Navy. He is a U.S. Navy Captain, Surface Warfare Officer and Instructor for the Navy Officer Leadership Development Program. Julius graduated from Morehouse College and The Williston Northampton School (Easthampton, MA). He sits on the boards of the Andrew Young Center for Global Leadership and the Center for Healthcare Innovation.

Dr. LaMar Hasbrouck, MD, MPH, a recognized leader in population health, has led at every level of the governmental public health enterprise. Currently, he serves as Senior Advisor for Strategy and Growth in the Improving Health Outcomes group at the AMA, where he is charged with growing relationships with health care systems, FQHCs, and other public/private organizations to promote health equity and eliminate gaps in blood pressure control and prevent diabetes across all populations. Dr. Hasbrouck has served on the faculty at Emory University School of Medicine, Morehouse School of Medicine, New York Medical College, and the University of Illinois at Chicago's School of Public Health. He received his BA and MPH degrees from the University of California-Berkeley, and graduated Dean's Scholar from the David Geffen School of Medicine at UCLA. Dr. Hasbrouck is the author of *G Street Lion: Stalking a Dream*, a revealing memoir that captures the attention and ignites the imagination of young dreamers and reinforces his personal motto: "Success requires only optimism and a stubborn belief in oneself."

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This presentation was led by Dr. LaMar Hasbrouck, advisor for strategy in population health at the American Medical Association, and moderated by Julius Pyror III, Vice President of Diversity at McCormick. They provided attendees an overview of the various challenges that exist today when it comes to the topic of cultural competency.

The discussion began with Dr. Hasbrouck stating the importance of having an organizational working definition for health literacy as part of improving cultural competency. He defines health literacy as "the ability to understand and use knowledge for one's development and survival and to have the capacity to absorb, process, and understand basic information relating to their health and health services with the goal of enhancing health." Increased health literacy is important because it allows patients to better collaborate with providers on their care needs, thus increasing cultural competency for both the provider and patient.

The presenter established that distrust between provider and patient is often two-fold. On one hand, providers may embrace "yesterday's medicine" and past practices based on a one-size-fits-all approach. On the other hand, patients can struggle with issues such as gender norms, cost & coverage issues, time & priority issues, and health literacy. Nevertheless, he demonstrated that health literacy is very important because it is one patient factor that can be easily modified to improve health outcomes. The positive effect of improving health literacy and improving health outcome was shown in diseases such as diabetes and asthma[7,8]. Furthermore, the negative correlation between heart failure rate and health literacy strengthens the significance of health literacy[9].

The discussion proceeded around topics of cultural DNA and the work that needs to be done by both patients and providers. Dr. Hasbrouck noted how it is not in the cultural DNA, or the cultural upbringing, of many African Americans to attend preventative care visits. On the other hand, providers have a tendency to dehumanize connections due to

> The ability to understand and use knowledge for one's development and survival and to have the capacity to absorb, process, and understand basic information relating to their health and health services with the goal of enhancing health.

short visit times and high burnout. Consequently, opportunities exist on both sides of the patient-provider experience to improve health outcomes.

In the Q&A session, Dr. Hasbrouck argued that the concept of "I feel well, I must be well" needs to be expunged. Furthermore, he stressed the need to better arm patients and providers with information to increase bi -directional conversations over care.

> Opportunities exist on both sides of the patient-provider experience to improve health outcomes.

Calls to Action:

- Have an organization-wide definition of health literacy so all team members know what they are striving to improve

- Maintain an awareness of your cultural IQ. People value different medical approaches and thus, conversations need to occur about solutions that can satisfy all parties involved

- Build cultural humility within and outside your organization. Understanding culture depends on strong relationship building and a willingness to embrace different approaches and practices

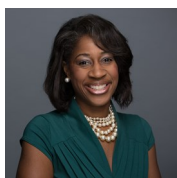# IV. Panel Discussion: How does D&I Impact the Bottom Line

Attracting, retaining, and promoting diverse talent within organizations is often seen as the right thing to do from a workforce representation viewpoint. However, when considering the rapidly changing global healthcare marketplace and data that correlates inclusive organizations and performance, one must ask, "How does diversity and inclusion impact the bottom line?" Viewing diversity and inclusion as concepts that are fundamentally core to an organization's ability to succeed in an increasingly fluid and challenging healthcare environment raises the importance of these themes. 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. A 2015 study by Deloitte also showed that organizations that achieved a defined level of diversity had 2.3 times higher cash flow per employee over a three-year period than those that did not. Moreover, according to a recent report, there are only 5 African-American CEOs at the nation's 500 largest companies. And a Forbes report last year indicated that 28% of Fortune 500 firms list just 1 female director, despite that studies have shown that it takes at least 3 female board members to achieve a critical mass for enhancing governance and performance. Organizations that successfully create an inclusive workplace culture and understand a more diverse marketplace will lead the way. It is crucial to leverage diverse perspectives and foster an environment where all voices are heard for the benefit of the business as a whole. This panel brings together a group of healthcare executives and chief diversity officers to discuss how to leverage a more diverse marketplace and a more inclusive workforce to create bottom line growth opportunities.

Distinguished Panelists

MODERATOR: Ms. Dima Elissa, MBA, was selected by Chicago magazine as one of the Top Women in Tech, Chicago Innov's 50 on Fire and by Chicago Tribune's BlueSky Vault as one of the Top 100 Entrepreneurs in Chicago. Her current ventures, VisMed-3D, a 3D biomedical design and consulting firm, is in keeping with her thirst for new technology and innovation and Symptomatic.io, a blockchain healthcare platform enabling interoperable big data to flow. Alongside these novel start-ups, she is pursuing her passion – devoting time, energy, and guidance to women founders and entrepreneurs. As an adjunct faculty member or Entrepreneur-in-residence, teaching Entrepreneurship or as an in-demand speaker, she exemplifies her commitment to giving back and paying it forward. Dima has earned her MBA from Texas A&M's May's School of Business with a concentration in Finance.

Ms. Cherie Coleman, MSC, is currently Program Manager within the Payment Innovation Division at Anthem, Inc. She's focused on operations management for their Enhanced Personal Health Care Program models which delivers excellence for the five dimensions of a high performance health system: quality, access, efficiency, equity and healthy lives. Cherie has held a leadership role in various capacities within the Health Care industry beginning her career at the University of Chicago Hospitals. In 2012, she joined the IL Diversity Council as the Activities and Events Chair. In 2016, Cherie became a Certified Diversity Professional (CDP) and stepped into the role of Advisory Board President. She received a Masters in Communications degree with an emphasis in Business Leadership and Change Management from Northwestern University.

Ms. Erickajoy Daniels, MS, is a community resource, with nearly two decades of development and consulting experience. She currently leads the system-wide rollout of diversity and inclusion efforts at Aurora Health Care. Previously, Erickajoy was responsible for organizational development and talent management at Milwaukee's Brady Corporation. She also held employee development positions at the Federal Bureau of Prisons in Washington, D.C. Erickajoy serves on the board of Betty Brinn Children's Museum and is a trustee at Mount Mary University. She is active in TEMPO Milwaukee Professional Women's Network and is co-founder and board member of One MKE, an organization dedicated to addressing cultural divides in the Milwaukee community.

Ms. Shyrl Hoover is Senior Manager, Talent Acquisition and Flexible Recruitment Programs at Abbott Laboratories. Shyrl joined Abbott in 2000 and manage Contingent Labor Program for US and Puerto Rico. Her area of expertise includes talent management, workforce planning, and employee relations. Shyrl earned her Bachelor of Science degree in Psychology from Taylor University.

Dr. Bonnie Lai, PhD, is Vice President, Product at Lumere, formerly Procured Health. Prior to Lumere, 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. Keya Pitts, MPH, is Executive Director, Clinical and Pharmacovigilance Quality Assurance at Astellas Pharma. Keya has over 22 years of experience in the pharmaceutical industry, holding management positions within clinical development, pharmacovigilance, and quality at companies such as AstraZeneca and Purdue Pharma. She is widely respected for her leadership and strategy setting capabilities and expertise in the highly regulated environment of pharmaceutical development, having authored publications and serving as guest speaker at conferences. Keya actively supports initiatives supporting girls and young women as future leaders in the pursuit of STEM careers. She holds an MPH degree from Johns Hopkins University Bloomberg School of Public Health, and a BA in General Sciences from Cheyney University.

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.
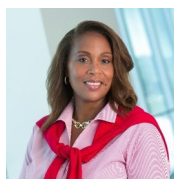
The moderator, a founder of a health technology start-up, opened the discussion by highlighting that the top 15 percent of companies in terms of diversity are more likely to have better financial returns (Exhibit 2)[10]. She further strengthened the call for diversity by noting that a more heterogeneous board complexion increases profitability.
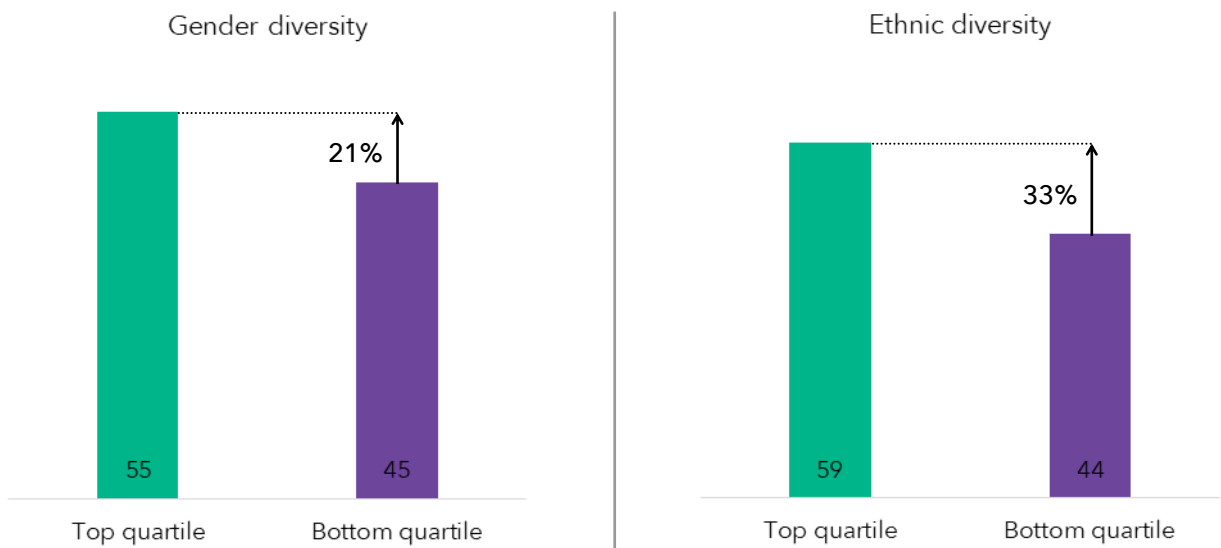
The moderator proceeded to challenge each panelist to summarize the bottom line of diversity & inclusion (D&I) in their own eyes. The most common theme was that the panelists' organizations served a diverse set of customers with diverse needs. Consequently, organizations need a diverse set of team members to better serve and innovate for their various customers. Panelists highlighted that diversity was an area of growth for their organizations and that creating a diverse workplace was important for their organizations' long-term stability.

Considering the changing demographics in the United States, the conversation shifted to address the question of building a diverse workforce. Two panelists from a public healthcare company highlighted their organization's focus to build a "ready now, ready future" pipeline

> **Organizations need a diverse set of team members to better serve and innovate for their various customers.**

Exhibit 2

Likelihood of Financial Performance Above National Industry Median, %

Gender diversity — Top quartile: 55, Bottom quartile: 45, difference 21%

Ethnic diversity — Top quartile: 59, Bottom quartile: 44, difference 33%

SOURCE: Delivering Through Diversity, McKinsey & Company

that starts with their leadership. They note that diverse slates of people must be in place not just in leadership, but also every other position within the organization. This organization has high school programs to expose young people to diverse jobs, many of which were unknown to them. Furthermore, a panelist from another pharmaceutical company highlighted her organization's short-term ambassadors and expat assignment programs, which allow talent within their organization to gain new, international experiences in periods ranging from three months to two years. Programs like these help people experience a new environment, learn about their organization, and understand the different types of opportunities the organization has to offer.

After this discussion, the moderator focused on the topic of measuring D&I success. One panelist, vice president of a healthcare think tank, discussed this process extensively covering both the hiring process and throughout one's tenure with the panelist's organization. In the interview process, the organization leads with a skills-based interview to examine the candidate's skillset. As one continues their career with this company, the panelist noted that her organization frequently benchmarks engagement with rating statements such as "I feel my opinions counted" to gauge feelings of inclusiveness and value towards the organization. Another panelist added that organizations might benefit from collecting information on how people were introduced to the organization for a position upon initial employment.

The general consensus amongst panelists was that engagement surveys are important to gauge company wide enthusiasm. Furthermore, the panelists agreed on the need to have baseline measurements and benchmark both internally and externally against how new talent is being brought into the organization. One panelist highlighted that her organization utilizes some external benchmarking such as rankings in order to better learn how other companies establish best practices.

The panelists did explore some caveats to consider. For example, benchmarks for global companies must vary by location because each

Engagement surveys are important to gauge company wide enthusiasm.

country has unique cultural practices. Additionally, qualitative or anecdotal data is necessary to measuring diversity & inclusion success. Qualitative and anecdotal data is important because numbers alone do not necessarily satisfy people, but real stories can shift attention.

The moderator concluded the discussion exquisitely by offering the advice of "You cannot be what you cannot see. Learn to see what you cannot be." With this concluding remark, the moderator affirmed that you cannot change who you are or where you come from, but you can learn to see how it is to be someone else and appreciate his or her background. This approach will help you elevate and inspire others to succeed.

> You cannot be what you cannot see. Learn to see what you cannot be.

Calls to Action:

- Challenge top leadership in issues surrounding Diversity and Inclusion by asking, "What are we doing to increase diversity and inclusion?"

- Clarify with all team members the bottom line of D&I: Inform others how D&I drives creativity, innovation, and successful business incomes

- Incorporate qualitative data into decision-making and research because it explains through stories, which quantitative data cannot do, and adds a patient-centric sentiment

- Be a part of the solution. It is easy to hear about D&I and ask questions about D&I, but engage in activities such as mentoring people, advocating for others, and recruiting a diverse group of entry level hires

V. Group Discussion: An Unbiased and Data-Driven Approach to Health Equity

This panel discussion explores the intersection of data analytics and health inequities, including a specific focus on using available sources to identify gaps in care, social factors, and identifying associated variations in outcomes. Historically, most discussions of health equity have focused on access: care settings, medications, diagnostics, and procedures, but often the conversation fails to address the impact of social determinants of health (SDOH). These determinants often have a larger impact on patient outcomes – clinical and financial – than healthcare or genetics. Additionally, the one-size-fits-all approach to access for patients can lead to unavoidable adverse events. This panel will discuss industry responses to this issue and examples of programs that address health inequities.

Distinguished Panelists
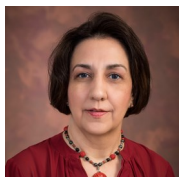
MODERATOR: Dr. Neelum T. Aggarwal, MD, is the Chief Diversity Officer at American Medical Women's Association Associate Professor, Department of Neurological Sciences at Rush University Medical Center. She is a cognitive neurologist, clinical trialist and researcher in the field of population health and aging. She is the Senior Neurologist for the federally funded Rush Alzheimer's Disease Center (RADC) Clinical Core in Chicago; Director of Research at the Rush Heart Center for Women, and an Associate Professor in the Departments of Neurological Sciences and Rush Alzheimer's Disease Center at Rush University Medical Center. A graduate of the Academy of Neurology - Palatucci Advocacy Leadership Forum, Dr. Aggarwal is a long-standing voice for community based research, clinical trial participation, public health initiatives, both locally and nationally. She completed her medical degree from the Rosalind Franklin University - Chicago Medical School, completed her neurology residency at Henry Ford Hospital in Detroit, Michigan, and completed an aging and neurodegenerative disorders fellowship at the Rush Alzheimer's Disease Center.

Mr. Paul Ceverha is a managing director with AArete's healthcare strategy team. He has an extensive track record of developing new and innovative approaches to complex clinical, IT, operational, and market opportunities. Paul has served in various roles as a senior executive, program manager, CTO, industry subject matter specialist, and technical architect. He has extensive experience in, and broad knowledge of, clinical and business intelligence, and regularly advises hospital systems on the enablers required for bearing risk and improving outcomes on populations.

Mr. Loren Trimble, MBA, CPA, is the Founder, CEO, and Managing Director of AArete, a global management consulting firm. His primary focus is setting the strategic direction of the firm and creating and molding AArete's go to market strategy and execution. In addition to Mr. Trimble's primary focus, he also plays a significant role in thought leadership for the firm and is at the core of AArete's Knowledge Management CenterTM. Mr. Trimble lives and breathes every day his passion for excellence with AArete's personnel and clients. Mr. Trimble has extensive business and operations strategy experience, serving clients globally in the following industries: healthcare- provider, payer and pharmaceutical, as well as higher education, distribution, consumer products, and business services.

The moderator, a clinician and researcher, began this discussion by sharing her experience with data as a clinician. In her research, the moderator has identified that women are living longer, but are not necessarily living as well as many are impoverished and are caregiving for family, forcing them to stay out of the workplace and spend nearly all of their time as caregivers. Similar to this physician's experience, many clinicians have established that access to those who struggle with personal and financial hardship is part of the issue to better health outcomes, but she questions "Now What?", indicating that knowledge is powerless without action. The moderator explains that most clinicians never see the data that is collected for the purpose of helping the physician to understand an individual's community and its influences on hardship. Furthermore, she noted the challenge as a clinician to understand the patients' numerous and diverse communities. As a result, there is a disconnect between the physician and the community that can help a patient.

With this information in mind, the moderator challenged two leaders of a data analytics firm to explain how their organization is addressing the data challenge. The data experts highlighted a number of cases where data led to unique solutions. One example involved creating a pilot program that tracked clinical and social data from 18 months before mothers gave birth. Having this data during the pre-birth period helped prepare the provider to predict social services and care coordination programs for expectant mothers. The organization registered a decline in neonatal intensive unit care admissions and babies were healthier from the onset.

A careful point that the two data leaders emphasized was that providing increased access can be easy but does not necessarily impact outcomes because offering access does not mean people will use that access. In the previous case, the programs were appropriately coordinated for each mother's needs to help each one succeed.

A highly successful case of using data to improve outcomes highlighted a large hospital in Dallas, Texas[11]. The hospital established a partnership with a local food bank and a community college to share data on social

Most clinicians never see the data that is collected for the purpose of helping the physician to understand an individual's community and its influences on hardship.

determinants affecting health because many people affected by homelessness and food scarcity reached out to these resources. People felt more comfortable sharing self-reported information such as ethnicity with the community college and food bank because sharing information is, "easier on a full stomach". Furthermore, sharing information with someone who feels like a significant community member to an individual rather than a distant provider promotes trust. Henceforth, the culture of trust between the local resources, the willingness of the person to opt-in to sharing information, and the data resulting from the partnership with the hospital led to improved health outcomes for many because social determinants were a focus of both the hospital and the local resources.

The overall point of the discussion was that one does not need to necessarily increase resources or access, but rather the way one collects and utilizes information in tandem with partners in order to impact outcomes. Presently, the need to co-coordinate and align various healthcare players is more pressing than the need to create more players.

> One does not need to necessarily increase resources or access, but rather the way one collects and utilizes information in tandem with partners in order to impact outcomes.

Calls to Action:

- Include people in the information pipeline: Find information you can share with other organizations working toward the same goal and build a partnership to create sustainable solutions

- Understand the information that your organization collects and challenge yourself to consider how it can be used toward improving a health outcome without requiring new people working on the project

- Align data incentives to help everyone involved and increase a person's willingness to be more open

VI. Presentation: Designing for Trust

Trust is the most valuable—yet vulnerable—currency of any organization. Openbox will lead a discussion on current challenges to trust with real world examples of breaking and building trust in the healthcare industry. Openbox will share a human-centered design case study of designing for trust to help grow the largest national healthcare movement aimed at radicalizing self-care for Black women, GirlTrek.

Mr. Marquise Stillwell, MBA, is the Founder and Principal of Openbox. As a business designer and developer for more than two decades, he grounds the Openbox vision in strategic planning from the fields of investing, product development, and technology. Marquise also works in creative leadership, teaching with the KaosPilots in Denmark and South Africa to help students learn by doing. An active supporter of the arts, Marquise has collaborated with director Petter Ringbom on three short films and one feature-length movie, Shield and Spear (2014), about the rise of creative expression in post-apartheid South Africa. Marquise acts as a board member for the Lowline Underground Park and board advisor for the Andrew Goodman Foundation and MoCADA, and he is a mentor to Geeks Without Bounds and the Girls & Boys Club. He is also a supporter of the Joyce Theater, Makeshift Magazine and MCA Denver for their ability to inspire exploration and empower creative cultures. Marquise is passionate about the power of design and has a boundless curiosity for life. You can find him riding his bike through the streets of Manhattan, doing his part to build a greener urban future.

In this presentation, two team members of Openbox, a design and innovation studio based in New York City, demonstrated the need for trust in healthcare and how they utilize trust to create successful outcomes in health. They opened their presentation by challenging the audience to consider trust as a currency. They believe that trust is the most valuable currency of any organization. The fact that many trust measurements based on the Edelman Trust barometer are dropping in the US exemplifies the need to emphasize building trust within and outside of one's organization[12].

Trust in healthcare has significant value. For example, patients are more likely to sue when they do not have positive, trustworthy relationships with their physicians[13]. The Openbox team further demonstrated the importance of trust in healthcare by highlighting the successful barbershop model where inner city health outcomes have improved because barbers were trained to test for blood pressure, refer their customers to physicians, and provide reliable information on health topics[14]. Consequently, the barbers serve as trustworthy figures for some individuals who did not feel as comfortable with a typical healthcare provider. Sustainable, trustworthy, and bi-directional relationships are lacking in healthcare, which helps to explain the success of the barbershop model.

The presenters highlighted their work with GirlTrek, a health movement promoting walking among African American women. To help GirlTrek reach a total membership of 1 million members, Openbox spent time with the organization in order to understand how GirlTrek members and leadership viewed and understood the organization. Through immersive interviews and going on walks, Openbox team members realized that the original mission of "self-care through walking" was not aligned between the grassroots movements and upper management. Thus, volunteer burnout was high.

Girltrek collaborated with Openbox to refine their workflow models to allow volunteers to have more discrete contributions

Trust is the most valuable currency of any organization.

without overcommitting. Furthermore, Girltrek worked towards relieving administrative burdens on volunteers and improved their work of pulling assets and information together in an online portal to help participants better organize walks, set personal goals, and track their improved health outcomes.

Openbox found success with GirlTrek not only by reaching their goal of 1 million total members, but also by seeing clear increases in engagement and positive feelings of the volunteer and member's identities. Openbox believes that they were successful because trust was built with Girltrek volunteers, walkers, and leadership as Openbox experienced what Girltrek members do. Together, they co-created and co-designed an improved health outcome.

At the end of the presentation, Openbox recommended their five principles of trust to consider utilizing in your own way. We recommend these as calls to action.

Calls to Action:

- Give customers a seat at the table

- Know what you don't do as much as what you do

- Be ahead of the curve on transparency

- Don't look at what everyone is doing

- Create more value than you capture

VII. Panel Discussion: Diversity in Clinical Trials and Research

According to the FDA, African-Americans represent 13.3% and Hispanics 17.8% of the U.S. population, but these racial/ethnic groups only represent approximately 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. As newer concepts such as precision medicine and biomarkers move to the forefront of modern medicine, diversity in clinical research will have even greater implications. Clinical research provides crucial information on whether new drugs and treatments are safe and effective, and it is vital for researchers to ensure that participants are representative of the broader U.S. population. Overall, the FDA encourages more people to participate in clinical trials, as varied reactions are not only based on differences in genetics but also age and gender. Additionally, the FDA recently released a communications toolkit to promote minority participation in clinical trials. However, a web-based approach of connecting with underrepresented communities will likely be useful, but ultimately insufficient if not combined with a more systematic approach. This panel explores the obstacles that underrepresented and minority patient populations face in accessing clinical trials, as well as discusses best practices and new ideas for how biopharmaceutical, contract research, and provider organizations can make clinical trials more diverse and inclusive. A group of clinical trial experts will explore these obstacles and share their insights and specific calls to action on how to make our clinical trial ecosystem more diverse and inclusive for all patients.

Distinguished Panelists

MODERATOR: Dr. Melva Covington, PhD, MPH, MBA, is a Director, Health Economics and Pharmacoeconomics at ORION RWE. Previously, she was a Senior Director, Health Outcomes & Value Assessment at Pacira Pharmaceuticals. Her leadership skills, expertise and impact has spanned throughout the drug development lifecycle process for over 15 years. Her goal is to apply knowledge contextually to understand the patterns of health care conditions in society as well as more targeted so as to focus on the specific needs of individuals and diverse communities. She has MPH and PhD from the University of North Carolina and MBA from Cornell University. Dr. Covington has authored numerous publications and is an impassioned public speaker. Much of her work focuses on addressing population-based disparities in health outcomes and cultural competency.

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 from Spelman College in Atlanta and a Master of Public Health in Epidemiology from the University of Michigan in Ann Arbor.
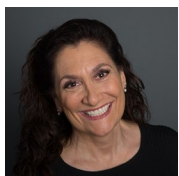
Ms. Tammy Russo, MS, leveraged successful roles in healthcare marketing, integrated communications, medical education and public relations, creating advocacy offerings at three pharmaceutical companies and a healthcare communications agency. Included in her experience is development of diversity and inclusion programming to ensure disproportionately impacted populations receive resonant messaging. Tammy has lead unbranded educational patient advocacy outreach campaigns, translating messaging into language that resonates with patients, caregivers and healthcare professionals, communicating to the community at large about the implications and impact on treatment decisions, patient empowerment and healthcare reform.
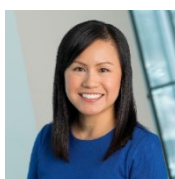
Dr. Lucy Chen, MD, is a medical director at Astellas Pharma Global Development Inc. leading a multinational phase 3 study in metastatic prostate cancer. She also serves as the Global Medical Lead for a new oncolytic virus program. As a board-certified medical oncologist, Dr. Chen joined Astellas Pharma Global Development Inc. in October 2016 after serving on the University of Illinois faculty for 6 years. She earned her bachelor's and medical degrees from the University of Illinois and completed her residency in internal medicine at Lutheran General Hospital in Park Ridge, IL. She went on to complete a hematology oncology fellowship at the University of Chicago and was awarded the Young Investigator Award by the American Society of Clinical Oncology (ASCO).
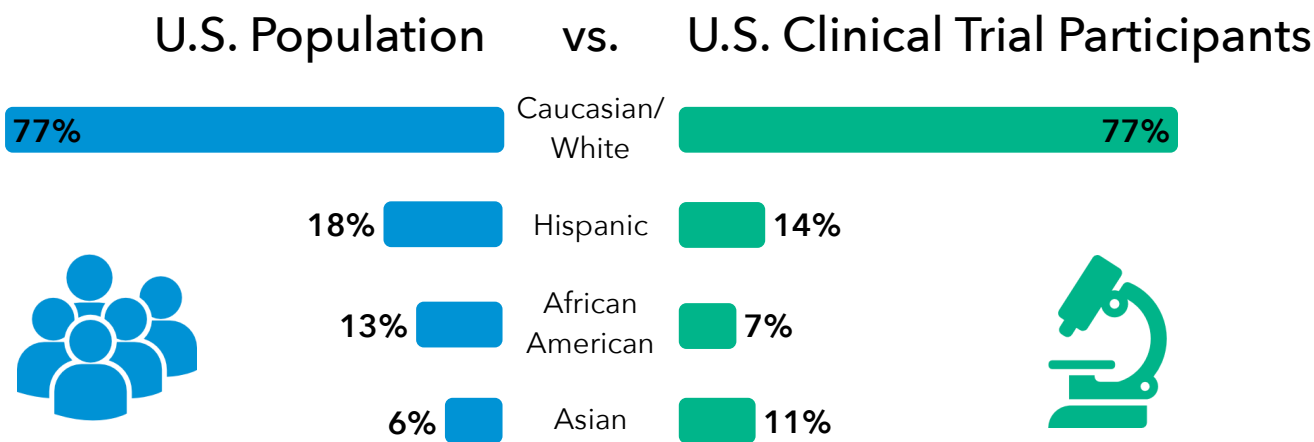
Ms. Philana Rowell, MS, is a Director of Project Leadership in clinical operations for Cardiovascular Disease and Diabetes at Sanofi. Philana has over 13+ years working in pharmaceutical clinical operations and strategic development for phase I-IV clinical research and across multiple therapeutic areas. She is adept in applying new ideas and technology to support innovative recruitment strategies for diverse inclusion in clinical research and proven success in partnering with key stakeholders to build relationships and create a culture of trust. Philana received her Bachelors of Science in pre medical studies from Fordham University in New York City and her Masters of Science in Clinical Research and Organizational Management from Drexel School of Medicine in Philadelphia, PA.

Dr. Jeffrey (Jeff) W. Sherman, MD, FACP, is Chief Medical Officer and Executive Vice President at Horizon Pharma. Jeff has more than 25 years of experience in the pharmaceutical industry at IDM Pharma, Takeda Global Research and Development, NeoPharm, Searle/Pharmacia, and Squibb/Bristol-Myers Squibb. He also serves on the Board of Directors of Strongbridge Biopharma. Jeff is an Adjunct Assistant Professor of Medicine at the Northwestern University Feinberg School of Medicine and a Diplomat of the National Board of Medical Examiners and the American Board of Internal Medicine. Jeff received his Bachelor's degree in Biology from Lake Forest College and medical degree from the Rosalind Franklin University of Medicine and Science/The Chicago Medical School.

Exhibit 3

Comparing the Race and Ethnicity of Participants in Clinical Trials to the U.S. Population

U.S. Population   vs.   U.S. Clinical Trial Participants

	Caucasian/ White	
77%		**77%**
18%	Hispanic	**14%**
13%	African American	**7%**
6%	Asian	**11%**

SOURCE: QuickFacts: UNITED STATES, U.S. Census Bureau; 2017 Drug Trials Snapshots Summary Report, U.S. Food and Drug Administration

In her opening, the moderator, a health economics leader, highlighted the current status of clinical trials: "We have made great strides towards advancing science and getting consistent, reproducible results. However, we have failed to excite different patient populations to join clinical trials. For example, about 85 percent of clinical trial participants in the United States are Caucasian[15]." Considering this opening, the panelists delved into a number of reasons why this is the case. These reasons include:

1) The belief still exists that humans equate to guinea pigs in clinical trials among many minority populations.

2) People do not understand why they are specifically wanted for a clinical trial and the benefits of participation.

3) Opportunity costs people forego if they choose to participate in clinical trials such as spending time and energy on providing food for family.

Furthermore, the rigid aspects of a clinical trial such as inclusion criteria and a predetermined budget add additional challenges to the success of a clinical trial. With these many considerations in mind, the panelists focused on the need for people within this space to focus on communication and planning. A patient advocate recommends that credibility and trust are an underlying necessity to increase diversity in clinical trials. She further advises that different communities have different influences and thus, stakeholders involved with clinical trials should collaborate with these various influencers to better inform populations about the possibility of a clinical trial. Examples of such influencers include a barbershop in one community and a religious leader in another. A panelist from academic medicine expanded upon the concept of trust and credibility by highlighting the need to give people multiple opportunities to hear about clinical trials because they do not have the knowledge that the researchers do. She notes that it frequently takes at least five encounters with a topic before people are on the same page. Furthermore, one physician noted that doing this early is important from a clinician's perspective because they do not have time in a 15-minute appointment to invalidate the guinea pig myth. Introducing the concept of a clinical trial in non-stressful situations such as getting a haircut can be advantageous because new information is difficult to absorb during stressful periods such as receiving the news of a heartbreaking diagnosis.

Credibility and trust are extremely important. However, it takes planning to build systems that allow credibility and trust to shine. Planning is required in a clinical trial because budgets are allocated before the start of a trial. Consequently, a pharmaceutical executive recommends that all

> Stakeholders involved with clinical trials should collaborate with these various influencers to better inform populations about the possibility of a clinical trial.

of the trial's stakeholders meet together before the trial starts to co-own and co-create a study and budget that maximizes patient recruitment and trial success. As part of this process, the panelists recommend planning for scenarios in which you need a variety of resources to make a diversely recruited study population feel supported and engaged. Examples include finding ways to bring the clinical trial to people who are unable to come to you, providing people access to translators informed about your trial for questions, and having systems in place to support LGBQT and other populations who may struggle with concerns about their treatment in a clinical trial.

All of the trial's stakeholders meet together before the trial starts to co-own and co-create a study.

Calls to Action:

- Inform people early and frequently about the benefits, risks, and possibilities of clinical trials with websites such as clinicaltrials.gov. Many people are unaware of these common resources and it takes multiple encounters to familiarize people

- Aim to build relationships and partnerships to help expose people to the basics of clinical trials in non-stressful situations

- Plan in advance the necessary resources when strategizing on how to have a more diverse population join your clinical trial

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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 and Upcoming Research and Events
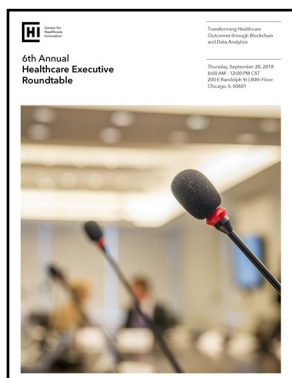
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Healthcare Executive Roundtable: Transforming Healthcare Outcomes through Blockchain and Data Analytics
Thursday, September 20, 2018 | Chicago, IL, USA

The Center for Healthcare Innovation's and AArete's 6th annual Healthcare Executive Roundtable brings together healthcare executives, key opinion leaders, and patient groups for an intimate and collaborative discussion on the intersection of data analytics and health disparities. The exclusive, limited-attendance roundtable is designed to provide the top thought leaders with the latest insights and ideas on how data analytics can address some of the large-scale health equity challenges that are driving costs and impacting our healthcare economy. The half-day roundtable brings these leaders together for a morning of collaboration and co-learning.
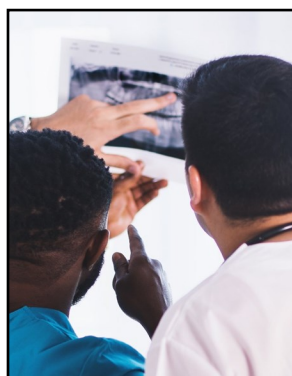

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Developing the Next Generation of Culturally Competent Healthcare Leaders Workshop
Friday, April 5, 2019 | Austin, TX, USA

The workshop brings together healthcare leaders, medical school academics and leaders, providers, patients, pharma, and other stakeholder groups for an innovative and collaborative discussion on how to best equip our future healthcare leaders with the knowledge, skills, and attitudes that allow them to adequately treat all patients and communicate with their families. Medical school and other healthcare training curriculums must be designed to appropriately train cultural competence. By proactively beginning to think about culturally competent healthcare leaders of tomorrow, we can begin to make steps towards addressing the broader healthcare disparities and heath inequities that afflict the U.S. healthcare system.
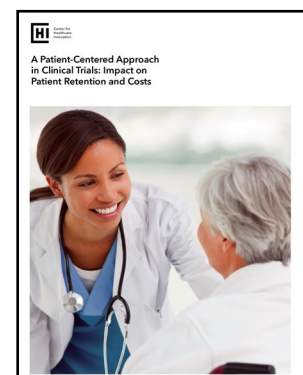
DOWNLOAD ▶

A Patient-Centered Approach in Clinical Trials: Impact on Patient Retention and Costs

This white paper reviews the patient-centered care (PCC) model and examines how several PCC metrics may be influential in reducing clinical trials dropouts, ultimately resulting in reduced costs. In particular, we analyze how the adoption of a patient-centric model in clinical trials recruitment and retention has potential for cost savings by improving patient education, engagement, and retention of chronically ill patients in clinical trials. In an era of increasing complexity and rising costs, the drug development industry is increasingly focusing on personalized medicine in their patient recruitment and retention strategies. However, there is limited research on the use of patient-centric approaches to retain patients with chronic disease such as cancer. Often, these patients have functional limitations, difficulty accessing care, or lack the proper education and awareness of clinical trials. Patient-centric interventions, including increasing access to transportation and health information technology (HIT) or improving patient-centeredness among providers can help increase engagement and retention of the most vulnerable patient populations. Informed and empowered patients can be pivotal in retaining a diverse range of patients for clinical trials and reducing the cost burden associated with patient recruitment and retention.

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To be the leading global platform for meaningful change in health equity.