2014 Diversity, Inclusion, & Life Sciences Symposium Executive Summary

An executive summary of the Center for Healthcare Innovation's 4th annual Diversity, Inclusion, and Life Sciences Symposium, the world's leading annual event focused specifically on diversity, inclusion, and the global life sciences industry

By the Center for Healthcare Innovation

Center for Healthcare Innovation

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Introduction

Welcome to this executive summary of the Center for Healthcare Innovation's 4th annual *Diversity, Inclusion, & Life Sciences Symposium*, which took place in Chicago, IL, USA on June 25, 2014.

The Symposium is the world's #1 annual event focusing on diversity and the life sciences. It is an interactive and collaborative forum for life science and healthcare executives, entrepreneurs, policymakers, researchers, scientists, technologists, academics, and service providers to discuss best practices, challenges, and opportunities at the crucial interface of diversity and the life science industry.

The Symposium featured some of the world's leading healthcare, life science, and diversity experts coming together in a collaborative setting to discuss the most pressing diversity issues facing the healthcare and life sciences industries in the 21st century. Panel discussions included *Diversity & Clinical Trials*, *The View from the Executive Suite*, and *The Role of Coaching & Mentoring in Executive Success*. The Symposium also featured a Distinguished Keynote Address by Dr. Aida Giachello, Department of Preventive Medicine, Speaker, and Expert on Latino Health at Northwestern University, and a Distinguished Welcoming Address by Ms. Nicole Mowad-Nassar, Vice President of Marketing at Takeda Pharmaceuticals, USA.

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
President & Co-Founder
Center for Healthcare Innovation

Joel Villegas
Chief Executive Officer
National Hispanic Life Sciences Society

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    Society

Distinguished Welcoming Address

Ms. Nicole Mowad-Nassar
Vice President of Marketing
Takeda Pharmaceuticals, USA

As Vice President of Marketing for Takeda Pharmaceuticals U.S.A., Inc., Nicole Mowad-Nassar heads all U.S. marketing efforts in the therapeutic areas in which Takeda operates, including: gastroenterology, diabetes, obesity, gout, and depression. In her role, Mowad-Nassar oversees marketing, marketing operations, and business insights and analysis.

Mowad-Nassar has a proven track record for launching products, improving profitability of mature products, and managing complex partnerships. She has strong business acumen and a pragmatic approach which allows decisions to be made without sacrificing speed. She is often involved in due diligence on key business development deals and has negotiated deals in her past.

Mowad-Nassar has more than 20 years of experience in the pharmaceutical industry. Prior to joining Takeda, she was with Abbott Laboratories as Divisional Vice President and General Manager, U.S. Primary Care Sales and Marketing. In that role, she led a team of over 2,500 sales and marketing professionals and gained acquisition integration experience. While at Abbott, she also held several vice president and general management positions in a variety of therapeutic areas in both hospital products and pharmaceuticals. Mowad-Nassar also brings experience from TAP Pharmaceuticals, a former joint venture between Takeda and Abbott, having held both sales and marketing positions.

During her time at Takeda, she has taken a leadership role as a member on several steering committees dedicated to developing partnerships between Takeda and other companies. She was distinguished as an Emerging Leader by *Pharmaceutical Executive* in 2011, and she received the *Takeda Global Award* in 2010, which recognized her outstanding achievements at Takeda. In 2005, she was also named a *Healthcare Businesswomen's Association Rising Star*.

Mowad-Nassar graduated from Bucknell University with a Bachelor of Arts degree in Economics and received her Master of Business Administration from the Kellogg School of Management at Northwestern University.

Mowad-Nassar is an active member of her local community and has previously held roles in several industry boards and taskforces. Currently, Mowad-Nassar serves on the Jobs Committee for the Cristo Rey Saint Martin Work-Study Program. Cristo Rey Saint Martin College Prep is a Catholic learning community which empowers young people of limited economic means to become men and women of faith, purpose, and service by providing a rigorous college preparatory curriculum, integrated with a relevant work-study experience. Mowad-Nassar is also engaged in her church community as a Eucharistic Minister and relishes time with her two sons where she stays involved as both a room mom and soccer team manager.

Distinguished Welcoming Address

Ms. Nicole Mowad-Nassar, Vice President of Marketing at Takeda Pharmaceuticals, set the tone for the rest of the Symposium by asking, "How do you meet challenges with a finite set of resources?" Ms. Mowad-Nassar asked the audience to consider four components when considering diversity and inclusion: expanding the definition of diversity, understanding the difference between superficial diversity and true inclusion, removing unconscious biases, and leveraging diversity to solve real problems.

Ms. Mowad-Nassar began her address with a personal anecdote. Four girls from a local high school interned at Takeda. Their internship was an opportunity to gain experience in the workplace and learn skills for the rest of their lives. For these girls, the office environment was different from any other environment that they had previously experienced, and it offered a completely new set of opportunities. Watching the students interact in a new setting, Ms. Mowad-Nassar questioned whether they felt truly comfortable. Questions like "Do they feel included?" ran through her mind. While these questions struck her while observing the students, Ms. Mowad-Nassar explained that the questions regarding inclusion in a new environment could also be universally applied.

When gauging the level of diversity and inclusion in one's workplace, these fundamental questions still apply and we must ask them to ensure that every voice is heard.

But how can organizations meet similar challenges with a finite set of resources? Often organizations find themselves fiscally constrained with fewer resources, yet they are expected to accomplish more with less. It is relatively easy to promote superficial diversity, but practicing true inclusion is more demanding. There is sometimes unconscious biases rooted within each of our psyches that affect our ability to face situations in a fair and impartial manner. When budgets are cut and time is stretched, it is not difficult to imagine that diversity and inclusion can become lower priorities. To mitigate this approach, diversity and inclusion must be reinterpreted as a tool that can solve pragmatic business problems.

While considering diversity and inclusion, four components must be considered: an expansion of definitions, the necessity of true inclusion, the removal of unconscious biases, and leveraging diversity to solve real problems. First, in order to promote diversity that is truly inclusive, the definition of diversity must be expanded. Traditionally, diversity is thought to encapsulate gender and race. But this definition of diversity must expand beyond tradition to include diversity of

While considering diversity and inclusion, four components must be considered: an expansion of definitions, the necessity of true inclusion, the removal of unconscious biases, and leveraging diversity to solve real problems.

thought, knowledge, expertise, and experience on a global scale. By defining diversity with checkboxes of pre-defined indicators of race, organizations may miss the layers and depths of the individual. Next, superficial diversity should be rejected in favor of true inclusion. In order to truly expand diversity, there must be a greater focus on qualitative features that cannot be measured on paper. With a more diverse workforce, organizations can leverage diverse experiences and backgrounds to accelerate projects and ideas faster and farther. More often than not, this will ultimately bring more success to a project. Third, everyone should make a conscious effort to remove the unconscious biases that influence decision-making. Ms. Mow-

ad-Nassar suggests the use of a test that will discover inherent biases, and several organizations have encouraged members to participate in these bias knowledge workshops. Finally, solving real problems requires diversity. Team members with unique backgrounds and different perspectives, ideas, and histories can help organizations expand areas of expertise and break into new audiences.

With a more diverse workforce, organizations can leverage diverse experiences and backgrounds to accelerate project and ideas faster and farther.

Summary

1) Fundamental questions regarding an employee's comfort and ability to express their concerns and opinions should not be underestimated. These questions demonstrate a commitment to inclusion and are an integral part of a culture that values and promotes diversity and inclusion.

2) Inclusion is equally as important as diversity. The definition of diversity should be expanded to include factors beyond gender and race. Instructing team members to categorize themselves as a different race to artificially increase organizational diversity on paper falls short of truly attempting to implement a diverse and inclusive organization.

3) There is nothing wrong with diversity for diversity's sake; in fact, the advantages dramatically outweigh the potential negatives. Extending opportunities to team members with diverse backgrounds can be beneficial for an organization.

4) Executives and team members must make dedicated efforts to recognize inherent biases as they relate to diversity. Bringing attention to these biases in the workplace through inventories and workshops can help shift the focus from a candidate's personal details to a fair evaluation of their skills and ability to work in a diverse team environment.

5) Take advantage of diversity instead of relegating it to a benchmark that must be met. Rather than emphasizing homogeneity of needs and wishes, encourage team members' self-confidence so they have the courage to advocate for themselves.

Diversity & Clinical Trials Panel

Moderator: Ms. Karen Brooks
Senior Director, Development Operations
    Asset Group Lead
Pfizer

Ms. Sara Duffey
Clinical Trial Recruitment and
    Education Specialist
Northwestern University's Feinberg
    School of Medicine

Dr. Owen Garrick
President and Chief Operating Officer
Bridge Clinical Research

Dr. Marisela Marrero,
ER Physician, Partners Healthcare;
Host of *Un Minuto de Salud* on Telemundo in
    New England

Dr. Stuart Rich,
Managing Director, CHI Consulting;
Professor of Medicine, University of Chicago

Dr. Tom Summerfelt
Vice President of Research
Advocate Health Care

Ms. Barbara Szymaszek
Associate Director, Advocacy and
    Global Recruitment
Bristol-Myers Squibb

Diversity & Clinical Trials Panel

Moderator Karen Brooks made the ultimate goal of the Diversity & Clinical Trials panel quite clear: to keep the conversation going long after the Symposium ends. Simply congregating and discussing diversity and clinical trials is nothing new; progress can be made only by doing something. The most fundamental way to continue a discussion beyond the symposium is to initiate discussions with peers and coworkers.

Perhaps the title of this panel, Diversity & Clinical Trials, should have the addendum "Or Lack Thereof." What we often fail to remember is that there are multiple types of diversity. There is much more to diversity than simply race, gender, sexual orientation, disability status, and ethnicity. Challenges arise not only for investigators and researchers attempting to develop more inclusive trials, but also for providers and patients who must determine which drugs are the most effective and the appropriate course of treatment. While quantitative statistics offer some insight into potential efficacies, diversity encompasses many complexities that comprise the individual. Thus, solutions to inclusion issues cannot rely solely on the analysis of quantitative ethnicity or gender statistics.

Challenges to diversity in clinical trials include lack of awareness, barriers to entry, and the structure of the healthcare institution.

2012 Enrollment for NIH Clinical Research Racial Categories

(Percent of total population)

- White
- Black or African American
- Asian
- Other
- Unknown/Not Reported

20
4.2
12.2
12.1
51.4
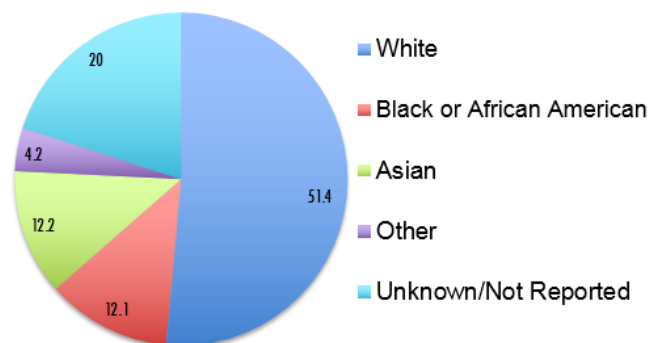
2012 Enrollment for NIH Clinical Research by Ethnic Categories

(Percent of total population)

- Not Hispanic
- Hispanic or Latino
- Unknown/Not Reported

21.4
10.1
68.5

Source: Department of Health and Human Services, NIH

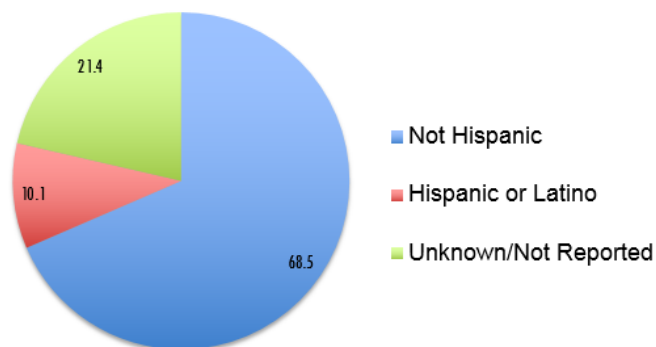Challenges to diversity in clinical trials include lack of awareness, barriers to entry, and the structure of the healthcare institution. First, there is often a disconnect between clinical research and the healthcare culture, including a general lack of awareness about clinical trials. Patients may not know what clinical trials are and how they function to develop innovative therapies and advance science. To better inform the patient on clinical trials as a whole and on opportunities to become involved, a greater emphasis must be placed on patient education. A patient's most trusted source of healthcare information generally comes from their physician. By increasing the collaboration between clinicians and trial administrators, practicing clinicians will better understand the recruitment criteria and processes of clinical trials. Physicians can then better provide definitive answers to patient questions, thereby quelling

some of the worry that may stem from misconceptions or general lack of knowledge of clinical trials.

Misconceptions of clinical research policies and procedures are surprisingly common. A major issue is the stigma associated with placebo control groups and the misconception that treatment is intentionally being withheld or these individuals are being tested upon detrimentally. Additionally, while most physicians are likely familiar with the concept of academic or clinical research, some may lack actual experience with trials and helping direct, inform, and educate patients. Knowing and understanding patients' concerns and desires is critical. Additionally, language plays a key role in treatment and recruitment. When explaining the importance of a trial, physicians may focus on criteria related to the trial sponsor. However, successful recruitment relies on successfully

To better inform the patient on clinical trials as a whole and on opportunities to become involved, a greater emphasis must be placed on patient education.

U.S. Racial Composition Projections

(Percentage of total U.S. population in 2012 and 2060)

■ 2012
■ 2060
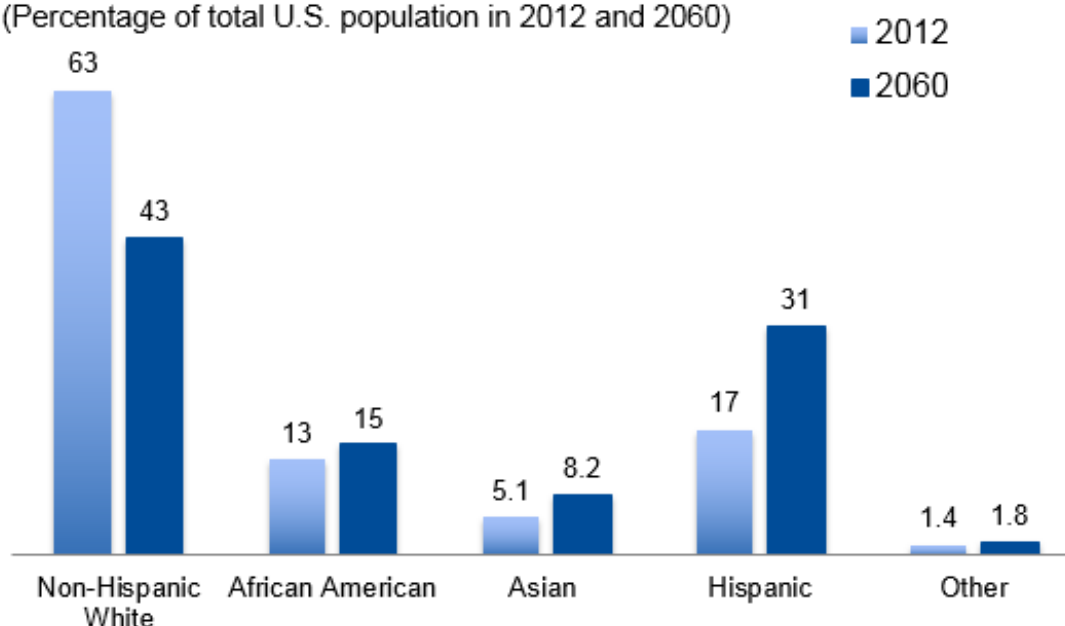
Source: The United States Census Bureau

communicating to patients that clinical trial participation will ultimately add to their treatment.

There are barriers to clinical trial entry, not only for sites that do not have access to trials, but also for the uninsured patients who cannot participate in clinical trials. Furthermore, barriers affect clinicians who are not well versed in the recruitment criteria, timelines, and structure of clinical trials. Sometimes, clinicians desire to be included in the prestige of clinical trials, but lack the crucial experience needed to properly engage patients and advocate for their best interests. This can result in patients being enrolled without fully understanding the consequences of the trial, the potential outcomes, and the actual effects of the treatment.

Additionally, inherent biases are still a challenge in the 21st century. Stereotypes about patient groups are factually inaccurate when compared to the data. Each patient should be considered as an individual and they should be objectively considered, based on their willingness to participate in a trial.

To surmount these barriers and improve inclusion in clinical trials, a shift has to occur in the life sciences and healthcare communities in general. A panelist explains that hospitals are often a wholesale provider of healthcare. The current model of healthcare squeezes wholesalers tighter, making margins smaller. A shift from a "wholesaler" to a trusted partner focused on patient outcomes must

occur to provide clinical trial opportunities that are mutually beneficial to pharmaceutical organizations, healthcare providers, and, most importantly, patients of all demographics.

One proposed solution is to redefine the benchmarks for minority participation in clinical trials as determined by the NIH. The theory behind this idea, a panelist asserts, is "if we make it a mandate, we'll get inclusion" But inclusion isn't as easy as putting a law into effect. Currently, more than 50% of cardiac trials are initiated outside of the U.S., where there are no ethnicity/race requirements set. Rather, clinical trials outside the U.S. are only meant to demonstrate that the drug in question is safe and efficacious. The only demographic requirement is gender. The ambiguity of participant demographics can be disconcerting for patients trying to decide which treatment is best for them. For example, if a young, black woman was prescribed a drug that was proven effective only on a trial cohort of Chinese women, how well, if at all, will the drug work for her? In addition to setting mandatory benchmarks as a means of encouraging diversity and inclusion, regulation should specify which population was used in trial, so physicians and patients can best determine which course of treatment will be most effective.

While patient demographic statistics are important, patients will likely place more attention on whether they think a drug will be effective. Thus, to

A shift from a "wholesaler" to a trusted partner focused on patient outcomes must occur to provide clinical trial opportunities that are mutually beneficial to pharmaceutical organizations, healthcare providers, and, most importantly, patients of all demographics.

determine if tracking and labeling the percentage of minorities in a study is beneficial, ethnicity-exclusive studies must be performed to measure the relevance of such data. One of the biggest concerns to address is how to identify drugs that are effective only for certain groups of patients. These treatments must not be given a blanket rating that fails to explain the gradient of efficacy that a diverse patient group may experience. Blaming a lack of efficacy on the patient's failure to adhere not only reinforces stereotypes, but it also fails to address the real issue: blanket statements on efficacy are not always accurate.

Patients will likely place more attention on whether they think a drug will be effective.

Summary

1) Barriers to treatment and healthcare are also barriers to clinical trial participation. Minority patients cannot enroll in clinical trials if they face barriers to healthcare.

2) Protocols can be written so that they are practical; patients often do not want to participate in complex studies that take too much of their time. Instead of requiring the patient to come to the researcher, researchers should work with trusted community officials to hold studies in accessible locations.

3) Clinical trial awareness must increase across healthcare as a whole. Some providers and patients are not fully informed about what clinical trials are and how they work. Increasing collaboration between clinicians and trial architects will promote education and reassure patients that trials are safe and ethical.

4) The life sciences as a whole should embrace patient-centered care and focus on patient outcomes. Recruiting for clinical trials will be easier and participant adherence will be greater when the research is clearly understood by patients. Patients should learn how the study will help them specifically, not how they are helping the biopharm industry. Increasing diversity in clinical trials requires a shift in ideological structure.

5) There is currently no benchmark dictating a minimum percentage of minority patients in a study; trials are only intended to demonstrate that the drug works. However, future regulation on specifying the trial's participating populations can aid physicians and patients in determining which course of treatment is optimal.

View from the Executive Suite Panel

Moderator: Dr. Chris Nunez
Associate Director
Johnson & Johnson

Mr. Laurence Birch
Chairman and Chief Executive Officer
Datatrak

Ms. Symeria Hudson
Vice President, Global Home Therapies,
  Chronic Renal Franchise,
Baxter

Mr. Vijay Murugappan
Vice President, Analytics &
  Information Management
Health Care Service Corporation

Mr. Raul Soikes
President, Baxter Equality Network
Baxter

View from the Executive Suite Panel

While the previous panel focused on the importance of diversity in clinical trials and considered solutions to increase minority inclusion in trials, this panel discusses the need to encourage diversity and inclusion internally in order to promote it externally. We consider the opportunities for executives to increase diversity and inclusion within their organization and how an increased focus on diversity and inclusion benefits the team members, the community, and the industry.

In order to understand an organization's commitment to diversity and inclusion, one must talk with executives regarding their perceptions and ideas on these key topics. It is an easy step to overlook, but executives must consider the definition of diversity and inclusion according to the industry and their own organization. Furthermore, inclusion should be discussed in conjunction with diversity to drive return and serve patient populations. According to a panelist, there are three main areas where an organization must practice diversity and inclusion: the workplace, the community, and the market. In the workplace, the organizational culture should emphasize the difference between being multilingual and multicultural. Team members must take the time and effort to

Executives must consider the definition of diversity and inclusion according to the industry and according to their own organization.

Areas of Focus for Organizational Diversity & Inclusion

truly understand the culture of their colleagues and clients in order to be successful. A multicultural workplace allows an organization to attract, recruit, and retain the right talent and allows employees to be comfortable at work. By respecting all employees and their cultures, an atmosphere develops that emphasizes "everyone is welcome, because everyone matters." Expanding opportunities for young people can increase diversity and inclusion in the community. High school students often need career opportunities; by engaging these students, organizations can foster productivity and excitement in young people who are ready to learn and want to improve. Alternatively, by engaging the community with diversity and inclusion in mind, an organization can attract the brightest talent. Increasing diversity and inclusion in the workplace reflects changes that are occurring in the market. For example, depending on the disease for which a treatment is indicated, specific populations must be given precedence.

Diversity and inclusion are not related solely to one department within an organization. While Human Resources may be an obvious starting point, the entire workplace must be involved. By permeating each and every department, diversity and inclusion become part of the organization's culture and are not relegated to an annual event. In order to bring diversity and inclusion to every department, many organizations are creating business resource groups (BRGs). BRGs offer team members the opportunity to participate and have their voices heard. The greatest benefit of BRGs is how they can evolve far beyond a HR initiative and become an employee-

based initiative and way of life. BRGs benefit upper management too; retention occurs naturally when team members are given a voice and employee satisfaction remains high. The panelists emphasized that BRGs are some of the most powerful groups within their organizations, and they also explained how BRGs are used to drive initiatives. For example, many patients with end-stage renal disease are African-American. Most of these patients receive treatment in an outpatient center at least three times a week. Home therapy solutions may be available, but many patients are not aware of home solutions and opportunities for a better quality of life. By focusing on diversity and problems in specific populations, BRGs can help patients in the community.

In larger organizations, it can be difficult to reach every employee. To successfully reach everyone within an organization, management must commit to making diversity and inclusion high priorities. This organizational commitment is fostered by senior executives that realize diversity and inclusion are messages that must also be conveyed from the top down. Furthermore, in order to create a culture of diversity and inclusion, all members of an organization must embrace the message from management. True diversity and inclusion starts with active participants who acknowledge that their voice is important and decide to make a difference. Leaders of BRGs and other corporate organizations should be hand selected. Candidates must demonstrate leadership and be able to drive business initiatives. Business leaders should have defined goals for diversity and inclusion and

To successfully reach everyone within an organization, management must commit to making diversity and inclusion high priorities.

believe in the importance of an initiative. Leading a BRG is far more than a feel-good opportunity.

When evaluating the progress of an organization regarding the commitment to diversity and inclusion, executives must ask themselves the right questions. Measuring the progress of creating a diverse and inclusive workplace starts with determining the correct metrics. For example, one strategy to measure diversity and inclusion includes comparing the percentage of minority employees to the percentage of minorities in management. Employee engagement surveys can also reinforce the organization's diversity values. Organizations can increase minority visibility in management and look to diversity and inclusion statistics of comparable competitors in the industry as a benchmark. The introduction of inclusion programs may help executives and HR determine how to increase diversity in the workplace. Finally, management can take the lead by establishing specific goals to increase an underrepresented population in management. However, it is important to remember that this goal setting is a function of upper management, not HR. For initiatives to be embraced by the entire organization and reach successful completion, they must stem from the top.

Furthermore, in order to create a culture of diversity and inclusion, all members of an organization must embrace the message from management.

Summary

1) Before creating a diverse and inclusive culture, organizations must determine how diversity and inclusion are defined both by the industry and within the organization itself. Only then can relevant goals be established that truly reflect the organization's culture and workforce.

2) Metrics are an important baseline that should serve as a reference, but executives should not rely on data alone, as numbers can be deceptive. Consider other factors like employee satisfaction, cultural competence, and employee engagement.

3) Prioritizing diversity and inclusion requires an organizational-wide commitment, and senior executives must realize that diversity and inclusion are messages to be driven from the top down.

4) Business resource groups (BRGs) are a form of empowerment for team members that build an organization's culture of inclusion and allow minorities to internally contribute to organizational culture and policy and externally advocate for minority patient groups in the community.

5) Diversity and inclusion extend beyond the workplace and must be incorporated in the marketplace and the community. This can be accomplished by creating a multicultural workplace, extending employment and advancement opportunities to the community, and reaching out to diverse patient populations in the marketplace.

Distinguished Keynote Address

Dr. Aida Giachello

General Professor, Department of Preventive Medicine, Speaker, Expert on Latino Health, Northwestern University; Member of Expert Panel, U.S. Department of Public Health and Human Services; TIME magazine's *25 Most Influential Hispanics in America* (2005)

Dr. Aida Luz Maisonet Giachello, Ph.D., is a professor at the Department of Preventive Medicine at Feinberg School of Medicine, Northwestern University. In December 2010, she retired as a professor from the University of Illinois-Chicago (UIC) after 25 years of services. There she established the UIC's Midwest Latino Health Research, Training & Policy Center and conducted health disparities research with a focus on chronic conditions such as diabetes, hypertension and asthma, injury prevention, and occupational health. At UIC she trained and mentored minority undergraduates, graduate and pre- and post-doctorate fellows, junior faculty, health care providers, and community health workers in research methods.

She also engaged in community mobilization, advocacy, and policy work emerging from the research findings, and developed and implemented community-based participatory action research and empowerment models to address social justice issues. The Latino Research Center also developed public health community interventions that are being used in Puerto Rico, U.S.-Mexico borders and other Latin American countries.
Dr. Giachello was born and raised in San Juan, Puerto Rico. She has a Bachelor's degree in social sciences from the University of Puerto Rico, a Master's degree from the School of Social Services Administration (SSA) from the University of Chicago, and a Ph.D. in Medical Sociology also from the University of Chicago specializing in Hispanic/minority health.

Due to her research, policy, and advocacy work she has been featured in local, national, and international English and Spanish TV, radio, and printed media and has received numerous awards and recognitions, including being named as One of *25 Most Influential Hispanics in America* by *TIME* magazine in 2005; in 2010, she was named as one of ten national *Persons Who Inspire* by the American Association of Retired Persons (AARP); Dr. Giachello received the University of Chicago's *President Diversity Leadership Award* in January 2014, and in April 2014 she was named as the *Women of the Decade in Health* by *La Raza* weekly newspaper.

Distinguished Keynote Address

Closely echoing the themes of the previous panel discussion, Dr. Giachello's Distinguished Keynote Address emphasizes the need for a commitment to diversity and inclusion from the executive level in order to create change in an organization. In her Keynote Address, Dr. Giachello summarizes how the healthcare system can be more responsive to minorities and women as groups. She also discusses strategies for facilitating minority participation in clinical trials.

Twenty-two percent of Chicago residents speak a language other than English at home. Of all American cities, Chicago has the third highest concentration of Mexican-American residents, the highest concentration of Polish residents, and the second highest concentration of Salvadorian residents. These examples illustrate how diverse our society has become.

Also, we tend to label cultural groups as "Asian" and "Latino", but both Asia and Latin America are comprised of multiple countries and cultures. Broad groups like "Asian" and "Latino" do not give a full picture of a patient population, and our data is limited. These scripted checkboxes do not acknowledge that diversity is more than just race and ethnicity. Diversity also includes other facets, like age,

gender, sexual orientation, and mental health, just to name just a few. Because patients are not homogenous, healthcare requires providers to be culturally competent.

Cultural competency must acknowledge that the practice of medicine is culturally defined, and how illness is defined and prevented varies between cultures. The role of the patient and the role of the healer are both learned through socialization. Whether patients prefer a relationship of equality with their provider, a paternalistic relationship, or choose to defer to others for all provider interactions, providers should consider what is most appropriate for the individual patient. Research should also acknowledge economic and ethnic variations and disparities that affect a population, in addition to measuring chronic disease incidence rates, lifestyles, and risk factors. Social determinants of health should also be addressed; poverty, racism, and sexism can all affect research. Dr. Giachello asserts that our healthcare system is can be more responsive to women and minorities as groups.

Increased interest in diversity also leads to an increase in activism. For example, breast cancer was once considered both a personal tragedy and a social problem. Some patients can suffer when their diagnosis is attached to stigma. It can become more difficult to find treatment, and a lack of

Cultural competency must acknowledge that the practice of medicine is culturally defined, and how illness is defined and prevented varies between cultures.

funding and research can prevent new treatments from coming to market. The United States did not recognize there was a problem with women's health until the 1990s. Because women have a longer life expectancy than men, there is sometimes a false perception that women do not get sick and thus have a higher quality of life. Additionally, Dr. Giachello asserts that there is a disproportionately low amount of money appropriated for research on women and health programs for women. An increased interest in diversity inspired the activism that spawned the Women's Caucus, an organization established to promote more research for women.

We have a responsibility; the research we do can be used by policymakers to impact policy. Historically, there was a deficiency in the way clinical research was conducted, and some investigators did not fully understand the unique challenges and problems faced by minorities. These researchers should employ strategies specifically aimed at recruiting minorities for clinical trials. Research can be proactively designed in a way that specifically attracts patient groups that have been historically under represented in clinical research. Moreover, research processes can be tailored specifically for these patient groups.

Moreover, researchers should develop meaningful relationships with community providers and leaders in order to gain the trust of patients and properly understand the communities they serve. These community providers and leaders can act as navigators who can successfully connect re-

searchers with qualifying patients. If given the opportunity, patients can provide meaningful information about how to design and implement a study, even if they do not describe ideas in traditional terms. By researching with patients, protocols can be designed in a more practical matter that fits the needs and schedules of the patient population.

Currently, some clinical trial operations do not always effectively promote the participation of minorities, and minorities often face additional barriers to recruitment. For example, some data collection instruments are not appropriate for all populations and require a level of health literacy that not all subjects may have. Without minority representation in recruitment and investigation roles, there will continue to be a lack of minority representation in trial populations. If recruiters do not understand a culture, they will not be equipped with culturally appropriate recruitment strategies. To remedy this cultural disconnect, student interest in research should be encouraged early so students have the time and opportunity to develop their skills in both research and cultural competence. Promoting diversity and inclusion, not only in academia, but in a clinical setting, requires the development of a framework with commitment from the executive level, a statement of inclusion, and mindful leadership that promotes inclusive policy.

Researchers should develop meaningful relationships with community providers and leaders in order to gain the trust of patients and properly understand the communities they serve.

Summary

1) Cultural competency should acknowledge that the practice of medicine is culturally defined, and how illness is defined and prevented varies between cultures.
2) The current structure of research may often exclude minority patients. Some research processes do not fully understand or accommodate the needs and schedules of minority patient groups.
3) Increased interest in diversity can inspire activism, which often leads to organizations that promote more research for women and minority patients.
4) Investigators and recruiters can successfully enroll minority patients by developing meaningful relationships with community leaders and providers who can act as navigators, helping to connect researchers with qualifying minority patients.
5) Promoting diversity and inclusion in a clinical setting requires commitment from executives, a statement of inclusion, and leadership that promotes inclusive policy.

The Role of Coaching & Mentoring in Executive Success

Moderator: Dr. Cheryl Beal Anderson
Senior Director, Regulatory Development
   and Registration, Regulatory Affairs
Lundbeck

Dr. Jenny Colombo
Vice President, Medical Affairs Strategies
   and Communications
Takeda

Ms. Edwindra Crocker
Co-President, African American
   Leadership Council
Baxter

Mr. Mark Green
Senior Director, Diversity & Inclusion
AbbVie

Ms. Pam Humphrey
Director, Strategic Operations
Astellas Pharma

Dr. Elif Oker
Medical Director, Clinical Strategy and
   Innovation, Key Accounts
Blue Cross Blue Shield of Illinois

Ms. Lorraine Saintus
Director, Operations Excellence &
   Customer Operations
University of Illinois Hospital & Health
Sciences System

Ms. Regina Shanklin
Senior Director, Marketing Capabilities
Sanofi

The Role of Coaching & Mentoring In Executive Success Panel

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It is fitting that a discussion on coaching and mentoring in executive successes closes the Symposium. After discussing what diversity and inclusion mean and why they are important, this Role of Coaching & Mentoring in Executive Successes panel details the function of coaching and mentoring in the corporate world. Coaching and mentoring enable those who will challenge, think differently, and create the environment necessary for innovation to reach the right positions that allow them to act.

Each of us has a birthright to actualize our potential. The role of a mentor is to help one realize that potential by promoting the growth of the mentee with insights, time, energy, encouragement, and personal wisdom. In the executive world of the life science industry, mentors can help hone their mentees' executive skills, while teaching them how to network and grow as professionals. Mentors serve to guide mentees in the right direction as they help propel them on their own executive journey. Sometimes, it takes affirmation from another before we recognize our own abilities and gain confidence. But what qualities should a mentor have? The panelists described an ideal mentor as one who is candid, honest, encouraging, transparent, generous, and has great listening skills.

Mentors serve to guide mentees in the right direction as they help propel them on their own executive journey.

Moderator Question: "You have written a book on your professional career, the twists, turns, triumphs, and tribulations. The last chapter will have only ONE sentence. As a mentor, what would that one sentence be in the last chapter of your book?"

Panelist Replies:
Dr. Jenny Colombo: "I did it my way, but not without help."
Ms. Edwindra Crocker: "Have disproportionate stamina"
Mr. Mark Green: "Okay Rookie, you made the team! 10% is gaining the opportunity; 90% is what you do with it!"
Ms. Pamela Humphrey: "Believe in yourself"
Dr. Elif Oker: "Give back"
Ms. Lorraine Saintus: "Integrity is critical"
Ms. Regina Shanklin: "Invest in yourself"
Dr. Cheryl Beal Anderson *(by audience request)*: "To whom much is given, much is required"

Time is limited in business, especially for executives. Mentors must be candid in that they must be able to be honest and frank with their mentees. Neither a mentor nor a mentee may have an abundance of extra time and bandwidth, so mentors should get to the point quickly. However, the mentee also has the responsibility to receive and apply the feedback even when it is what the mentee might not want to hear. Applying feedback requires processing information and determining how to personalize that information. In order to advise and help mentees develop a path for success, mentors first and foremost must be able to listen. Listening skills are so important, a panelist explains, because "someone talking at you doesn't help." Mentors must understand where their mentee currently stands and know their long-term goals to help direct them.

A great mentor shares personal experiences about successes and failures. Transparency involves mentors not only directing mentees, but also informing them of the possible consequences and outcomes of the choices of any given situation. Mentees will gain far more insights in decision making if their mentor helps them pragmatically solve problems, instead of simply giving them a proposed solution to a problem. There are sure to be challenges to executive success, and mentors should be able to provide the necessary encouragement to overcome those challenges. A mentor can also encourage his or her mentee's spirits when they become frustrated or discouraged.

Mentoring requires constant two-way communication. Mentors are not doing all of the work while the mentee idly listens. In order to make the most of the mentor-mentee relationship, mentees should consider what their version of success entails. Not everyone may have a certain title, position, or responsibility as their end goal or objective, but all mentees should understand and define what success looks and feels like for them. In order to help mentees find and utilize their passion to reach their goals, mentors must be in touch with their own passion and goals. Mentoring requires a generosity that makes the mentee willing to work with them in a symbiotic relationship. Mentees should be able to trust their mentor and be encouraged by them in order for the relationship to be successful.

One of the greatest benefits an executive can gain from a mentor is exposure. It is easy to assume that recognition and promotion will come to those who work hard. However, performance can sometimes only go so far. Executive success often requires exposure, which may not come easy for some positions. Mentors are able to introduce mentees to connections and colleagues who are most relevant to their career goals, and mentors can aid their mentee by making sure their mentee is seen by the right people and considered for the right positions as the number of positions decreases at the executive level.

The success mentors find in their own careers can lead to a line of mentee

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hopefuls hoping to form a mentorship. Between the stresses of work and the effort required to maintain mentorships, much less multiple mentorships, it is not hard to imagine that mentors may sometimes feel they are stretched too thin. Some may have to turn down new requests to be a mentor. Instead of immediately declining, a useful strategy may be to have an initial conversation with potential mentees. Then, a mentor can reject those prospective mentees who may not be the best fit. In this initial conversation, a mentor should attempt to explain the time and dedication necessary to build a mutually beneficial mentorship relationship.

For individuals looking for advice and expertise who do not want the commitment of a mentorship, executive coaching may be more fitting. Executive coaches provide a one-way line of communication that the client is not obligated to reciprocate. Aspiring executives who do not have high-level mentors readily accessible can hire an executive coach online. If the next position or career goal seems just out of reach, a high-level mentor can help build and open that door. Eventually, with the right resources and enough effort, executive success can be achieved.

But how do you repay the mentor who helped you on your path to success? Is there a way to repay them for their time and efforts? "Yes," a panelist explains, "But this is how you pay me back: Some day, when you're where you want to be, you will know. And when you see a young face that reminds you of where you once were and they ask for help, help them like how I helped you."

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Summary

1) The difference between coaching and mentoring is the level of communication. Coaching involves one-way communication, but mentoring requires two-way communication between the mentor and mentee.

2) Not everyone may have high-level mentors at their disposal. Executive coaches are valuable from an economic standpoint.

3) Effort and commitment are both required to build a proper mentorship relationship; mentees often give just as much to their mentors as they receive.

4) Honesty and communication are required for a successful mentorship; mentees must be able to accept and apply negative feedback. Mentors must also be able to share not only stories of success, but also experiences of failure.

5) Some of executive success lies in exposure, and performance and image alone will not facilitate a climb to the top of the executive ladder. Mentors can help mentees be seen by the right people at the right time so they can progress, even when executive level positions become scarce.

Key Contacts

Executive Summary Authors:

Mr. Joseph Gaspero
President & Co-Founder
Center for Healthcare Innovation

Ms. Victoria Gordon
Analyst
Center for Healthcare Innovation

Mr. Joel Villegas
Chief Executive Officer
National Hispanic Life
   Sciences Society

About the Center for Healthcare Innovation:

The Center for Healthcare Innovation (CHI) is a 501(c)(3) non-profit research center committed to excellence and innovation in the global life sciences industries, primarily the biotechnology, medical device, and pharmaceutical sectors. We aim to be the world's #1 source of rigorous, objective thought-leadership for the international life science ecosystem. For more information, please visit **www.chisite.org**.

Key Contacts:

Mr. Joseph Gaspero
President & Co-Founder
Center for Healthcare Innovation
222 S. Riverside Plaza (#1900)
Chicago, IL 60606
P: +1.312.906.6153
www.chisite.org
joseph@chisite.org

Dr. James Gillespie, PhD, JD
Chief Executive Officer
Center for Healthcare Innovation
222 S. Riverside Plaza (#1900)
Chicago, IL 60606
www.chisite.org
james@chisite.org

Center for Healthcare Innovation

www.chisite.org