

DIVERSITY IN HEALTH CARE: EXAMPLES FROM THE FIELD



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TABLE OF CONTENTS

- Executive Summary.....4
- » CHRISTUS Health.....5
- » Lucile Packard Children’s Hospital Stanford.....7
- » Main Line Health.....9
- » NYU Lutheran.....12
- » Robert Wood Johnson University Hospital.....14
- » Rush University Medical Center.....16

EXECUTIVE SUMMARY

Diversity is becoming a key word in health care. Hospitals and health care systems are focusing on providing care that addresses the diversity of their patient populations. To better care for diverse patient populations, hospitals are working to increase the diversity of their leadership team, board and staff. And many hospital teams are building a culture of diversity and inclusion, to better engage all employees and provide high-quality, equitable care for all patients.

Aligning health care quality and equity supports the Triple Aim: improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. As hospital teams work to meet the needs of diverse patient populations, pursuing and achieving these goals will be foremost as the health care field moves from a volume-based to value-based delivery system.

These examples from the field highlight diversity initiatives at six hospitals across the country.

- » CHRISTUS Health, a multistate health system in Texas, Louisiana and New Mexico, is building a culture that prioritizes diversity and inclusion.
- » Lucile Packard Children's Hospital Stanford is improving health care access for its diverse patient population in Palo Alto, California.
- » Main Line Health in Philadelphia is increasing leadership diversity and actively addressing determinants of health beyond hospital walls.
- » NYU Lutheran in Brooklyn, New York, has developed staff training and education that ensures culturally competent care for its diverse patient population.
- » Robert Wood Johnson University Hospital in central New Jersey promotes diversity and inclusion through employee resource groups that engage its workforce.
- » Rush University Medical Center in Chicago has created a Diversity Leadership Council to increase the number of underrepresented minorities in executive leadership and board positions.

The American Hospital Association offers more field examples and resources through the [Hospitals in Pursuit of Excellence](#) strategic platform and the [Equity of Care](#) initiative. Visit both websites for more information about diversity in health care.

CHRISTUS HEALTH—BUILDING A CULTURE THAT PRIORITIZES DIVERSITY AND INCLUSION

BACKGROUND

Founded in 1999, CHRISTUS Health is a multistate, faith-based, not-for-profit health system with locations in Texas, Louisiana and New Mexico, as well as in Mexico and Chile. CHRISTUS is comprised of 350 hospitals, clinics and long-term acute-care facilities. In efforts to systematically emphasize the importance of diversity and inclusion, the Office of Diversity and Inclusion was established to focus on diversity in leadership, training and education, recruitment and retention, equity of care, community partnership and the supply chain.

INTERVENTIONS

In 2011, demonstrating organizationwide commitment to diverse leadership and equity of care, CHRISTUS Health's chief executive officer, who is also the chief diversity officer, identified "a culture of diversity and inclusion" as one of the organization's top three key strategic objectives. The board-approved strategic plan also includes strategic objectives for asset growth and clinical integration. The executive leadership team reports on these three key areas every year. Furthermore, the CEO uses a scorecard to assess the performance of the organization's top 200 senior leaders in advancing these strategic objectives. Key components of the scorecard are the overall incentives that are tied to strategic objectives and effectively prioritize diversity and inclusion.

To further drive this strategic objective throughout the organization, CHRISTUS is reaching out to managers to promote diversity and inclusion through their direct reports. To achieve this, the Office of Diversity and Inclusion provides ongoing cultural competency training that focuses on unconscious bias, generational differences and talent development.

- » *The Unconscious Bias* workshop examines how unconscious bias develops and influences staff and efforts to promote diversity and culture change. The workshop combines psychological approaches such as stereotype threat, unintentional blindness and selective attention, along with other diversity approaches.
- » *Fierce Generations* is training to create a culture where employees of all ages are comfortable teaching and learning from each other by focusing on similarities, respecting differences and identifying and leveraging strengths.
- » *The Development Ladder* is an interactive simulation workshop for employees that involves friendly competition and exposure to opportunities, barriers, rewards and consequences typically experienced in career advancement.

Working toward improving the collection and reliability of race, ethnicity, language, gender and geography data, CHRISTUS implemented MIDAS in 2014 as its clinical data system. MIDAS collects and analyzes race, ethnicity and language (REAL) data in order to generate reports, thereby advancing organizational efforts to better understand the patient population. To strengthen the reliability and consistency of REAL data collection throughout the organization, CHRISTUS trains all patient registration staff in this process.

RESULTS

Diversity and inclusion are an established value proposition for the organization. As of fiscal year 2014, diversity in leadership has increased from 13 percent to 23 percent, and diversity on the system-level corporate board has increased to 25 percent. All departments are accountable for advancing this strategic objective. For example, when considering candidates for a new position, the human resources department is responsible for finding diverse candidate pools, which will increase diverse representation within CHRISTUS. Furthermore, equity of care initiatives are overseen by the chief medical officer, and supplier diversity is managed by the supply chain department.

LESSONS LEARNED

- » Increasing diversity and inclusion cannot be accomplished by one department or silo. It must be embedded in a systemwide manner so that all leaders are held accountable for driving and sustaining it.
- » A reliable infrastructure must be in place to successfully collect and analyze race, ethnicity and language data.

CONTACT

Office of Diversity and Inclusion
(469) 282-2673
diversity@christushealth.org
[CHRISTUS Health](#)

LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD—IMPROVING HEALTH CARE ACCESS FOR A DIVERSE PATIENT POPULATION

BACKGROUND

Established in 1991, Lucile Packard Children's Hospital Stanford is a not-for-profit, 311-bed hospital located in Palo Alto, California. As part of the Stanford University system and Stanford Children's Health, the hospital is dedicated solely to pediatrics and obstetrics and has six centers that provide comprehensive services. In addition to providing health care services for pregnant mothers and children, Lucile Packard Children's Hospital Stanford actively collaborates with local nonprofit organizations and community leaders to improve community health outcomes.

INTERVENTIONS

In its mission to integrate itself with the community to improve health, Lucile Packard has pursued several strategies. First, the hospital conducted a community health needs assessment that included Palo Alto and East Palo Alto, low-income areas with a diverse population. Although the hospital is located only a few miles away from East Palo Alto, patients needed two to three hours to get there by bus—an issue identified in the community health needs assessment. In response to the low accessibility of primary care in the area, Lucile Packard leaders served on a task force convened by the federal government. The task force worked to obtain a grant to designate and start a federally qualified health center in East Palo Alto. Committing itself as a long-term partner of the FQHC, Lucile Packard has provided annual grants, low-interest loans, donations and pediatricians to the FQHC. In addition, pediatricians at the FQHC have made it easier to refer children seeking specialty care to the hospital, thereby strengthening the continuum of care. To increase accessibility between the FQHC and other provider sites, the county of San Mateo—another FQHC partner—leased a bus shuttle that provided transportation between Lucile Packard, the FQHC, another clinic site and the Stanford Health System as the FQHC was being developed.

To help meet the needs of the medically underserved adolescent populations that are homeless or at risk of becoming homeless, Lucile Packard established the Adolescent Teens Clinic nearly two decades ago. This mobile clinic works with shelters, FQHCs in San Francisco and local school districts to identify and track homeless and at-risk youth. The clinic operates across three counties, at no cost to patients. Physicians provide comprehensive health services, including mental health, family planning, sexually transmitted disease testing and treatment, and substance abuse and social services. All mobile clinic staff, including physicians, nurses, technicians, psychologists, nutritionists and social workers, are required to be nonjudgmental and “teen-friendly.” This is imperative for building trust with adolescent patients, promoting the mobile clinic as a medical home and maintaining relationships through medical records.

RESULTS

In fiscal year 2014, Ravenswood Family Health Center, the FQHC in East Palo Alto, served 3,000 pediatric patients with more than 9,100 visits and served 2,500 pediatric dental patients with 5,400 dental visits.

In fiscal year 2014, the Adolescent Teens Clinic served 347 individual patients, ages nine and older. To these patients, the clinic provided 1,014 medical services; 1,288 individual and group dietician visits; and 679 individual and group social worker visits. The majority of youth served are Hispanic (74 percent) and/or female (77 percent).

Although more than 50 percent of patients in fiscal year 2014 were first-time visitors of the mobile clinic, approximately 30 percent of patients have maintained a relationship with the clinic for more than one year and have multiple visits per year. The services most frequently used by long-term patients are family planning and transgender services.

The mobile clinic uses several metrics to assess quality patient outcomes. Metrics include:

- » 70 percent of eligible patients receive all three immunizations in the Hepatitis B series.
- » 50 percent of sexually active patients increase condom or birth control use by at least one level on a 1-to-5 Likert scale.
- » 90 of patients meet one-on-one with social workers to use the Pediatric Symptom Checklist—Youth Report (standardized mental health screening). Patients who screen positive receive counseling, are referred for psychiatric services as needed and are monitored.

LESSONS LEARNED

- » It is imperative for hospital partners to treat community partners as equals and be good listeners in working toward the common goal.
- » When challenges occur in a health facility with limited resources, staff connections can make a big difference and help find alternative ways of providing care to vulnerable patients.
- » It is important to meet patients where they are and address the complex social determinants of their health.

CONTACT

Sherri Sager
Chief Government and Community Relations Officer
(650) 497-8277
ssager@stanfordchildrens.org
[Lucile Packard Children's Hospital Stanford](#)

MAIN LINE HEALTH—ADDRESSING DETERMINANTS OF HEALTH BEYOND HOSPITAL WALLS

BACKGROUND

Main Line Health is a 1,348 bed, not-for-profit health system serving parts of Philadelphia and its western suburbs. Lankenau Medical Center, a member of Main Line Health, is a 331-bed teaching hospital and research institute located in Wynnewood, Pennsylvania. Main Line Health's strategic plan includes the goals of providing culturally competent and patient-centered care and eliminating ethnic and racial disparities.

INTERVENTIONS

To cultivate a culture of diversity, inclusion and respect, Main Line Health has implemented multiple strategies, including an increased focus on talent recruitment and access to care.

- » *Enhancing diversity of the board.* Over the past decade, Main Line Health has emphasized creating a more diverse board. All board recruitment begins with marrying an extensive list of leadership and business competencies with the critical need to ensure representation from the region's diverse community. The board has experienced relatively strong gender diversity and increased the number of members from underrepresented minority groups, but it still seeks to grow its racial and ethnic minority representation.
- » *Bringing diversity to leadership.* The president and CEO of Main Line Health, as well as the board, recognized the importance of having a diverse team to foster an informed and culturally sensitive management team. Not only does the organization believe this diversification represents its core values, but several board members emphasized its importance as a strategic and business imperative. In addition, to provide development opportunities for the next generation of minority leaders, Main Line Health provides paid internships exclusively for summer interns recruited through the Summer Enrichment Program of the American Hospital Association's Institute for Diversity in Health Management.
- » *Addressing social determinants of access to comprehensive health care.* Led by the chief academic officer, interdisciplinary teams at Main Line Health conducted evidence-based assessments to identify disparities in patient treatment according to insurance status, gender, and racial and ethnic backgrounds. To date, 22 studies have been conducted. For example, a gastroenterology team assessed whether patients 50 years and older were referred for a surveillance colonoscopy as recommended. Although disparities in treatment were not found, disparities in outcomes, due largely to socioeconomic circumstances, were identified. For example, a patient did not follow up for a colonoscopy referral due to lack of transportation. To address these findings, the Health Care Disparities Colloquium was established in 2012, providing an opportunity for the community to collaborate on solving these complex problems and tracking improvements over time. To proactively address socioeconomic barriers to health care, Main Line Health has partnered with the Philadelphia College of Osteopathic Medicine to create the Medical Student Advocate program. Second-year PCOM students work with patients to address social barriers to positive health outcomes. These patients are at high-risk for readmission, delayed care and frequent ED utilization. The program aims to develop future medical professionals who are more cognizant of the key social determinants of health.

» *Addressing patient needs beyond hospital walls.* Lankenau Medical Center, situated at the intersection of two counties that rank first and last in the state's county health rankings, partners with community organizations to address health disparities. At Lankenau Medical Associates, patients who have a body mass index of at least 30 percent and/or are diabetic received prescriptions for Philadelphia Food Bucks, to use in local farmers markets. Philly Food Bucks are provided by a partnership between the Philadelphia Department of Public Health and the Food Trust. Lankenau Medical Center collaborates with Greener Partners to maintain a half-acre garden on campus. In addition, the medical center's Health Education Center draws more than 10,000 children annually and works to empower the next generation to make healthy choices. The Health Career Academy Main Line Health provides education outreach to local high school students who are at high risk for dropping out. The goal is to keep students in school by nurturing their interest in achievable health care professions. Ideally, this program will create a pipeline of promising new talent from the neighborhoods the health system serves.

RESULTS

Although measures are not currently in place at Main Line Health to assess the impact of diversifying its board and leadership, the employees of Main Line Health have taken notice of these changes. The first class of the Medical Student Advocate program created a Wikipedia page that has nearly 500 socioeconomic and health care resources for patients. Thus far, the program has helped more than 300 patients and addressed more than 500 social needs (i.e., transportation, food, employment, utilities, etc). MSA is currently looking to partner with Spectrum Health, a federally qualified health center in West Philadelphia.

Health Career Academy has recruited four Philadelphia medical schools to oversee the program at five high schools. Over the past few years, HCA has received funding from Aetna and expanded its program to serve all high school grades. HCA also will be expanding nationally, starting with implementation in Atlanta in partnership with Morehouse and Emory Schools of Medicine. Future plans involve implementation in Houston.

Main Line Health has begun to track the impact of the Medical Student Advocate program and the Philly Food Bucks program through its electronic medical record system.

LESSONS LEARNED

- » While the primary focus for Main Line Health is to create a diverse and inclusive environment, the real impact occurs at the program level and may take several years to yield measurable results.
- » Even at the most senior level of leadership in health care, mistakes will be made during the sensitive discussion of diversity. Therefore, it is imperative that the workplace environment encourages transparent discussions and empowers staff to hold each other accountable.
- » Leaders set the tone for promoting diversity and cultural competence within the organization by modeling respectful behavior and recruiting a diverse team.
- » It is critical to invest in the development and management of diverse talent, increasing the likelihood of retaining diverse employees.

CONTACTS

John J. Lynch III (Jack)
President and CEO
LynchJ@mlhs.org
[Main Line Health](#)

Barry Mann, MD
Chief Academic Officer
MannB@mlhs.org
[Main Line Health](#)

Chinwe Onyekere
Associate Administrator
OnyekereC@mlhs.org
[Lankenau Medical Center](#)

NYU LUTHERAN—ENSURING CULTURALLY COMPETENT CARE FOR A DIVERSE PATIENT POPULATION

BACKGROUND

NYU Lutheran is an academic, faith-based, community health care organization located in southwest Brooklyn, New York. The organization includes a medical center, a multisite health center network, home care, subsidized senior housing, and community development. The community served by NYU Lutheran has become increasingly diverse. Southwest Brooklyn is predominantly Hispanic, with residents from Puerto Rico, Mexico, the Dominican Republic and areas throughout Central and South America. The community is also home to the third largest Chinatown in New York City. In addition, NYU Lutheran serves the largest Arab-American community in New York City.

INTERVENTIONS

NYU Lutheran has partnered with community-based organizations, faith-based organizations and other groups on many efforts to reduce health care disparities for the diverse communities it serves. For example, the health care system developed a successful asthma program for Latino patients who regularly used the emergency department for asthma treatment. The program focused on routine visits to monitor medication usage, and Spanish-speaking home health care workers and educators went to patient homes to teach patients how to manage their asthma in their home environment. The asthma program was so successful, emergency room utilization decreased dramatically and there is no longer a need for the program.

In its ongoing commitment to meet community health needs, NYU Lutheran continues to develop community health needs assessments, focus groups and programs that are culturally and linguistically accessible, appropriate and competent. Collection of patients' race, ethnicity and language preference data, in addition to census data, has provided detailed information on the demographics and needs of the patient population. The health care system now has a mosque, Bikur Cholim Yad Yaakov room, Sabbath elevators, and an interfaith chapel – all on-site. Chinese, Halal and Kosher meals are served throughout the system. A patient guide and other documents are written at a sixth-grade reading level and available in five languages: English, Spanish, Chinese, Russian and Arabic. After successfully developing a Chinese unit in the hospital, the organization recently opened a Chinese unit in its nursing home/short-term rehabilitation facility. NYU Lutheran actively works with community organizations, staff and physician partners for input and fundraising for all of these initiatives.

Cultural competency training also is a core function of NYU Lutheran's equity of care efforts. All staff members receive cultural competency training during new employee orientation. In addition, nurses, physicians, house staff and medical students receive additional training on cultural competence within their disciplinary training. Special trainings open to all staff have been conducted on Chinese and Latino values and health beliefs; Ramadan; homelessness; gender; domestic violence; mental health; palliative care; working with Muslim families; working with patients with disabilities; and many other topics.

RESULTS

Ensuring leadership, governance and staff diversity also is a priority for NYU Lutheran. The human resources department, together with staff, leadership and the community, work diligently to recruit staff members who are representative of the community. Fifty-nine percent of NYU Lutheran's staff is bilingual, which helps the health system care for its patient population. At NYU Lutheran, 39 percent of patients prefer not to speak English when receiving medical care. Leadership also ensures that all shifts at each health center include culturally and linguistically diverse staff members. These efforts have resulted in an increase in the number of patients from these various communities who use the hospital. In the 10-year period from 2004 to 2014, Hispanic patients have increased from 15 percent to 21 percent of all patients, Arabic-speaking patients have increased from 1 percent to 2 percent, and Chinese-speaking patients have increased from 4 percent to 6 percent of all patients at the hospital. The Chinese unit was expanded to the entire hospital, and Chinese staffing has increased throughout the hospital.

LESSONS LEARNED

- » Ongoing partnerships with community organizations provide guidance and support in delivering culturally appropriate care.
- » It is important to recruit staff members who are representative of the community served.
- » Cultural competency training should be part of orientation for all employees; additional training in relevant topics and by specialized disciplines also should be provided.

CONTACT

Virginia S. Tong
Vice President, Cultural Competence and Partnership Innovation
(718) 630-7236
Vtong@lmcmc.com
[NYU Lutheran](#)

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL—PROMOTING DIVERSITY AND ENGAGING EMPLOYEES

BACKGROUND

Robert Wood Johnson University Hospital is a 965-bed hospital with campuses in New Brunswick and Somerville in central New Jersey. Together, RWJUH's New Brunswick and Somerset campuses serve as the flagship hospital of the 1,733-bed health care system.

INTERVENTIONS

In 2012, RWJUH identified diversity and inclusion as a key strategic commitment and implemented the first board-approved diversity and inclusion plan. To begin this process, the hospital reached out to the American Hospital Association's Institute for Diversity in Health Management. One component of the diversity and inclusion plan was creating employee-led business resource groups, also known as employee resource groups. RWJUH now has seven business resource groups:

- » Advancing Women through Advocacy, Recognition and Empowerment (AWARE)
- » Asian Society for Impact and Advocacy Network (ASIAN)
- » Black Professionals Network (BPN)
- » Emerging Leaders Network (ELN)
- » Promoting Respect, Outreach, and Dignity (PROUD) for LGBT employees
- » Service and Advocacy for Latinos United for Development (SALUD)
- » Veterans Engaging Through Service (VETS)

RWJUH's business resource groups have helped advance the hospital's business objectives through improving employee and patient engagement, community outreach, and diversity and cultural competency education. The groups lead business impact projects that are linked to key organizational metrics, including financial performance, employee and patient engagement, and market-place positioning. RWJUH works with the business resource groups to engage and develop the next generation of leaders. For example, business resource group leaders are mentored by executive sponsors and frequently interact with leaders across the system.

RESULTS

In a recent survey of RWJUH's business resource group members about their level of engagement, 70 percent said the business resource groups added value to the employee experience. Furthermore, because of RWJUH's support of business resource group involvement, employees believe that "RWJUH is committed to [their] overall growth and development." As a result, employees are more satisfied with RWJUH as an employer. The return on investment for engaged employees and for the organization has been measured in the number of promotions among business resource group leaders, expanded job roles and responsibilities, enhanced business acumen, and visibility as the next group of leaders at RWJUH. Since the program began in 2012, more than 30 percent of business resource group leaders have received a promotion within RWJUH.

The health care system's 2014 engagement survey found that diversity is a major driver of employee engagement and employer satisfaction. An example of a business impact project that promotes diversity is the Black Professionals Network's Project R.E.D. (Reach. Educate. Donate), which partnered with RWJUH's blood donor services to respond to a shortage of African-American blood donors. This initiative provided education and outreach in African-

communities on the importance of blood donation and reduced the costs associated with shortages of unique blood types in RWJUH's internal blood bank. The Black Professionals Network also led the development of community blood drive donor cards, which add potential donors to the RWJUH donor database.

LESSONS LEARNED

- » Employee business resource groups can support business objectives, including education and outreach and patient and employee engagement.
- » Effectively aligning employee business resource groups to organizational operations and performance adds value to the business case for increasing and advancing workforce diversity.
- » Engaging staff through business resource groups can provide opportunities for staff growth, including developing the next generation of leaders.

CONTACT

Ryan P. Parker
Chief Diversity Officer
Assistant Vice President, Diversity and Inclusion
(718) 630-7236
ryan.parker@rwjuh.edu
[Robert Wood Johnson University Hospital](#)

RUSH UNIVERSITY MEDICAL CENTER—CREATING A DIVERSITY LEADERSHIP COUNCIL

BACKGROUND

Rush University Medical Center is a not-for-profit, 664-bed academic medical center located in Chicago. The mission of Rush is to provide the best health care for the individuals and diverse communities it serves through the integration of outstanding patient care, education, research and community partnerships. Rush's core values are innovation, collaboration, accountability, respect and excellence (I CARE).

INTERVENTIONS

In response to an ad hoc committee's 2006 review of Rush's challenges on increasing diversity in leadership, senior leaders established the Diversity Leadership Council. This council is chaired by the vice president of corporate and external affairs, and the executive sponsor is the president of Rush University Medical Center. The council is composed of members from all sectors of the medical center. The council reviews organizational successes and areas for improvement regarding diversity and develops programs to promote organizational diversity.

Since the creation of the Diversity Leadership Council, Rush has implemented numerous policies and practices to promote diversity and inclusion within leadership and governance roles, with its initial focus on hiring more women and underrepresented minorities and encouraging their leadership development. The executive leadership council attends formal diversity training and at least two Rush diversity events annually. Furthermore, all staff and faculty complete online diversity training annually. As part of their performance appraisal process, managers must include at least one goal on diversity, which in some cases is tied to their annual compensation incentives. Rush also has a diversity scorecard that assesses whether leaders are making progress toward completing their goals. Rush hired an associate vice president in human resources to ensure there is a diverse pool of candidates for all open positions.

To understand and meet the needs of the medical center's patients and employees, the Diversity Leadership Council also created a LGBT advisory panel that includes allies and members of the LGBT community. The council and advisory panel identified goals in five areas: access; resources and visibility; health records; education and training; and transgender-specific goals. In addition, Rush hosts an annual Diversity Week with activities that are designed to break down barriers to effective communication among colleagues and create a culture of inclusion and increased cultural competence.

RESULTS

Since 2007, representation of women in senior executive positions at Rush University Medical Center has increased from about 53 percent to 57 percent, along with an increase of underrepresented minorities from 11 percent to 17.9 percent of those positions. Twenty-five percent of board members are women, an increase from 21 percent, while minority representation increased from 11 percent to 20 percent.

Furthermore, Rush has revised its health records to allow patients to indicate whether their current gender identity differs from the gender they were assigned at birth and the gender shown on documents used in admitting or registration. In 2014, Rush provided six days of staff training on LGBT health-related topics and plans to continue it, along with developing additional LGBT resources for patients and employees.

LESSONS LEARNED

- » Creating a culture of diversity should be consistent and deliberate, integrating patient care, education, research, and community partnerships.
- » Establishing a Diversity Leadership Council can help to increase the diversity of senior executive staff and board members.
- » It is important to understand and meet the needs of underserved patients and employees, including those who are LGBT.

CONTACT

Paula J. Brown, MBA
Manager, Diversity and Inclusion, Community Employment Liaison
Office for Equal Opportunity
(312) 942-7094
Paula_J_Brown@rush.edu
[Rush University Medical Center](#)