Chapter 12

Fifteen Years of Diversity Leadership at an Academic Medical Center in Chicago

Cynthia E. Boyd
Rush University Medical Center, USA

John Andrews
Rush University Medical Center, USA

Paula J. Brown
Rush University Medical Center, USA

Angela L. Davis
Rush University Medical Center, USA

Sheila A. Dugan

Rush University Medical Center, USA

Sharon Gates
Rush University Medical Center, USA

Diane M. Howard
Rush University Medical Center, USA

Wrenetha A. Julion
iD https://orcid.org/0000-0002-5197-9955
Rush University Medical Center, USA

Christopher Nolan
Rush University System for Health, USA

ABSTRACT

The diversity and inclusion initiatives at a Chicago academic medical center are reviewed in the context of its activities over 15 years. The team of leaders discuss how the diversity initiatives were introduced and the strengths, weaknesses, opportunities, and threats of pursuing diversity, equity, and inclusion, as staff move in and out of the organization. Five employee resource groups and initiatives that serve as the backbone of the DEI initiatives are discussed including Rush community service initiatives program, Americans with Disabilities, business diversity, Women's Leadership, and LGBTQ programming.

BACKGROUND

The diversity leadership initiative at Rush University Medical Center was initiated in 2007 after a formal diversity plan was developed. Accountability for diversity at Rush was accepted by the Executive

Leadership Council. Rush diversity goals were established in 2008 and annual reporting on diversity recommendations began with an energized organization. In 2012, *Diversity and Inclusion: A Report of Progress* was published to inventory the strides made in making the Medical Center a diverse and inclusive environment (2012). The D&I initiatives were to sustainable with activities to benefit the community, including patients, students, faculty, staff and people that Rush serves (2012).

A five-year plan was initiated led by senior leadership under the Executive Leadership Council with participation by the President/CEO. The Rush vision was adopted: To be a diverse and inclusive patient care, educational, research and community service institution of the highest caliber with measurable goals. Accountability for diversity at Rush

The Medical Center located in an ethnically diverse community with minorities representing over 65 percent of those living in the area (2012). In quantifying its internal constituency, it described itself as being 70 percent female; over 45 percent minority, approximately 40 percent physician residents and fellows are minority, almost 75 percent of students are women, almost 30 percent of students are minority.

In supporting the D&I initiatives, the Medical Center formed two bodies to achieve diversity goals over a 5-year period and to meet a 2016 deadline to accomplish the goals established. Those entities, Executive Leadership Council and Diversity Leadership Council (DLC) were to collaborate on the specified goals developed. The core stakeholder groups were management, faculty and students. The Management Subcommittee focused on the university and medical center sectors. The Student and Faculty Subcommittees focused on the university sector.

Goal Setting and the Work of the Subcommittees

The Management Subcommittee's key goals were 1) gender diversity, 2) ethnic diversity, and 3) inclusion of people with disabilities. A key decision of the group was that Rush look like its customers.

The goals of the subcommittee were:

Goal 1: Achieve and maintain <u>gender diversity</u> of 50 percent female/male for Executive Leadership Council, Associate Vice President, Assistant Vice President and Director positions.

Goal 2: Achieve and maintain <u>ethnic diversity</u> by 20 percent among management to reflect Rush's patient population and availability of talent.

Goal 3: Establish an organization that continues to distinguish itself as being the place for those with disabilities to work and to receive care.

The Faculty Subcommittee's two goals were:

Goal 1: Faculty and academic leadership will be reflective of the patients, students and other communities served with a target of 5 percent above ethnic availability.

Goal 2: Build cultural awareness and competency among faculty and graduates by building comprehensive learning experiences and prepare graduates to be providers in a diverse and global society.

The Student Subcommittee recognized that students consider matriculation based on the diversity of the faculty and so faculty recruitment was considered vital.

Goal 1: Ensure matriculation of students who are underrepresented in medicine is at or above 16 percent of the available number from programs throughout the U.S. The focus was on students from biological science programs.

Goal 2: Create a welcoming, multicultural environment for all students.

Related Content

Systems Administration in Ontology-Based Applications: The Case of Citizen Relationship Management
Assia Alexandrova, Borislav Iordanov, Syed Abbas, Phani Upadrasta, Michael Sarastiand Thomas Hilpold (2016). *International Journal of Public Administration in the Digital Age (pp. 37-46).*
www.irma-international.org/article/systems-administration-in-ontology-based-applications/146806

Selection of US Regional Electric Air Routes for Public Benefit Maximization
Henry White (2023). *Handbook of Research on Transforming Government, Nonprofits, and Healthcare in a Post-Pandemic Era (pp. 110-130).*
www.irma-international.org/chapter/selection-of-us-regional-electric-air-routes-for-public-benefit-maximization/315362

Vision Impairment and Electronic Government
Reima Suomiand Irene Krebs (2013). *Cases on Progressions and Challenges in ICT Utilization for Citizen-Centric Governance (pp. 449-461).*
www.irma-international.org/chapter/vision-impairment-electronic-government/69879

Using Web 2.0 as a Community Policing Strategy: An Examination of the United States Municipal Police Departments
Matthew A. Jones, Melchor C. de Guzmanand Korni Swaroop Kumar (2012). *Public Service, Governance and Web 2.0 Technologies: Future Trends in Social Media (pp. 139-152).*
www.irma-international.org/chapter/using-web-community-policing-strategy/61856

Surveillance of Air Quality and Measuring Effect of Homa Activity at Delhi, India: Pollution and Pandemic Challenges in Cities and Healthcare Remedies
Rohit Rastogi, D. K. Chaturvedi, Mukund Rastogi, Saransh Chauhan, Vaibhav Aggarwal, Utkarsh Agarwaland Richa Singh (2022). *International Journal of Public and Private Perspectives on Healthcare, Culture, and the Environment (pp. 1-19).*
www.irma-international.org/article/surveillance-of-air-quality-and-measuring-effect-of-homa-activity-at-delhi-india/305451