

**BOARD OF TRUSTEES**

**Diversity Equity and Inclusion (DEI) Committee**

Friday, March 17, 2023  
10:00 A.M.

BOARD ROOM  
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <http://harrishealthtx.swagit.com/live>.

*Notice: Some Board Members may participate by videoconference.*

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

**AGENDA**

- |  |                                 |               |
|--|---------------------------------|---------------|
| <b>I. Call to Order and Record of Attendance</b>   | <b>Professor Marcia Johnson</b> | <b>2 min</b>  |
| <b>II. Approval of the Minutes of Previous Meeting</b>                                   | <b>Professor Marcia Johnson</b> | <b>2 min</b>  |
| • DEI Committee Meeting– February 17, 2023   |                                 |               |
| <b>III. Executive Summary Highlights Regarding DEI Dashboard<br/>– Dr. Jobi Martinez</b> |                                 | <b>25 min</b> |
| <b>IV. Harris Health System’s DEI Framework – Dr. Jobi Martinez</b>                      |                                 | <b>25 min</b> |
| <b>V. Adjournment</b>  | <b>Professor Marcia Johnson</b> | <b>1 min</b>  |

DIVERSITY, EQUITY AND INCLUSION (DEI) COMMITTEE

**Voting Committee Members:**

Marcia Johnson (Committee Chair)

Arthur W. Bracey, MD (Ex-officio)

Alicia Reyes

Jennifer Tijerina

**Executive Sponsor (Non-voting Committee Member):**

Dr. Jobi Martinez, Vice President - Chief Diversity Officer

**HARRIS HEALTH SYSTEM  
MINUTES OF THE BOARD OF TRUSTEES  
DIVERSITY EQUITY AND INCLUSION COMMITTEE MEETING  
Friday, February 17, 2023  
10:00 AM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order and Record of Attendance</b>	Professor Marcia Johnson, Chair, called the meeting to order at 10:01 a.m. It was noted there was a quorum present and the attendance was recorded. Professor Johnson announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	
<b>II. Approval of the Minutes of the Previous Meeting – DEI Committee Meeting – January 20, 2023</b>		<b>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously approved the minutes of the previous meeting. Motion carried.</b>
<b>III. Harris Health Human Resources Report on Racial/Gender Disparity or Status at Harris Health System</b>	Mr. Omar Reid, Executive Vice President and Chief People Officer, delivered a presentation regarding the Harris Health Human Resources Report on Racial/Gender Disparity. He shared that the Diversity, Equity and Inclusion (DEI) Dashboard provides demographic breakdowns of Harris Health employees by ethnicity, pavilion, tenure, gender, full-time and part-time status, as well as generational status. Mr. Reid noted that the DEI Dashboard findings indicate that there is disparity in direct patient care representation, disparity in non-patient care positions, a higher percentage of African American employees throughout the System except in certain areas, and disparity in gender representation. Mr. Reid stated that director and up position data indicates the need for new recruitment strategies, engaging an executive recruiter and implementing executive search policy trainings, and mapping recruitment and onboarding strategies.	<b>As Presented.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Additionally, Mr. Reid noted the following implications:</p> <ul style="list-style-type: none"> <li>• Provide strategic recommendations to leaders to promote diversity and inclusion</li> <li>• Increase strategic diverse hire pipeline initiatives</li> <li>• Review recruitment policies and practices</li> <li>• Examine employee engagement (inclusion) data</li> <li>• Acknowledge and celebrate our diversity</li> </ul> <p>Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer, reiterated that the DEI Dashboard allows Harris Health to look at data from 2019 – present to provide a critical analysis of what the organizations needs are. Dr. Martinez also shared that Harris Health is looking to include patient care data with the DEI Dashboard. The Committee discussed possible trends and opportunities related to the dashboard. A copy of the presentation is available in the permanent record.</p>	
<p><b>IV. Update Regarding Harris Health DEI Dashboard</b></p>	<p>Mr. Subin Chacko, Workforce Analytics Supervisor, delivered a live demonstration of the Harris Health DEI Dashboard. Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office, stated that the Corporate Compliance, Legal and Human Resources teams work collectively to ensure that Harris Health’s hiring practices and policies comply with requirements of the law and Title VII provisions, specifically, as a governmental entity. She shared that there are limitations on how race can be used in hiring and promotion decisions within our organization. In addition, Ms. Thomas stated that Harris Health’s outreach efforts encouraging inclusion are appropriate. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
<p><b>V. Update Regarding Harris Health Diabetes Health Equity Deep Dive</b></p>	<p>Dr. Esperanza “Hope” Galvan, Senior Vice President, Chief Health Officer, delivered a presentation regarding Harris Health Diabetes Health Equity Deep Dive. She touched on Harris Health’s Health Equity Strategic Playbook, noting that its standards are aligned with, and validated by leading national accreditation authorities.</p>	<p><b>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Committee accept the report with the noted recommendations. Motion carried.</b></p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>She shared that treating diabetes requires a multipronged approach and depending on the need, diabetes patients qualify for a range of interventions available at Harris Health. Dr. Galvan addressed the interventions which include pre-diabetes standard of practice, clinical pharmacy, diabetes self-management education, chronic disease management, community health worker home visits, food pharmacy and culinary medicine. Ms. Karen Tseng, Special Advisor to CEO, mentioned that the major chronic disease areas are embedded within the balanced scorecard. She touched on the core metrics and how they are used to identify meaningful disparities in preventive service delivery and outcome metrics across REGAL (race, ethnicity, gender, age, language) categories. Ms. Tseng addressed the multivariate analysis for foot exams and poor hemoglobin A1C (HbA1C) control, findings related to disparities in service delivery and outcomes, and next steps regarding health equity data development and disparity identification and mitigation. Ms. Tseng shared the diabetes health equity action plan as well a list of Harris Health community partners. Committee discussions ensued regarding the diabetes patient population, diabetic education, community health workers, as well as strengthening partnerships in the Community. Dr. Esmaeil Porsa, President &amp; Chief Executive Officer, stated that Harris Health has a population health strategic plan and has identified three (3) priority areas: 1) diabetes, 2) maternal morbidity and mortality, and 3) multi-visit patients (MVPs). He mentioned that Harris Health is working in harmony with its medical school partners, UT Health School of Public Health, and Harris County Health Department to collectively address the three identified focus areas. Dr. Porsa shared that Dr. Steven Brass, Executive Vice President &amp; Chief Medical Executive, is teaching at Baylor College of Medicine on the issue of health equity. Ms. Reyes moved that the Committee accept the report with the following recommendations: 1) Settegast Health Center be moved to Phase I as an onsite food pharmacy and 2) the Administration re-evaluate the timeline for the remaining 15 sites and consider accomplishing these by the end of calendar year 2024. A copy of the presentation is available in the permanent record.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>VI. Adjournment</b>	Moved by, Ms. Alicia Reyes seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 11:21 a.m.	

I certify that the foregoing are the Minutes of the Meeting of the Diversity Equity and Inclusion Committee of the Board of Trustees of the Harris Health System held on February 17, 2023.

Respectfully submitted,

Marcia Johnson, Chair

Recorded by Cherry Pierson

Friday, February 17, 2023

**Harris Health System Board of Trustees Board Meeting – Diversity, Equity & Inclusion Committee Attendance**

**Note:** For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.

DE&I COMMITTEE BOARD MEMBERS PRESENT	DE&I COMMITTEE BOARD MEMBERS ABSENT
Professor Marcia Johnson ( <i>Chair</i> )	
Dr. Arthur W. Bracey ( <i>Ex-Officio</i> )	
Ms. Alicia Reyes	
Ms. Jennifer Tijerina	

EXECUTIVE LEADERSHIP
Dr. Esmaeil Porsa, President & Chief Executive Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jobi Martinez, Vice President and Chief Diversity Officer
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Ms. Kari McMichael, Vice President, Controller
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Omar Reid, Executive Vice President, Chief People Officer
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. Ron Fuschillo, Senior Vice President and Chief Information Officer
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital

<b>ADDITIONAL GUESTS PRESENT</b>	
Antoinette "Toni" Cotton	Jennifer Zarate
Cherry Pierson	Jerry Summers
Daniel Smith	John Matcek
Derek Curtis	Karen Tseng
Derek Holmes	Miguel Gonzalez
Ebon Swofford	Nicholas Bell
Elizabeth Winn	Subin Chacko

Friday, March 17, 2023

Executive Summary Highlights Regarding DEI Dashboard

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Executive Summary Highlights

- DEI Dashboard Report
  - Trends for measures related to Harris Health's workforce
- DEI Dashboard Report in chart form
  - Latest available findings on the make-up of Harris Health's workforce according to race/ethnicity, gender, workforce generations, and more, according position(s), job family, and other pertinent assessments
  - Identifies trends, disparities, potential barriers and opportunities to promote diversity, equity, and inclusion in Harris Health's current and future workforce
  - Serves as a precursor to additional workforce DEI assessments



# Workforce Disparity Analysis

Jobi Martinez, VP Chief Diversity Officer  
Harris Health System

# Defining Workforce Disparity

What is workforce disparity?

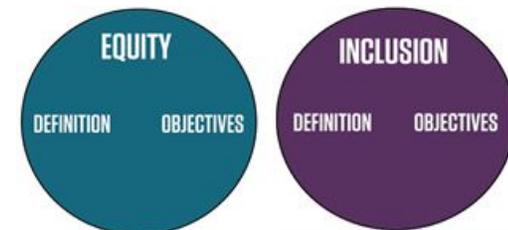
- The comparison of employment statistics of different groups to identify patterns of unequal application of:
  - Pay
  - Employment
  - Promotion or internal mobility
  - Learning & development
  - Benefits
  - Engagement/participation
- Employment disparities exist across all demographics

# Harris Health System Market Review

- Harris Health develops responsible compensation policies, programs and practices that are:
- Performance-based – Employee salary progression within a range depends on the individual's performance.
- Market Competitive – Our salary ranges are established at levels that allow us to attract and retain exceptional people. Our salary ranges will remain competitive with the appropriate job market as a result of an annual market review process. To this end, job descriptions will be reviewed on a defined cycle, or as needed.
- Internally Equitable – Our jobs will be analyzed and measured against consistent criteria specific to the job family. The relative contribution of all work is measured in a uniform and objective manner.
- Fiscally Responsible – The financial impact on Harris Health is considered in every program design, policy development and practice administration recommendation.

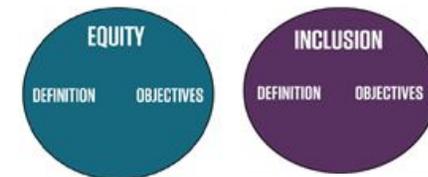
# Employment Disparity

- Employment and earnings gaps between workers of different genders and racial/ethnic groups are a longstanding issue in the United States
- Current research suggests gaps in wages, employment, and labor participation have widened over recent years
- Many factors contribute to these disparities, including difficult to measure dynamics



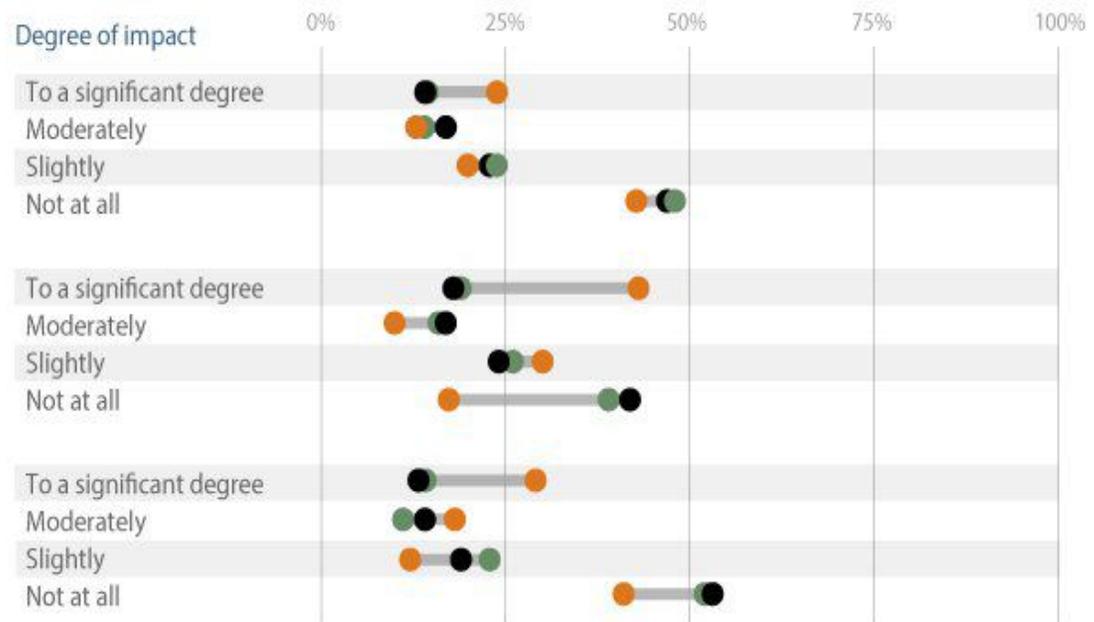
# Employment Disparity

- Employment, labor force participation, and wage disparities between workers, are only partially explained by differences in education, age, marital status, income, industry/ occupation, part-time status, and where people live.
  - COVID 19
  - “The Great Resignation”
  - Shifts in economy or local or regional industries
  - Shifts in population patterns



# Elements of Disparity Analysis

- Ability to be hired
- Social determinants of health (employment)
- Ability to retain employment
- Ability to be promoted
- Ability to obtain continued learning/professional development
- Ability to manage/lead



## Examining Disparities (Differences)

Disparity

Inequity

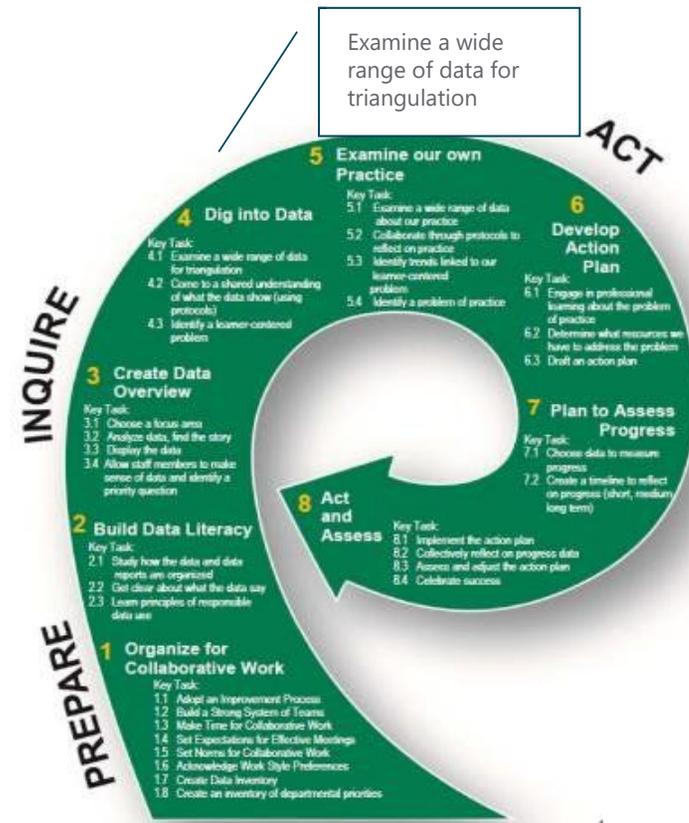
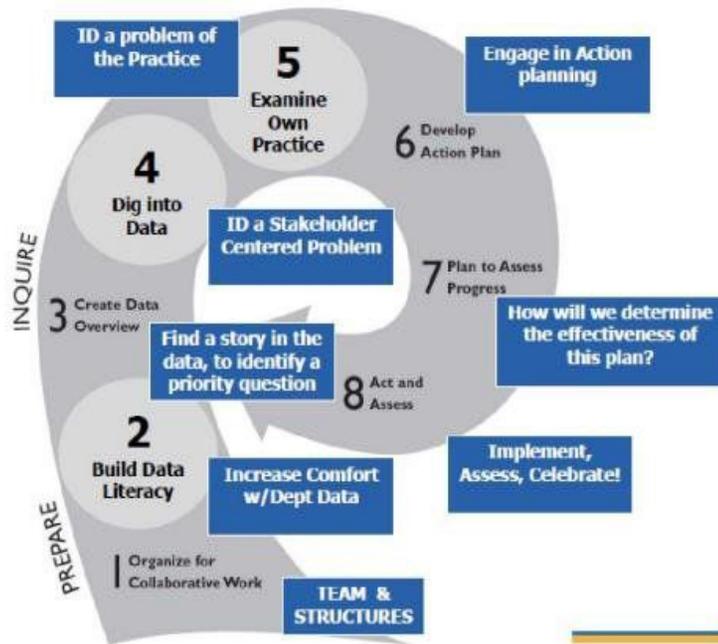
Inequality

Burden

# Distinction Amongst Concepts

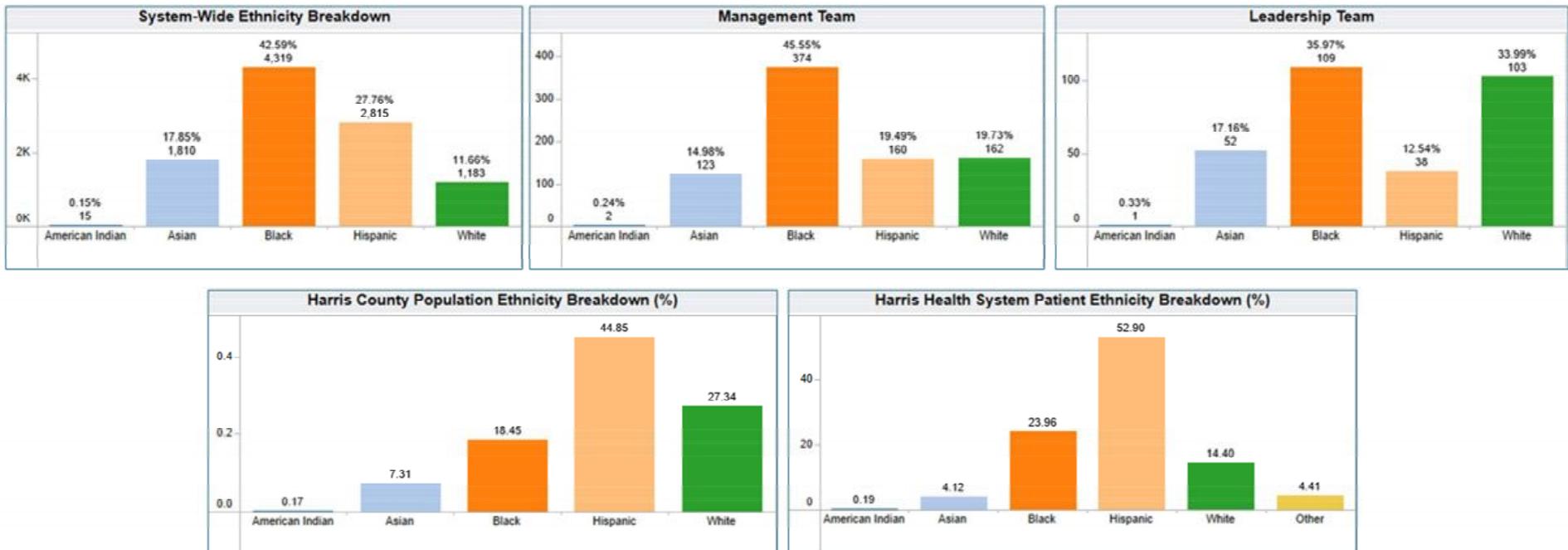
Concept	Question	Application
Disparity	Is there a difference between rates between population groups	Is the difference large enough to warrant additional analysis to find cause of disparity?
Inequity	Is the disparity in rates due to differences in social, economic, educational, environmental, or other resources?	Is the distribution of resources fair?
Inequality	How do rates vary in comparison to the availability of resources and how is the population distributed amongst the available resources	Can the distribution be influenced with the provision of resources?
Burden	How many people are affected in specific groups and total population	How many people would benefit from interventions?

# Data Equity Framework



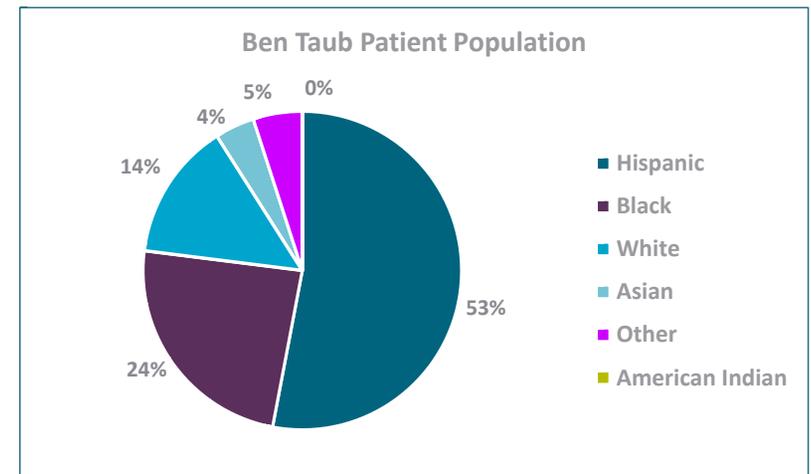
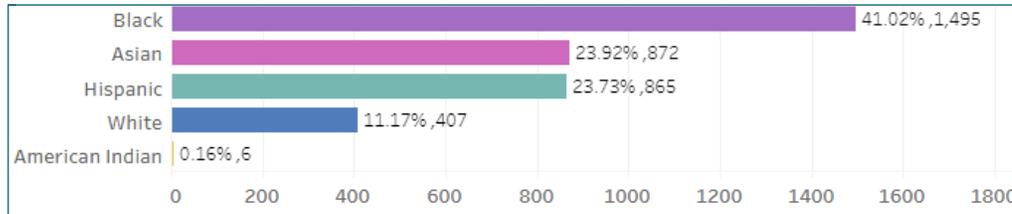
### Ethnic distribution reflected across different populations

The **Management Team** comprises of employees who are at the Supervisor Level to the Manager Level. The **Leadership Team** comprised of employees who are at the Director Level & Above.

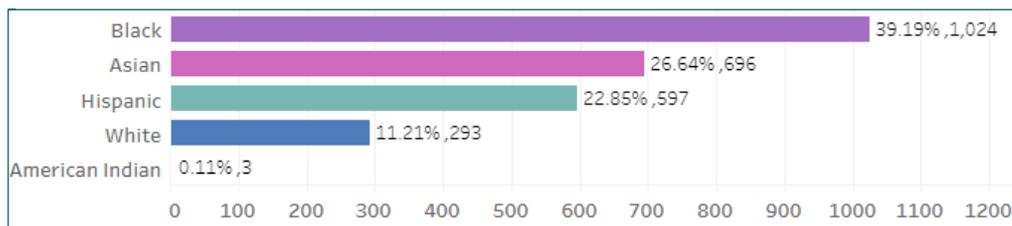


### Ethnic distribution reflected across Ben Taub Hospital

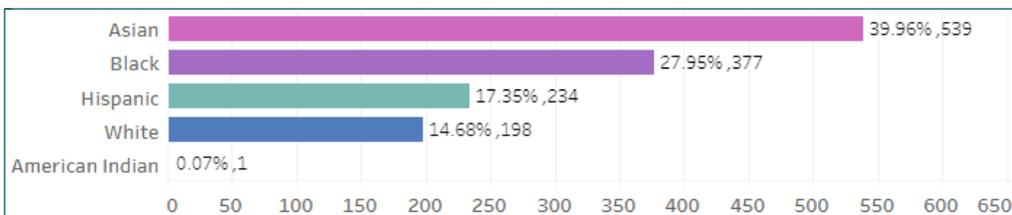
Ben Taub Hospital Employee Population



Ben Taub Hospital Direct Patient Care - Employee Population



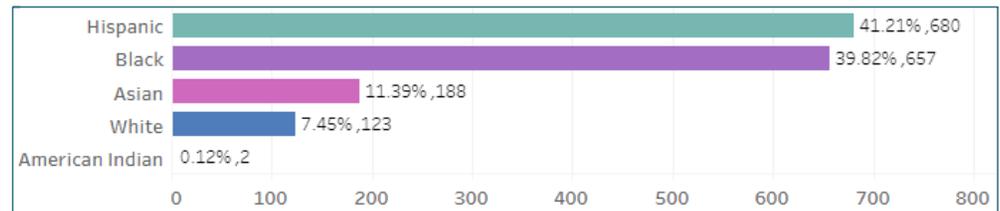
Ben Taub Hospital – Nursing & LVN Job Families



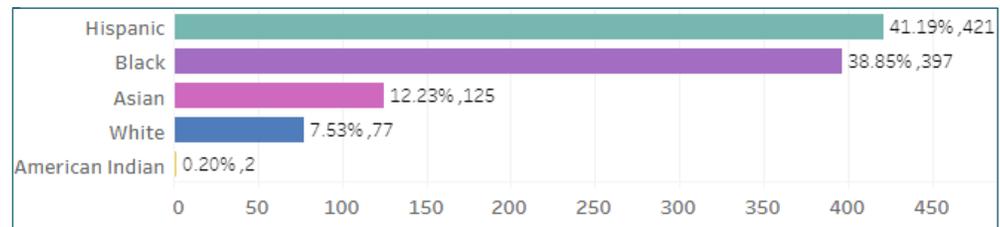
### Ethnic distribution reflected across Ambulatory Care Services

Ethnicity Based on Manager Level					
	American Indian	Asian	Black	Hispanic	White
0 : Non-Supervisory	0.13% (2)	10.91% (163)	39.09% (584)	43.17% (645)	6.69% (100)
1 : Supervisor		22.00% (11)	46.00% (23)	22.00% (11)	10.00% (5)
2 : Mgr (Non-Dept Head)			14.29% (1)	42.86% (3)	42.86% (3)
3 : Department Mgr		12.66% (10)	53.16% (42)	20.25% (16)	13.92% (11)
4 : Director		14.29% (2)	35.71% (5)	28.57% (4)	21.43% (3)
5 : Admin Director		40.00% (2)	40.00% (2)	20.00% (1)	
6 : Assoc. Admin/VP/CNO					100.00% (1)
<b>Grand Total</b>	<b>0.12%</b> <b>(2)</b>	<b>11.39%</b> <b>(188)</b>	<b>39.82%</b> <b>(657)</b>	<b>41.21%</b> <b>(680)</b>	<b>7.45%</b> <b>(123)</b>

Ambulatory Care Services Employee Population



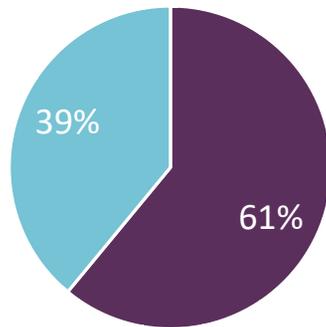
Ambulatory Care Services – Direct Patient Care



## Research indicates better health outcomes when diversity is reflected in patient care

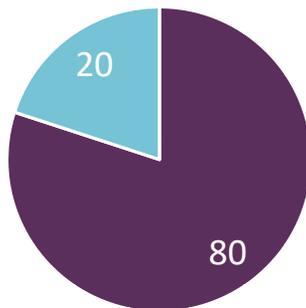
- Healthcare studies showed patients generally fare better when care was provided by more diverse teams
- Espousing diversity in healthcare can lead to *cultural competency* and the ability of healthcare providers to offer services that meet the unique social, cultural, and linguistic needs of their patients.
- Diversity affects health system performance in terms of access to care, patients' experiences with health care, and people's health outcomes.

Harris Health Employees Gender



**61% Female  
39% Male**

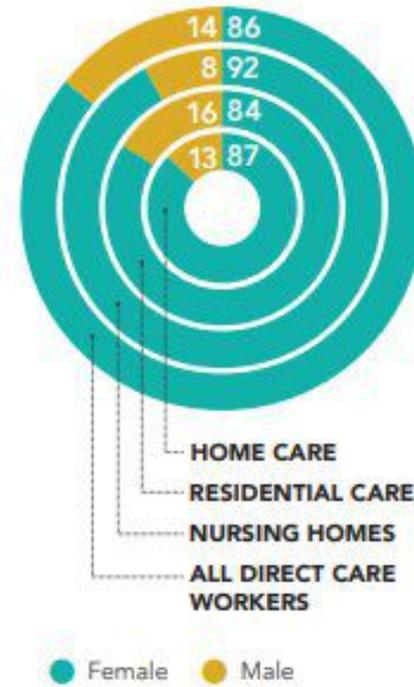
Direct Patient Care Gender



**80% Female  
20% Male**

DIRECT CARE WORKERS BY GENDER ACROSS SETTINGS

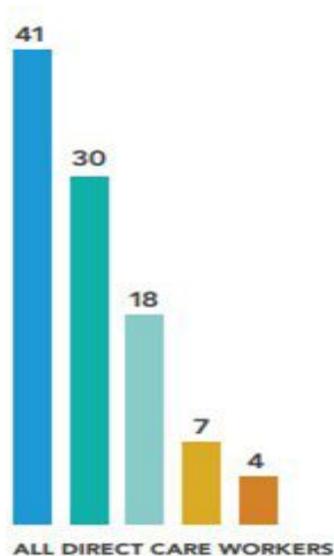
*(In Percentages)*



# Direct Patient Care

DIRECT CARE WORKERS BY RACE AND ETHNICITY

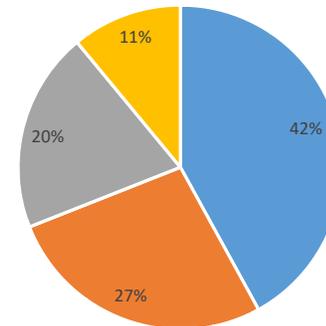
(In Percentages)



ALL DIRECT CARE WORKERS

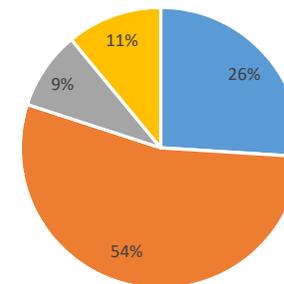
● White ● Black / African-American ● Hispanic / Latino ● Asian / Pacific Islander ● Other

Direct Patient Care



■ Black ■ Hispanic ■ Asian ■ White

Harris Health Patients



■ Black ■ Hispanic ■ Asian & Other ■ White

## Registered Nurse Shortages by State (Projected)

Difference between supply and demand expected by 2030

### Most Severe Shortages

Rank	State	Supply (2030)	Demand (2030)	Difference
1	California	343,400	387,900	-44,500
2	Texas	253,400	269,300	-15,900
3	New Jersey	90,800	102,200	-11,400
4	South Carolina	52,100	62,500	-10,400
5	Alaska	18,400	23,800	-5,400
6	Georgia	98,800	101,000	-2,200
7	South Dakota	11,700	13,600	-1,900
8	Montana	12,300	12,100	200
9	North Dakota	9,900	9,200	700
10	New Hampshire	21,300	20,200	1,100

Source: U.S. Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, "Supply and Demand Projections of the Nursing Workforce: 2014-2030," 2017: <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nchwa-hrsa-nursing-report.pdf>



## Engaging under-resourced communities to move Houston forward

### What is the Equity Intelligence Platform?

The **Equity Intelligence Platform (EIP)** is an open-source tool that will enable local policy and program managers, community-based organizations, and provider agencies with the ability to measure and track progress in improving outcomes for residents of the communities they serve, with attention to overcoming disparities experienced by residents based on race, age, and gender. By enabling data-sharing capabilities within and among programs, EIP provides actionable data that can reduce disparities and enhance the well-being of residents of our communities.

The EIP organizes and presents localized data in a user-friendly way that supports policy and systemic change, and increases accountability. The platform and its dashboard enable policymakers, community leaders, and individual practitioners to access actionable community-driven data, create, and collaborate to improve quality of life and equitable outcomes. The four major topics for the EIP are Economic Mobility, Education, Health and Community Safety, supported by 14 equity data indicators.

## DIVERSITY

### Race and Ethnicity

THE 3 LARGEST ETHNIC GROUPS IN HARRIS COUNTY, TX

1. White (Non-Hispanic)  
1.36M ± 214k
2. White (Hispanic)  
1.31M ± 101k
3. Black or African American (Non-Hispanic)  
866k ± 376k

**43.1%**

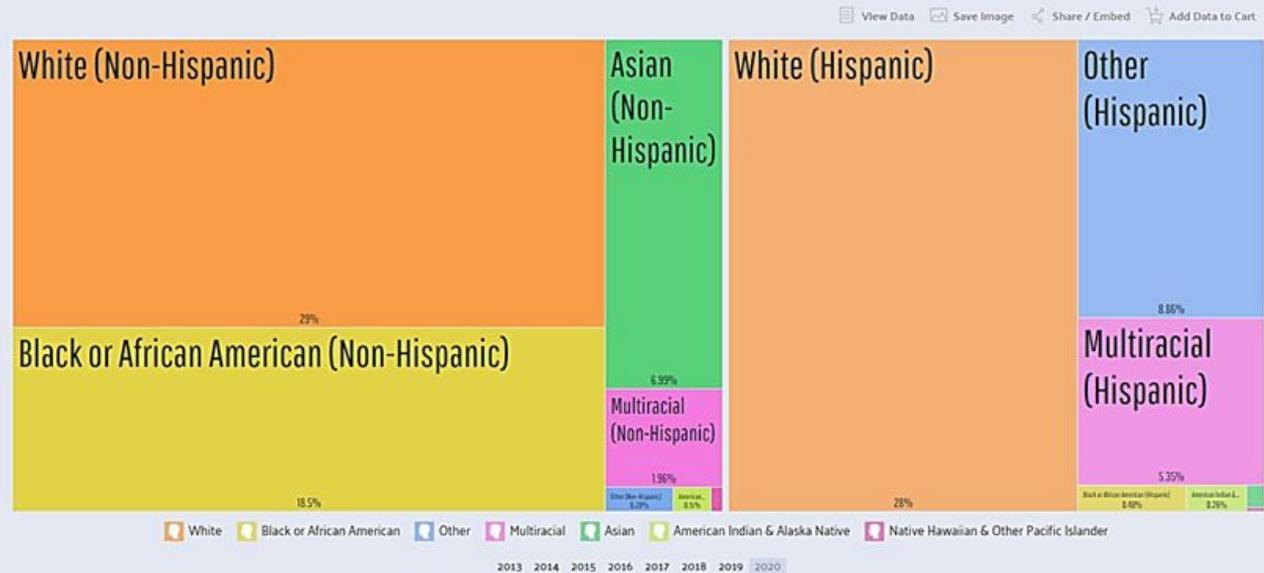
HISPANIC POPULATION  
2.02M people

In 2020, there were 1.03 times more White (Non-Hispanic) residents (1.36M people) in Harris County, TX than any other race or ethnicity. There were 1.31M White (Hispanic) and 866k Black or African American (Non-Hispanic) residents, the second and third most common ethnic groups.

43.1% of the people in Harris County, TX are hispanic (2.02M people).

The following chart shows the 7 races represented in Harris County, TX as a share of the total population.

Data from the [Census Bureau ACS 5-year Estimate](#).



## POPULATION & DIVERSITY

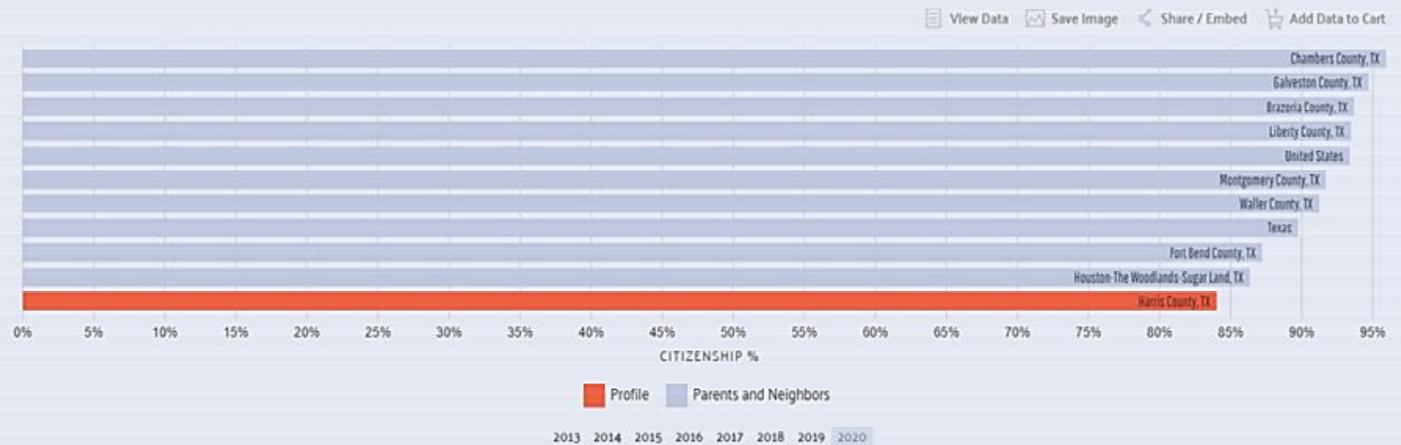
### Citizenship

**84%** 2020 CITIZENSHIP  
**83.4%** 2019 CITIZENSHIP

As of 2020, 84% of Harris County, TX residents were US citizens, which is lower than the national average of 93.4%. In 2019, the percentage of US citizens in Harris County, TX was 83.4%, meaning that the rate of citizenship has been increasing.

The following chart shows US citizenship percentages in Harris County, TX compared to that of its neighboring and parent geographies.

Data from [the Census Bureau ACS 5-year Estimate](#)



## Economy

The economy of Harris County, TX employs 2.25M people. The largest industries in Harris County, TX are Health Care & Social Assistance (240,477 people), Retail Trade (237,070 people), and Construction (231,660 people), and the highest paying industries

are Management of Companies & Enterprises (\$110,303), Mining, Quarrying, & Oil & Gas Extraction (\$102,095), and Agriculture, Forestry, Fishing & Hunting, & Mining (\$99,843).

Males in Texas have an average income that is 1.39 times higher than the average income of females, which is \$50,589. The income inequality in Texas (measured using the Gini index) is 0.478, which is higher than than the national average.

## EMPLOYMENT

### Occupations

All

Workforce

Value

**2.25M**  
2020 VALUE  
± 14,929

**0.203%**  
1 YEAR GROWTH  
± 0.879%

From 2019 to 2020, employment in Harris County, TX grew at a rate of 0.203%, from 2.25M employees to 2.25M employees.

The most common job groups, by number of people living in Harris County, TX, are Office & Administrative Support Occupations (237,853 people), Sales & Related Occupations (234,947 people), and Management Occupations (224,087 people). This chart illustrates the share breakdown of the primary jobs held by residents of Harris County, TX.



Data from the Census Bureau ACS 5-year Estimates

2013 2014 2015 2016 2017 2018 2019 2020

**INDUSTRIES**

**Employment by Industries**

Workforce

All

Value

**2.25M**  
2020 VALUE  
± 14,929

**0.203%**  
1 YEAR GROWTH  
± 0.879%

From 2019 to 2020, employment in Harris County, TX grew at a rate of 0.203%, from 2.25M employees to 2.25M employees.

The most common employment sectors for those who live in Harris County, TX, are Health Care & Social Assistance (240,477 people), Retail Trade (237,070 people), and Construction (231,660 people). This chart shows the share breakdown of the primary industries for residents of Harris County, TX, though some of these residents may live in Harris County, TX and work somewhere else. Census data is tagged to a residential address, not a work address.

Data from [the Census Bureau ACS 5-year Estimate](#)



### Enrollments by Gender and Races

UNIVERSITIES

All

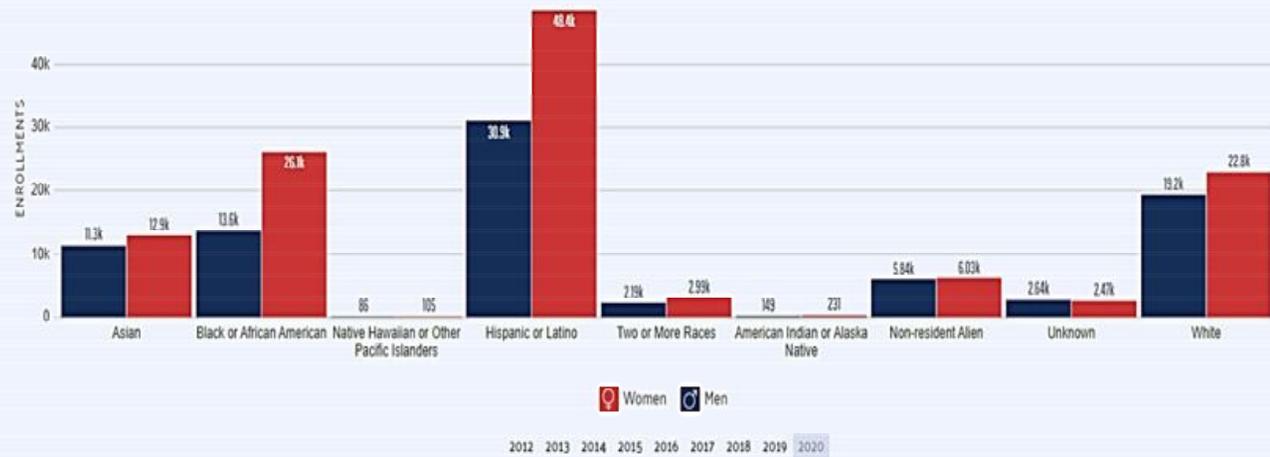
Gender, Race & Ethnicity

In 2020 there were 207,822 students enrolled in Harris County, TX, 41.3% men and 58.7% women.

By race, the largest number of students enrolled was concentrated in Hispanic or Latino with 79,327 records, of which 61.1% were women and 38.9% men.

Data from the Integrated Postsecondary Education Data System (IPEDS) Fall Enrollment

View Data Save Image Share / Embed Add Data to Cart



### Student Diversity

UNIVERSITY

All

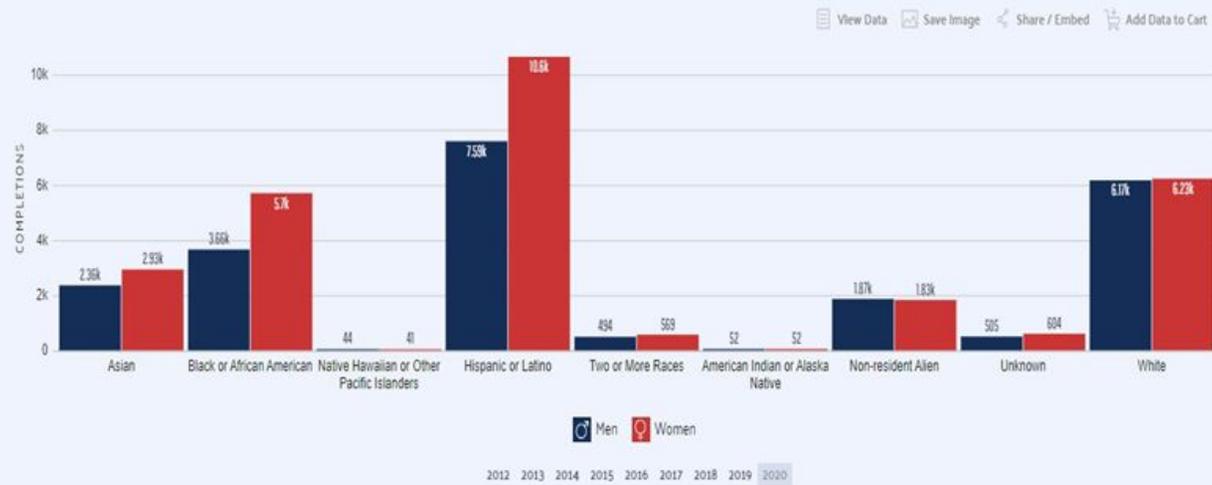
Gender, Race & Ethnicity

All

In 2020, 22,730 men were awarded degrees from institutions in Harris County, TX, which is 0.795 times less than the 28,596 female students who received degrees in the same year.

In 2020 the most common race/ethnicity group awarded degrees at institutions was Hispanic or Latino students. These 18,229 degrees mean that there were 1.47 times more degrees awarded to Hispanic or Latino students than the next closest race/ethnicity group, White, with 12,392 degrees awarded.

Data from the [Integrated Postsecondary Education Data System \(IPEDS\) Completions](#)



## EQUITY

### Income by Location

Use the dropdown to filter by race/ethnicity.

RACE/ETHNICITY

Total

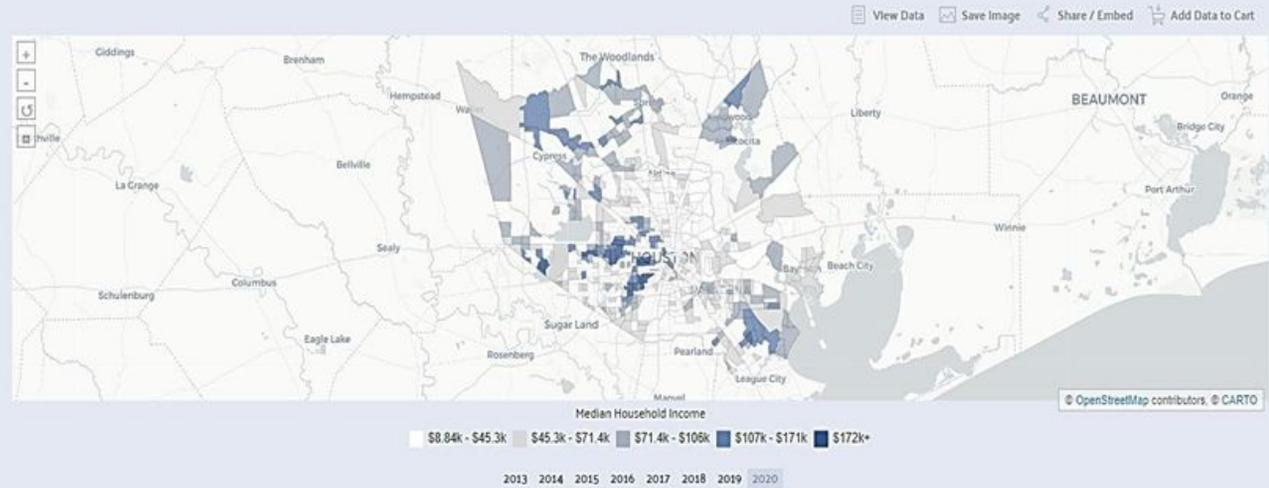
HIGHEST MEDIAN HOUSEHOLD INCOME (TOTAL)

1. Census Tract 4114
2. Census Tract 4123
3. Census Tract 4124

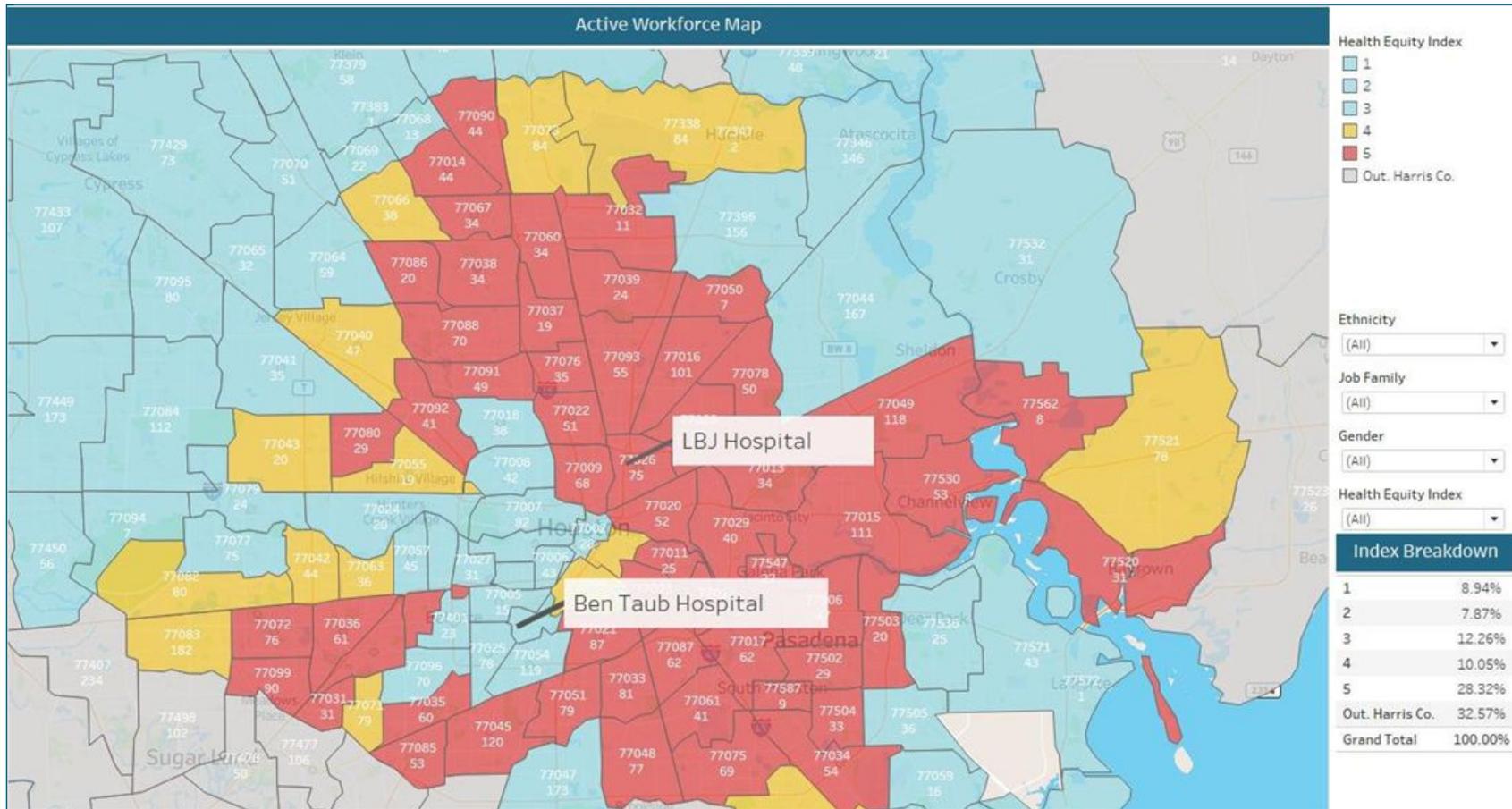
In 2020, the tract with the highest Median Household Income (Total) in Harris County, TX was Census Tract 4114 with a value of \$250,001, followed by Census Tract 4123 and Census Tract 4124, with respective values of \$250,001 and \$250,001.

The following map shows all of the tracts in Harris County, TX colored by their Median Household Income (Total).

Data from [the Census Bureau ACS 5-year Estimate](#)



### Workforce Population Health Equity



# The Analysis: Methodology

## Quantitative (2019-2022)

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- Harris Health's workforce data
- Harris County employment data
- Harris Health applicant data
- National industry data
- Pipeline data
- Employee Engagement Survey

## Qualitative (Present)

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- Existing research
- Interviews/Focus Groups
  - Talent Acquisition
  - Applicants
  - Hiring Managers
- National/state hiring laws
- Recruitment & hiring practices, policies, & resources
- Collaborations

# Prepare for Findings

- Identify bias(es)
  - Recruitment
  - Retention
  - Promotion
  - Data Interpretation
  - Retention
  - Engagement
- Potential biases
  - Affinity (education)
  - Confirmation (org. culture)
  - Framing (communication)
  - Group think (decision making)



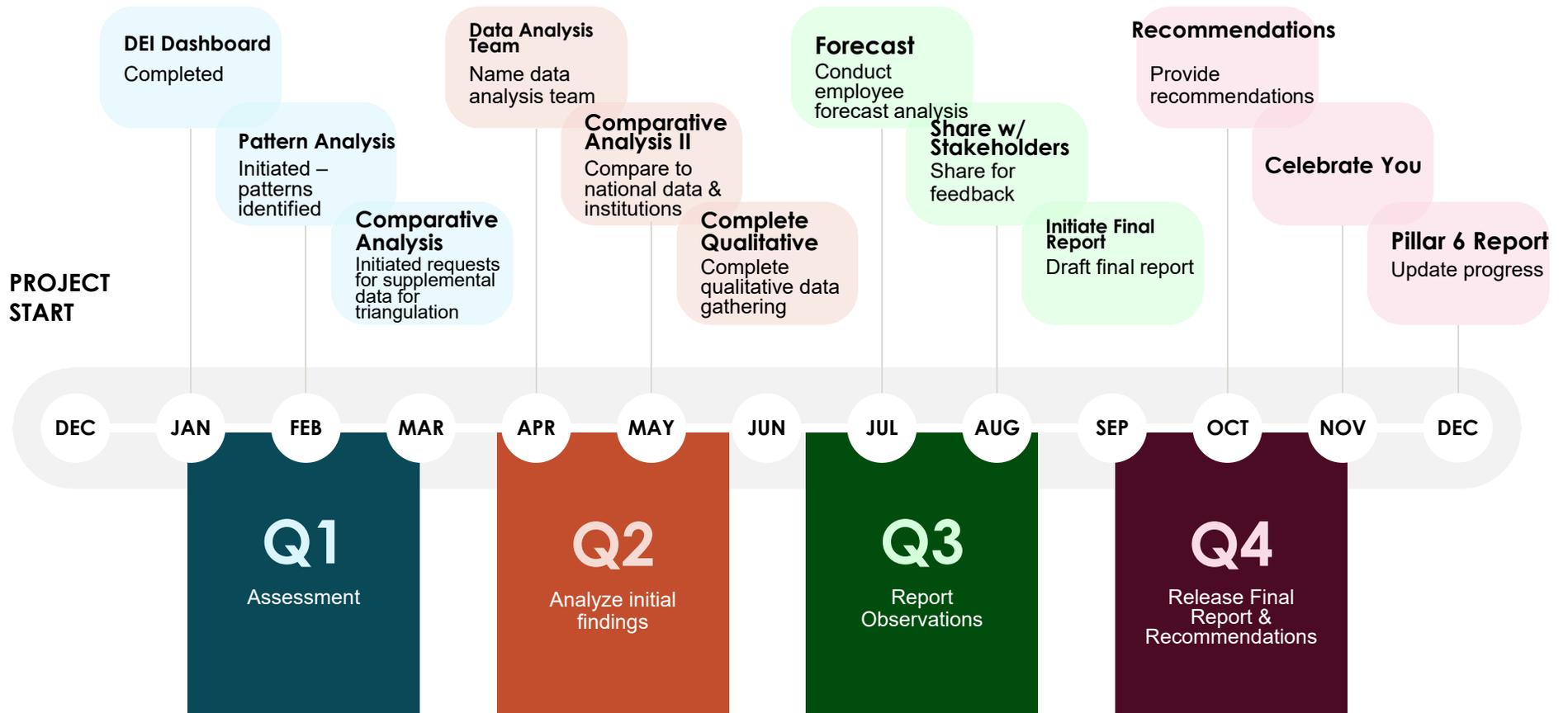
# April Meeting: Implicit Bias in Patient Care



## VIZIENT #1 EQUITY

Differences in gender (male/female), race (white/nonwhite), and socioeconomic status (Medicaid, county medically indigent, charity, self-pay/uninsured, and Title V maternal/child health vs. all other payer types) in process and outcome measures for Sepsis, NSTEMI, CHF, & Vaginal Delivery

# Employment Disparity Analysis





Friday, March 17, 2023

## Harris Health System's DEI Framework

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### Executive Summary Highlights

- Diversity, Equity, and Inclusion (DEI) Framework
  - Serves as a guiding agenda for DEI initiatives, resources, strategies, and key performance indicators.
  - Serves as the infrastructure for Harris Health to build on and capitalize on opportunities to promote innovative approaches to this work.
  - Designed to assist Harris Health in facilitating diversity, equity, and inclusion through programs, services, resources, and other activities that promote quality patient care and employment.
  - DEI Framework Components
    - 5 Components: Diversity, equity, inclusion, leadership, and learning
    - Each component of the DEI Framework includes a description, objectives, and current initiatives or accomplishments



# Building the DEI Framework

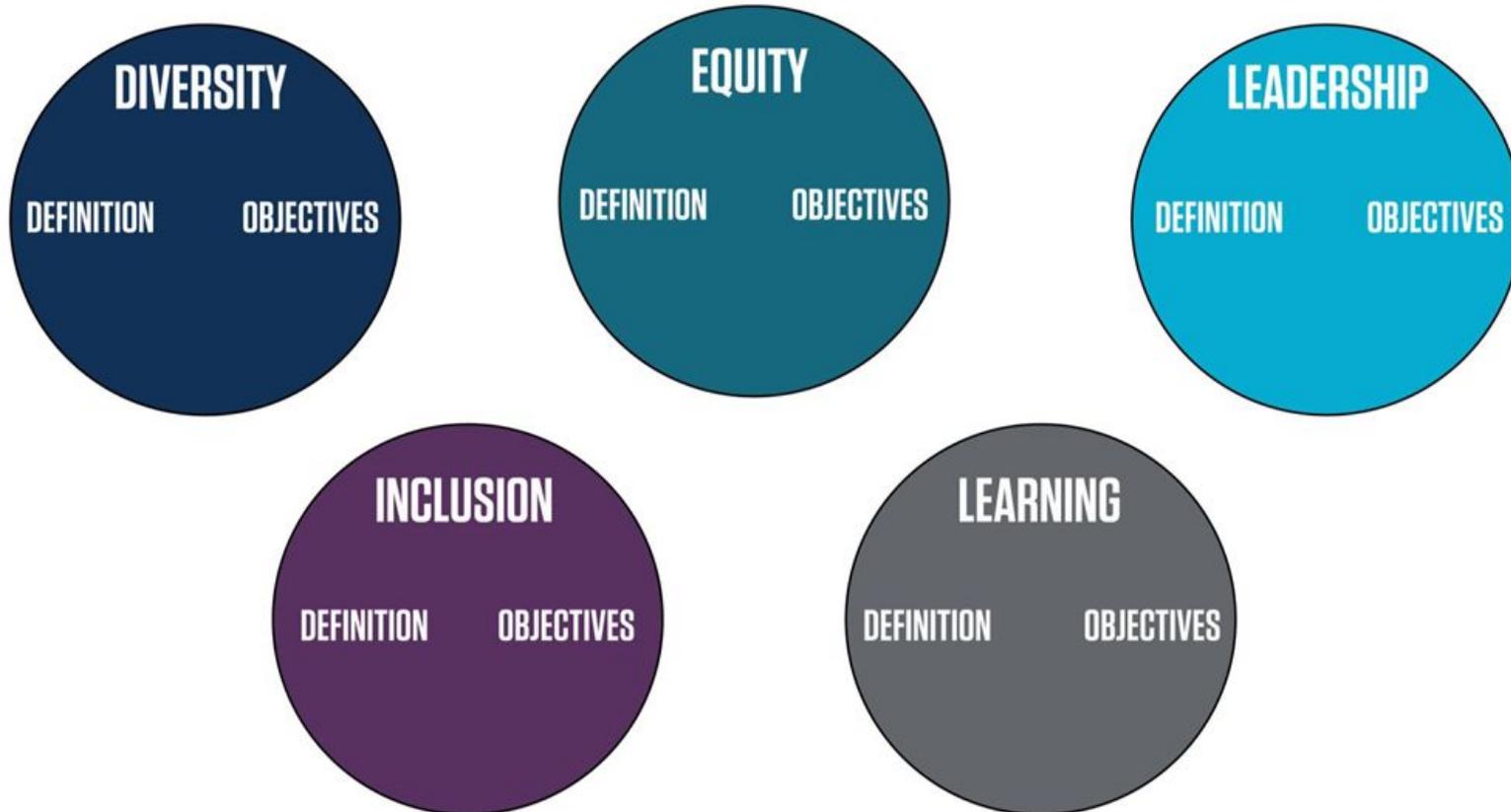
Jobi Martinez, Vice President & Chief Diversity Officer

# Mission/Vision

- Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.
- Harris Health will become the premier public academic healthcare system in the nation.
- Harris Health serves as an innovative and strategic leader in DEI healthcare



# Building the DEI Framework



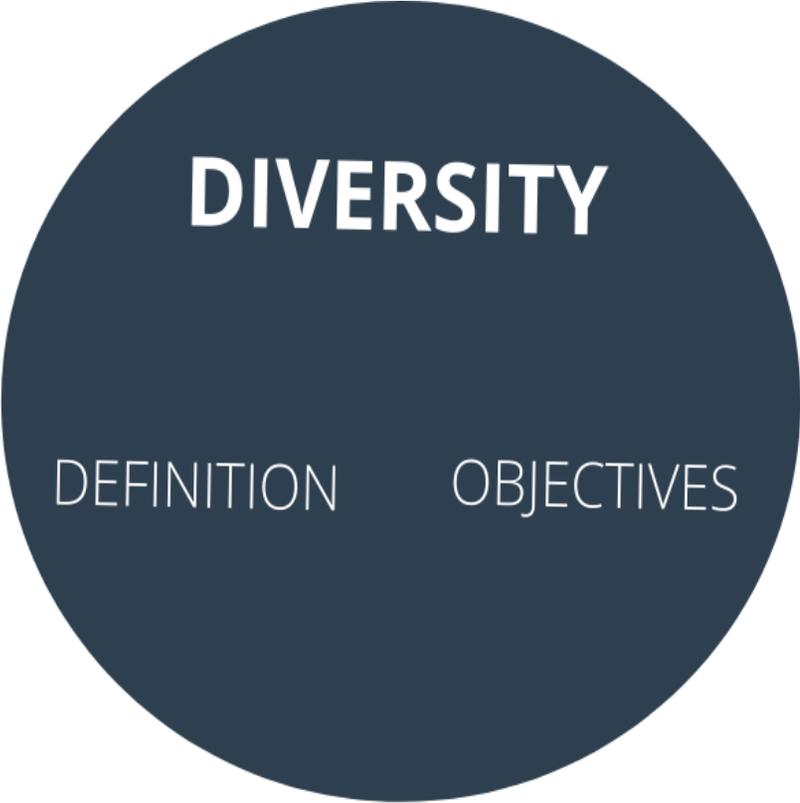
## Diversity

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Diversity is broadly defined as the inclusion of diverse attributes or characteristics. It is usually thought of in terms of obvious attributes—age differences, race, gender, physical ability, sexual orientation, religion, and language. Diversity, in terms of, backgrounds, professional experience, skills and specializations, values and culture, is also a diversity consideration.

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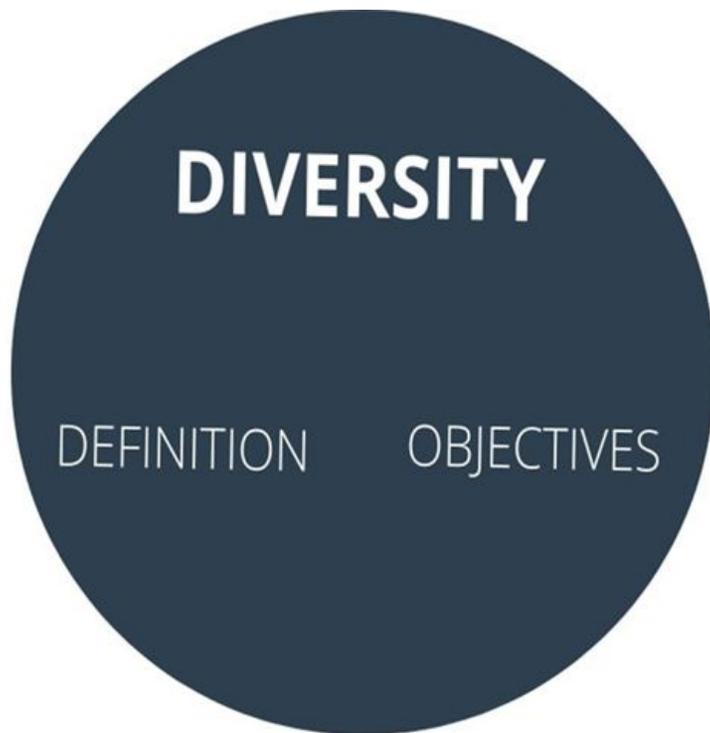
At Harris Health, diversity represents the populations that make up our workforce and our patient population based on our current data collection practices and processes. The demographic data currently collected is based on race, ethnicity, gender, age, language, veteran status, income, zip code, education, and other pertinent data collected to assist Harris Health in providing appropriate resources, strategies, services, and community initiatives. The term, “definition”, is fluid and can be updated to more appropriately reflect diversity based on strategic goals and imperatives.



**DIVERSITY**

DEFINITION

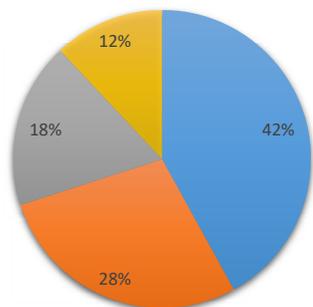
OBJECTIVES



## Diversity Objectives

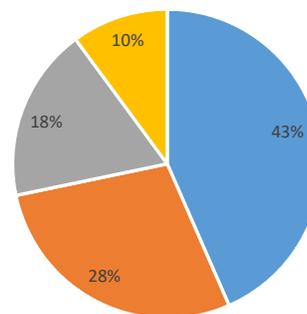
Engage in	Engage in strategic employee life cycle initiatives that celebrate and support the diversity of our employees and patients
Serve	Serve diverse patient populations through equity and inclusion
Inform and guide	Inform and guide internal and external stakeholders on how Harris Health conceptualizes (defines) diversity

Harris Health Employees



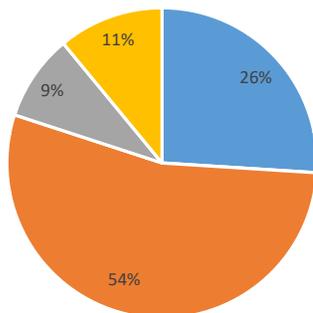
■ Black ■ Hispanic ■ Asian ■ White

(In)Direct Patient Care



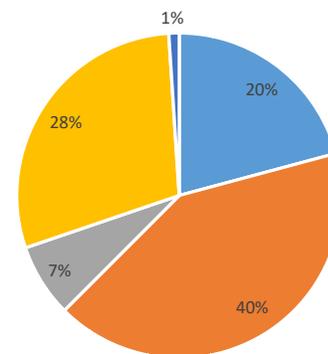
■ Black ■ Hispanic ■ Asian ■ White

Harris Health Patients



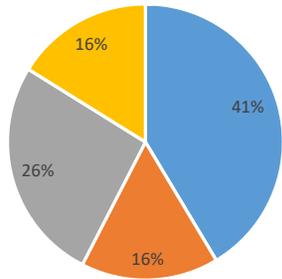
■ Black ■ Hispanic ■ Asian & Other ■ White

Harris County



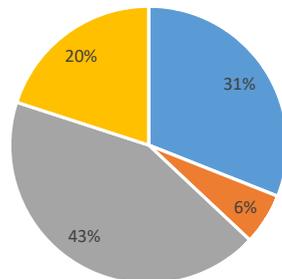
■ Black ■ Hispanic ■ Asian ■ White ■ American Indian

Director



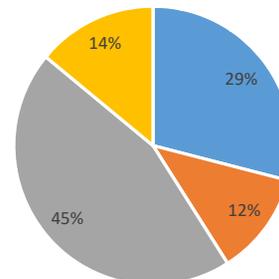
■ Black ■ Hispanic ■ White ■ Asian

Admin Director



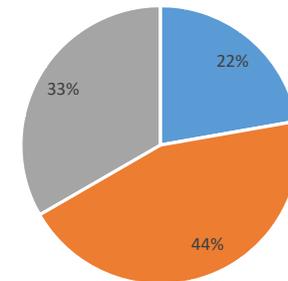
■ Black ■ Hispanic ■ White ■ Asian

Assoc. Admin./VP/CNO



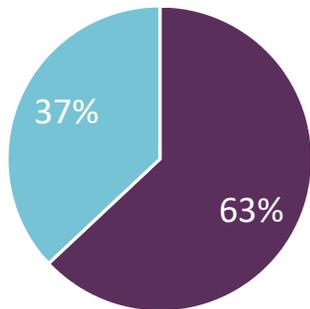
■ Black ■ Hispanic ■ White ■ Asian

SVP/Administrator



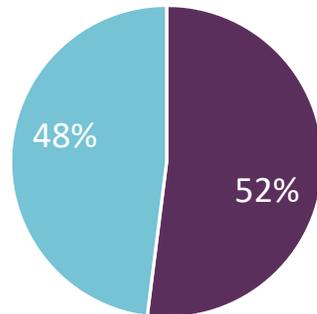
■ Black ■ Asian ■ White

Director Gender



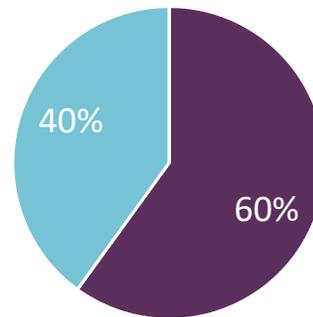
■ Identify as Ethnic Minority

Assoc. Admin/VP/CNO Gender



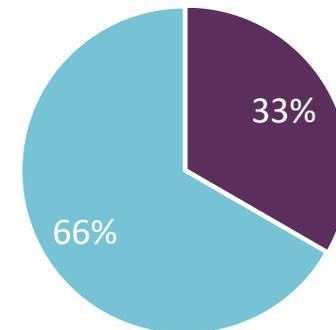
■ Identify as White

Admin Director Gender



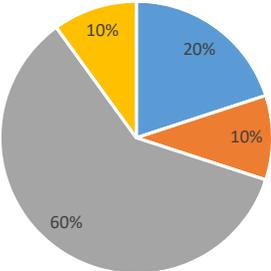
■ Identify as Female

SVP/Administrator Gender



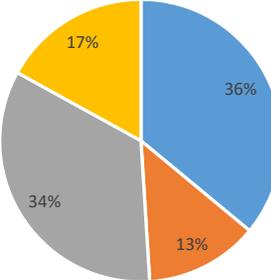
■ Identify as Male

COO/CIO/CFO



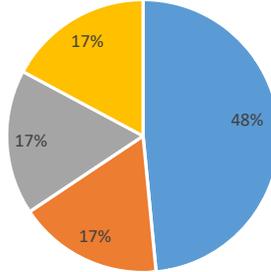
■ Black ■ Hispanic ■ White ■ American Indian

Director & Up



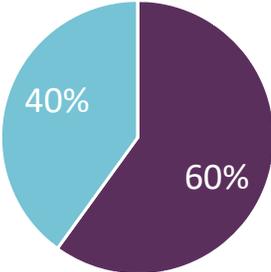
■ Black ■ Hispanic ■ White ■ Asian

Supervisor



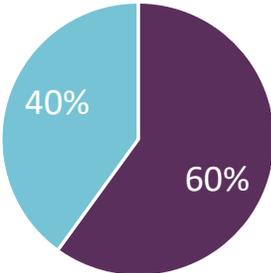
■ Black ■ Hispanic ■ White ■ Asian

COO/CIO/CFO Gender



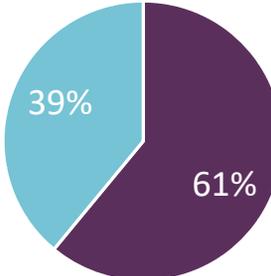
■ Identify as Ethnic Minority

Director & Up Gender



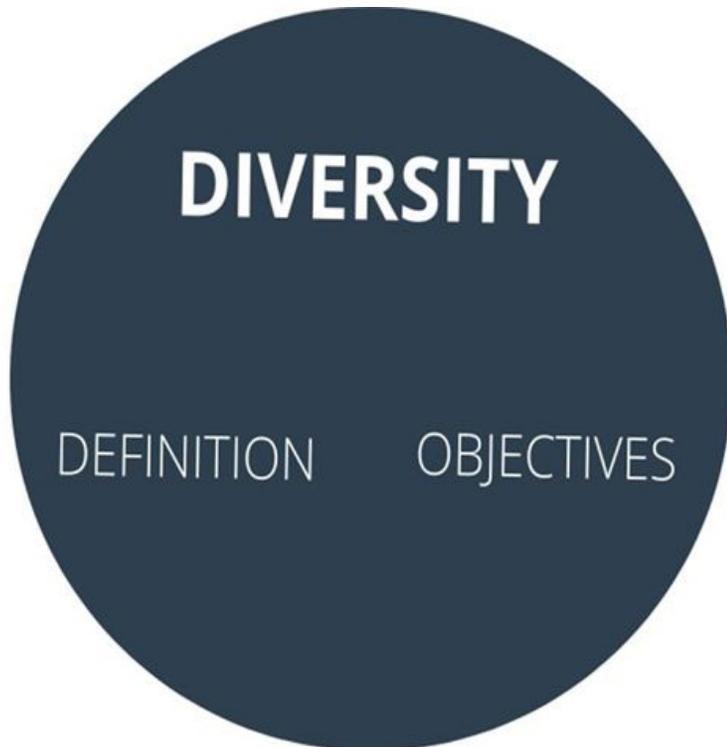
■ Identify as White

Supervisor Gender



■ Identify as Female

■ Identify as Male



## Summary

- Harris Health System celebrates a diverse workforce (89%)
- Harris Health System celebrates diverse leadership (66%)
- Harris Health's diverse workforce are attributed to employment referrals
- Harris Health's diverse workforce stems from a diverse applicant pool
- 44 % of Harris Health's employees have a tenure of 6 years or more
- Harris Health offers significant benefits that promote equity and inclusion for all employees

# Inclusion

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Inclusion refers to how diversity is leveraged to create fair, equitable, healthy, and high-performing organizations or communities where all individuals are respected, feel engaged and motivated, and their contributions are valued.

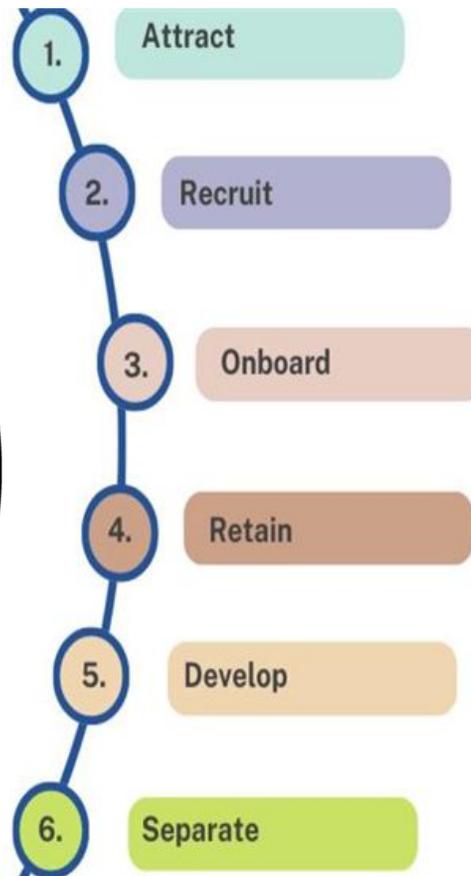




## Inclusion Objectives

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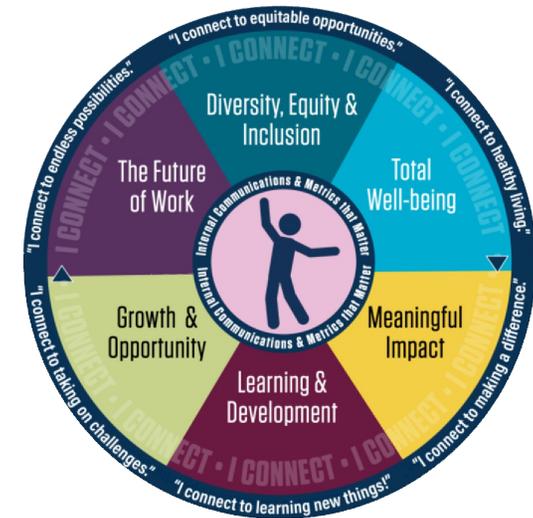
- Enhance employee inclusion and engagement opportunities for all employees
- Ensure inclusive policies, practices, benefits, and resources
- Inform leaders on how to promote and support inclusion through engagement
- Promote Employee Resource Groups



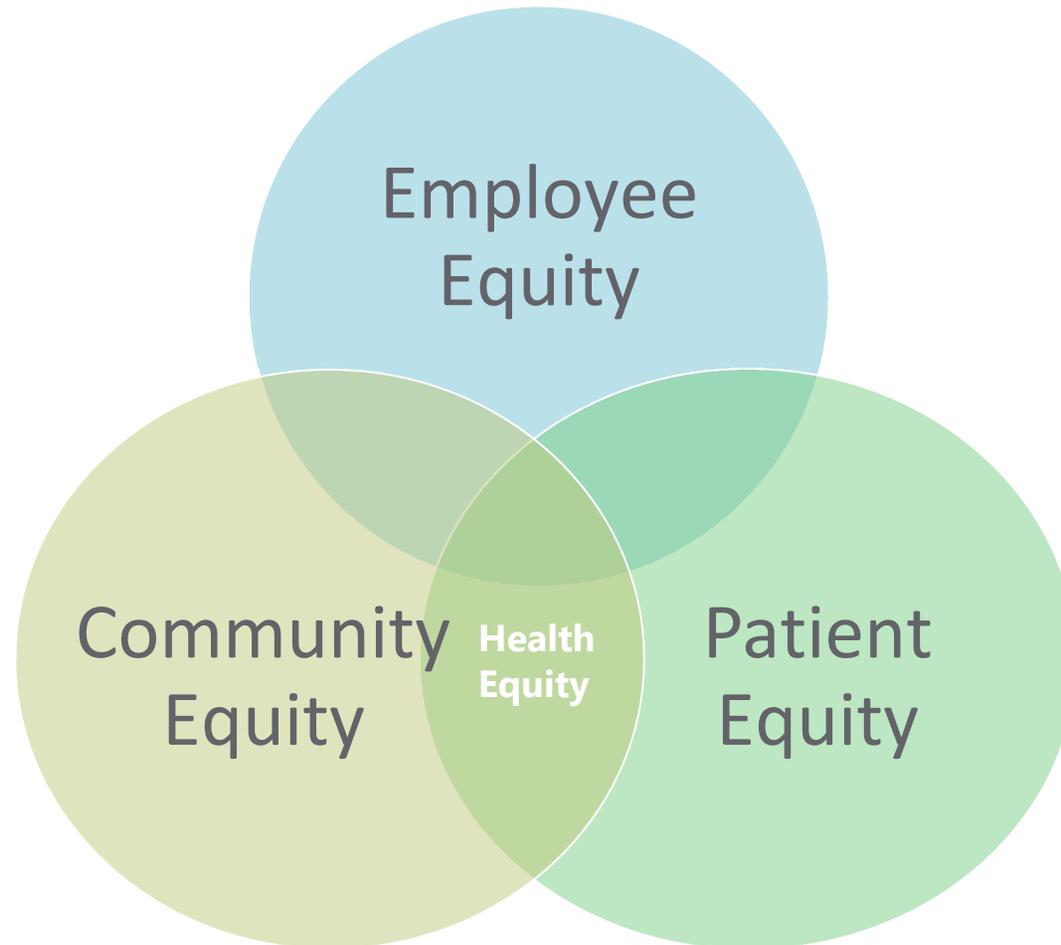
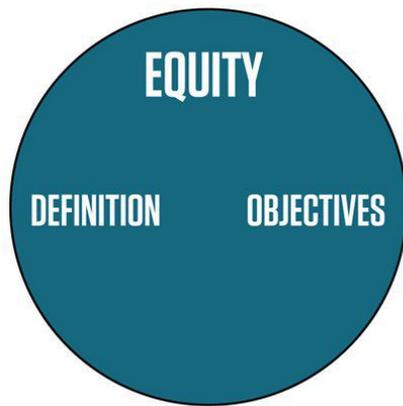
- New Employee Orientation
- Celebrate You
- Training Programs
- Employee Resource Groups
- Mentoring Programs
- Management Onboarding
- Learning & Talent Development
- Employee Engagement Assessments
- Online Learning Resources
- Internal Mobility
- Recognition Connection
- Research and Scholarship Opportunities
- Stay Interviews
- Executive Townhalls

# Employee Engagement Survey: 2023

- Recognition & Connection
- Conceptualize "Engagement"
- Assess 2022 Survey Methodology
- Examine DEI Metrics
- Focus on Inclusion & Engagement
- Develop Employee Engagement Communication Plan (strategy)
- Advance an Integrated Talent Strategy



# Equity



## Equity Spheres

### Employee Equity

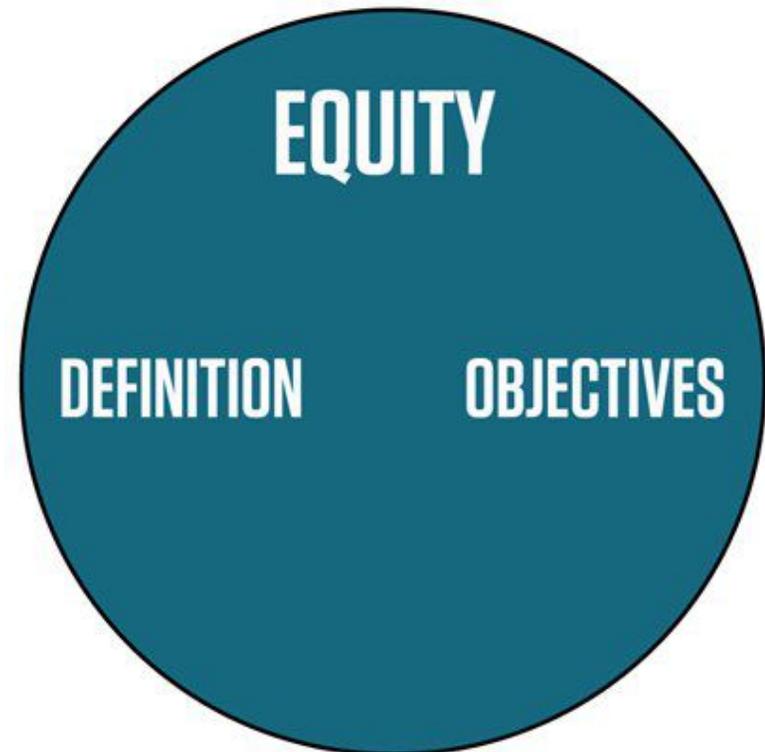
Providing equitable access, resources, and opportunities to employment, pay, benefits, promotion and mobility, and education and professional development and promoting an inclusive work environment for all

### Patient Equity

Providing equitable and inclusive care that promotes access to quality patient care and positive health outcomes for patients, their families, and the communities we serve.

### Community Equity

Supporting under-resourced and underserved communities through opportunities for minority and women business enterprises to do business with Harris Health.



## Employee Equity

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Employee Resource Groups

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Market Review

---

Tuition Assistance & Reimbursement

---

Wellness Programs & Resources

---

Kashable (employee loans)

---

Research & Scholarship Opportunities

---

Compensation & Benefits Analysis

---

Retirement Counseling & Advisement

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Executive & HR Rounding

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Internal Mobility

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Compensation & Benefits Assessment

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Race-based algorithm reviews

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Patient Family Advisory Council

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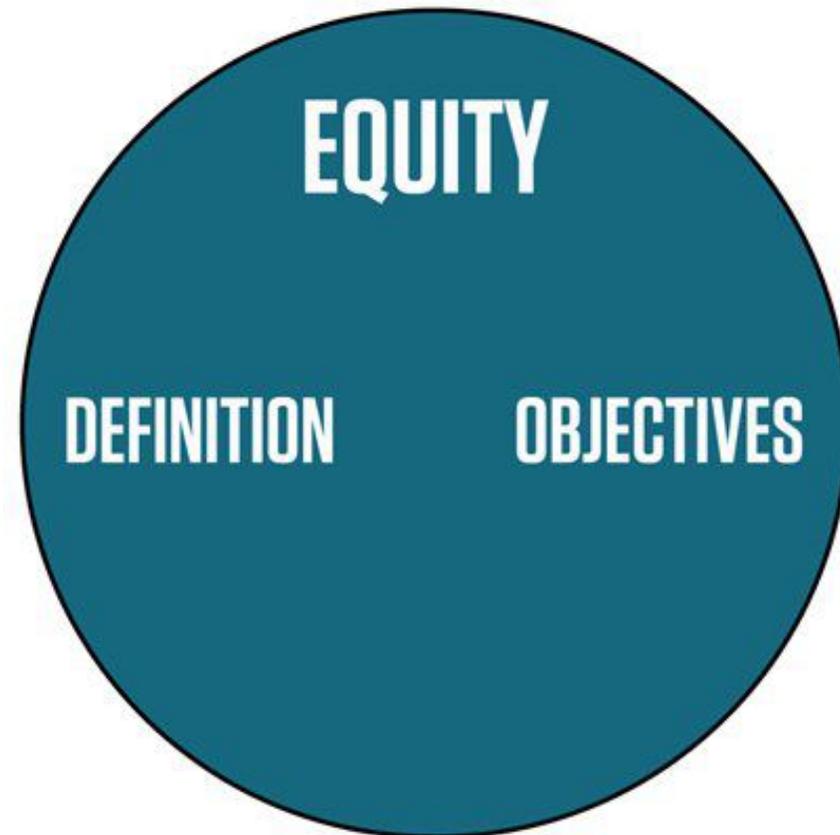
Pavilion (Clinic) System

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Food Pharmacy

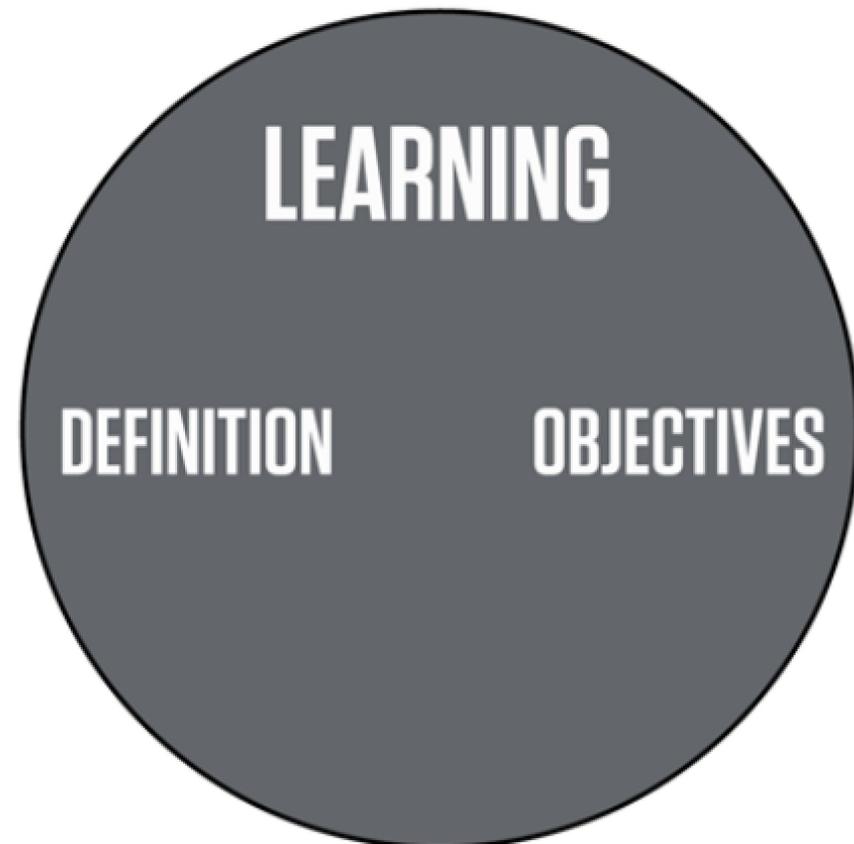
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LBJ Community Alliance



## DEI Learning Objectives

- Learning about diversity, equity, and inclusion involves educating employees about diversity, equity, and inclusion (DEI) in the workplace, building their awareness of DEI issues, and enhancing their skills or competencies to help create a work environment that supports DEI.
- DEI learning objectives must align with the DEI needs of the organization. DEI trainings should not be approached through a generalist framework.
- DEI learning objectives should promote equitable access and inclusion.



## DEI Leadership Objectives

A leader's active, visible role in DEI efforts conveys the company's values, sets an example for employees, and helps sustain engagement. Leaders can show commitment to DEI through proactive communication and collaborative goal setting with their teams.



# DEI Pillar Strategic Foundations (DEI Framework)



## Pillar 6 Aim

Harris Health will ensure equitable access to high-quality care for our patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden our reach and our understanding of the communities we serve.

# Building the DEI Framework

- April – Diversity Month
  - Launch the framework
  - Strategic Communication Plan
  - “What is DEI?” Workshops
  - Town halls
  - Advance Pillar 6





**DIVERSITY**  
**EQUITY & INCLUSION**  
HARRIS HEALTH SYSTEM