Diversity Strengthens Us
Diversity, Equity and Inclusion at Rush University System for Health
Rush University System for Health (Rush) is an academic health system whose mission is to improve the health of the individuals and diverse communities it serves through the integration of outstanding patient care, education, research and community partnerships. Rush comprises Rush University Medical Center, Rush University, Rush Copley Medical Center and Rush Oak Park Hospital, as well as numerous outpatient care facilities. Rush University, with more than 2,500 students, is a health sciences university that comprises Rush Medical College, the College of Nursing, the College of Health Sciences and the Graduate College.
DIVERSITY, EQUITY AND INCLUSION AT RUSH UNIVERSITY SYSTEM FOR HEALTH

Here at Rush, we passionately believe that promoting diversity, equity and inclusion for everyone is crucial to successfully living the Rush mission: To improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

In 2016, Rush changed its mission. Formerly, we said that we aimed to

Provide the best health care for the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

Now, our mission is to

Improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

The change reflects the fact that providing excellent care is just one part of our effort to improve the overall health of the communities we serve. These communities exist both inside and outside Rush’s walls and include Rush patients; the employees, staff, faculty and students who bring our mission to life; and the residents of all ages who share the neighborhoods where we work, live and play.

We strive constantly to ensure that the unique voices of all three communities are heard, that people feel seen and that we all have a sense of belonging. That’s why Rush’s commitment to diversity, equity and inclusion is at the center of everything we do and everyone we serve.

What diversity, equity and inclusion mean at Rush

Diversity encompasses all of the characteristics that make up our individual identities and unique perspectives, including race, ethnicity, gender, age, disability, sexual orientation, gender identity, military veteran status and many more.

Equity means fair treatment and equal access to opportunities, resources and care — a particularly pressing issue on Chicago’s West Side, which is home to the Rush University Medical Center campus and where decades of disinvestment and systemic racism contribute to major health disparities for residents. At Rush, advancing health equity means removing obstacles to good health so everyone can attain their full health potential.

Inclusion actively invites everyone to participate and contribute.

Terry Peterson, MPA; Vice President, Corporate and External Affairs; Chair, Diversity Leadership Council
A culture of diversity, equity and inclusion indisputably helps us provide better care to Rush patients. We measure our accomplishments as a health system not only by the efficiency and quality of the services performed by those who work here, but also by the following:

- The quality of the interactions between individuals and groups within the organization
- The success of our efforts to honor our differences
- Our ability to recruit and retain a more diverse workforce at every level
- Establishing a culture that consistently welcomes, promotes and encourages diversity, equity and inclusion

For these reasons, it's crucial that we meet the challenges of diversity, equity and inclusion: recognizing our differences, facing up to the difficulties of working well together and changing longstanding practices to improve equity and inclusiveness. The benefits of meeting these challenges can be difficult to quantify, but we know that they include a stronger ethical foundation for the whole organization, more robust decision-making, improved communication and less conflict, better performance by employees who feel connected and relevant, and better relationships between Rush and the community.

Diversity, equity and inclusion are organizational imperatives at Rush, requiring intentional, meaningful work at every level of the organization and an effort to measure our progress. In this report, you’ll find snapshots of some of the progress we’ve made.

All of this work focuses on one goal: creating a culture of excellence that fosters an environment of equality and respect for the people who work at Rush, the people we care for, the people we educate, the people who benefit from the scientific advances we achieve and the people with whom we interact in our surrounding communities.

While we know we have made progress on diversity, equity and inclusion over the last decade, we still have a lot of work ahead of us. Our goal is not just to be one of the best academic medical centers for diversity, equity and inclusion — we want to be recognized by our peers as best in class. This will only happen if the Rush family comes together and becomes the change we want to see.

Terry Peterson, MPA
Vice President, Corporate and External Affairs
Chair, Diversity Leadership Council

Remembering Bob Clapp

In 1968, as many of my parents’ friends pulled their children out of public schools during court-ordered school desegregation, my parents put me on that bus. From that and many other experiences, I have come to appreciate the true value of diversity — for individuals, organizations and society. I believe that diversity strengthens us.

J. Robert Clapp, Jr., MHSA

J. Robert (Bob) Clapp, Jr., was Rush’s most passionate champion of diversity, equity and inclusion.

He joined Rush in 2005, and in 2006 led the establishment of the Rush Diversity Leadership Group — the predecessor of today’s Diversity Leadership Council. Clapp served as the group’s chair, leading its work to design and implement initiatives to promote diversity and improve communication and understanding among the members of the Rush community. A Rush leader until his death in 2012, he was executive vice president of Rush University Medical Center and executive director of Rush University Hospitals.

In 2009, Rush established an annual award in Clapp’s name, given to an individual or group for promoting or creating diversity and inclusion opportunities at Rush. We are honored to carry on his work.
## The evolution of diversity, equity and inclusion work at Rush

### 2006
- Development of a formal diversity plan, establishment of the Diversity Leadership Group, making the business case for diversity

### 2007
- Adoption of a business diversity program with metrics and spending targets for minority- and women-owned companies in Chicago

### 2008
- Enactment of official HR policy promoting diversity in job candidate pools. From 2006 to 2008, percentage of women in officer-level jobs rises from 34% to 44%; underrepresented minorities, from 2% to 22%

### 2009
- Initiation of annual Diversity Week and Diversity Lunch and Learn sessions; establishment of the J. Robert Clapp, Jr. Diversity Leadership Award

### 2010
- Adoption of a Vision for Diversity and Inclusion and requirement that all faculty and staff perform annual online diversity training

### 2012
- Publication of “Diversity and Inclusion: A Report of Progress” and development of a sustainable plan for diversity and inclusion work through 2016 related to Rush’s faculty, staff and student populations

### 2016
- Broadening of mission statement to “improve the health of the individuals and diverse communities we serve”

### 2017
- Revisiting of the 2012 report and plan, and engagement of more than 175 stakeholders in creating a strategy for moving forward

### 2018
- Embarking on the next phase of diversity, equity and inclusion work at Rush, to last through 2022

### 2019
- Rush board of trustees approves an investment of $4 million in diversity and inclusion efforts

### 2020
- Formation of the Racial Justice Action Committee to respond to the murder of George Floyd in Minneapolis and identify new ways to advance social and racial justice along with health equity

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Diversity, equity and inclusion at Rush is not a slogan — it has to be a way of life geared to accomplish our mission to improve the health of our patients and communities. A diverse, inclusive health care workforce makes us creative, caring and innovative, and thus improves patient and community outcomes.

**K. Ranga Rama Krishnan, MB, ChB, chief executive officer, Rush University System for Health**

As we serve a wide range of individuals and communities in Chicago, our commitment to diversity, equity and inclusion is a critical part of our DNA. We are dedicated to fostering an environment where everyone who enters our doors is treated fairly and with respect. To achieve this, we continually work to develop a diverse workforce, an equitable and accessible workplace and an inclusive environment where all employees feel they belong.

**Omar Lateef, DO, president and CEO, Rush University Medical Center**
The foundation of our work

Rush’s diversity, equity and inclusion work across the system is built on four pillars.

**Pillar 1: Culture of accountability, inclusion and respect**

**Key goals:**
- Establish, support and implement a culture of accountability, inclusion and respect
- Prepare the organization to more competently address situations that arise from cultural differences among patients, students, faculty and staff
- Better prepare leaders to effectively communicate across cultural boundaries

**Pillar 2: Health equity**

**Key goal:**
- Improve the heart health of current patients and other residents in the anchor communities close to Rush University Medical Center

**Pillar 3: Demographic representation**

**Key goals:**
- Improve the representation of women and underrepresented minorities in director-level positions and above
- Improve the representation of veterans and individuals with disabilities
- Increase underrepresented minorities among students, residents and faculty
- Increase the representation of women in academic leadership at Rush University

**Pillar 4: External and community partnerships**

**Key goals:**
- Increase the number of high school students graduating with early college credit through community engagement programs
- Increase the number of high school students credentialed for health care and STEM-related jobs at Rush and other organizations
- Have a positive impact on the social and structural determinants of health to improve economic vitality in Rush’s anchor communities
How we make an impact

These pillars and goals, developed in 2018 and refined in 2020, were developed by the Rush Diversity Leadership Council in partnership with leaders and stakeholders throughout Rush. The council of 20 Rush employees oversees diversity, equity and inclusion work at Rush and ensures that diversity is a key driver within initiatives in leadership and accountability; employee hiring, retention and promotion; and training and communication. They oversee the six subcommittees on the following page and collaborate closely with Rush’s Executive Leadership Council, the most senior leaders of our clinical, academic and research work.

The pillars and goals reflect input from more than 175 members of the Rush community, including environmental services and food service workers, transporters, students, faculty, professional staff, deans and senior leadership. Their thoughts on diversity, equity and inclusion opportunities at Rush brought the following needs to the forefront:

- Greater competency for faculty understanding of unconscious bias implications relative to students
- Diversity, equity and inclusion training across the organization
- Greater cultural competency in providing care for a diverse patient population
- Understanding of Rush’s diversity, equity and inclusion objectives beyond senior leadership
- Engaging and involving all leaders in achieving diversity, equity and inclusion goals

Much of Rush’s success in the health care industry is due to its unwavering support of diversity, equality and inclusion for its patients and its employees. At Rush Oak Park Hospital, we’re proud of the fact that our team members at all levels consist of varying ethnic, cultural, political, religious, geographic, economic and educational backgrounds and identities. Such a diverse workforce with equitable opportunities leads to success and growth for a health care organization.

Bruce Elegant, MPH, president and CEO, Rush Oak Park Hospital
More than 100 Rush leaders serve on diversity, equity and inclusion strategy teams to create and implement strategic drivers aimed at addressing these needs. Strategic drivers are the factors that help us define the key goals of our pillars and create actionable items to achieve those goals. We track our progress with metrics that measure our effectiveness toward achieving each pillar’s goals, and post quarterly progress reports that are available to all employees on the Rush intranet.

**Diversity, equity and inclusion strategy subcommittees**

- **The ADA Task Force** works to create programming, processes, accessibility and accommodations to support people with disabilities as patients, faculty, house staff, students, employees and volunteers.

- **Business Diversity** ensures that diverse, local vendors and suppliers have an equal opportunity to do business with Rush.

- **LGBTQ+ Healthcare Equity** helps bring best LGBTQ+ industry practices and culturally competent care to Rush.

- **Rush University Student and Faculty Diversity** promotes the values of diversity, access and inclusion by shaping and sustaining a positive multicultural environment for all faculty and students at Rush.

- **Training & Communications** develops training and communications that support a culture of awareness and accountability related to diversity and inclusion.

- **The Women’s Leadership Council** is a collaborative, interprofessional group that focuses on gender-related issues across Rush, whose vision is a fully inclusive organization that demonstrates a compassionate culture where women across the system are recognized, elevated and equally represented across all levels.
Our diversity and inclusion work at Rush has been remarkable, and the internal teams and capabilities we have developed are a true testament to this work. Our COVID-19 work was one such example, where our teams came together and in a short time proved what diversity of thought leadership can do for patient outcomes.

Richa Gupta, MBBS, senior vice president and chief operating officer, Rush University Medical Group
Culture of accountability, inclusion and respect
Pillar 1: Culture of accountability, inclusion and respect

Strategic drivers:

- Build the case and structure for culture transformation across the organization
- **Education**: Improve Rush employee understanding and application of cultural competencies through the delivery of cultural competency and implicit bias training
- **Communications**: Increase awareness of the diversity and inclusion strategic and operational efforts across the Rush system

A culture of accountability, inclusion and respect is the foundation of Rush’s ability to achieve its mission. We build the institutional case for this culture by training employees in its importance and communicating our work systemwide.
Developing cultural competency and recognizing implicit bias

Inequities in health care can be unconsciously exacerbated when providers are unaware of the internalized biases, prejudice and stereotypes we all hold.

Implicit biases are those that can surface automatically when we encounter a person of another race, gender or group. Without training, these biases can be extremely difficult to recognize or fix.

Cultural competency in health care, according to the American Hospital Association, is the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients’ social, cultural and linguistic needs. A culturally competent health care system is one that acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge and adapts services to meet culturally unique needs. Ultimately, cultural competency is recognized as an essential means of reducing racial and ethnic disparities in health care.

From early 2018 through mid-2019, leaders at Rush University Medical Center and Rush Oak Park Hospital participated in cultural competency/implicit bias training; Rush Copley Medical Center leaders began training in late summer 2020, and all Rush managers must now complete the program as part of their required Linking Education and Performance (LEAP) training. The program was expanded in 2020 so that non-managers can now voluntarily take the training as well.

Cultural competency and implicit bias training show our current level of cultural understanding and how we interact with others. It helps us become more inclusive by removing the unintended barriers we all have — and it gives us the gift of heightened awareness of how important it is to develop our knowledge of different cultures and world views.

Arlene Cruz Santiago, associate vice president of human resources, Rush Oak Park Hospital

61 Sessions

1,179 Rush leaders participated

92% of leaders systemwide
Stories and conversations around Rush’s diversity and inclusion work

Building and sustaining a culture of diversity, equity and inclusion means not only doing the work and measuring its impact — it also means communicating these values, making sure that Rush employees, patients and communities know about our commitment and encouraging conversations around related topics.

Communications about diversity, equity and inclusion through intranet feature stories, social media posts, special events and other vehicles serve multiple purposes. First, these communications let every person and group within the Rush system know that they have a voice and that they belong here. They educate, support and encourage Rush employees to adopt and champion inclusive attitudes and speak up if they see anything that runs counter to our values. And they let patients, community members and the public know that diversity, equity and inclusion are fundamental to the way Rush operates, from the care we provide and the way we spend our sourcing dollars to the way we support our communities.

Internal communications to employees through the News from Rush University Medical Center e-newsletter and Inside Rush intranet site have included a series of profiles of military veterans who work at Rush, profiles of people with disabilities who work at Rush and stories that share examples of Rush’s anchor mission efforts (see p.31 for more about the Anchor Mission Strategy).

Kevin Irvine, senior talent acquisition consultant for individuals with disabilities and co-chair of the Rush ADA Task Force, wants everyone to know that not all disabilities are visible — so he talked about his own disabilities (HIV, hemophilia B) in a profile on the Rush intranet.
External communications include Twitter, Instagram, LinkedIn and Facebook campaigns like #IAmTheWestSide, amplifying the voices of Rush employees who are proud to live and work on Chicago’s West Side; #PrideMonth, a series of snapshots of LGBTQ+ Pride activities at Rush; and #Walk4Wellness, highlighting Rush’s West Side Walk for Wellness to help improve community health.

Pride Month 2019 social media campaign

Reach (people who saw the posts)

**740,600**

Engagement (people who liked, commented on, clicked on and shared the posts)

**5,751**

#IAmTheWestSide social media campaign

Reach (people who saw the posts)

**148,048**

Engagement (people who liked, commented on, clicked on and shared the posts)

**5,449**

West Side Walk for Wellness participation 2017–2020

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<td>2019</td>
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<td>2020*</td>
<td>389*</td>
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*(walk was held virtually in 2020 because of COVID-19)
A new ongoing initiative to help instill a culture of respect is Respect Week, first held in the summer of 2019. Second City Works, an affiliate of Chicago’s famous improvisation troupe, created a series of online videos for Rush to illustrate ways of showing respect in the workplace — from avoiding gossip to giving constructive feedback to calling out disrespectful behavior. Each video is accompanied by a conversation guide to help encourage dialogue. Stories in News from Rush University Medical Center invited employees to watch the videos, participate in virtual and in-person discussions with colleagues and win Respect Week merchandise.

I think we all feel more empowered to speak up and not let things ride. It’s as if we now have permission and the vocabulary to bring up these types of issues.

Employee participant in Respect Week 2019

Rush employees learned about respect in the workplace through a series of memorable and entertaining lunch-and-learn sessions, featuring Second City Works videos hosted by Rush’s fictional “hospitality ambassador.”

Number of leaders who used Respect Conversation Guides with their teams: 43

Approximate number of employees who participated: 450

772 employees participated in person

218 employees participated online
Multicultural student programming and cultural competency initiatives at Rush University

Rush University’s office of Student Diversity and Multicultural Affairs (SDMA) works to shape and sustain an inclusive and multicultural campus environment for all students, faculty and staff at the university. Its goals include recruiting underrepresented minority (URM) students; helping them succeed; and instilling an inclusive, welcoming culture at Rush University and across the Rush system.

In the fall of 2018, SDMA introduced a diversity and inclusion certificate program for incoming students. The eight-hour program is designed to broaden students’ awareness of unconscious bias. Sessions include deep dives into social justice issues of power, privilege, race and ethnic identity, gender identity and LGBTQ+ identity, with discussions around topics such as experiences of white privilege, microaggressions and restorative justice practices. A survey of two cohorts of program participants showed measurable impact on students’ knowledge of unconscious bias and how it can affect their work.

Diversity and inclusion certificate program participant evaluations before and after coursework

- Knows how unconscious bias impacts their health care career
- Knows relationship between unconscious bias and self-identity
- Knows relationship between unconscious bias and race
- Knows relationship between unconscious bias and gender identity
- Knows relationship between unconscious bias and sexual orientation

○ Before evaluation  □ After evaluation
SDMA also works with students, staff, faculty and the Diversity Leadership Council on events that take place on campus throughout the year to honor the backgrounds and heritages of a variety of groups, and provides support and mentorship to 11 student affinity groups (SAGs) to host lunch and learn sessions, film screenings, festivals and speakers. (In-person events were cancelled for the last several months of fiscal year 2020 because of the COVID-19 crisis.)

**SAG and SDMA participation, 2018 – 2020**

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**Rush University student affinity groups**

- American Medical Women’s Association
- Asian Pacific American Medical Student Association
- Association of Women Surgeons
- Christian Medical Association
- Interprofessional Minority Student Association
- Latino Medical Student Association
- Rush Jewish Student Association
- Rush Muslim Association
- RushPRIDE
- South Asian Student Association
- Student National Medical Association
Health Equity

Pillar 2
Pillar 2: Health Equity

Strategic driver: Social determinants of health screening and interventions throughout Rush

At Rush, we believe that addressing health equity means removing obstacles to good health so that everyone can attain their full health potential.

Screening for social determinants of health

Rush’s 2019 Community Health Needs Assessment documented that life expectancy in our service area ranges from 86 years in River Forest near Rush Oak Park Hospital to just 69 years in East Garfield Park near Rush University Medical Center on the West Side of Chicago.

This gap isn’t caused by violence; in fact, more than half of the premature deaths on the West Side are due to cancer, heart disease, stroke, diabetes and infant mortality. The social determinants of health in disinvested neighborhoods — poverty, structural racism, neighborhood conditions, underfunded schools — give rise to these health conditions. It’s a simple equation: People who don’t have nutritious food to eat, safe places to live or living-wage jobs have a difficult time getting and staying healthy.

To eliminate these inequities and connect people with the resources they need for better health, Rush University Medical Center uses a screening tool built into the electronic health record to ask patients a series of non-medical questions about the barriers...
they face. The information is transferred into NowPow, an online database of tangible supports such as free, healthy food, assistance with utility bills, transportation and primary care for those who lack health insurance.

NowPow creates a prescription for these supports, called a HealtheRx, and a Rush patient care navigator follows up to ensure that the patient has “filled the prescription” by connecting with the referrals.

During the COVID-19 crisis, we took even more proactive steps by making outreach calls to screened patients, particularly older adults at increased risk, to see whether they had needs we could help with. Rush Copley Medical Center rolled out social determinants of health screening at the end of fiscal year 2020, and Rush Oak Park Hospital plans to roll it out in the coming months.

Screening and follow-up gives us the opportunity to see the story behind the story. It allows us to see a patient’s circumstances, not just their diagnosis, and facilitates closing the gaps so people can receive equitable health care. Patients are happy to know that Rush cares enough to ask these questions, and most are happy to have help navigating systems to get the resources they need.

*Adrienne Blackmon,* patient care navigator, Rush University Medical Center

**Patients referred to resources through NowPow**

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Culturally competent care for LGBTQ+ patients

Negative experiences with health care providers are unfortunately common for people who are lesbian, gay, bisexual, transgender, queer and/or questioning and other sexual identities (LGBTQ+). In 2015, the U.S. Transgender Survey conducted by the National Center for Transgender Equality found that a third of transgender and gender-nonconforming patients reported negative experiences in a health care setting, including discrimination and refusal of care.

These experiences can make LGBTQ+ people less likely to fill prescriptions and more likely to delay getting care — and socioeconomic disparities mean that many lack health insurance and/or don’t have a primary care provider. As a result the LGBTQ+ population has a higher incidence of chronic conditions and a higher likelihood that their health is “poor.”

Rush’s commitment to building a culture of respect, inclusion and equal treatment for patients, visitors, students, staff and employees who are LGBTQ+ is exemplified by the January 2020 launch of Affirm: The Rush Center for Gender, Sexuality and Reproductive Health. Affirm helps to bridge health care gaps by providing safe, accessible, comprehensive, affirming care to those who identify as LGBTQ+. The Affirm team works across the Rush system to improve cultural competence and provide high-quality care and affirming services for everyone.

Since its 2020 launch, Affirm has...

Provided patient navigation to 279 LGBTQ+ patients, connecting them to affirming and competent services at Rush and in the community

Connected patients with 18 Rush specialties

Trained 1,500+ Rush employees in providing inclusive care for LGBTQ+ individuals
Financial wellness for Rush employees

Rush’s Anchor Mission Strategy (see p. 31 for more) focuses on building community wealth on the West Side — including helping Rush employees build their own household wealth. An internal analysis showed that lower-wage Rush employees experienced significant barriers to financial well-being, including high levels of wage garnishment and hardship borrowing from their 403(b) accounts and not contributing enough to their accounts to receive the maximum match. Additionally, many employees had no retirement savings at all.

Rush implemented a financial wellness program with four components: a program to help employees build their personal credit ratings; a payroll card option that allows employees to have their wages loaded onto a prepaid card instead of receiving a paper check or bank direct deposit; one-on-one financial counseling; and 403(b) auto-escalation, which automatically increases an employee’s contribution amount each year.

Rush employee participation in retirement savings program*

- 92% of employees who participate in the 403(b) retirement program
- 69% of participants who save at least 6% of their wages

*As of fiscal year 2020
Rush University prides itself on being a safe space where all are welcomed for the diverse perspectives and cultures they bring to our community. Now more than ever, open and honest conversations around diversity, equity and inclusion are being encouraged to move us forward as a unified university that embraces diversity, equity and inclusion practices for all students, faculty and staff.

*Sherine Gabriel, MD, MSc, president, Rush University*
Demographics

Pillar 3
Pillar 3: Demographics

Strategic drivers:
- Continue transparency relative to available opportunities
- Ensure a positive working environment for veterans and people with disabilities

Diversity, equity and inclusion are about far more than raw numbers of underrepresented minorities and women who hold leadership positions at Rush and who are students, residents and faculty at Rush University — but attracting, recruiting, retaining and tracking people in those positions is a key measure of how well we are advancing toward our diversity, equity and inclusion goals. At every level of Rush, we want to reflect the communities, patients and region that we serve.

Underrepresented minority faculty and students at Rush University

Increasing health equity and achieving true inclusion means building medical education programs and a health care workforce that reflect the makeup of the community: According to a U.S. Census Bureau projection, by 2045, white residents will be a minority, comprising 49.7% of the population, while 24.6% will be Hispanic/Latinx, 13.1% will be Black, 7.9% will be Asian, and 3.8% will be multiracial. At Rush University Medical Center, emergency department patients are 48% Black, 24% Hispanic/Latinx, 20% white and 8% other or unknown; inpatients are 32% Black, 17% Hispanic/Latinx, 43% white and 8% other or unknown.

A diverse faculty benefits both students and patients. Studies cited by the Association of American Medical Colleges show that a diverse faculty attracts diverse students, improves graduates’ cultural competence, creates a more inclusive atmosphere, improves patient care and drives excellence throughout the organization.

And patients benefit from a diverse health care workforce: The ability to see diverse health care providers who provide culturally competent care increases underserved patients’ access to care, improves the patient experience, and boosts patient outcomes and satisfaction.

To improve diversity and inclusion at Rush University, each college has set its own goals for student and faculty representation:
- The College of Health Sciences is focusing on developing women faculty leaders.
- The College of Nursing is developing relationships with pipeline institutions such as Claflin University and Northeastern University.
- Rush Medical College is working to increase faculty candidate pools, develop relationships with pipeline institutions, and rank list medical students in the top 10 programs to raise awareness of the level of talent among students in the college.
- The Graduate College is increasing the amount of available scholarships for underrepresented minority students.
Rush University underrepresented minority faculty*

College of Health Sciences
- 2018: 16%
- 2019: 8%
- 2020: 8%

College of Nursing
- 2018: 5%
- 2019: 7%
- 2020: 7%

Medical College
- 2018: 8%
- 2019: 7%
- 2020: 7%

*Graduate College faculty are drawn from these three colleges. These percentages and the following reflect the number of Black and Hispanic/Latinx faculty and students at Rush University.

Rush University underrepresented minority student enrollment

College of Health Sciences
- 2018: 15%
- 2019: 20%
- 2020: 24%

College of Nursing
- 2018: 17%
- 2019: 19%
- 2020: 20%

Medical College
- 2018: 13%
- 2019: 15%
- 2020: 17%

Graduate College
- 2018: 21%
- 2019: 24%
- 2020: 28%
Rush University Medical Center leadership diversity

Improving the health of the individuals and diverse communities Rush serves means developing a leadership team that reflects the makeup of those communities. When the demographics of our leaders align with those of our patients, we’re more likely to gain patients’ loyalty and to be a trusted source of information. A diverse leadership team sets the tone for the whole organization, and offers multiple perspectives and experiences that need to be heard at the highest decision-making levels. And like diversity among health care providers and staff, diversity among leadership helps improve patient outcomes and reduce health disparities.

To help Rush increase the representation of underrepresented minorities in leadership positions at the director level and above, our human resources team is facilitating ways for leaders to have career development discussions with their direct reports, and tracking directors’ and associate vice presidents’ development plans.

Creating an environment where all are recognized, understood and accepted regardless of race, age, ethnicity, physical ability, sexual orientation or spiritual practice is what should be expected by all of us.

Marcos DeLeon, senior vice president and chief human resources officer, Rush University System for Health

Rush University Medical Center underrepresented minority employees at director level and above*

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</tr>
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</table>

*These percentages reflect the number of Black and Hispanic/Latinx leaders.

Employee Resource Groups at Rush

Employee resource groups, or ERGs, are employee-led groups that bring together employees who have shared identities, interests or goals. They provide input to the Diversity Leadership Council and help drive diversity, equity and inclusion strategies forward.

- Disabilities Employee Resource Group
- LGBTQ+ Employee Resource Group
- Veterans Employee Resource Group
- West Side Anchor Mission Employee Council
- Women’s Leadership Council
Increasing women’s representation in leadership roles

In the United States, women hold 80% of the jobs in health care (at Rush, the figure is about 72%), but only about a third of hospital executives are women, including 3% of health care CEOs, 3% of chief medical officers and 9% of division chiefs. More than a third of active physicians, and nearly half of all medical students, are women, but at academic medical centers, women are 21% of full professors, 15% of department chairs and 16% of deans.

The Rush Women’s Leadership Council (WLC) employee resource group focuses on gender-related issues across Rush, with a vision for Rush to be recognized as a workplace with equal representation of women, including equal leadership opportunities, institutional accountability for the promotion of women and equal pay for equal work.

A 2020 adjusted multivariate analysis of faculty salaries at Rush Medical College and the Graduate College found no statistically significant salary differences by gender — but an unadjusted analysis, before controlling for doctor specialty and promotion level, found some differences. (The College of Nursing and College of Health Sciences were not included in the analysis, because the majority of both schools’ faculty are women.) For example, men are more likely to be full professors and work in high-grossing specialties such as neurosurgery, otorhinolaryngology and orthopedics.

The WLC is crafting a diversity and inclusion goal around ensuring that women are promoted into professorships at the same rate as men and are welcomed to work in equally high-earning fields. The council is also planning a survey of invisible barriers faced by women as they pursue success in professional work and family life, and will make recommendations on ways Rush can help dismantle those barriers.

You want to see people in leadership that look like you. Diversifying leadership is one way to inspire people to higher purpose and more job satisfaction.

Sheila Dugan, MD; acting chair, medical director and professor of University Physical Medicine & Rehabilitation; chair of the Women’s Leadership Council

Rush University Medical Center* women employees at director level and above

*Beginning in 2020, we plan to track this data for all three Rush hospitals.
Self-identification helps track diverse groups

Employees with diverse identities bring unique perspectives to Rush, helping us broaden our scope and work toward a more equitable and inclusive workplace. Every five years, Rush conducts a confidential, voluntary survey to encourage employees to identify their status as an individual with a disability and/or a veteran, and we also encourage Rush employees to self-identify in these and other categories using a voluntary online tool.

Providing opportunities for veterans

Men and women who are military veterans historically have higher unemployment rates than non-veterans but bring valuable skills and experience to civilian jobs in the health care setting. At Rush — where the Road Home Program is a national center of excellence that provides mental health care and wellness to veterans, service members and their families — hiring veterans is a longstanding priority.

Rush’s HR team works to identify people with military experience who submit résumés for open positions at Rush, and has built partnerships with Great Lakes Naval Base, the Jesse Brown VA Medical Center and other local military affiliates to help us connect with candidates. Rush’s career website also features a Military Occupational Code Translator that allows veterans to enter their military job title or occupational code and view all open jobs at Rush that align with their skill sets.

In fiscal year 2019, Rush’s Veterans Employee Resource Group formed to offer activities, share information, build awareness of the value veterans bring to work and help Rush incorporate best practices for hiring and retaining veteran employees.

The data we collect helps us track our success in hiring people with these identities, and also ensures that they’re receiving support and resources as employees. We know that we can only create a supportive work environment when we can account for and welcome everyone in it, and when everyone knows they can stop leaving part of themselves at the door when they come to work.

The military taught me to adapt and overcome, and it also taught me not to know the meaning of the sentence, “That’s not in my job description.” You do what needs to be done. It’s challenging, but I work with an excellent team.

Cassandra Taylor, Epic application analyst and former U.S. Army sergeant first class
Disabilities: PTSD, diabetes and neuropathy

Rush University Medical Center military veteran employees

<table>
<thead>
<tr>
<th>Year</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>96</td>
<td>95</td>
<td>119</td>
</tr>
</tbody>
</table>
Making Rush a better place to work for employees with disabilities

Thirty years after the 1990 passage of the Americans with Disabilities Act (ADA), landmark civil rights legislation that made it illegal to discriminate against people with disabilities, inequities persist. According to the U.S. Labor Department, just 31% of people with disabilities between the ages of 16 and 64 had a job in 2019, compared to 75% of those without disabilities.

In 2019, Rush launched the Disabilities Employee Resource Group, a place for employees with disabilities of any kind to share ideas, explore initiatives to make Rush a better place to work, help with recruiting and feel comfortable and supported. Not every disability is visible — and the group helps to ensure that anyone who has a disability, whether it’s visible or not, knows how to find accommodations and support at Rush.

Rush University Medical Center employees with disabilities

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>52</td>
</tr>
<tr>
<td>2019</td>
<td>104</td>
</tr>
<tr>
<td>2020</td>
<td>199</td>
</tr>
</tbody>
</table>

LaShon Gurrol, RN, BSN, Ambulatory Transitional Care Nurse, Social Work & Community Health Disability: Lupus

Rush’s ADA Task Force works to make Rush locations, programs and services accessible and equitable for patients, visitors and employees with disabilities, including supporting policies and processes that make it easy for employees and students with disabilities to request accommodations in work spaces and learning environments.
I think a lot of employees who have an invisible disability are afraid of revealing it, but you have to get over it. Being part of the employee resource group has helped me be more comfortable saying, “Yes, I have a disability; sometimes I struggle, a lot of times I don’t.” If you have a disability, don’t be afraid to self-disclose. It won’t harm you, it will benefit you.

Carlos Olvera, manager of Rush Interpreter Services, member of the Disabilities Employee Resource Group and co-chair of the Rush ADA Task Force
Disabilities: Rheumatoid arthritis and hearing loss
External and Community Partnerships

Pillar 4
Pillar 4: External and Community Partnerships

Strategic drivers:

- **Education**: Improve equity and access to high-quality learning experiences through targeted partnerships and outreach
- **Hiring**: Increase number of new hires from anchor mission ZIP codes through employment preference and strategic initiatives
- **Purchasing**: Increase the direct spend with vendors in Rush anchor mission communities in targeted sourcing categories

Rush has deep roots on Chicago’s West Side: Rush Medical College moved there after its original campus, established in the Loop in 1837, was destroyed by the Great Chicago Fire of 1871. Today, Rush is the largest non-governmental employer on the West Side. Rush University Medical Center employs more than 9,700 people and spends more than $557 million on goods and services each year.

In 2017, Rush crafted its Anchor Mission Strategy, a plan to align those resources to improve health in West Side neighborhoods. The strategy focuses Rush’s economic impact on the following five commitments:

- Hire locally and develop talent
- Use local labor for capital projects
- Buy and source locally
- Invest locally and create financial stability for employees
- Volunteer and support community-building

And for three decades, Rush has brought science, technology, engineering and math (STEM) instruction to West Side students — first through the SAME Network, and now through the Rush Education and Career Hub (REACH) community engagement program.

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Rush Anchor Mission ZIP codes

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>Neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>60644</td>
<td>Austin</td>
</tr>
<tr>
<td>60612</td>
<td>East Garfield Park</td>
</tr>
<tr>
<td>60651</td>
<td>Humboldt Park</td>
</tr>
<tr>
<td>60623</td>
<td>Little Village</td>
</tr>
<tr>
<td>60647</td>
<td>Logan Square</td>
</tr>
<tr>
<td>60607</td>
<td>Near West</td>
</tr>
<tr>
<td>60639</td>
<td>North Austin/Belmont-Cragin/Hermosa</td>
</tr>
<tr>
<td>60623</td>
<td>North Lawndale</td>
</tr>
<tr>
<td>60608</td>
<td>Pilsen</td>
</tr>
<tr>
<td>60624</td>
<td>West Garfield Park</td>
</tr>
<tr>
<td>60622</td>
<td>West Town/Near West</td>
</tr>
</tbody>
</table>
Introducing students to life-changing health care careers

Through REACH, Rush works to increase educational equity for students from pre-K through college and beyond. We focus on education because the research is clear: People who have more education live longer, healthier lives. In fact, education is the No. 1 factor in increasing life expectancy. People with more education have better jobs, earn more and have more access to resources such as healthy food, transportation and health care.

REACH launched in 2017 with the aim of building a pipeline to STEM and health care careers for underrepresented youth. Its enrichment programming helps improve educational outcomes and prepare students for middle- and high-skill jobs in health care; teacher training, community workshops, college and career advising, and wraparound supports are also part of its comprehensive approach.

MedSTEM Pathways, REACH’s signature programs for high school students, introduces participants to STEM and health care careers through paid opportunities for six weeks during the summer or 10 weeks during the school year. The students, most of whom attend West Side schools, explore a range of careers, connect with Rush employees, plan for college, and develop skills for succeeding in higher education and the workforce. They also earn first aid/CPR certification and work toward credentials such as certified nursing assistant (CNA), ECG technician and phlebotomy technician. These stackable credentials can help students secure well-paying part-time employment during college and lay a foundation for students to become qualified for high-demand jobs.

Students participating in MedSTEM Pathways

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250</td>
<td>250</td>
<td>150*</td>
</tr>
</tbody>
</table>

*Because of the COVID-19 pandemic, the program was delivered virtually, REACH limited the cohort to 150 to ensure that all students had a good experience.

I’ve always wanted to go into the medical field and one day be a doctor, but that seemed like such a faraway reality. But with the college preparation work I’ve done in this internship, and my involvement in the highly sophisticated hospital setting, I see myself more as a capable, talented individual who will head off to college soon and make this dream a reality sooner than I realize.

Summer 2019 MedSTEM Pathways intern
Recruiting employees from the West Side

To help improve community health and economic vitality by ensuring that people have family-supporting jobs, Rush sets goals each year for hiring from within the West Side neighborhoods near Rush University Medical Center. These majority Black and Latinx neighborhoods have seen average household income drop annually for decades, while white neighborhoods in the city have experienced income growth.

In the fall of 2019, Rush launched the Rush Community Application Hub (RCAH), a pilot partnership with two community-based organizations, Skills for Chicagoland’s Future and Cara, to inform West Side residents about career opportunities at Rush and offer career services. Members of Rush’s HR team hold employment workshops at 16 community partner sites such as New Moms and A Safe Haven, where they talk with community members about Rush’s culture and values as well as open positions and the skills they require. Skills for Chicagoland’s Future and Cara then provide services that help align job candidates’ skills with Rush’s hiring needs: job coaching, résumé development, mock interviews and post-employment support.

In the first year of RCAH, Rush...

- Conducted 34 workshops
- Hired 13 employees through RCAH partners
- Helped 7 people get jobs with other Rush partners
- Established ongoing recruitment efforts with more than 280 candidates

In another unique effort, facilitated by the West Side United collaborative co-founded by Rush, Chicago hospitals and other health care facilities come together to hold hiring fairs for West Side residents. All participants share the same goal: helping people on the West Side secure stable, living-wage jobs.

New hires from anchor mission communities, fiscal years 2018–2020*

| Rush University Medical Center |
| 2018 | 2019 | 2020 |
| 16%  | 17%  | 17%  |

| Rush Oak Park Hospital |
| 2018 | 2019 | 2020 |
| 40%  | 42%  | 42%  |

*COVID-19 meant that Rush’s total hiring need fell slightly below projection. All data excludes trainees and temporary roles.
Supporting local vendors

Through its strategic sourcing program, Rush has long purchased products and services from Chicago businesses that are certified minority-owned and woman-owned. Now, the focus is on increasing the amount of goods and services sourced from West Side communities — using Rush’s purchasing power to maximize economic development at the neighborhood level. Rush purchasing managers work with local vendors to increase the amount of goods and services we source directly from the West Side.

For example, on-campus food tastings have connected employees who purchase food for meetings and events to West Side restaurants and caterers like Catering Out the Box. When Rush outsourced the cafeteria at Rush University Medical Center in 2019, West Side food vendor popups became part of the regular rotation, with a focus on vendors based in anchor mission neighborhoods like Austin, East and West Garfield Park and North and South Lawndale.

Rush’s anchor mission vendor list also includes a wide range of vetted and approved vendors for everything from promotional items and printing to construction, landscaping, transportation and information technology services. Our construction management partner makes a point of hiring subcontractors from anchor mission ZIP codes, and has introduced a number of those vendors to Rush. Business-development nonprofits Chicago Anchors for a Strong Economy (CASE) and Together Chicago also help Rush source and vet vendors for its list.

Rush’s support for anchor mission vendors

<table>
<thead>
<tr>
<th>Year</th>
<th>Spending</th>
<th>Number of vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$7.7M</td>
<td>146</td>
</tr>
<tr>
<td>2019</td>
<td>$7.9M</td>
<td>182</td>
</tr>
<tr>
<td>2020</td>
<td>$8.5M</td>
<td>160*</td>
</tr>
</tbody>
</table>

*In fiscal year 2020, the total number of anchor mission vendors shrank when Rush ended relationships with those that didn’t meet standards, and when Rush reduced spending due to the costs of the COVID-19 pandemic.

Anthony Waller, owner, Catering Out the Box in North Lawndale

The quality of the goods and services we provide are on par with any other organization on the North Side or in the suburbs — but we’re right here, with the ability to pivot and be flexible when our customers need it. Rush’s support for West Side businesses keeps dollars in the community.
What lies ahead

Our work at Rush around diversity, equity and inclusion is so critical, especially today during a time of great uncertainty, divisiveness, fear and anger. Health care is one of the most trusted industries in America, so using our platform to heal is needed more than ever before.

Angelique L. Richard, PhD, RN, CENP, senior vice president of hospital operations and chief nursing officer, Rush University System for Health

These snapshots tell the story of diversity, equity and inclusion at Rush: We've made many strides and posted significant gains, but we have more work to do.

The events of 2020, including the COVID-19 crisis, have made it clearer than ever why we need to double down on our diversity, equity and inclusion work.

COVID-19 exacerbated the underlying inequities that have long led to worse health outcomes among Black and Latinx communities like those in the West Side neighborhoods near Rush University Medical Center. As part of our commitment to this community and our efforts to advance health equity, Rush worked with residents, community leaders, nonprofit organizations and other health care institutions to galvanize and provide additional resources and support to residents on the West Side: emergency food support, support for homeless shelters, proactive outreach calls to at-risk populations, mental health treatment and more.

But we cannot continue to respond to crises without addressing the underlying issue. We must show by our collective actions that we are willing to dismantle racism — a system of oppression that produces poor health outcomes and premature mortality and affects all of us.

In early June 2020, Rush leaders shared a message with students and staff. Its headline was loud and clear: Black Lives Matter. The message read, in part, “As an institution whose key role is to provide healing, we are reaffirming our commitment to fight structural racism and its enormous cost. Structural racism not only led to George Floyd’s murder, it is at the root of the shocking and unacceptable life expectancy gap in Chicago and other major U.S. cities.” Throughout Rush locations, highly visible signs now declare “Black lives matter. Be the change.”

On Juneteenth, we announced the formation of Rush’s Racial Justice Action Committee (RJAC). Fifteen committee members from across the Rush system will help us deepen our commitment to racial and social justice work alongside health equity. The RJAC will help us focus our systemwide work with recommendations (see p. 36) about how we can make Rush a more equitable organization and even more supportive of our Black and Latinx communities, within and outside of Rush.

Diversity, equity and inclusion work demands a collective of people who want to make a difference — who want to be the change. We know that change is going to take hard work and difficult conversations. And we know that it’s time.
Racial Justice Action Committee recommendations: Be the CHANGE

COMMUNICATE: Create a unified Rush diversity, equity and inclusion statement that addresses racial justice and Rush’s response.

HIRE AND EMPLOY: Establish clear targets and timelines for increasing the number of Black, Indigenous and people of color (BIPOC) in leadership roles systemwide (e.g., CEO, SVP, VP, AVP, directors and managers, faculty appointments, academic leadership and board).

ALIGN: Conduct a systemwide review of all Rush policies that govern employment, compensation, culture and consequences as they pertain to racialized impacts from said policies.

NAVIGATE: Create a system of people, policies and resources (e.g., departments, funding, legal assistance) to navigate patients, students, employees and others on campus to social work/mental health interventions as needed instead of security/policing interventions.

GENERATE: Collect and incorporate restorative justice practices and principles into our internal departments’ existing conflict management and team-building trainings and processes.

EDUCATE: Create a process for ensuring that current diversity, equity and inclusion/HR trainings and HR are racial-equity aligned and inclusive; develop new trainings on anti-racism, unconscious biases, cultural competence, allyship and racial justice as needed.

Recent national recognition for Rush’s diversity, equity and inclusion work

Rush University System for Health
Center for Companies That Care Honor Roll, 2020

Rush University Medical Center
Rush Oak Park Hospital
Rush Copley Medical Center
Leader in LGBTQ Healthcare Equality, 2020
Healthcare Equality Index

Rush University Medical Center
One of the “Best Places to Work for Disability and Inclusion,” 2019 and 2020 Disability Equality Index
American Hospital Association Equity of Care Award, 2019

Rush University
Schweitzer Fellowships for Community Initiatives, 2020
HEED Award for Excellence in Diversity, INSIGHT Into Diversity magazine, 2019

Rush Medical College
Spencer Foreman Award for Outstanding Community Engagement, 2020
The Rush Diversity Leadership Council (DLC) ensures the development and implementation of a comprehensive diversity and inclusion strategy and that effective programs are in place to address the needs and interests of our employees and students.