



## **AGENDA**

### **Equity, Diversity and Inclusion Committee**

#### **Meeting Date**

January 11, 2021

#### **Time**

11:00 A.M.

#### **Location**

Board Room (532)

CALL TO ORDER

Helen Arteaga Landaverde

ADOPTION OF MINUTES

Helen Arteaga Landaverde

MARCH 12, 2020

OFFICE OF DIVERSITY UPDATE  
FY20 WORKFORCE ANALYSIS

Matilde Roman

EQUITY & ACCESS REPORT OUT

Natalia Cineas  
Nichola Davis

MWBE PROGRAM & POLICY UPDATE

Danielle DiBari  
Keith Tallbe

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**EQUITY, DIVERSITY AND  
INCLUSION  
COMMITTEE**

**MINUTES**

Meeting Date  
March 12, 2020

**BOARD OF  
DIRECTORS**

**EQUITY, DIVERSITY AND INCLUSION  
COMMITTEE MEETING**

**COMMITTEE MEMBERS**

Helen Arteaga Landaverde, Committee Chair  
José Pagán, Chair of the Board of Directors  
Dr. Eric Wei, Vice President and Chief Quality Officer

**NYC HEALTH + HOSPITALS STAFF**

Yvette Villanueva, Human Resources  
Colicia Hercules, Chair's Office  
Matthew Siegler, OneCity Health  
Matilde Roman, Diversity and Inclusion  
Keith Tallbe, Legal Affairs/ Supply Chain Services  
Margarita Larios, Diversity and Inclusion  
William Murray, Diversity and Inclusion  
Justin List, Ambulatory Care

**Attendees**

Anthony Mirdita, PAGNY  
Moirá Dolan, DC 37  
Justine DeGeorge, Office of State Comptroller  
Shelly Mei, NYU Wagner  
Nia Terese McIntosh, NYU Wagner  
Anjana Sreedhar, NYU Wagner  
Isabelle Duvivier, NYU Wagner  
Regina Gurvich, NYU Wagner

Peter Glus, Arcadis  
Hazel Remo, Arcadis  
Horacio Martinez, Arcadis

Trevis Hinds, W.B. Mason  
Brian Charpentier, W.B. Mason  
Giselle Rojas, W. B. Mason  
Jennifer Sanchez, W.B. Mason  
Adrienne Rosa, W.B. Mason

**CALL TO ORDER**

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board of Directors was held on March 12, 2020 in the Board Room at 125 Worth Street, Room 532, New York City with Committee Chair, Helen Arteaga Landaverde, presiding. The meeting was called to order at 10:30 a.m. Dr. Eric Wei represented CEO/President Dr. Mitchell Katz in a voting capacity.

**VENDOR WORKFORCE UNDERREPRESENTATION****ARCADIS U.S. INC.**

Arcadis has a contract for engineering and architectural services valued at \$5 million. Headquartered in Colorado, the company has seven New York locations (Buffalo, Clinton Park, Fairport, Long Island City, Melville, Syracuse, and White Plains) which is the basis of the workforce analysis. Arcadis had two areas of workforce underrepresentation for minorities: JG-15 Office and Clerical II, and JG-17 Dept./Ops Mgr. II. Peter Glus, Senior Vice President, Hazel Remo, Project Manager for the New York City Health and Hospitals account, and Horacio Martinez, staff engineer represented Arcadis.

Although Arcadis has seven locations in the New York tristate area, most of the work for the Health and Hospitals account occurs in their Long Island City location. Mr. Glus shared that over the years, the company has made significant improvements to address the underrepresentation of women. Mr. Glus also shared Arcadis' initiatives to support diversity and inclusion within the company that included efforts by Arcadis' talent acquisition team and their Diversity and Inclusion Council to engage with external minority professional groups and the Society of Women Engineers to increase recruitment of more diverse, technical professionals. In addition, they have a college recruitment plan that includes attendance at career fairs and academic events with an emphasis on engaging women and minority students. He also shared that the company began to focus on local New York City colleges to recruit and hire clerical staff.

NYC Health + Hospitals' Board Chair, José Pagán, commended Arcadis for their work and challenged them to measure the impact of their diversity initiatives to monitor their progress. He encouraged them to think about ways to improve the scope and depth of their diversity and inclusion work going forward. Helen Arteaga Landaverde asked if the EDI Committee had any further questions. There were none. She thanked and excused Arcadis representatives.

### **W.B. MASON COMPANY, INC.**

W.B. Mason has a contract with NYC Health + Hospitals to provide office supplies valued at \$8.8 million, which began in 2016. Since 2018, W.B. Mason eliminated four areas of minority underrepresentation, but continues to experience female underrepresentation. The four areas of workforce underrepresentation for women are in the following job categories: 1B-First/Mid-level Managers, 4A-Sales Workers, 7A-Operatives, and 8A-Laborers and Helpers.

Trevis Hinds, Director of Human Resources for the Tri-State Region, Brian Charpentier, Manhattan Branch Manager, Giselle Rojas, Account Representative for Health and Hospitals, Jennifer Sanchez, Human Resource Representative for Bronx and Queens and Adrienne Rosa, Human Resources Representative for Secaucus, Manhattan and Queens represented W.B. Mason.

Trevis Hinds introduced his colleagues who collectively support the NYC Health + Hospitals account. Mr. Hinds stated that there are three business units that support the Health and Hospitals account: sales, customer service, and operations/distributions, which consists of drivers and warehouse personnel. Mr. Hinds recognized that W.B. Mason is challenged in hiring women in the sales and operations positions. Mr. Hinds shared that the sales position continues to be a challenge because W.B. Mason has a door-to-door sales model. Many applicants, who are predominately new college graduates or individuals that graduated college within the past two years, leave during the application process once they realize they will become a traveling salesperson. W.B. Mason works to establish relationships with the local colleges to recruit

students and eliminated the four-year degree requirement in attempt to widen their talent pool for these positions.

The operation and distribution positions are especially challenging due to the labor-intensive nature of the position, and experience even highly experienced women truck drivers not interested in the position. Although the operation and distribution positions lead to promotions to mid-level manager, because there is a lack of women in these positions, there is also a lack of women in mid-level manager roles.

Helen Arteaga Landaverde mentioned the rise of women businesses in the United States, and asked Trevor Hinds to think about how W.B. Mason's sales force can partner with emerging women businesses. José Pagán asked if W.B. Mason had female employees present at college recruitment fairs that can help women candidates meet women in the field. Mr. Hinds stated that they do have diverse presenters at their college recruitment fairs. Mr. Hinds expressed that he was hopeful that their active recruitment strategy and the elimination of degree requirements would result in an increase in women applicants.

Helen Arteaga Landaverde asked if the EDI Committee had any further questions. There were none. She thanked and excused W.B. Mason representatives.

### **NYU WAGNER CAPSTON PROJECT WITH NYC HEALTH + HOSPITALS**

Beginning in September 2019, a team from the NYU Wagner Graduate School of Public Services has collaborated with the Office of Diversity and Inclusion to identify opportunities to strengthen capacity to provide services to people with visual, hearing, or cognitive disabilities.

Members of the capstone team presented the key areas of work, which included research to identify barriers to care for people with disabilities, areas for potential intervention, and offering a set of recommendations to better serve this patient population.

The capstone team outlined the key deliverables from this project which included conducting a literature review on best practices across various health systems and organizations; performing interviews and listening sessions with key internal and external stakeholders, and issuing a surveys disability advocates and providers within the System. From their research and analysis, the team identified a number of solutions that included additional training and education – giving providers consistent in-person or web-based trainings to address the medical needs and concerns of the patients with hearing, vision and/or cognitive disabilities.

### **REQUEST TO ESTABLISH THE EQUITY AND ACCESS COUNCIL**

Matilde Roman, Chief Diversity and Inclusion Officer, requested permission to formally establish the Equity and Access Council for NYC Health + Hospitals, an advisory group tasked with supporting the Office of Diversity and Inclusion in developing equity and access initiatives to advance racial and social justice on behalf of the System.

Ms. Landaverde expressed that the work of the Equity and Access Council would align with the scope and mission of the Equity, Diversity and Inclusion Committee of the Board. The request to establish the Equity and Access Council was unanimously approved by the Committee.

A motion to approve the minutes of the November 12, 2019 meeting was duly made and unanimously approved. Helen Arteaga Landaverde asked if there was old business or new business. Hearing none, she thanked the EDI Committee, NYC Health + Hospitals staff and board members for their time and adjourned the meeting at 11:43 a.m.

HAL: mr

# Equity, Diversity and Inclusion Committee

January 11, 2021

# Equity, Diversity and Inclusion Committee

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Diversity and Inclusion Update

Matilde Roman, Esq.

Chief Diversity and Inclusion Officer



# Milestone Highlights

- Established the Equity and Access Council.
- Hosted employees dialogue sessions on bias and racism.
- Integrated unconscious bias content in new employee orientation and annual in service training.
- Over 25,000 training completions on additional diversity and inclusion training topics that include unconscious bias. This includes launch of 3 new workplace inclusion workshops, and content support for the special officers academy.
- 5<sup>th</sup> consecutive year of Healthcare Equality Index leader designation for LGBTQ Inclusive practices.
- Upcoming 2021 engagement events: (1) City and State Diversity Summit on February 18; and (2) National Diversity Council Tri-State Women in Leadership Symposium on March 26.

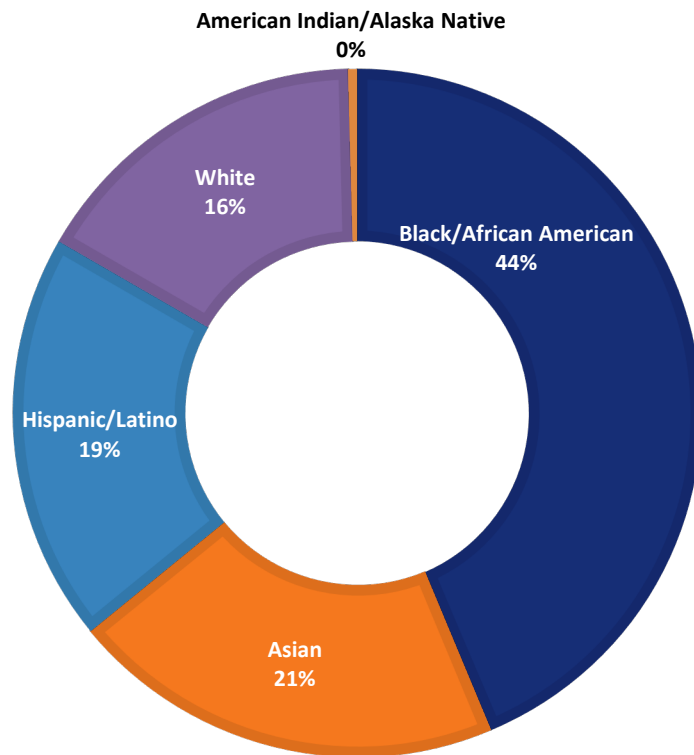
# **DIVERSITY & INCLUSION**

## **Workforce Analysis** FY 2020 Employee Data

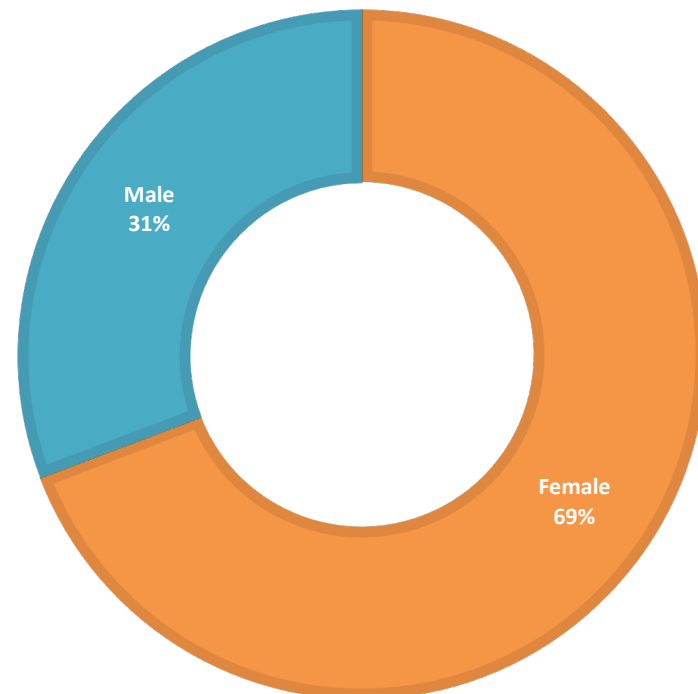
# Overview

- Demographic data on NYC Health + Hospitals' workforce for FY 2020.
- Total of 41,494 employees.
- Data is segmented to reflect direct service job titles for nurses, medical residents, employee physicians, social workers, and clerical associates.
- Also included are titles for the following administrative roles: Executive, Senior Leaders, Middle Managers, and First-Line Managers.
- This data excludes affiliate staff, vendors and temp agencies.

## Race / Ethnicity and Gender – All



■ Black/African American    ■ Asian  
■ Hispanic/Latino    ■ White  
■ American Indian/Alaska Native

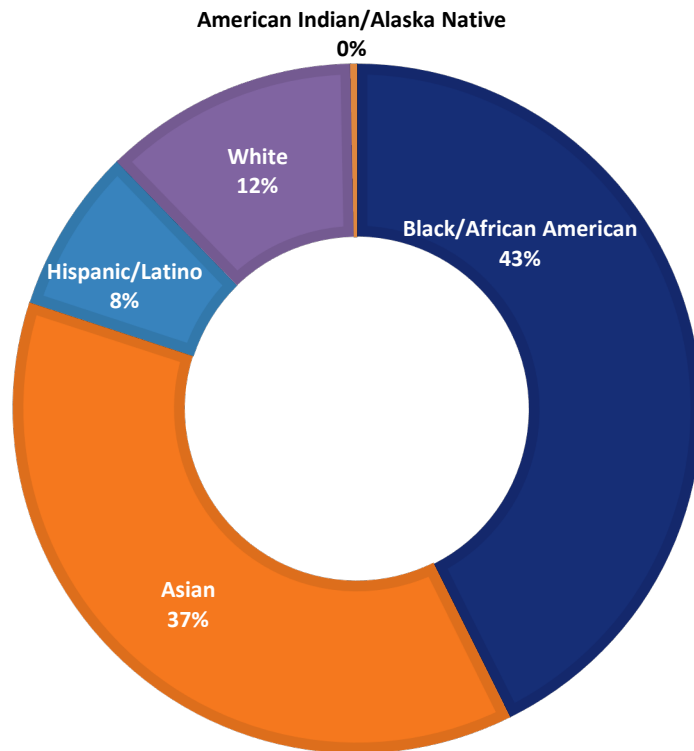


■ Male    ■ Female

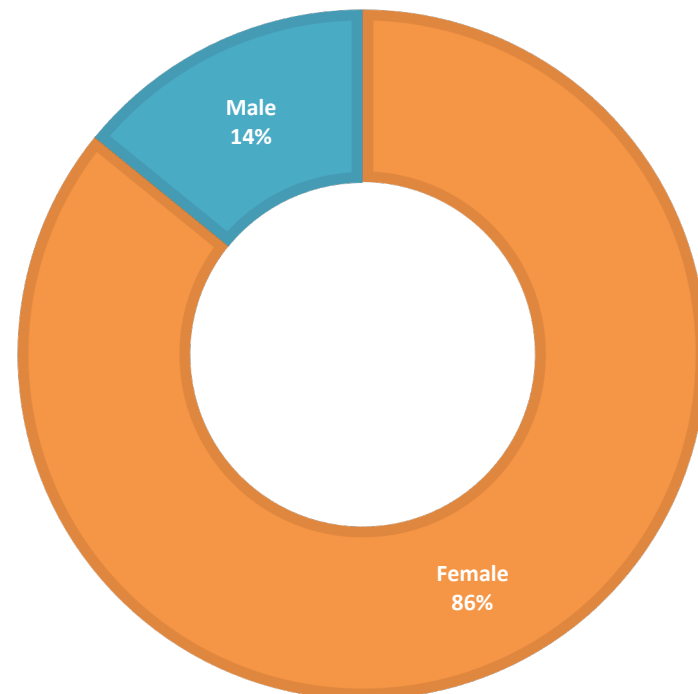
N=41,494

FY 2020 Data (July 1, 2019 – June 30, 2020)

## Race / Ethnicity and Gender – Nurses



■ Black/African American  
■ Asian  
■ Hispanic/Latino  
■ White  
■ American Indian/Alaska Native



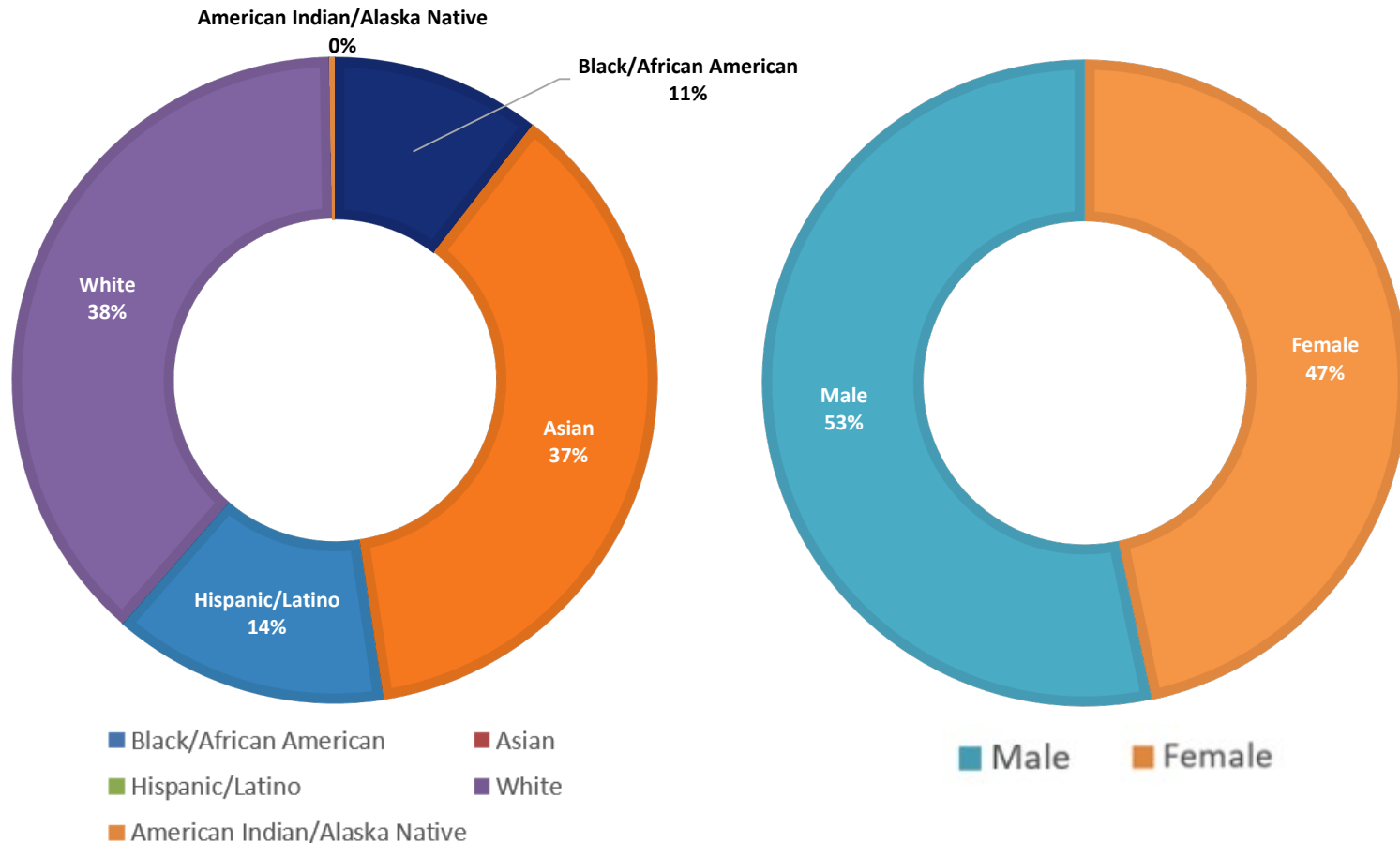
■ Male  
■ Female

N=8,272

FY 2020 Data (July 1, 2019 – June 30, 2020)

Comprises of 12 nursing titles

## Race / Ethnicity and Gender – Residents

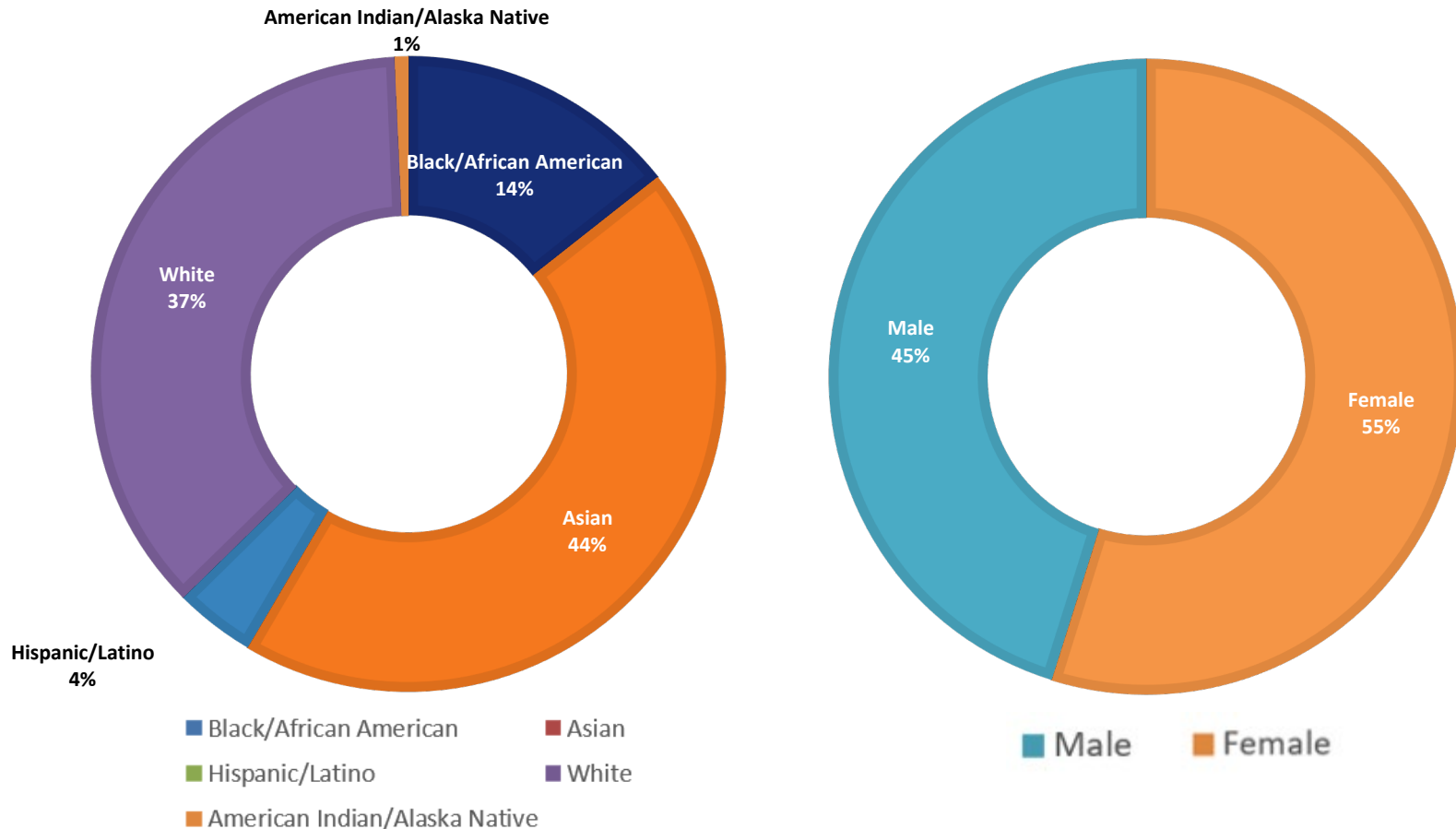


N=2,235

FY 2020 Data (July 1, 2019 – June 30, 2020)

Titles include Dental Resident PGY levels I-VI and Resident PGY levels I-VIII

## Race / Ethnicity and Gender – Employee Physicians



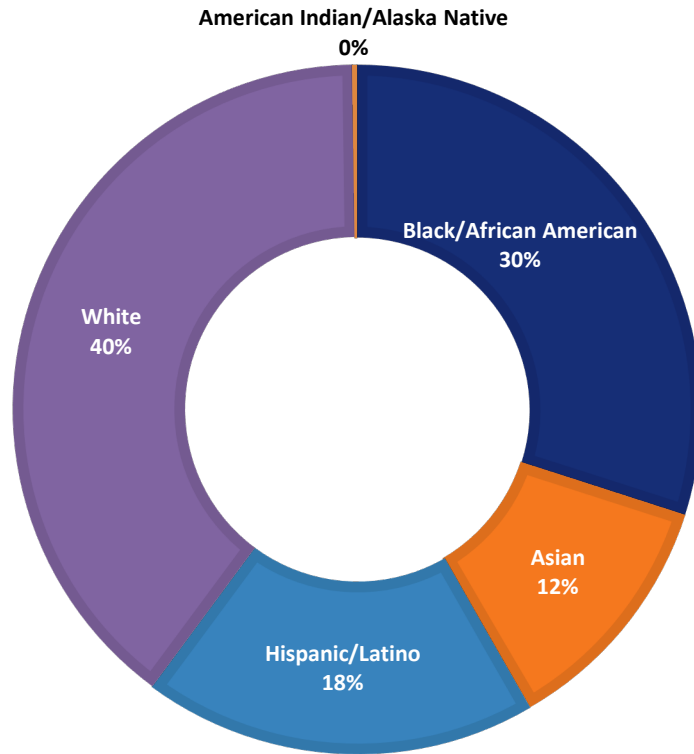
N=1,016

FY 2020 Data (July 1, 2019 – June 30, 2020)

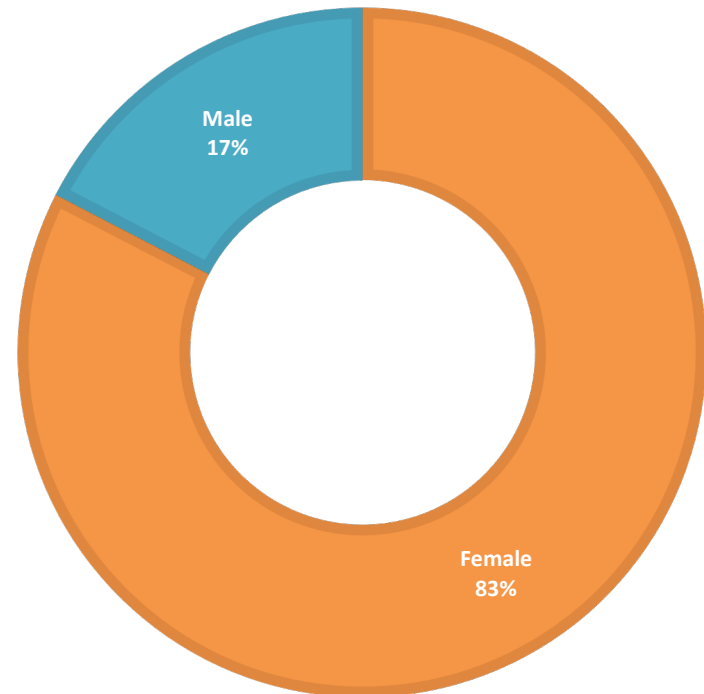
Titles include primary care physicians and specialists who are employed by NYC Health + Hospitals

Note: Does not contain affiliate staff data

## Race / Ethnicity and Gender – Social Workers



■ Black/African American    ■ Asian  
■ Hispanic/Latino    ■ White  
■ American Indian/Alaska Native



■ Male    ■ Female

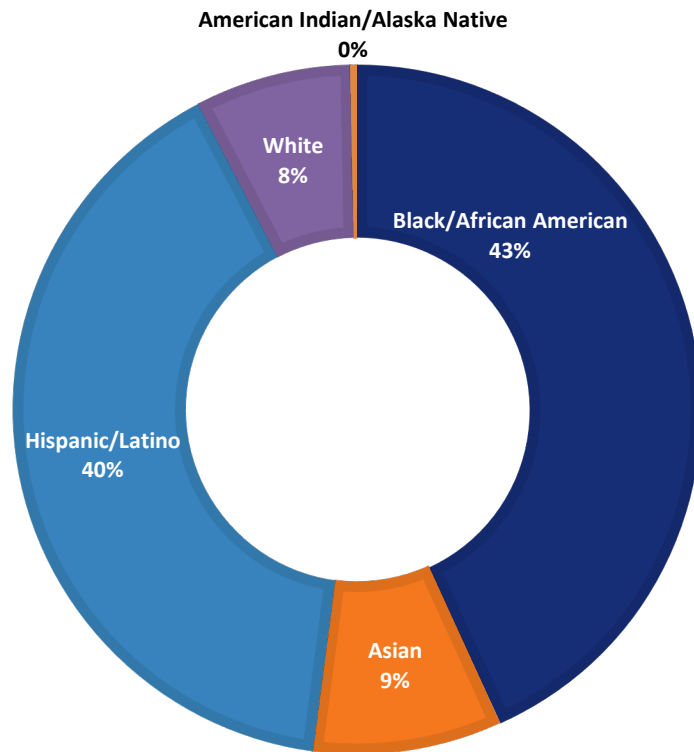
N=919

FY 2020 Data (July 1, 2019 – June 30, 2020)

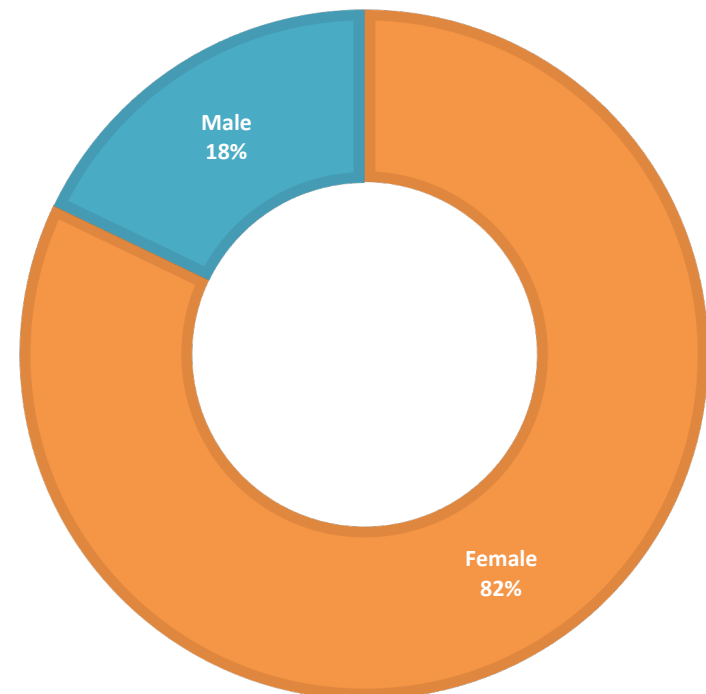
Titles include Social Worker, Social Worker levels I-V, and supervisor roles



## Race / Ethnicity and Gender – Clerical Staff



■ Black/African American    ■ Asian  
■ Hispanic/Latino    ■ White  
■ American Indian/Alaska Native



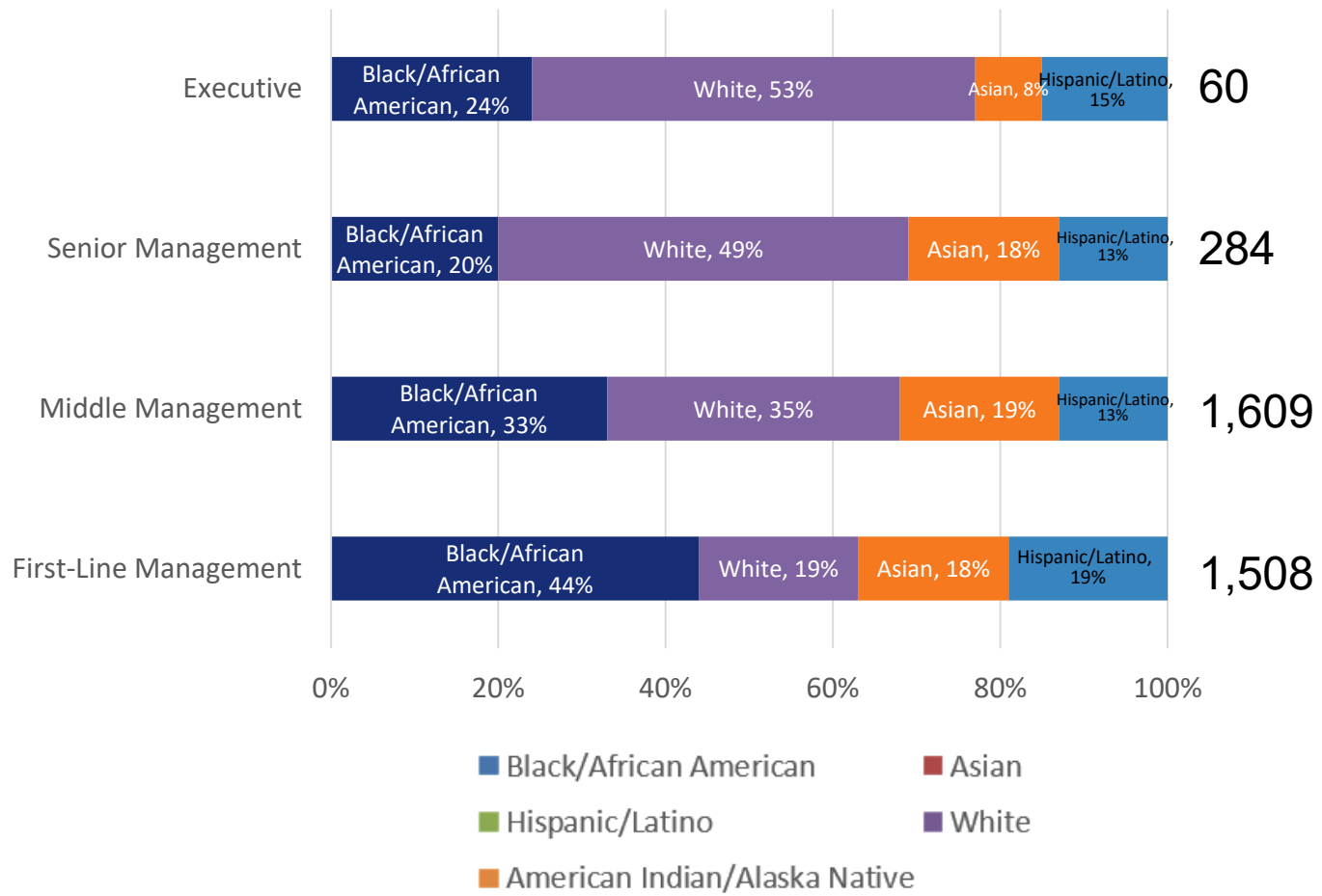
■ Male    ■ Female

N=3,022

FY 2020 Data (July 1, 2019 – June 30, 2020)

Clerical Associate titles

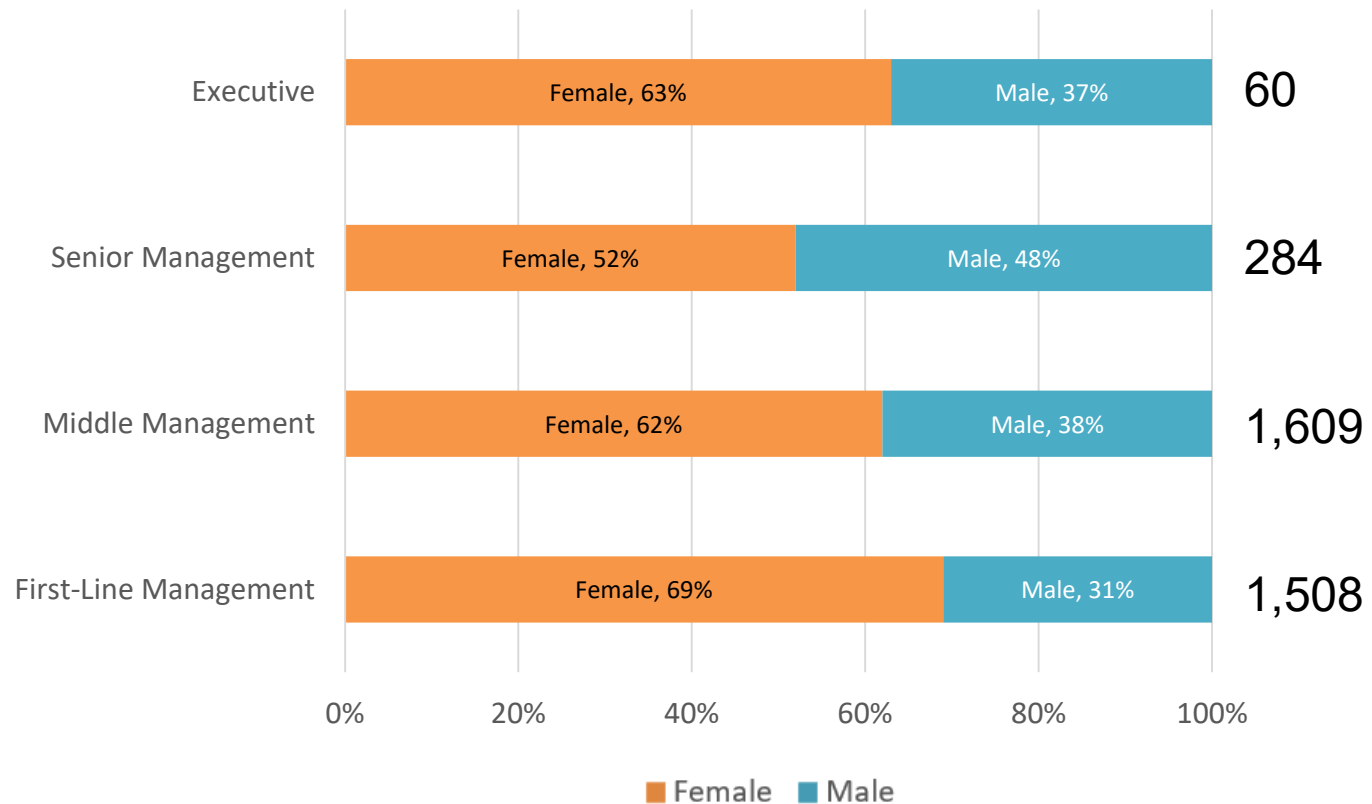
## Race / Ethnicity – All Leadership



N=3,461

FY 2020 Data (July 1, 2019 – June 30, 2020)

## Gender – All Leadership



N=3,461

FY 2020 Data (July 1, 2019 – June 30, 2020)

# Equity, Diversity and Inclusion Committee

January 11, 2021

## Equity & Access Council Report Out

Natalia Cineas, DNP, RN, NEW-BC  
Senior Vice President, Chief Nurse Executive

Nichola Davis, M.D.  
Vice President, Chief of Population Health

# Equity & Access Council

The Equity and Access Council provides strategic direction for the development of programs and initiatives aimed at eliminating barriers, institutional and structural inequities, and improve the health and well-being of vulnerable and marginalized communities.



# Equity & Access Council Responsibilities

Council members identified the following activities to support the Charter mandate:

- Review new institutional policies that may have equity implications for the System.
- Create a mechanism for system wide responses to current events or health disparities or outcomes related to equity.
- Identify and support projects related to priority areas identified in the Charter.
- Serve an advisory and oversight role on projects the Council agrees to advance.

## Equity & Access Framework

- Each project will be driven by Equity Work Groups (EWG), comprised of 5-7 members, and guided by 2 project leads to drive goals and outcomes in each area of focus.
- Based on the Equity & Access survey, interested employees across facilities, departments, and disciplines will be invited to join an EWG.
- EWG members will be tasked to develop a work plan and timeline for each approved project.
- Council members will offer the EWGs guidance and serve an advisory and oversight capacity for the projects to champion the work and be accountable for their progress/success.

## Discovery Process

- Approximately 217 employees participated in **Employee Voices Sessions** to have real time conversations and share their feelings and thoughts on the topic of racism and bias in an anonymous setting.
- A **Survey** was released to learn about the types of equity work occurring at facilities through innovative clinic and community programs, and identify staff who expressed interest in participating in the Equity and Access Council and interested in serving in a workgroup.



## General Findings

- Employees want more forums for dialogue, equity in opportunities to advance, accountability for improper actions, more training, and continued leadership commitment on the issue.
- Employees believe it is extremely important to address issues of racism (75%) and in society (79%).
- Attendees of the EVS found the conversation valuable, and to see momentum coming out of the discussion.
- Employees are interested in participating in the Employee Work Groups being established by the Council.

## Next Steps

- Complete analysis to define projects and identify employees.
- Once EWGs are formed, host orientation session for members.
- Develop work plans (with timelines).
- Release system wide communication about the framework and projects.



# Equity, Diversity and Inclusion Committee

January 11, 2021

## M/WBE Program and Policy Update

Danielle DiBari

Sr Vice President of Business Operations /Chief Pharmacy Officer

Keith Tallbe, Esq.

Senior Counsel

# Background

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In 1988 NYS passed legislation to provide minority and women owned business (MWBEs) a “fair share” of the state’s contracts.

The fundamental tool of the law is the setting of goals on state contracts for MWBE participation. NYS periodically conducts studies to determine the degree of disparity between majority and male owned businesses compared to minority and women owned businesses. Based on such study the state then sets contract goals for MWBEs to help resolve such disparity.

The goals of the program include:

- Promote employment and business opportunities for minorities and women
- Reduce unfair practices among vendors that lead to disparity in contracting opportunities
- Raise awareness of equal employment opportunity through its certification program awarding business entities to adopt its requirements

# Executive Summary

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NYC Health + Hospitals has for many years had an MWBE program and is fully committed to its success. In 2017, the system formalized its centralized procurement policy with the revision and adoption of its procurement policy (OP 100-05), establishing Supply Chain Services' authority over all contracting.

OP 100-05 also established three key MWBE procurement tools:

- Conduct MWBE only solicitations
- Include MWBE as a quantitative scoring factor in the evaluation of solicitation proposals
- Allow for discretionary purchases towards MWBEs if the cost is less than \$1 million

As of 2017, the system has tracked contracted and subcontracted spend with vendors certified as diverse by NYS, NYC as well as other MWBE certifications.

- NYC Health + Hospitals' historical utilization has averaged 4%

# Current State

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With Supply Chain Services responsible for the procurement of all of the system's goods and services, it is able to place controls on the procurement process, including MWBE requirements such as:

- All procurements have MWBE goals in place
- All solicitations have MWBE quantitative scoring
- Contracts are not approved without an MWBE utilization plan or waiver
- All service contracts greater than \$1 million are reviewed by the Contract Review Committee for MWBE compliance

Since Supply Chain Services has assumed responsibility for the MWBE program in 2017, the program has increased utilization year-over-year:

- FY 2018: 5%
- FY 2019: 7%
- FY 2020: 16%
- FY 2021 to date: 18%

# FY 2020 Diversity Data

NYC Health + Hospitals' total MWBE utilization for FY 2020 was 16%.  
Breakdown of the spend is as follows:

NYC Health + Hospitals - FY 2020 MWBE Spend Breakdown	
Total Eligible Spend*	\$813,789,805
Total Contracted Spend**	\$110,349,387
Total Subcontracted Spend***	\$19,261,875
Total Diverse Contracted Vendors	154

\*Total Eligible Spend - All spend minus exempt spend or waived spend (e.g., Utilities, leases, pharmaceuticals)

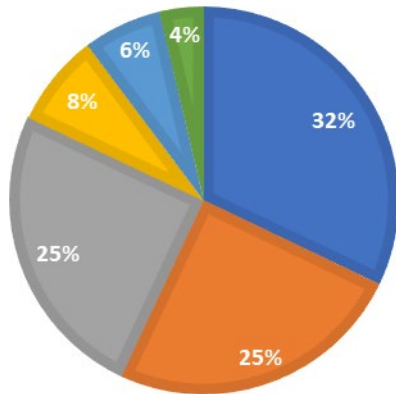
\*\*Total Contracted Spend - All spend paid directly to diversity vendors

\*\*\*Total Subcontracted Spend - All spend paid by contractors to diversity subcontractors

# Breakdown of Diversity Spend

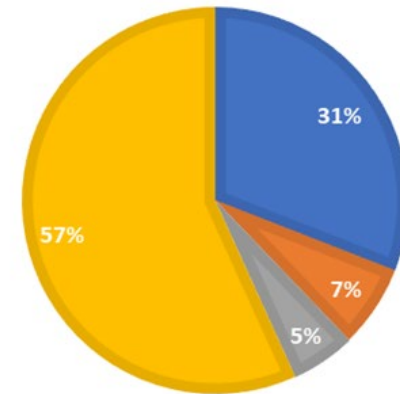
% OF SPEND BY CERTIFICATION

■ NYC ■ NYC/NYS ■ NYS ■ WBENC ■ NMSDC ■ Other



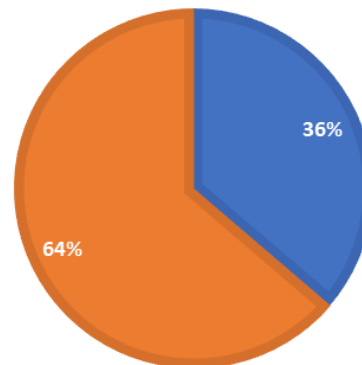
% OF SPEND BY RACE

■ Asian ■ Black ■ Hispanic ■ Non-Minority Women



% OF SPEND BY GENDER

■ MBE ■ WBE





# CY 2020 Accomplishments

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PPE: We have contracted with a NYC WBE for PPE purchases in response to CoViD-19 with \$90 million in spend since the pandemic began.

We contracted for pharmacy inventory management with a total contract value of \$76 million with 62% goals representing an award of \$47 million.

We contracted for system-wide environmental services management with a total contract value of \$121 million with 30% goals representing an award of \$36 million.

We contracted for system-wide linen and laundry services with a total contract value of \$50 million with 31% goals representing an award of \$16 million.

We conducted a closed pool solicitation (MWBEs only) resulting in a \$12 million award to a vendor that is new to the system and is dual-certified (Hispanic).

- We have also limited routine office furniture purchases to a pre-qualified list of MWBEs.

We conducted a closed pool solicitation for advertising on behalf of the Test and Trace program resulting in an \$11.5 million award to 5 MWBEs.

Working closely with EITS, we have moved from a transactional approach for all system ethernet cabling to a contracted approach with one vendor with 30% MWBE goals and two vendors that are MWBEs.

# Policy Outline

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In January 2021 we will adopt a formal Vendor Diversity policy that will establish a Vendor Diversity Program within Supply Chain Services.

- Sets a legal basis for contract goal setting: NYS and NYC disparity studies
- Incorporates tools from procurement OP: Closed pool solicitations, discretionary purchases, quantitative scoring
- Goal setting on a system and contract level
- Vendor compliance: track direct and subcontracted spend with MWBEs
  - Payment confirmation to subcontractors
- Penalties: non-responsive, debarment, contract termination, liquidated damages
- Controls: Contract Control Sheet, Contract Review Committee, Board
- Waivers: good faith, unavailability, business model (e.g. self performed by employees)
  - Exemptions for goal setting: governments, utilities, real property, affiliate agreements
- Education and outreach: debriefing
- Reporting into EDI committee of key metrics – utilization, awards, projections
- EEO: analyze performing workforce diversity, set goals for diverse hiring
  - NYC Health + Hospitals currently performs workforce analyses but does so based on the Board's adoption of a mayoral executive order from 1980.
  - The new policy will provide new tools, work in tandem with MWBE, and allow for penalties

# Next Steps

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In order to maximize MWBE utilization and achieve program goals, the following tasks will be the priority focus for 2021:

- Adopt and issue Vendor Diversity Policy
- Recruit and onboard staff
- Draft Vendor Diversity Manual
- Develop Supply Chain processes to ensure capture of all MWBE spend data and awards
- Routinize data processes
- Subcontractor payment verification
- Payment controls on MWBE goals/spend reporting
- Dashboard data with DNA team
- Begin forecasting anticipated MWBE spend
- Develop and implement outreach plan
- Develop and implement communication plan