

**REPORT OF THE
HUMAN RESOURCES COMMITTEE OF THE
BOARD OF DIRECTORS OF THE
COOK COUNTY HEALTH AND HOSPITALS SYSTEM**

July 24, 2009

ATTENDANCE

Present: Chairman Andrea L. Zopp and Directors David Carvalho; Quin R. Golden; Sister Sheila Lyne, RSM; and Jorge Ramirez (5)

Absent: None (0)

Also Present: Directors Hon. Jerry Butler and Heather E. O'Donnell, JD, LLM

William T. Foley – Chief Executive Officer, Cook County Health and Hospitals System; Enrique Martinez, MD – Chief Medical Officer, Ambulatory and Community Health Network of Cook County; John M. Raba, MD – Interim Chief Medical Officer, Cook County Health and Hospitals System; Elizabeth Reidy – Deputy Chief, Civil Actions Bureau, Office of the State's Attorney; Jonathan Rothstein – Deputy Bureau Chief, Bureau of Human Resources of Cook County; Deborah Santana – Secretary to the Board, Cook County Health and Hospitals System; Joseph Sova – Chief, Cook County Bureau of Human Resources; David R. Small – Chief Administrative Officer, Cook County Health and Hospitals System; Deborah Tate – Director of Human Resources, Cook County Health and Hospitals System; Anthony J. Tedeschi, MD, MPH, MBA – Interim Chief Operating Officer, Cook County Health and Hospitals System

Your Human Resources Committee of the Board of Directors of the Cook County Health and Hospitals System met pursuant to notice on Friday, July 24, 2009 at the hour of 7:30 A.M. at Stroger Hospital, 1901 W. Harrison Street, in the fifth floor conference room, in Chicago, Illinois.

Your Human Resources Committee has considered the following items and upon adoption of this report, the recommendations follow.

Roll Call

Deborah Santana, Secretary to the Board, called the roll of members and it was determined that a quorum was present.

Public Comments

Chairman Zopp asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speakers:

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| 1. | George Blakemore | Concerned Citizen |
| 2. | Leslie Curtis | Midwest Director, National Nurses Organizing Committee (NNOC) |
| 3. | Diana Dosie | Registered Nurse, Fantus Clinic |
| 4. | Jaqueline Polk | Registered Nurse, Ambulatory Screening Clinic |
| 5. | Regina Ellis | Registered Nurse, John H. Stroger, Jr. Hospital of Cook County |

Director Carvalho moved to suspend the rules to allow Ms. Curtis additional time to conclude her comments beyond the three minutes allotted to each public speaker.

Update and discussion of pending information requests

There were no pending information requests for discussion at this time.

Presentation by Dr. Enrique Martinez on the Diversity Council

Dr. Enrique Martinez, Chief Medical Officer of the Ambulatory and Community Health Network of Cook County, provided a presentation on the Diversity Council (Attachment #1).

The Committee reviewed and discussed the information.

Chairman Zopp stated that the information will be useful to Mr. Foley and the new System Director of Human Resources, Deborah Tate, as they work to build a diversity strategy. Furthermore, she noted that it can provide insight for long-term strategic planning, and provide opportunities to increase staff awareness. She stated that sometime within the next year, they would like to see an assessment of how they are building a diversity strategy at the operational level and how it will fit into the strategic plan.

William T. Foley, Chief Executive Officer of the Cook County Health and Hospitals System, stated that he expects to develop an action plan based upon Dr. Martinez' report and the recommendations contained within it.

Director Golden requested that the presentation be forwarded electronically to the Directors.

Discussion of Personnel Matters.

Update on labor negotiations.

Director Carvalho, seconded by Director Lyne, moved to recess the regular session and convene into closed session, pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(2), et seq., which permits closed meetings for consideration of "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," and pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(1), which permits closed meetings for consideration of "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity." THE MOTION CARRIED UNANIMOUSLY.

Director Golden assumed the Chair during closed session, and remained in the Chair through the rest of the meeting.

Acting Chairman Golden declared that the closed session was adjourned, and the Committee convened into regular session.

Cook County Health and Hospitals System
Report of the Meeting of the Human Resources Committee
July 24, 2009

ATTACHMENT #1

CCHHS Employee Diversity Data Observations / Recommendations
CCHHS Diversity Council

July 2009

1. **African American Representation:** Good employee-to-patient representation (about 50% for both). Recommend continued effort to increase AA physicians at Stroger and OFH, both for attendings and house-staff. Stroger department chairs particularly need under-represented minorities. Trade union jobs also can grow AA representation.
2. **White Representation:** Only 19% of CCHHS employees are white, close to the patient percentage of 11%. White representation is high at the Board, and CCHHS top leadership. White nurses make up 11% of employees. 32% of house-staff are white, although most of these may be foreign medical graduates. 43% of CCHHS physicians are white, which is about half of the US physician percentage.
3. **Hispanic Representation:** Low employee representation in nursing (4%), physicians (6%), whereas Hispanic patients make up about 25-30% of CCHHS population. No Hispanic COO, or top leadership, or top AA positions (6%). Low representation with trade unions (2.5%). Hispanic house-staff make up 13% of docs in training, although most are foreign graduates, not US grads. Very few Hispanic pharmacists to recruit.
4. **Asian Representation:** 3% of patients in CCHHS are Asian, 22% of all employees are Asian, 44% of nurses, 42% of house-staff, 15% of grade 23-24 AA, 5% of clerks. Only 12% of nursing leaders are Asian.
5. **Stroger Hospital:** Discussion above applies to Stroger, as Stroger is similar to CCHHS employee data.
6. **Provident Hospital:** Strong AA representation, showing that AA professionals and employees can be recruited in high percentages. With growing integration, Provident seeing more Hispanic patients, and needs more bilingual staff to meet the needs.
7. **Oak Forest Hospital:** Has diverse employee staff (45% AA, 31% White, 21% Asian, 3% Hispanic). Similar to Provident, also seeing more Hispanic patients (10%), and needs more bilingual staff.
8. **Cermak Health Services:** Has diverse and representative staff compared to patients. Opportunity to grow under-represented minority representation at top leadership.
9. **ACHN:** Representative staff compared to employees. Opportunity to increase Asian nursing leadership.
10. **CORE:** Good diversity match between staff and patients.
11. **CCDPH:** Good employee representation compared to communities served.
12. **CCHHS Bureau:** Opportunity to grow under-represented minority representation, to reflect patients and staff, particularly at top positions.
13. **CCHHS Board:** Opportunity to grow under-represented minority representation, to reflect patients and staff.
14. **Most important:** Top leadership must support diversity effort in order to succeed.
15. **Equally important: Zero tolerance** for racial, cultural, sexual orientation, religious, or gender insensitivity or bigotry in the CCHHS!
16. **Muy importante:** The CCHHS mission and strategic plan must incorporate our diversity effort and plan. Core values such as respect for patients, compassion, professionalism, and others should be incorporated into our mission and culture.

17. **Minority CCHHS employee point of view:** The CCHHS is a system of 70-80% minority patients and employees, and minority representation at all CCHHS leadership areas should not be a token number.

18. **Non-minority CCHHS employee point of view:** Excellent, caring, competent, and professional health care delivery is the key goal, with attention to the linguistic, cultural, racial, gender, and religious needs of the patients. A diverse employee staff at all levels is important.

19. **Patients point of view:** The main thing we are looking for is a caring, competent health care system, to address our needs, irrespective of race, gender, etc. Linguistic, cultural, gender, racial, and religious needs are important for patient satisfaction.

20. **CCHHS Diversity History:** Great progress has been made in the last 20 years to increase the CCHHS minority leadership representation, especially under the leadership of Ruth Rothstein. Opportunities are still present for all of us to work on.