



insights

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ABOUT US

Bridge Partners LLC is a retained executive search firm that was established nearly 10 years ago, with the conviction that diversity is (and will continue to be) a major component in an organization's search for the best talent available.

We are particularly convinced that a diverse leadership team is critical in today's pharmaceutical and healthcare sectors, as senior management teams see the need to reflect the patients they serve, their employee base, and their various community constituents.

As a minority-owned business, we know diversity is a business imperative. It is an intrinsic component and core value of what Bridge Partners LLC does, and is embedded in every aspect of our culture and practice.

Our track record and reputation for attracting and placing senior level diversity candidates proves our ability and commitment to building our clients' management strength and social responsibility.

We have an unrivaled ability to successfully and efficiently execute senior-level search assignments, bringing to each project a focus on ensuring that our clients are presented with a diverse slate of candidates, while recognizing that ability is the top priority, regardless of race, gender or any other defining characteristics.

Additional information on our firm, as well as PDF versions of our quarterly "Insights" publication, which focuses on issues related to HR and diversity, can be viewed on our website (<http://www.bridgepartnersllc.com>).

Needless to say, if you have an interest in learning more about our capabilities, we would be delighted to discuss in greater detail how we might help.

Thank you for your consideration.

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DIVERSITY IN THE PHARMACEUTICAL & HEALTHCARE SECTORS

Why a diverse leadership team is not a matter of choice

With a more diverse patient demographic than ever before, the key to success in outreach, education and treatment is the diversity of the pharmaceutical and healthcare workforce.

Without a culture that values diversity-inclusion, effective communication between patients and medical/clinical trial staff will be less effective, resulting in inferior results. Healthcare issues, disparities and risks that patients face may be compounded by lack of inclusiveness in clinical trials, language challenges, or cultural misunderstandings.

Recruitment, Inclusion & Retention

Surely this could be overcome by increasing the number of diverse healthcare workers at the point where they interface with the patient? True, that would help. But how does an organization achieve this?

Bridge Partners LLC has successfully partnered with a broad spectrum of organizations and businesses to help bring diversity to their leadership teams. One conclusion that we have consistently drawn is that organizations with a leadership team that reflects the values and economic imperatives of a diverse employee base have been proven to be winners in the war for talent, at all levels.

The business case is clear - high caliber executives (of any age, culture, ethnicity, gender, geographic background, race or sexual orientation) are more attracted to an organization where diversity-inclusion initiatives are under-pinned by fundamental senior-level support.



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The cost to businesses of not being adequately diverse is very real. Research has shown that candidates actively eliminate from consideration organizations that demonstrate a lack of ethnic or gender diversity, or a culture of inclusion. Equally, organizations that fail to demonstrate a commitment to diversity in their senior management teams have been shown to lose a significant number of their diversity hires to organizations that offer more obvious opportunities for advancement (mentoring and senior role models are key to retention, particularly for a minority employee base).

Cultural Competency & Community:

This is an area where the business case for diversity is particularly strong. If pharmaceutical and healthcare employees more accurately reflect the demographics of patients, their families and the community, those companies will be able to develop a deeper understanding of the diverse needs of the communities they serve, which gives them a competitive advantage in their marketplace.

A diverse senior management team can also bring an increased richness of ideas and a knowledgeable perspective on culturally competent and equitable care, better-meeting the emerging needs of an increasingly diverse community.

Diversity as a Corporate Value

An organization's approach to diversity will remain under public scrutiny and will trigger a more critical evaluation of performance in this area by external stakeholders, investors and potential employees alike. If wider social responsibilities are not reflected in its approach to leadership, its reputation in the community and its financial performance will inevitably suffer.

A 2008 study conducted by the American College of Healthcare Executives (ACHE) and the National Association of Health Services Executives (NAHSE) showed that, of the top-level management positions (defined as CEOs, COOs and SVPs) held by males, 56% were still held by white males. Among the same roles held by women, 37% were held by Hispanic women, followed by white women at 31%.

These statistics aren't stellar but they are a significant improvement on the data collected in the original 1992 study, and in each of the follow-up studies in 1997 and 2002.

Many factors can account for this improvement in the diversity of leadership teams across both the pharmaceutical and healthcare sectors but it is not merely coincidence - the business case for senior-level diversity is clear.



As Executive Director & Chief Diversity Officer at Boehringer Ingelheim, Nancy Di Dia has national responsibility for Diversity, Inclusion & Engagement, reaching more than 10,000 employees in the U.S.

Prior to Boehringer Ingelheim, Ms. Di Dia was a senior consultant with the FutureWorkInstitute, where she pioneered creative diversity initiatives that advanced the culture of inclusion at many institutions, including pharmaceutical companies such as Astra Zeneca and Johnson & Johnson.

Earlier she spent 25 years at JPMorgan Chase and was recognized as an award-winning diversity leader who pioneered significant cultural changes across the firm.

Nancy is also an active international executive coach dealing with multicultural, executive and organizational and life challenges, including coaching executive women at the Tuck School of Business Multicultural ASCENT program.

A critical aspect of diversity-inclusion as it relates to pharma and healthcare is cultural competency, can you talk about how that impacts your business?

Cultural competency is not only critical for customers, patients and employees, but important for an organization as a whole to ensure understanding, strong communication and a better sense of collaborative progress.

For example, many companies simply translate their materials into another language rather than thinking about the cultural relevance. Companies whose employees mirror the markets and patients they serve have better outcomes in relationship building and physician to representative interactions.

Additionally, understanding and honoring cultural nuances not only in the workplace, but physician's offices, hospitals, and in communicating to patients, enhances adherence to treatment protocols and provides a real sense of trust and commitment.

At Boehringer Ingelheim, we are aggressively working on enhancing our materials and interactions to be more culturally relevant. We provide workshops to our employees on cultural differences and similarities. In order to best serve the patient, it is critical for our industry to understand how best to interact with patients, customers and employees.

In the healthcare and pharmaceutical sectors, there is a business case for a culture of inclusion that directly impacts not just talent but also clinical development, how do you position this with the leadership team?

At Boehringer Ingelheim, it's all about improving the quality of life for our patients. Creating a culture of inclusion is critical to our colleagues feeling engaged and wanting to be able to contribute to their full potential, but more importantly, it's about ensuring we include all kinds of patients with different genomic constructs.

In today's world, there's no longer one kind of patient. We know that certain racial and ethnic groups have higher disease prevalence in certain therapeutic areas, such as metabolic and cardiovascular disease. The sell to leadership is easy. We are all concerned about patient safety, well-being and quality of life; in order for us to have a full picture of a patient, we need to diversify our trials and studies to ensure our patients mirror the needs of groups with a propensity for higher disease prevalence. We achieve better outcomes when our trials are more inclusive and can work on more targeted therapies.

For example, we know that in addition to African Americans and Latinos, American Indians tend to have more disease prevalence toward diabetes and hypertension. In learning about the cultures and knowing trusted sources, we may need to work with "medicine men" in certain American Indian tribes to assure patient safety and how their involvement in a trial will help the overall wellness of the tribe.

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SELECT CLIENT LIST

- Alcatel-Lucent
- Barnes & Noble
- Burlington Coat Factory
- Campbell Soup Company
- Choice Hotels
- City Harvest
- Colgate-Palmolive Company
- CVS Caremark
- Federal Reserve System
- Foot Locker
- Fossil
- General Electric Company
- GNC Corporation
- Grant Thornton International
- Kaiser Permanente
- Macys
- Medco Health Solutions
- Microsoft
- Novartis
- Owens Corning
- Robert Wood Johnson University Hospital
- Sodexo
- Starbucks
- Starwood Hotels & Resorts Worldwide
- TIAA-CREF
- TJX Companies
- Tommy Hilfiger
- Travelers
- University of Medicine & Dentistry of NJ
- University of Pittsburgh Medical Center
- USAA
- Walt Disney Company
- Wendy's Corporation
- Wyeth/Pfizer

One of several recommendations for our industry to consider is that clinical trial design needs to include sites and methodologies that make it easier for women and minorities to participate:

- Trial Sites should be in the communities where the target groups live;
- Trial design could include home visits for things like blood draws;
- Recruitment materials, including informed consent documents should be available in Spanish and other languages spoken in targeted communities;
- Interim and final trial results should be shared, at appropriate times, with participating communities and should be in lay language to show impact/improvement;
- It is not enough to have some representation from different populations;
- Special attention must be paid to cultural nuances/differences among groups;
- There is a desire among the community based organizations to assist with recruitment if they are approached with sensitivity to their communities' needs and cultural mores.

Other topics of consideration:

- Create consortiums within the industry with organizations designed to attract and identify patients in underserved populations and subgroups;
- Increase minority participation and awareness of clinical trials;
- Educate physicians and consumers about clinical trials - leverage churches, patient advocacy groups etc;
- Increase trust and train physicians to be investigators;
- Respect all individuals fairly and equitable;
- Advocate diversity at every level of the process;
- It is critical to provide subjects with outcome of trials; how their participation impacted the study and the next steps on the drug-follow up;
- Ensure those who bear the disease burden benefit by the results.



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