INCLUSION

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Creating Globally Inclusive & Culturally Competent Workplaces

CITY OF HOPE’S

Angela L. Talton

Leading the Charge on Implementing Inclusive and Equitable Practices
At City of Hope, Angela L. Talton, MBA, leads the development of the national cancer research and treatment organization’s vision and strategy for advancing diversity, equity, and inclusion; for improving health equity and community benefit; and for ensuring measurable DEI progress across administrative, clinical, and research functions. Talton’s broad expertise in diversity and inclusion encompasses leadership development, recruitment and retention of talent, communication strategy, community alliances, philanthropic giving, supplier diversity, and analytics.

At City of Hope, Talton has created a holistic and integrated DEI vision, strategy, and implementation road map, leveraging scenario-based training and diversity scorecards to mitigate bias and change behaviors to focus on conscious inclusion throughout the system. Under her leadership, City of Hope’s ranking on DiversityInc’s list of Top Hospitals and Health Systems has jumped from No. 8 to No. 2. City of Hope has regularly been recognized as a Healthcare Equality Leader by the Human Rights Campaign.

Prior to joining City of Hope, Talton successfully advised national clients through her firm, ALTalton Consulting. From 2012 to 2019, Talton held diversity and inclusion leadership roles at industry leader Nielsen as chief diversity officer and as SVP, Global Diversity and Inclusion. Her work solidified Nielsen’s reputation as a recognized leader in corporate diversity and inclusion, with six consecutive years of improved rankings on DiversityInc’s list of Top 50 Companies.

**Inclusion:** Given the broad constituency City of Hope serves, is DEI and transparency around it even more critical? What are some of the challenges in the health-care industry, and how has City of Hope stood out?

**Angela L. Talton:** As one of only 56 National Cancer Institute–designated comprehensive cancer centers and one of the largest cancer research and treatment organizations in the US, City of Hope has a vision of advancing equity to optimal cancer care for all by breaking down barriers to this care for underserved populations. One of the ways we have done this is by transforming into a national system with the acquisition of Cancer Treatment Centers of America, thus expanding our footprint in California,
We believe diversity, equity, and inclusion are a central component to ensure equal access to superior cancer care; therefore, City of Hope has set its vision to expand access to optimal cancer care as its North Star, thus supporting efforts to make innovative discoveries and leading-edge treatment a right for all. Recognizing that cancer is not one disease but hundreds, that every tumor can be different, affecting different populations in unique ways, our research focuses on the diversity of each patient. With this focus on genomic research to provide precision medicine and individualized patient treatment, we are intentional about seeking a cure for everyone, not just a subset of the population.

**IN:** In recent years, with so much happening in the world and country that impacted all of us, how do you help your organization and team deal with being overwhelmed by the scope and speed of the work required to increase equity in your organization?

**ALT:** Our DEI strategy is holistic and focuses on our staff, patients, their families and caregivers, and the community. During the interview for my role, City of Hope CEO Robert Stone shared his goal that “City of Hope be a beacon of light for diversity, equity, and inclusion.” With this comprehensive approach and support from our CEO, DEI is viewed as a strategic initiative worthy of focus and resources.

Additionally, our senior leaders are active participants, communicating their support; doctors and researchers share their findings related to the impact of cancer and diabetes within diverse communities; and all employees are encouraged to participate in ERGs and community outreach projects. To maintain that focus on DEI, we host an annual Diversity Week celebration to educate the entire organization in the value of DEI. We also sponsor self-help programs, wellness classes, employee assistance programs, and a quarterly program called Expressions of Hope, where staff share their artistic talents, such as poetry, art, photography, and music.

**IN:** How do you use data and metrics to measure DEI success?

**ALT:** With training playing a pivotal role in embedding DEI into our culture, measuring completion rates is a scorecard metric. Utilizing an interactive, scenario-based training program focused on conscious inclusion, we have seen a steady increase in completion rates—from 91 percent at program launch in May 2021 to 99.6 percent in February 2023. DEI training, which is mandatory for all people managers and a key part of our annual incentive plan, has been instrumental in fostering a culture of conscious inclusion.

Our leaders are the driving force behind this transformation, leading by example and emphasizing the importance of the trainings. Their commitment is reflected in our employee engagement survey scores, where the DEI composite score has improved annually—another measurement of inclusion.

Our commitment to DEI is also reflected in our workforce. Our quarterly diversity scorecards show significant growth in diverse representation, particularly among senior leadership. We have seen a 25 percent increase in women and Black/African American representation, and a remarkable 150 percent increase in Hispanic/Latinx representation.

Externally, our commitment to diversity and health equity has not gone unnoticed. In the past two years, we proudly climbed four spots to rank second on DiversityInc’s 2023 Top Hospitals and Health Systems List. We also received the Healthcare Equality Leader designation from the Human Rights Campaign for four years, which is a testament to our unwavering commitment to equity and inclusion for all our patients, visitors, and employees.

**IN:** What brought you to do this work? Is there a personal motivation, a story from your childhood or past that inspired you in this direction?

**ALT:** When I joined Nielsen in 2007 as the SVP of Global Call Center Operations, I was asked to be an executive sponsor of one of the employee resource groups. Although I’d been working with diverse teams in call centers, this was my first official DEI role. I was amazed by the level of talent flying below the radar, and wanted to help provide exposure to senior leadership, strategy, and other opportunities for these innovative
and dedicated employees. When Nielsen named their first chief diversity officer, I joined the team as SVP, [Global] Diversity and Inclusion and assisted with crafting a strategy to further the focus on DEI at the company.

When accepting the role at City of Hope, it became even more personal for me. My interest in health care started about 28 years ago, after hearing my mom replay a routine doctor’s visit that turned into an outpatient procedure. The urgency of the procedure, as well as the lack of clarity and compassion from her doctor, left her feeling bewildered and terrified. My passion for health equity grew even more in 2020, following the devastating impact of COVID-19 in underrepresented communities.

**IN:** What sort of impact do you expect the June 2023 Supreme Court ruling on affirmative action to have on corporate DEI efforts, and what can DEI professionals do to prepare?

**ALT:** The recent Supreme Court ruling against affirmative action, disappointing and shortsighted as it was, is yet another barrier to equality. It will be imperative that this ruling be viewed as a stepping stone rather than a roadblock. In the court’s majority decision, Chief Justice Roberts wrote that students must be evaluated based on their experiences “as an individual—not on the basis of race”; however, universities should focus on Roberts’s full statement that universities can still consider “an applicant’s discussion of how race affected his or her life, be it through discrimination, inspiration, or otherwise.”

Although universities have tried other means to maintain and increase diverse representation—using factors such as whether students were the first in their family to go to college or their family’s income—Dominique Baker, a professor of education policy at Southern Methodist University, states, “Nothing is as good at helping to enroll a more racially equitable class than using race. Nothing comes close to it.”

This is why corporations, health-care systems, not-for-profit entities, etcetera, will need to take a leadership position and ensure we do not lose ground in the event this ruling spills over into issues related to employment. Many organizations have pledged support for Black Lives Matter, have supported HBCUs, sponsored scholarships, etcetera. This is another historic moment when the voices of philanthropists, Congress, CEOs, and leaders are needed to ensure the legislation does not move beyond this university ruling, and that diverse representation is achieved using methods such as new legislation, innovative recruitment practices, ending legacy admissions, and maintaining existing diversity, equity, and inclusion practices.

[Given] the ever-changing landscape of the judicial system, it is critical for DEI professionals to integrate the principles of equity and inclusion throughout their organizations’ operations, policies, and practices. One way to do so is to embed a focus on DEI into the overarching business strategy. With the needs of the individual patient in mind, City of Hope focuses on the science and research to find the right treatment for our patients. Without access to clinical trials needed to perform genomic research, without an ability to study diverse communities, and without representation that understands the impacts of social determinants of health, access to quality health care for all could be in jeopardy.

It is of utmost importance to reflect the diverse communities we all serve, as the United States continues to become more diverse. [The United States is projected to become “minority majority” in the year 2045.]

Here at City of Hope, the focal point of our transformative work begins with expanding access to the best treatment for our patients and their families and caregivers. This standard of excellence is how we have prepared for potential judicial decisions, such as the recent Supreme Court ruling. **IN**