

# **The Importance of Definitive Leadership – Institutionalizing Diversity as a Top Priority**

## **I. Introduction**

Thank you, Tessie, for that wonderful introduction.

I'm delighted to be with you today at this conference and to share this time with you. If we're going to build the healthcare workforce of the future we'll all have to multitask, so I know you won't mind listening to me as you finish lunch.

But before I begin I want to thank the UC Berkeley School of Health and the Public Health Institute for bringing us all together and the California Endowment for sponsoring this conference. And I especially want to acknowledge the initiative co-directors, Dr. Kevin Barnett and Jeff Oxendine for their dedication to the cause of diversity in healthcare.

You are doing important work over these two days. Putting together the strategies, recommendations, resource requirements and actions plans for a robust and diverse healthcare workforce -- is absolutely essential to the future of healthcare in California.

We are on the eve of meaningful healthcare reform in this state. And if we are to keep the promise of a system that delivers universal access to compassionate, quality health care, we must have an education and delivery system fitted to the needs of the people it serves. That means diversity – from the board room to

the chart room, from the university president's office to the classroom.

Today I want to share with you some of the work we've done at Catholic Healthcare West to build diversity across our organization. And I want to focus on what it takes to build and preserve diversity in leadership, because a diverse healthcare workforce must include leadership and will only happen with committed leadership.

Most of you here know about Catholic Healthcare West. We are:

- A faith-based system of 42 hospitals, medical centers serving California, Arizona and Nevada.
- One of the nation's largest not-for-profit health care systems and the largest Catholic health care system based in the western United States.
- A network of more than 9,000 physicians and approximately 50,000 employees providing health care services to more than five million people annually.
- In 2007, CHW provided \$501 million in charity care and unsponsored community benefit.

## **I. What We've Done to Build Diversity among Leadership**

### **A. My first priority: building a leadership team that reflects the communities we serve**

- a. More than 50% of leaders with system wide responsibilities are women or minorities.

- b. In three year years we've raised the number of minorities hired to management positions in our corporate office from 20% in 2004 to 41% in 2006.

**B. For 2008, we're taking diversity in leadership a step further -- making CHW senior leaders accountable for building diversity in leadership across the organization.**

- a. In 2008, diversity recruitment and representation will make up 20% of the short term incentive program for our leadership
  - i. Threshold calls for a minimum of 25% of all senior management vacancies to be filled with candidates of diverse backgrounds based on race, ethnicity or gender.
  - ii. For target and maximum we've set specific recruitment goals based on race and ethnicity for senior leadership in the organization including hospital presidents and direct reports to the executive management team.
    - 1. We did this because although we have done well in building gender diversity across our organization, there is still more work to do to achieve ethnic and racial diversity at the upper levels of the organization.

**C. Building diversity in Hospital Community Board Leadership**

- a. Developing diversity in our hospital boards is another leadership priority for CHW.

- i. In the interest of letting current board members complete their terms, we focused our efforts on the new appointments of Hospital Community Boards and Hospital Subsidiary Boards.
- ii. We put in place Governance policies covering the qualifications of hospital board members
- iii. Held discussions on the importance of diversity with local Board leadership
- iv. Set specific targets for Hospital Board Diversity for FY 06 and FY 07. **The results?**
- v. **FY 06 = 48.0% of new appointments contributed to ethnic or gender diversity of the boards**
- vi. **FY 07 = 65.5% of new appointments contributed to ethnic or gender diversity of the Boards**

## **II. Building a Culture of Diversity**

**A.** We are building a culture of diversity at CHW by having in place structures and programs that will maintain the pace of change at CHW.

**B. Corporate Diversity Committees-** Our corporate and local facility diversity committees work to identify new opportunities and areas of focus for our diversity efforts.

Currently our corporate committee is focused on

1. Increasing our culture of inclusion,
2. Promoting diversity among our workforce
3. and ensuring that CHW's suppliers are providing opportunities to minority owned businesses and educational institutions.

**C. Diversity Education-**CHW’s Learning Institute offers diversity education programs on **Workplace Diversity**, **Generational Differences** and on **Moving Beyond Diversity to Inclusion**.

1. These are available to leaders and staff across our organization.
2. They help our employees examine their own beliefs and preconceptions and learn how to lead and contribute to a more inclusive culture in the workplace.

### **III. Outreach – Bringing Qualified, Minority Candidates to CHW**

- A. The need to promote from within must be balanced with the need to develop and support diversity across the organization.
  - a. At CHW, our answer has been to build the structures and alliances that will bring young, vital, talented minority candidates to our organization and into healthcare. Here are just a few examples:
    - b. **CHW Fellowship Program** – Through our fellowship program we hire select post-graduate students into diversity funded fellowship positions.
      - i. Our goal is to attract, develop and retain talented young people whose backgrounds reflect the communities we serve.
      - ii. Fellows spend six months working with leadership at corporate headquarters and six months at one of our hospitals.

- iii. Today virtually every fellow who has participated in the program remains an employee of CHW.
  - iv. Here is what Shay Strachan (*Strawn*), one of our 2006 fellows, said about the program and CHW:  
*“It’s important to work for an organization that is actually differentiated by its focus on mission fulfillment. Many organizations talk about it, but don’t live it every day. CHW does.”*
- c. Through our **Internship Programs** CHW provides paid, ten-week summer internships to qualified undergraduates from diverse backgrounds interested in careers in healthcare. We offer these internships at all our facilities, directly and in partnership with three organizations promoting minority students:
- i. With INROADS, an international organization providing talented students of color access to corporate experience. In 2004, CHW received the “Corporate Mentor of the Year” award from INROADS.
  - ii. With the United Negro College fund
  - iii. And with Health Career Connections
  - iv. Each CHW intern works with a preceptor to set personal and professional goals for their internship. They’re exposed to a professional work environment, learn networking skills, receive career path coaching and a course in presentation skills. At the end of the summer their internship culminates in

a presentation of their experiences to their colleagues and to CHW leadership.

- v. Twenty-one students have participated over the past three years alone. Each year we are flooded with applicants, and many come to us after hearing about our program from former interns.

**B. Scholarships** -- CHW is also working to help minority students complete college and prepare for a career in the health professions. For example, CHW has committed \$100,000 annually for ten **Morehouse College Student Scholarships** of \$10,000. Morehouse is the number one producer of African American male graduates in medical, dental and health professions in the nation.

**C. Facility-Based Partnerships:** I've only given you a partial list of the diversity programs, initiatives and activities CHW is undertaking as a system. In addition, all CHW facilities partner with educational institutions in their communities to promote access for students with diverse backgrounds. These span the continuum from hospital tours, hand-washing training, and oral reading sessions for elementary students, to partnerships with colleges and universities to address healthcare workforce shortage issues.

**D.** One example is a Sacramento program where CHW leaders have worked with other health systems, the Mayor, the Sacramento Unified School District, and the Gates Foundation for the past six years to design a high school focused on increasing students' interest in healthcare and preparing those who would not otherwise attend college. The Arthur A.

Benjamin Health Professions High School opened three years ago in a socio-economically depressed area in the city of Sacramento.

**E. California Endowment Projects:** Finally, I'd like to express my gratitude to the California Endowment for their support on key diversity projects.

a. With their support we are developing a comprehensive initiative to address issues of language support from a system perspective:

- i. We have enhanced our ability to identify and track patients in need of language services.
- ii. We have developed the CHW cultural competency education program
- iii. We have developed a standardized language services program that is being rolled out throughout our hospitals.

#### **IV. Why have we made our commitment to diversity?**

**A.** First, we are a not-for-profit, faith-based organization serving our communities and those in need. Respect for individual dignity, justice and collaboration are among our core values.

**B.** Second, we are a remarkably diverse family of facilities serving a remarkably diverse patient population. From community hospitals to inner city hospitals such as the California Medical Center. From rural health clinics to the world-renown Barrows neurological institute at St. Joseph's hospital in Phoenix. Our employees, physicians, volunteers and leadership **must** reflect those we serve.

C. Finally, we believe that nurturing diversity in the healthcare workforce is not just the right thing to do, it is the only thing to do.

1. The US Census Bureau estimates that minority populations will total half of the US population by 2050.

2. As health care providers and educators we must ensure that we have in place a diverse workforce today and tomorrow.

V. **Conclusion: What Leaders Must Do to Build Diversity in their Organizations**

In closing, I want to suggest how you as healthcare leaders can build diversity in your organizations.

**First, understand that diversity doesn't just happen because people wish it.** You have to take action, create the structure to support it. And that structure needs to include plans for increasing the diversity of the leadership in your organization.

**Second, lead by example:** make certain your actions reflect your commitment to diversity. Mentor junior executives, students from diverse backgrounds. Become personally involved in building the diverse workforce you want to see.

**Third, measure your progress** frequently at every level. Remember the old adage: "What gets measured, gets done."

**Fourth, hold those who can influence diversity in your organization accountable for achieving it.**

**And finally, understand that for all of us in healthcare today in California, building diversity in the healthcare workforce isn't just an issue of doing the right thing; in healthcare today it's the only thing to do.**

(Pause) Now I'd be happy to answer any questions you may have.