



These students from Health Professions High School in Sacramento, Calif., spent time at a CHW hospital through a CHW-sponsored program focused on giving children of various backgrounds an opportunity to learn about health care.

BUILDING DIVERSITY AT CATHOLIC HEALTHCARE WEST

The President and CEO Reveals System's Efforts to Establish a Heterogeneous Workforce



BY LLOYD H. DEAN

Mr. Dean is president and CEO, Catholic Healthcare West, San Francisco, and is the 2008-09 chairman, CHA Board of Trustees.

The sponsors, leadership and employees of Catholic Healthcare West (CHW) believe our care — and the care provided by all Catholic systems — is distinguished by the fact that we treat the whole person in mind, body and spirit. As part of our care, we must honor the ethnic and cultural identities of those we serve. Also, we must have a workforce, including organizational leadership, who reflect the ethnic, racial and cultural diversity of those we serve.

More broadly, a robust and diverse health care workforce is absolutely essential to the future of health care in the United States, and we believe that Catholic health care systems must lead the way in employing such a workforce.

During the past five years, CHW has worked hard to ensure diversity across our organization, to fit the care we deliver to the diverse patient populations we serve. Because a diverse health care workforce must include leadership, CHW has focused on building and preserving diversity among its leaders.

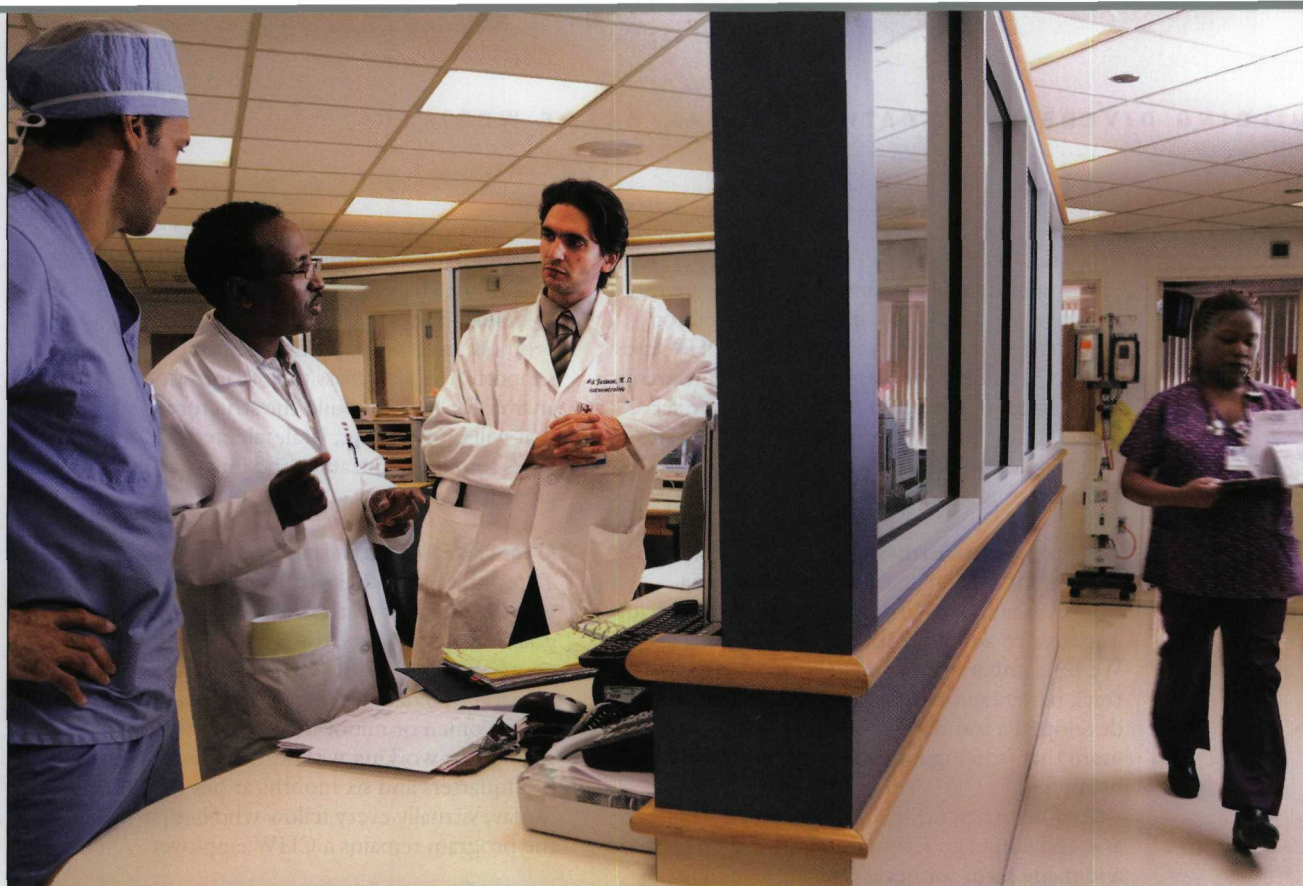
BUILDING DIVERSITY AMONG LEADERSHIP

In 2001, one of the first priorities of the sponsors, board and executive leadership was to build a leadership team that reflected the diversity of our communities. Today, in keeping with that priority, 50 percent of CHW's executive management team is women or minorities. CHW has raised the number of minorities hired to management positions in our corporate office from 20 percent in 2004 to 36 percent in 2007.

For leadership diversity to grow and flourish within an organization, programs must be in place to ensure that diversity will be there today and tomorrow. For example, although CHW has done well in building gender diversity across the organization from care delivery to operational support to management, more work still needs to be done to achieve ethnic and racial diversity at the upper levels of the organization.

To address this issue, we have put in place a new incentive program for fiscal year 2008. This year, CHW senior leaders at all hospitals are accountable for building diversity in leadership across the organization.

Diversity recruitment and representation will consist of 20 percent of the short-term incentive program for our executive leadership. Our threshold incentive goal calls for a minimum of 25 percent of all senior management vacancies to be filled with qualified candidates of diverse backgrounds based on race, ethnicity or gender. For target and maximum level goals, CHW has set specific recruitment targets based on race and ethnicity for senior leadership positions in the



Catholic Healthcare West has taken several steps to ensure diversity throughout its health system.

organization, including hospital presidents and direct reports to the executive management team.

Developing diversity across hospital boards is another priority for CHW. In the interest of letting current board members complete their terms, efforts to promote diversity were focused on new appointments of hospital community boards and hospital subsidiary boards. Governance policies covering the qualifications for hospital board members were put into place.

As a first step, organizational leaders held discussions on the importance of diversity with local board leaders. Next, specific targets were set for hospital board diversity for fiscal years 2006 and 2007. As a result, in the 2006 fiscal year, 48 percent of new appointments contributed to ethnic or gender diversity of the boards. In fiscal year 2007, 65.5 percent of new appointments contributed to ethnic or gender diversity of the boards.

WORKING TOWARD A CULTURE OF DIVERSITY

Building diversity is not simply a goal, but a dynamic process that must become part of the culture, part of the DNA of an organization to be successful. CHW is building a culture of diversity by putting in place the following structures and programs to maintain the pace of change for the foreseeable future:

1) Diversity Committees

CHW's corporate and local facility diversity com-

mittees work to identify new opportunities and areas of focus for our diversity efforts. Currently, our corporate diversity committee, which is comprised of key facility leaders as well as corporate representatives, is focused on increasing our culture of inclusion, promoting diversity among our workforce and ensuring that CHW's suppliers are providing opportunities to minority-owned businesses and educational institutions.

2) Community Need Index

In 2005, CHW developed a Community Need Index (CNI) in partnership with Solucient/Thomson. The CNI is a research mapping tool that identifies severity of health disparity by ZIP code, based on five socioeconomic barriers to health access: age, insurance status, education, language and culture, and housing status.

Using a disparity scale from 1 to 5 to assess risk, CHW found a 97 percent correlation with

CATHOLIC HEALTHCARE WEST FACTS

- A faith-based system of 41 hospitals and medical centers serving California, Arizona and Nevada.
- One of the nation's largest not-for-profit health care systems.
- A network of more than 8,500 physicians and about 50,000 employees providing health care services to more than five million people annually.
- A mission-driven organization that provided \$501 million in community benefit and free care to the poor in 2007.

utilization data. Patients in high disparity areas (areas with significant barriers to care) were more than two times as likely to be hospitalized for ambulatory-care-sensitive conditions. CHW uses the CNI to tailor community outreach programs and services to the patient populations we serve. And, CNI helps lower hospital utilization rates for chronic conditions that can and should be treated through preventive and out patient services.

3) Language Access Services

With grant assistance from The California Endowment, CHW has launched a system-wide initiative to address issues of language support. We have enhanced our ability to identify and track patients in need of language services and developed a standardized language services program that is being implemented across our hospitals.

As a first step, facility and system leadership assessed language services offered at each hospital and made plans for necessary improvements. Areas addressed included: compliance with state and federal regulations; use of interpreter services; translation of high-use documents; contracts for interpreter services; documentation; policies; signage; and development of employee interpreters. Today, CHW bilingual employees wishing to become qualified medical interpreters complete assessments of their proficiency in non-English verbal and written skills and a training course to more clearly understand the cultural, ethical, legal and regulatory issues necessary to properly interact with patients of different cultures and languages.

The language access program has gained the overwhelming support of CHW's nursing executives, risk services management, operational leaders and staff. It is an important part of the organization's focus on building the quality of our services as we strive to reduce health care disparities in the communities we serve.

4) Ongoing Education

CHW's Learning Institute exists to build a culture of learning and support across the organization. Among its educational and professional development resources, available to all leaders and staff across CHW, are diversity education programs on workplace diversity, generational differences, and moving beyond diversity to inclusion. We believe our employees are better able to live our core values of dignity and collaboration after examining their beliefs and preconceptions and then learning how to lead and contribute to a more inclusive culture in the workplace.

5) Outreach – Bringing Qualified, Minority Candidates to CHW

One of the challenges facing any organization seeking to build a diverse workforce is balancing the need to promote from within with the need to develop and support diversity across the organization. CHW's answer has been to build the structures and alliances that will bring young, vital, talented minority candidates to our organization and into health care. Here are five examples:

A) The CHW Fellowship Program

Through CHW's fellowship program, we hire post-graduate students into fellowship positions. Our goal is to attract, develop and retain talented young people who reflect the diversity of the communities we serve. To date, 70 percent of CHW's fellows have been women or minorities. Fellows typically spend six months working with leadership at corporate headquarters and six months at one of our hospitals. Today, virtually every fellow who has participated in the program remains a CHW employee.

B) The CHW Internship Program

Through our internship programs, CHW provides paid, 10-week summer internships to qualified undergraduates from diverse backgrounds interested in careers in health care. CHW offers these internships at all facilities, directly and in partnership with three organizations promoting minority students: INROADS, an international organization providing talented students of color access to corporate experience; the United Negro College Fund; and Health Career Connection, an organization dedicated to assisting students in making well-informed decisions about health care careers while gaining practical experience in health care facilities.

CHW interns work with preceptors to set personal and professional goals for their internships. They are exposed to a professional work environment, learn networking skills, receive career path coaching and attend 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. Twenty-one students have participated during the past three years alone. Each year, CHW is flooded with applicants, and many come after hearing about our program from former interns. In 2004, our organization received the "Corporate Mentor of the Year" award from INROADS.

C) 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 up to \$100,000 annually for 10 Morehouse College student scholarships of \$10,000. Morehouse

College has been recognized by *Black Enterprise* as the No. 1 college in the nation for educating African-Americans.

D) Corporate Work Study Program

CHW is partnering with the Cristo Rey Network, a national association of high schools, to allow underserved student populations the opportunity to afford quality Catholic, college preparatory education. CHW is a corporate work study sponsor, allowing students to gain work experience and at the same time help to finance their education at the Verbum Dei High School in southern Los Angeles and the Sacramento Cristo Rey High School. In 2007, CHW leaders reached out with enthusiasm to host and mentor four students in Los Angeles and 24 students in Sacramento.

E) Facility-Based Partnerships

The examples cited thus far represent only a partial list of the efforts CHW is undertaking as a system. In addition to organization-wide diversity programs, initiatives and activities, all CHW facilities partner with educational institutions in their communities to promote access to health care 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 health care workforce shortage issues.

One example is a Sacramento-based program where CHW leaders have worked for the past six years with other health systems, the mayor, the Sacramento Unified School District, and the Bill and Melinda Gates Foundation, the James Irvine Foundation and The California Endowment to design a high school focused on increasing students' interest in health care 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. Students study an integrated curriculum that utilizes the experience of all academic and technical teachers to provide an extremely relevant education. All students complete extensive coursework that emphasizes cultural competence.

WHY IS CHW COMMITTED TO DIVERSITY?

CHW, like other Catholic health care systems, exists to provide compassionate, high-quality, affordable health care services that treat the person in mind, body and spirit. Also, we seek to improve the quality of life in our communities. This is why addressing language and culture bar-



Cherie Kunold, CHW director of diversity and organization development, and Nicholas Tejada, CHW administrative fellow, discuss plans during a recent meeting.

riers is not only important for regulatory compliance and adherence to The Joint Commission, but also it is essential in meeting CHW's mission of providing such services and in demonstrating our core value of respect for the inherent value and worth of each person.

Second, we are a diverse family of facilities serving a remarkably diverse patient population. From small community hospitals to inner city hospitals such as the California Medical Center, from rural health clinics to the world-renowned Barrows Neurological Institute at St. Joseph's Hospital and Medical Center in Phoenix, our employees, physicians, volunteers and leadership must reflect those we serve.

Finally, we believe that nurturing diversity in the health care workforce is not just the right thing to do; it is the only thing to do. The U.S. Census Bureau estimates that minority groups will total half of the country's population by 2050. As mission-driven health care providers and educators, we must ensure that we have in place a diverse workforce today and tomorrow.

CHW Officials believe that our nation is on the eve of meaningful health care reform. 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 — from the board room to the chart room, from the university president's office to the classroom. As advocates for all in our society who need care, regardless of stature, resources, gender, race or

ethnicity, Catholic health systems have an important role to play in modeling and speaking for a more diverse health care workforce.

WHAT LEADERS CAN DO TO BUILD DIVERSITY IN THEIR ORGANIZATIONS

Cultural, leadership and workforce diversity doesn't just happen in an organization because people wish it. It requires that leaders in the organization take action and create the structure to support it. That structure needs to include plans for increasing and perpetuating the diversity of the organizational leadership itself.

Second, leaders must lead by example and be certain their actions reflect their commitment to diversity. This means mentoring junior executives and students from diverse backgrounds. It means becoming personally involved in the work of building the diverse workforce.

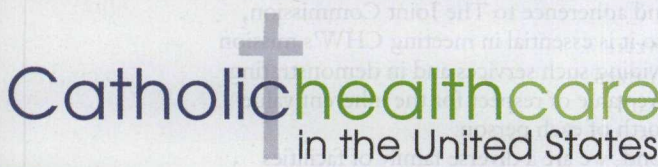
Third, progress must be measured frequently at every level against organizational benchmarks. Remember the old adage: "What gets measured, gets done."

Fourth, leadership must hold those who can influence diversity in an organization accountable for achieving it.

Finally, all of us who are part of faith-based, mission-driven health care organizations must understand that in health care today, building diversity in our leadership, in our workforce and in our organizational cultures isn't just an issue of doing the right thing. In health care today, it's the only thing to do for our patients, our communities and for the future of compassionate health care in America. ■



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