

# “DIVERSITY IS AT THE CORE OF WHO WE ARE”



Courtesy of SSM Health Care, St. Louis



**BY YVONNE TISDEL**

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**O**n March 17, 1999, SSM Health Care, St. Louis, held its first Diversity Forum, a meeting that brought together a group of diverse employees from throughout the St. Louis region to discuss the diversity issues facing the organization. Sr. Mary Jean Ryan, FSM, president and CEO of SSM Health Care (SSMHC), gave the opening remarks.

Sr. Mary Jean spoke frankly about the history of diversity at SSM. She talked about St. Mary's Infirmary, dedicated in 1933 as a Catholic hospital for African Americans. What made the infirmary unique was the fact that, besides welcoming African-American patients, it also gave African-American physicians and nurses a place to practice their professions. Sr. Mary Jean noted that the Sisters of St. Mary, now known as the Franciscan Sisters of Mary, did not admit African-American women into their congregation until 1946; and that those African-American sisters lived in separate quarters until 1950. "I would be remiss if I did not acknowledge that also as a part of our history," she said.

Then, having been candid about the organization's history, Sr. Mary Jean made a pledge concerning its future. "In less than a year, we will begin a new millennium," she noted. "It's not a time for the timid. It is a time for bold action, a time for change. And I pledge to you that SSM Health Care is committed to changing, to becoming a diverse organization. By diverse, I mean African-American, Asian, Hispanic, persons with disabilities, and multicultural individuals. I mean every culture that is a part of the community we serve."

## **OUR WAKE-UP CALL**

To understand what led Sr. Mary Jean to make her pledge, one must go back to a day in the summer of 1998 when a member of the clerical staff at SSM's corporate office pointed out that our ethnic diversity was not as good as it could be. Although we had done an excellent job of promoting women into senior leadership positions, we had done less well with members of minorities. Only a small percentage of them were managers and positions requiring college degrees (for example, accountants, human resource generalists, and senior analysts).

Realizing that those numbers were at best average, our leaders established a diversity team and asked the clerical employee who had pointed out the problem to serve as the team's chairperson. As a first step, the team decided to showcase the diversity that already existed within the organization. Using in-house video services, the group

produced a video that featured SSM employees from many cultural and ethnic backgrounds, including some with disabilities, talking about the meaning of their work.

The video was shown at all of our hospitals, to a variety of audiences, including administrative councils, human resource managers, new employees, and hospital boards, among others.

### **PUTTING SOMEONE IN CHARGE**

Because I was then a corporate manager of human resources, it became my job to focus the system's efforts to increase diversity. (At that time, SSM had some 20,500 employees.) I believed that there was a direct relationship between hiring diverse individuals and having a culture that would support them. It doesn't do any good to make an all-out effort to hire diverse people if the culture isn't ready for them. SSM needed a foundation for its diversity efforts, and to build that foundation, we needed goals.

One of the first things we did was to develop a six-year plan. We called this plan the "Strategic Goals for Diversity for 1998 to 2004." The goals were:

- Increase diversity among SSMHC employees, especially among managers and executives.
- Improve support to, and alliances with, organizations whose missions call for rigorous pursuit of fairness and equality for all people.
- Establish a work environment that rewards and recognizes excellence and attracts and retains the best people, regardless of race, color, religion, gender, sexual orientation, age, national origin, veteran status, or disability.
- Increase business partnerships with minority and women suppliers.

### **DIVERSITY FORUM**

Having established strategic goals, we launched a Diversity Forum: a corporate-sponsored gathering designed to develop the careers of people of color, of different ethnic backgrounds, or with disabilities. SSM professionals and managers who happened to be members of one minority or another were selected to be forum participants. The forums were two-hour meetings, held six times a year and lasting about two hours apiece. As noted, Sr. Mary Jean helped kick off this series in March 1999.

Among the forum's many objectives were addressing challenges faced by participants; exploring shared workplace experiences; enhancing leadership skills for participants; and integrating the talents of people to achieve SSM's strategic goals. Basically, as the group worked together to achieve these objectives, the Diversity Forum created a sense of community.

Once participants began to trust SSM's intent, the forums provided an excellent opportunity for candid feedback about how the organization could achieve the change it desired. One issue was "hiring habits," including the tendency to hire candidates similar to the person doing the hiring. Reasoning that it takes conscious effort to change unconscious behavior, SSM began to encourage managers to venture outside their "comfort zones" and hire people who were, first and foremost, highly qualified but also from cultures, backgrounds, and life experiences different than the manager's.

We designed SSM's recruitment tools to be sure we communicated what we were about up front. Then we made sure that our training and orientation materials supported our diversity goals. And, finally, we provided mandatory diversity training every year for all employees.

Ultimately, the Diversity Forum paved the way for future growth. It gave people a chance to vent thoughts and feelings and to discuss the relevant issues openly and freely. From those meetings, we learned what people felt they needed to succeed in the organization. Having learned that, we began, as we hired more minority professionals and managers, to develop the idea of a mentoring program.

### **THE MENTORING PROGRAM**

The Diversity Forum suggested that mentoring minority employees would help us reach our goals. In 2000, we accordingly began SSM's Diversity Mentoring Program, designed to last four years. The program had two main purposes:

- To increase the number of people of color, of different ethnicity, or with disabilities in the system's professional and managerial ranks
- To prepare these minority professionals and managers for upward mobility by pairing them with executive leaders

At SSM, everyone is seen as a leader, possessing the potential to help the organization achieve great things. The Mentoring Program was designed to tap this potential. It created a support system to help provide the opportunities minority employees needed. Toward this end, "mentorees" were paired with executives for a one-year period. The executive-mentors were encouraged to motivate and inspire their mentorees by conveying genuine concern for their professional development.

To be eligible for mentoring, an employee had to be recommended by his or her entity's CEO and leadership team.

Once the mentoring began, it was not at all unusual for a unit manager to be paired with a

hospital president. For instance, Wendel Reese, an African-American pastoral care chaplain at one of our St. Louis hospitals, was paired for a one-year mentorship with Ron Levy, president/CEO of SSM Health Care—St. Louis. Reese and Levy have since shared with me their impressions of the experience. “I’m an African-American Baptist minister and I initially had some reservations as to how I would fit in this Catholic health care system,” Reese said. “The mentoring program was a great experience, because it gave me tools that I can use as I work towards a managerial position.”

“It really opened my eyes,” said Levy of the mentorship. “It made me aware of what it’s like to see things from the perspective of an African-American employee. Where I might make certain assumptions from my own perspective, Wendell helped me realize that not everyone sees things the same way I do.”

Between 2000 and 2004, 56 mentors and 56 mentorees completed the Mentoring Program. Each year, a grand celebration was held to honor the participants.

#### **DIVERSITY DEVELOPMENT ASSOCIATION**

When the Mentoring Program ended, participants continued to give us feedback. They told us they wanted more development and urged us to continue to offer opportunities for professional and personal growth. Their feedback led to what we call the Diversity Development Association (DDA).

The DDA was a two-year initiative that continued the work of the Mentoring Program, but with

a different approach. Participants were encouraged to earn “training points,” which could be done in a variety of ways. For instance, going back to school for a master’s degree earned points, as did participating in a continuous quality improvement (CQI) class at an SSM hospital. Participants could also earn points by reading a recommended list of articles on leadership topics and then taking part in group discussions—called “diversinars”—on a website. Another way DDA members could earn points was by working on a project selected by senior leadership. The training points helped employees to take the program seriously.

DDA members included former Mentoring Program participants and other individuals who had been approved by their entity’s leadership. A maximum of 50 members participated in the DDA at any given time. To join, interested persons completed an application and obtained their manager’s and entity president’s approval. Nonminority employees could join, but the program’s purpose and issues discussed in it related primarily to diverse employees.

To participate in the program, a candidate had to meet a few up-front expectations. Failure to participate in three diversinars without a written excuse resulted in automatic release from the DDA. When asked, program members were expected to fully participate on systemwide teams. They also had to complete periodic evaluations and career questionnaires and perform other activities, as assigned.

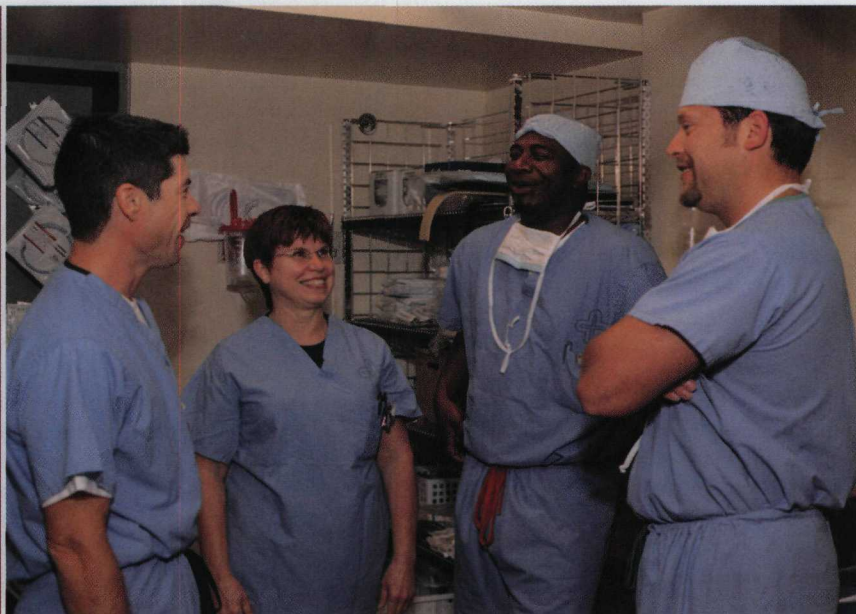
SSM introduced the DDA with a flourish at a 2004 gathering in which people from outside the



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system spoke on leadership-related topics. Then, when it ended in October 2006, we had a huge celebration.

The DDA ended because leadership development of all employees will be moving under the auspices of the system's newly created SSM University, which facilitates the development of leadership throughout the system.

### **VENDOR DIVERSITY**

At the same time that we focused on the organization's employees, we looked outside as well, to our relationships with our communities. As one of the largest Catholic health care organizations in the country, SSM spends a considerable amount of money on goods and services purchased through vendors. And, as a Catholic organization, we have a social conscience, which means we must support the communities we serve. That consideration prompted us to work toward expanding SSM's commitment to purchase from local small and minority-owned businesses. Through a variety of creative endeavors over several years—including vendor fairs, an internet registry for minority businesses, and seminars for the owners of small businesses—SSM now spends more than \$72 million annually with minority businesses, a huge increase over what it spent five years ago.

SSM's support of women and minority-owned businesses earned the organization national recognition this year from Premier Inc., a national purchasing organization.

### **THE DIVERSITY ADVISORY COUNCIL**

In 2005, to ensure that its diversity initiatives

were on track, the system established the Diversity Advisory Council (DAC), an advisory board for system management. The DAC advises SSM's senior leaders on the development and implementation of projects and activities that will assist SSM in meeting its diversity goals. The DAC also helps exchange "best practices" information within the system, thereby promoting diversity and (as a byproduct of diversity) exceptional health care services.

Each SSM region and stand-alone entity has one delegate on the DAC. Each regional CEO/president and entity president nominates two employees, and we then select one of the two to be that organization's delegate.

The DAC comprises a diverse group of employees chosen from among a variety of pay grades and positions. A delegate must have a strong desire to represent SSM's diverse workplace and the community in which his or her particular entity is located and to have completed training as a member of a CQI team.

DAC meetings are held annually, although the system's senior vice president for human resources and its diversity officer may call for additional meetings as needed. Like the Mentoring Program and the DDA, the DAC will function for a period of four years, winding up in the fall of 2007.

### **THE DIVERSITY SCORECARD**

In late 2004, we developed goals for the years 2005-2010. These goals are:

- To enhance our ability to meet the needs of diverse patients/customers

- To improve support of, and ally with, organizations whose missions call for rigorous pursuit of fairness and equality for all people

- To create a work environment that rewards and recognizes excellence, and attracts and retains the best people regardless of race, color, religion, gender, age, national origin, sexual orientation, veteran status, or disability

- To increase business partnerships with minority and women suppliers

In 2005, to help our entities meet these goals (with a new emphasis on minority patients and customers), we introduced a new measurement tool, the Diversity Scorecard. In describing the scorecard, Steve Barney, SSM's senior vice president for human resources, said, "We needed a tool that was as robust as our objectives are challenging. We needed something that measured our success with diversity as a *system* of issues, including social justice, strategic differentiation, workforce satisfaction and customer service." The Diversity Scorecard, a proprietary, web-based metrics tool, was developed for just this purpose.

The beauty of the Diversity Scorecard is that one using it doesn't have to gather diversity information from separate data sources; the scorecard brings all this information together. The days of "silo-ed" information are over. Our entities input their responses to a variety of questions into the Diversity Scorecard, and the system takes all of the guesswork out of the process because it allows for the interconnectedness of the data.

Among the questions are these:

- What percentage of your employees receives diversity training?

- Do you provide support to at least three diverse organizations?

- Does your entity post signs that are written in various languages and/or Braille?

- Does your entity provide diverse greeting cards in its gift shop?

- Do you place recruitment advertisements in publications geared toward people of diverse backgrounds?

The scorecard gives us a comprehensive measuring tool. We can benchmark internally and externally. The entity leaders using the software have a variety of means with which they can satisfy the system's requirements, but these means must improve each year or else the entity automatically receives a lower score. Not only does the scorecard challenge SSM entities to improve; it also maintains diversity as a high priority issue—as it must be if we are serious about meeting Sr. Mary Jean's call to action.

### A MORAL AND BUSINESS IMPERATIVE

"As a young sister," Sr. Mary Jean has said, "I heard a story that made a lasting impression on me. It was about the nursery at what was then our small, rural hospital in Dillon, SC. By day, there were two nurseries—one for our black babies and another for our white babies—because this was in the days of segregation. But our sisters were practical women. So at night, when staffing was reduced, they put the black babies and the white babies together, where they slept peacefully. And guess what? None of those babies suffered any long-term impairment as a result of the experience."

Diversity is a moral imperative. It is the right thing to do. And it also makes good business sense, because organizations that want to remain competitive must reflect the communities they serve.

Throughout the SSM diversity journey, we have found that two elements are critical to achieve a culture of diversity: leadership support and a focused approach. At SSM, we have been very fortunate to have both. The financial cost of achieving a culture of diversity has been minimal to us, but the gain in fulfillment for employees has been immeasurable.

By 2010, I believe, SSM will be a 100 percent diverse organization—diversity will be fully integrated into everything the system does. We will then no longer *need* programs for diverse employees. We're moving toward that point now, and we're close to it. But I look forward to the day when diversity is fully integrated. It will be at the very core of who we are. ✧

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# HEALTH PROGRESS®

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