BY EVERARD O. RUTLEDGE, PhD,FACHE

Not Just a Fashionable Trend

Diversity has become a vital concern to the Catholic health ministry. In view of that fact, Health Progress *is publishing a series of interviews with people who have undertaken significant leadership roles in fostering diversity in their organizations.*

This interview, the fifth in the series, was with Philip McCorkle, president and CEO, and Wayne Boatwright, chief diversity officer, Saint Mary's Health Care, Grand Rapids, MI. Like most of the others in the series, it was conducted by Everard O. Rutledge, PhD, FACHE, vice president, community health, Bon Secours Health System, Marriottsville, MD.*

Rutledge: *Please give us an overview of your organization and your community.*

McCorkle: Saint Mary's Health Care is a 324-bed acute care facility in Grand Rapids, MI. We are a member organization of Trinity Health, the fourth-largest Catholic health care system in the United States. Saint Mary's is known for being very community focused and for the high quality of care that we deliver, with a preferential option to the poor and underserved. We have several stand-alone health centers focused on medical needs of the uninsured and underinsured.

In our latest strategic plan, we have identified oncology, orthopedics, and neurosciences as areas of focus for the future. In December, we opened a $50 million cancer hospital. Saint Mary's is also known for its kidney transplant program, its extensive complementary health care program, and its comprehensive diabetes program. In addition, we have the distinction of possessing a very large primary-care physician network, Advantage Health, a unique model in which physicians and hospital administrators share governance. It's been very successful; in fact, we are celebrating the network's 10th anniversary this year.

McCorkle

Wayne will describe for you the composition of our service area in terms of ethnicity.

Boatwright

Boatwright: Our service area is approximately 83 percent Caucasian and about 17 percent minority. Our hospital employees are almost the same: 84 percent and 16 percent, respectively. Our board of trustees is about 80 percent white and 20 percent minority.

Rutledge: *Tell us how your health system developed and implemented the diversity initiatives you are known for.*

Boatwright: There are several factors that contributed to our organizational efforts regarding diversity. First, we have long realized that in order to provide effective health care, we must be able to understand and communicate with the people we serve, and also understand the impact of their cultures. In addition, our board of trustees and senior leadership team have grown skeptical of annual reports that didn't reflect signs of diversity growth. We found ourselves in a changing demographic environment—without a corresponding change in our hospital demographics. We weren't reflecting the community that we serve. And we felt that we do not have an

*Boatwright is also chief diversity officer for the Battle Creek Health System, Battle Creek, MI, and Mercy General Health Partners, Muskegon, MI, both of which are Trinity Health members.

accurate perception of the community's view of us. We didn't have a succession plan or a mentoring process with which we could "grow" our employees into higher-level jobs. This concerned us because we exist in a highly competitive environment. We are working to improve that situation and to match our diversity goals with our mission and core values.

We began by meeting with employees from all levels in the organization to get their input regarding the areas that needed attention. We also spent a lot of time in the community reviewing some perceptions that, frankly, are not necessarily flattering. We tried hard to understand those perceptions, so that we could overcome them. After taking in all that information, I wrote a diversity plan that both outlined our current situation and set some goals. The board endorsed the plan, and we got to work.

McCorkle: Our previous efforts had been admirable, but we needed a more organized, concentrated plan. We had, for example, sent many of our directors and managers to a nationally recognized program called Healing Racism, sponsored by the Grand Rapids Area Chamber of Commerce. It is an intense 10-week program, very effective at raising the consciousness level of both white people and people of color. But it's only one strategy. We really needed something more to transform the way we think about diversity. Also, as a Catholic health care institution, we have an obligation to have a particular concern for those in our society whose needs are not being addressed.

I began a search to recruit a chief diversity officer for our system, thinking that if we were to attack the issue effectively, we needed a person whose job it was to move the diversity agenda forward—otherwise, it would be no one's job. Fortuitously, Wayne was a member of our board of trustees. When I became Saint Mary's CEO, we immediately bonded; we mutually understood what needed to be accomplished. Circumstances worked out that he was selected for the position, and we have been aggressively moving forward ever since.

It quickly became evident that our employees had a real hunger to understand issues involving diversity. Many wanted to learn more; they wanted to do more; they really wanted to be involved in diversity initiatives. We learned that having a member of our senior management team as chief diversity officer made all the difference. People open up to Wayne and confide in him because he has built trust and because he has the authority to effect change. Although we really didn't know what to expect when we put this program together, it has just caught on tremendously here at Saint Mary's.

Rutledge: *Would you tell us a little bit about how you engaged your board in your diversity and cultural competency activities?*

McCorkle: Like our employees, our trustees desired more information. As Wayne said, our board composition is 80 percent Caucasian and 20 percent minority. Board members had been asking some tough questions, and they were thrilled that Wayne accepted the position as chief diversity officer. They actually have their own diversity goals, just as our employees do.

Boatwright: I was surprised by their level of interest in fulfilling their responsibilities as outlined in our plan. As Phil said, the trustees are as invested in diversity as our employees are. For example, when board positions are vacated, the nominating committee consciously attempts to increase the percentage of minorities. And, in fact, when I left the board, another ethnic minority, an African-American female, was appointed. Another small gesture, but one that makes a point, is our commitment to using caterers who represent minority businesses for a third of our board meetings.

Each quarter, either Phil or I provide the board with a diversity update. The board is held to the same schedule of diversity training and related activities in the community as is our senior management team. Board members were very open to including a measurement of their progress in their own self-evaluation tool. The plan was not just for Phil and me, for management; it's for the board, too. So far, the board has met all but one of its own expectations. Board members are willing to hold themselves accountable—that sends a powerful message to our community and our employees.

Rutledge: *How would you characterize your current status as it relates to the development and implementation of your diversity initiatives? Could you tell us about some of the programs?*

Boatwright: We are certainly encouraged by our accomplishments to date. I'm also proud that our

> "People open up to Wayne."
>
> —Philip McCorkle

plan has received some national recognition in regard to our ability to create something that can actually be implemented. We are encouraged by the fact that close to 70 percent of the objectives have either been completed or are in the final stages of completion. And this is a 14-page plan that is not even two years old. We've learned that one of the most effective ways to manage this is by assigning measurable objectives. We've also seen significant behavioral changes in managers and employees. There has been a real raising of consciousness.

We're encouraged by the realization that more departments are ensuring that there's a diverse mix of candidates when they are interviewing, and that our marketing department is very insistent that collateral material and marketing pieces reflect sensitivity to diversity issues. And all over the organization, discussions about inclusion are occurring, discussions that would not have taken place before we started a serious effort to increase diversity sensitivity.

Another thing that was critical for us was being able to create a replicable model. We're gratified that some parts of the plan have been recognized as "best practices." We've shared our plan as a template with about 15 other hospitals.

Areas that we think need development are: promoting minority employees into key positions at appropriate rates, creating the understanding that diversity is about more than race and gender, and creating a welcoming environment for minority employees.

Phil is very assertive about creating a succession plan and mentoring program, which will be a big boost. And our human resources staff has been focusing on the fact that a disproportionate number of employees of color remain in some of the lower-paying jobs. The staff is working hard to create an action plan to help those employees work their way up to some of the higher-paying jobs. We are also working outside the organization to let our community know that we address these issues, so that we attract employees of color who have high ambitions. Those plans are already developed for our nurses and for our new cancer center. We're optimistic that we are making good progress.

McCorkle: One way we measure ourselves at Saint Mary's is by the level of patient satisfaction. To be very frank, when I first come here, I was profoundly shocked when minority patients came to see me to tell me about the care that they had received. For example, some said that our staff would sometimes appear to "rush" a family through the grieving process following a death. I am sure that it was cultural ignorance and not insensitivity, but it had a hurtful effect on our families just the same.

Through our diversity program we have learned that in some cultures, especially in the African-American community, families need time, when a loss occurs, to pray, to sing, to hold hands around their family member, to grieve—it's their culture. Our staff was unintentionally giving them the perception of rushing them through this process. The families believed that the staff was "rushing him to heaven." That was the least of our intentions, but unless you know these kinds of things, your patients aren't free to behave in the ways they are comfortable with in order to get through a grieving process.

So I think the deeper we have gone into our diversity initiatives, the more we have found out what we don't know, and we have learned what we can do to make the health care experience as culturally sensitive and respectful as we can. We've made this effort not just because of our respect for diverse cultures, but also because it's in line with our mission as a Catholic hospital.

We have learned so much from our diversity initiatives. Learning that we were unintentionally offending people has in itself made the effort worthwhile. There are so many things we used to do that we simply *don't* do anymore. And the fact that we no longer offend people shows in our patient satisfaction scores. Those scores reflect a much better health care experience at Saint Mary's for the minority populations we serve.

We have also extended our plan to reach our medical staff. Wayne has met with the members of the medical executive committee. They, too have a diversity goal, just as I do, just as the board and my management team do.

We don't have any interest in a "cookie-cutter" program. Diversity at Saint Mary's is not simply about having a diversity officer, or so many minorities on our management team, or hitting certain quotas. We are beyond that. Wayne is now addressing the needs of our community health centers. He's asking, "How can we participate in community-wide initiatives in partnership with other health organizations to address some of these disparities?" I think this is vitally important. Our mission statement reflects our intent: "To improve the health status of the community."

Rutledge: *One final question: How does your organization measure the progress of your activities?*

Boatwright: One of the things that Phil and I talked about when we were developing the initiative was measuring its progress. To ensure that our measurements were effective and accurate, we developed a diversity "scorecard." To some degree it's very similar to the equal employment opportunity and human resources reports that measure some of those areas. But, in other respects, we took a different approach. One component was designed to track the progress, or lack of progress, in some specific areas. As an example, we track our minority hiring in terms of how it matches the percentage of minorities in the community we serve. We measure our ability to recruit and retain and develop employees on an annual basis. The data reveal the length of service of our minority employees versus that of nonminority employees. That's pretty standard.

But then we developed another component, one that addresses the systemic barriers that prevent us from creating the diverse environment we strive for. One example is disciplinary actions. The 14 percent of our employees who are minorities made up close to 40 percent of the disciplinary actions or terminations involving Saint Mary's staff. When you have that kind of turnover, you ask yourself: How can we ever get to a very balanced, ethnically diverse environment? In some instances, it appeared that a white employee was more likely to be given an opportunity to resign, rather than simply terminated, than a minority employee, which of course gave the white person an advantage in finding a new job. So we looked at policies and procedures in the human resources department to see whether or not we had diversity-friendly policies and procedures.

We also found that although a lot of our minority employees did very well in their first five or six years of employment with us, they tended to leave after six years. This was puzzling. It appeared as though people were very excited about coming to work for us, and they stayed until they were fully vested—five years. But after that, promotional opportunities just weren't there, or so they thought. So they left us and began looking for jobs in other places. Now, as we looked at those numbers and compared them to those from other industries, we saw that we were training people to work for other industries. Our numbers improved after we began promoting minorities, thereby demonstrating to everyone that promotional opportunities *do* exist at Saint Mary's.

We are not trying to "color up" the organization but, rather, to be sensitive to whether or not we are measuring those pieces that stand in the way of us getting to where we need to be. We have a two-faceted measurement process that we think digs deeper than the usual programs.

Rutledge: *Do you have additional information that you would like to share with our readers?*

Boatwright: We just can't stress enough how critical it is that people understand that a diversity initiative must move beyond being a social imperative. In today's competitive environment, it must become an absolute *business* imperative, *baked* into the organization's strategic plan.

Regarding the compliance imperative, organizations might consider adopting a set of standards to which all employees and board members must aspire. They might consider establishing interpretation services for employees and patients who are immigrants from other countries; and they should keep in mind the fact that some employees and patients can't read in any language. The organization that understands the importance of creating an inclusive environment not only serves its mission and values; it also plays a very important and contributing role in the community.

And I think it's important that as organizations develop individuals to lead the diversity effort, they do not pigeonhole them into episodic roles. For example, I serve on Saint Mary's ethics committee and the strategy committee, and I consult with physicians on end-of-life care. I lecture at colleges to physicians about culturally important issues such as autopsy, for example. I also make myself available to employees who feel that, because of ethnic or racial differences, they are not being treated appropriately. The fact that I can do so is evidence of the close relationship we have been able to have with our human resources department. The diversity initiative has become a seamless process.

I want to stress again that for a diversity program to work, people have to understand that it is far more than a fashionable trend. They must believe that this is a learned behavior and skill and that their organization is moving in the right direction when inclusion is taken seriously as a

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with such genuine trust.

That church service was a powerful moment for me. But now that I have returned home to Canada, I am still asking the same question: What is hope for the people of Zambia? God is their hope, just as my Zambian friend told me. But those of us who live in the developed world must also do what we can to be of help. We can, for example, continue to urge the world's wealthier nations to cancel the debts of poor ones such as Zambia. We can urge pharmaceutical companies to cut the prices of the drugs they sell in countries where many people can barely afford food, let alone medications. And, whatever our faith happens to be, we need to support mission work—especially in health care and education.

Whether we do these things or not will depend on the compassion stirred in our hearts and in our willingness to speak out for our brothers and sisters in Africa. □

NOTES

1. African Network for Health Research and Development, "New UN Report on HIV/AIDS," *AFRO-NETS*, June 2000, available at www.afronets.org/archive/200006/msg00156.php.
2. African Network for Health Research and Development.
3. "History of the Social Involvement of the Church in Zambia," *Catholic Centre for Justice Development & Peace Online, available at www.ccjp. org.zm/ccjdp/church_involvement.html.*
4. *Mankekolo Mahlangu-Ngcobo, AIDS in Africa: An African and Prophetic Perspective,* Gateway Press, Baltimore, 2001, p. 19.
5. "African Women and Morality," in J. N. K. Mugambi and A. Nasimyu-Wasike, eds., *Moral and Ethical Issues in African Christianity,* Action Publishers, Nairobi, Kenya, no date, p. 159.
6. Mahlangu-Ngcobo, p. 17.
7. Canadian Ecumenical Jubilee Initiative, "A New Beginning: A Call for Jubilee," Toronto, 1998, p. 14. This initiative, the work of a coalition of church and church-related groups, was intended to coincide with the jubilee year 2000.
8. *Stephen Lewis, press conference,* United Nations, New York City, January 8, 2003. Information about the anti-AIDS campaign in Africa can be found at www.stephenlewisfoundation.org.

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strategy of management and human development. I've done some coaching and counseling of organizations that are getting started with their own diversity initiatives, and in those cases I'm encouraged to see that people expect to move forward to make a noticeable impact in their organizations. Diversity can't just be a fashionable move—people see through that. Diversity has to be the real deal.

McCorkle: The response to our program has been greater than we expected. We couldn't have dreamed of a better response. Our employees have really come forward to support this initiative. This is due in no small part to the fact that, as a Catholic organization, we attract the kind of employees who welcome a program that teaches us to treat everyone with the kind of respect with which we want to be treated.

Of course, it goes without saying that the CEO needs to be behind this 250 percent. Wayne reports directly to me. His office is located only a few feet from my door. It is my intention to make a statement that our diversity initiative is a very sacred program to me. And, to his credit, Wayne has made sure that we are not always comfortable with all issues. If we were, we wouldn't be changing anything. If you say that you support these initiatives, you need to *show* it.

Here's a great example of what I mean. Wayne invited many of the vendors from whom we purchase products and services, plus some minority vendors who wanted to work with us, to come in and talk with us about their programs. This led to our developing productive relationships with the minority vendors. And that's going well. They must be included. We've tried to follow through with what we have said, and I believe our efforts have produced the level of success that we are currently enjoying.

But we need to be *more* successful—more assertive, more visible, more insistent. In the end, we will be more true to our values, as well. □

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