

# Programs Groom MANAGERS and CANDIDATES for BOARDS

BY PATRICK T. REARDON

**Q**uicker to pick up English and the American culture, the young children of new immigrants for generations have served as translators for their parents. That's fine when it comes to shopping at the grocery or getting to know neighbors.

But not at the hospital.

"Like if you're trying to tell this child to tell her mother she has cancer," said Cynthia Stewart, the director of diversity resources and language services at Columbia St. Mary's Hospital in Milwaukee.

Stewart is her hospital's diversity manager, one of a growing number of health care professionals whose job is to make sure their institutions are fair and equitable. This means attracting and promoting a diverse staff of employees. It also means providing the same level of service to all patients, no matter their race, religion, ethnicity, sexual orientation — or language.

In this role, Stewart has overseen an expansion of Columbia St. Mary's translation services from one person to a team of nearly 30 employees speaking both Spanish and Russian. In addition, she has on call interpreters from local agencies for another dozen languages including Hmong, American Sign Language and two dialects of Chinese.



Hospitals, like the judicial courts, have a greater responsibility than other institutions to adapt to the language needs and understand the cultural backgrounds of their patients, Stewart believes. "It's really life or death for people," she said.

In American business, diversity managers began popping up on organizational charts in the 1980s, initially in the food and beverage industries. But health care was slower to take up the innovation.

It wasn't until the late 1990s that hospitals began identifying someone on staff to focus on diversity issues. However, often the newly named diversity manager found himself — or, more likely, herself — unprepared for the task.

"You'd have someone who was a person of color with a lot of passion, but now what? They had that deer-in-the-headlights look," said Wayne Boatwright, the vice president for cultural diversity for Meridian Health in Neptune, N.J.

Today, though, a unique certificate program at



Simmons College in Boston is helping to answer the “now what?” question.

It is one of two new initiatives of the Chicago-based Institute for Diversity in Health Management, an affiliate of the American Hospital Association. The other addresses diversity from a different direction — aiming to help minorities and others on the edges of the mainstream land seats on hospital boards.

The Simmons College course — the only one of its kind for diversity managers in health care — was designed by John Lowe, professor of health care administration for Simmons, in close consultation with the institute.

There are an estimated 500 diversity managers working full-time today in health care organizations and even more working part-time, according to a study by Lowe and the institute. The Simmons course is designed for people already working in the field.

Through a mix of online and in-person meetings, discussions and assignments, the nine students, who began work in September, got a grounding in such aspects of the job as language and cultural programs, legal and regulatory issues, ethics, demographics, team leadership and negotiation.

This spring, they are linking up with diversity veterans, such as Boatwright, Stewart and other members of an institute advisory council, for advice and coaching. They are reaching the culmination of their class work — creation of a diversity/disparity action plan for their own organizations.

“Depending on where the student is coming from,” said Lowe, “they may be beginning from scratch, or making refinements, or tinkering with an existing strategic plan.” The important thing, though, is that upon completion of the course, the student will bring back to his or her hospital a roadmap for implementing institutional change.

This should not come as a surprise to the student’s bosses since they are paying the \$8,000 tuition and have agreed to keep close tabs on the student’s progress in the program.

Yet, Lowe said, “Even if they know about it ahead of time, that doesn’t mean that [the student’s plan] won’t be a bomb that explodes [in-

side the hospital culture].

“That’s where the advice and guidance of the senior executives from the institute will be very helpful. A student may have a visibility issue.

They can ask what to do to make sure the plan is accepted.”

One irony, however, is that a key question facing the field of diversity management in health care is how to increase diversity within the profession.

“The initial response in organizations was, ‘Well, Betty’ — a black woman in HR — ‘let’s make her the diversity officer,’” said Lowe. The tendency ever since has been for the job of diversity manager to be held by a minority group member or a woman. Rarely by a white male.

The demographics of the certificate class reflects this tendency — four black women, one

Asian woman, one mixed-race woman, two white women and one black man.

“Diversity management in health care organizations is a young profession,” said Lowe. “My sense is that, as the profession matures, there will be [more interest by white men]. At least, that’s our hope.”

Greater sensitivity to differences isn’t restricted to patient care and the hospital’s relationship to the various communities it serves. It also comes into play on the job for hospital staff.

Indeed, despite some gains over the past two decades, troubling disparities in the pay, the experiences and the attitudes of hospital staff members remain, according to *A Race/Ethnic Comparison of Career Attainments in Healthcare Management*, a 2008 study by the American College of Healthcare Executives and three other health care organizations. The research is available at [www.ache.org](http://www.ache.org).

Nonetheless, Boatwright argues that diversity work shouldn’t be seen as an affirmative action program. “I define ‘diversity’ as the ways we’re all alike and the ways we’re different,” he said. The role of a diversity manager, he said, is to help the hospital staff better understand those similarities and differences and provide better care to patients.

Better care means happier patients. But the opposite is also true.

For instance, Boatwright said that one of Meridian’s four hospitals recently experienced a 14



percent drop in the number of Orthodox Jewish mothers coming in to deliver their babies. One of the reasons: The hospital didn't offer kosher meals.

"If you want to talk about diversity on the bottom line — here's a 14 percent drop in business," he noted.

It helps, of course, if a diversity manager is working for a hospital board that is itself diverse. That's what the Institute for Diversity in Health Management is addressing in its other initiative.

One part of the effort involves training minorities about the roles and responsibilities of board members, and, over the past year and a half, more than 350 have gone through the daylong programs. The second part comes after the training when participants can put their names on a Minority Trustee Candidate Registry where hospitals are able to find and recruit them.

At least a dozen of those trained are now serving on hospital boards, including Bon Secours Health System headquartered in Marriottsville, Md.

Like the professionalization of diversity man-

agement, the integration of hospital boards is essential, Stewart said, for improved patient care — and a hospital's bottom-line success.

"When you don't have a leader at the top who is engaged in diversity, [improvement efforts] oftentimes get derailed," she said. "Management doesn't necessarily mean to do that, but, if someone at the top doesn't say, 'This has to be done now,' then it can be continually put off, and, before you know it, it's 10 years later."

Fred Hobby, president and CEO of the Institute for Diversity in Health Management, said, "Integrating [hospital boards] with people of different backgrounds and different socio-economic experiences has not always been easy. But, once they are on the board and in the administration, most studies have found these boards to be higher-performing than homogenous boards."

Higher performing in all aspects, he said, not just in sensitivity to diversity.

In the past year and a half, the institute has held hospital board training sessions in Chicago, Baltimore, Denver, New York, Los Angeles, New Jersey and southern Florida. Nearly all of the participants have posted resumes on the institute's Minority Trustee Candidate Registry.

This year, one training session is scheduled to be held in August in Atlanta, along with three others in locations still to be determined.

Kelly Redmond, who oversees the institute's training programs and registry, said "diversity in thought" is the reason for working to put more minorities and people from non-mainstream groups onto hospital boards.

Hobby, her boss, noted this effort goes beyond race or ethnicity.

"If we are a hospital that is serving a large blue-collar community and if everyone on the board has a Ph.D., then we're going to be missing the blue-collar thought process," he said.

Like many of those who take part in the institute's training, Sharon Rossmark had no background in health care but did possess other skills that a hospital's leadership could use. In her case, it was 30 years of business experience in the insurance field, including a stint as a vice president in charge of a \$30 million division for the Allstate Insurance Company, a division of Allstate Corp.

Rossmark, who also had served on educational boards including one for a community college in Chicago's northern suburbs, was among more than 60 people who took part in the institute's first

## SOME KEY FINDINGS

- When education and experience are taken into account, white male executives are paid significantly more than minorities or white women. The median annual pay for a white male was \$168,200 a year. By contrast, a Hispanic man was paid \$144,700, a black man \$142,400, and an Asian man \$131,700. The median for a white or black woman was around \$126,000, or 25 percent less than a white man's pay, and even lower for Asian and Hispanic females.
- More than half (52 percent) of the African-American managers surveyed felt they had been the victims of discrimination during their health care careers. Among Asians, the figure was 31 percent, and among Hispanics, 27 percent. For whites, it was just 10 percent.
- Fewer than half (41 percent) of the whites surveyed saw a need to increase racial and ethnic diversity in senior management positions in their organizations. The portion of blacks who saw a need was twice as high (82 percent). For Hispanics, it was 58 percent, and for Asians, 56 percent.

Source: 2008 study, American College of Healthcare Executives



training session in Chicago in September, 2008.

Before that day was over, she was being recruited — during a networking period when hospital CEOs could mingle with participants — for the board of Sinai Health System on Chicago's Near Southwest Side.

Within a few months, she joined Sinai's board where about a quarter of the 43-member board is minorities.

"I'm viewed as a board member who brings not only a minority perspective but also diversity of thought because of my 30-year business background," Rossmark said. Since joining the board, she has been a workhorse for the system, traveling often to Washington, D.C., for meetings about health care reform on Capitol Hill and in the White House.

In those travels, she has talked with leaders from other hospitals who have few, if any, minori-

ties on their boards and who don't know how to find qualified candidates.

That's where the institute's training sessions and registry are so important, Rossmark said.

"What they're saying," she explained, "is that here are candidates we have screened and given preparation to."

A stamp of approval, in other words. Just like the stamp of approval that the certificate in diversity management in health care will be for those who complete the course at Simmons College.

Small steps perhaps, but important nonetheless in helping the health care industry provide better, more culturally sensitive service now and in the future for an increasingly diverse American population.

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