

# COLLABORATORS ARE KEY TO GREATER DIVERSITY

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In the spring of 1993 while searching for a summer position during college, I saw a poster of an African-American boy with his hand resting on his chin which read: “African-Americans have the highest risk of preventable diseases and the least number of health care administrators.” Intrigued, I applied to the University of Michigan School of Public Health’s Summer Enrichment Program.

Through that program, I was introduced to health services administration and the need for diversity in the profession. Today, I am blessed to have served as a leader in this field for well over 20 years. Being a health care executive affords me the unique opportunity to serve others daily. I feel called to this profession and strive to make a difference in a system that at its best is confusing and costly for consumers. Can you imagine how confusing the system may be for those who lack financial resources, speak a different language or have diverse religious beliefs?

Diversity in health care leadership is essential. It is incumbent on executives today to become more inclusive and collaborative. A diverse leadership team ensures all backgrounds, beliefs, ethnicities and perspectives are adequately represented; it allows us to provide culturally competent care for all. As our U.S. demographics continue to shift, health care leaders must embrace an ever-changing society. I believe we must continue to work toward increased diversity in thought, race, ethnicity and gender.

According to the American Hospital Association’s Institute for Diversity in Health Management in 2015, only 11% of executive leaders were minorities, down one percentage point from 2013.<sup>1</sup> The small number of minority health care leaders begs the question: do we all have the courage to change this reality?

I believe we do, and I work tirelessly every day to be an agent of change. I recently completed my term as president of the National Association of Health Services Executives (NAHSE). The asso-

ciation’s mission is to promote the advancement and development of black health care leaders and elevate the quality of health care services in minority and underserved communities.

Since its inception, NAHSE has supported numerous minority executives, provided networking opportunities, mentorship and opportunities to lead. It was truly my honor to continue the legacy of creating sustainable change in health care leadership, encouraging the tough conversations and collaborating with organizations and individuals who supported our mission.

NAHSE was established in 1968 during the civil rights movement. It provides students, early careerists and seasoned professionals opportunities to be engaged with an organization that supports

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and nurtures their professional development. As the national president for the past two years, I was both humbled by the work we have yet to accomplish and encouraged by the great strides we have made throughout the years. We partnered with the American College of Healthcare Executives (ACHE), the National Association of Latino Healthcare Executives (NALHE), the Asian Healthcare Leaders Forum and the LGBTQ Forum to create “Better Together” sessions across the

country. The goal of these forums is to increase awareness and dialogue of our collective efforts to enhance diversity in health care leadership. The first session was held during the NALHE conference in February 2018 and has continued through local chapter events held by these organizations, with the Southeast Texas ACHE chapter hosting the most recent event in October 2019. The panelists were engaging. They shared their personal stories and encouraged the audience to be inclusive in their thoughts and actions. We are truly “better together” when we support one another despite our differences and amplify our voices to ensure an inclusive and equitable experience for all. I am proud of our partnership and the ability to create a “safe space” for honest dialogue and action.

NAHSE has always afforded aspiring health care leaders the opportunity to serve in leadership positions, and the moments that brought me the most joy over the past two years were seeing our students and young professionals lead national committees and establish the Young Professionals Committee. The establishment of the committee was an intentional decision to secure the voice of our rising professionals on the NAHSE board and throughout our organization. The committee embraces graduate students and early careerists; it provides networking and mentorship opportunities, the ability to lead committees and to serve in various capacities across NAHSE.

NAHSE has done its important work for 51 years. Yet, unfortunately even today there are some health care leaders who are not aware of the organization. This means we have an opportunity to continue to expand our reach and influence. Today, we have 28 chapters across the United States, with energetic chapter leaders who work to ensure the organization’s mission is fulfilled locally. Through these chapters and at the national level, we continue to develop creative avenues for individuals to be informed and connected to NAHSE and its diversity efforts.

I am very thankful to have worked in Catholic health care for over 15 years, and to work along-

side others seeking to improve the health of the communities we serve. I am also thankful for the support of the Catholic Health Association and its commitment to encourage diversity in leadership. CHA is a strategic partner for the NAHSE. Jointly, CHA and NAHSE diligently promote diversity

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throughout the health care system and the partnership strengthens our collective efforts. Many of NAHSE’s members work in Catholic institutions and appreciate the support and encouragement of both organizations.

Every day I am blessed to work to increase diversity in this profession. I know that increasing diversity in the leadership ranks requires compassionate and courageous leaders. It requires that we all are confident in our convictions and bold in our actions to support organizations and programs that are leading by example. It will take the conviction of courageous leaders to ensure health care leadership reflects the diverse communities we serve.

**RICHELLE WEBB DIXON** is system vice president, administration, CommonSpirit Health. She has more than 20 years of health care experience and serves as the immediate past president for the National Association of Health Services Executives. She is based in Denver.

**NOTE**

1. “Diversity and Disparities, A Benchmarking Study of U.S. Hospitals in 2015,” Institute for Diversity in Health Management and Health Research and Educational Trust, [http://www.diversityconnection.org/diversity-connection/leadership-conferences/2016%20Conference%20Docs%20and%20Images/Diversity\\_Disparities2016\\_final.pdf](http://www.diversityconnection.org/diversity-connection/leadership-conferences/2016%20Conference%20Docs%20and%20Images/Diversity_Disparities2016_final.pdf)

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