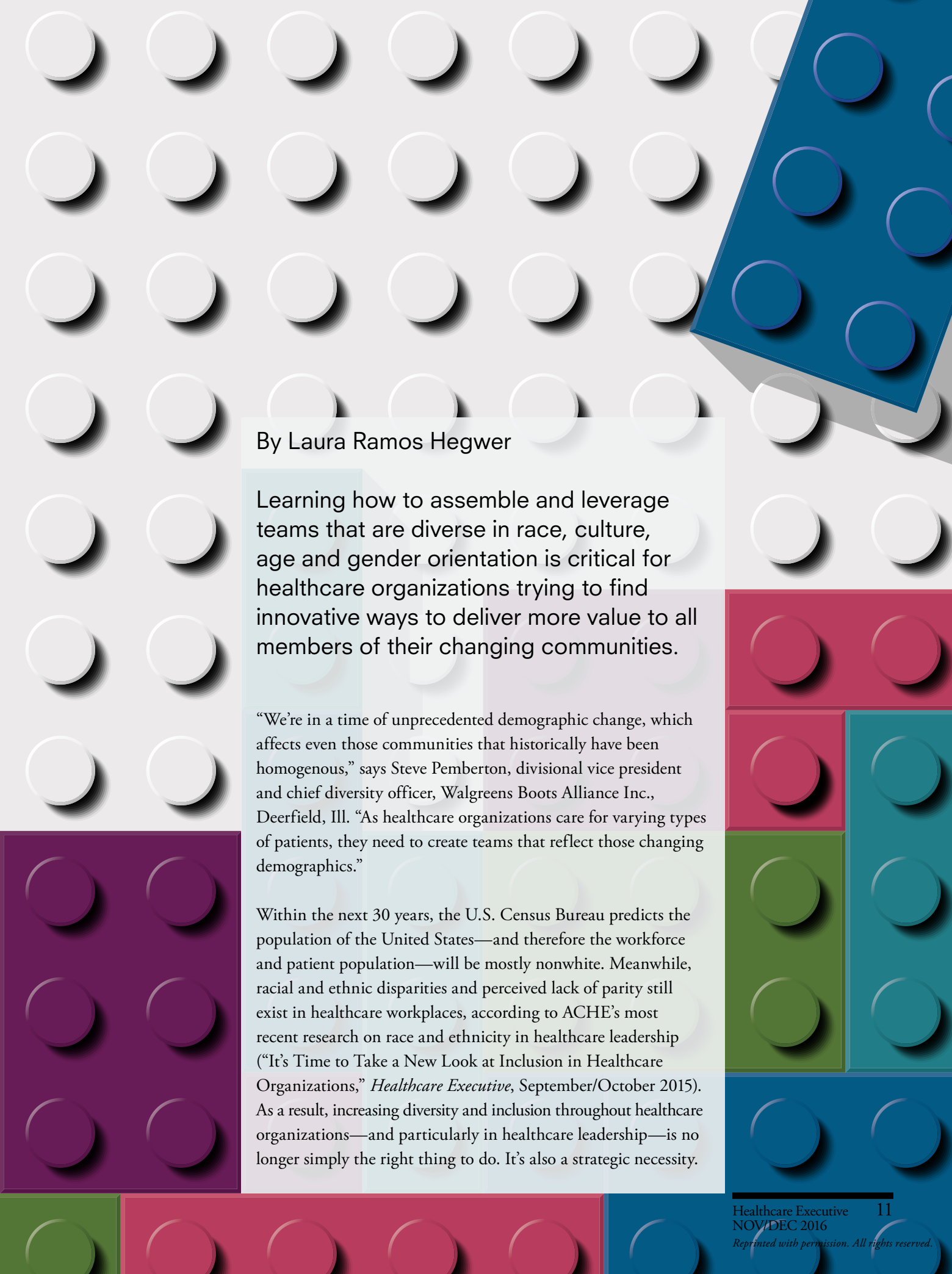


The background features a light gray grid of white circles. On the left, there is a green square and a gray rectangle, both with circular indentations. At the bottom, there is a complex arrangement of colorful squares and rectangles in shades of green, red, blue, and purple, also featuring circular indentations.

Building High-Performing, Highly Diverse Teams and Organizations



By Laura Ramos Hegwer

Learning how to assemble and leverage teams that are diverse in race, culture, age and gender orientation is critical for healthcare organizations trying to find innovative ways to deliver more value to all members of their changing communities.

“We’re in a time of unprecedented demographic change, which affects even those communities that historically have been homogenous,” says Steve Pemberton, divisional vice president and chief diversity officer, Walgreens Boots Alliance Inc., Deerfield, Ill. “As healthcare organizations care for varying types of patients, they need to create teams that reflect those changing demographics.”

Within the next 30 years, the U.S. Census Bureau predicts the population of the United States—and therefore the workforce and patient population—will be mostly nonwhite. Meanwhile, racial and ethnic disparities and perceived lack of parity still exist in healthcare workplaces, according to ACHE’s most recent research on race and ethnicity in healthcare leadership (“It’s Time to Take a New Look at Inclusion in Healthcare Organizations,” *Healthcare Executive*, September/October 2015). As a result, increasing diversity and inclusion throughout healthcare organizations—and particularly in healthcare leadership—is no longer simply the right thing to do. It’s also a strategic necessity.

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But how can healthcare leaders both build and engage more effective, diverse teams? There are multiple strategies C-suite teams should embrace, according to Pemberton and leaders for five progressive hospitals and health systems.

For example, Walgreens has an executive diversity inclusion council that includes senior leaders from all functions within the company. The council drives diversity initiatives and seeks feedback from employees across the organization. Each quarter, the council reports on the organization's strategic initiatives for diversity, including talent acquisition and management. Because of its size, Walgreens also has developed regional diversity councils.

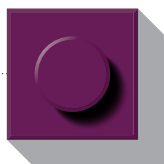


“Diversity is a national conversation but a local phenomenon,” Pemberton says. “The diversity issues in Miami will be different from those in the Pacific Northwest. But we can

still leverage our findings to create a common narrative on what we are doing to improve diversity.”

Overcoming Disparities

Organizations often make the mistake of assigning the responsibility for diversity to a single leader, such as a chief diversity officer or multicultural director, Pemberton says. To be effective, diversity initiatives should be embraced by every level of the organization—especially middle managers.



Steve Pemberton, divisional vice president and chief diversity officer, Walgreens Boots Alliance Inc., Deerfield, Ill., believes everyone needs to own diversity, particularly middle managers in an organization.

Photo credit: Walgreens

“For diversity initiatives to not only be effective but also sustainable, they have to be wholly owned by the entire organization,” Pemberton says. “This is especially true in healthcare, given that patient interactions can occur at every level.”

Case Study: Massachusetts General Hospital, Boston.

Joseph R. Betancourt, MD, director and senior scientist, The Disparities Solutions Center, Boston, and director, multicultural education, Massachusetts General Hospital, believes cross-cultural teams help alleviate some of the root causes of disparities that the Institute of Medicine outlined in its 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. These include patients' inability to navigate the system, patient stereotyping by providers, patients' lack of trust of the healthcare providers and poor patient-provider communication.

To address these root causes, the IOM and Betancourt recommend healthcare organizations improve their cultural competency education and build diverse teams to better care for multicultural populations. “It's not just the right thing to do for the patient, but also the right thing to do financially,” says Betancourt, who also is a senior scientist at the Mongan Institute Health Policy Center at Massachusetts General Hospital and an associate professor of medicine at Harvard Medical School, Boston.

“The way in which healthcare reimbursement is changing—moving from an emphasis on quantity to quality—is putting a real premium on effective communication with patients and staff throughout the continuum of care,” Betancourt says, citing readmission penalties and nonpayment for patient safety events as examples. In addition, organizations now face financial incentives to improve the patient experience.

Improving diversity in physician, nurse and mental health professional recruitment is one strategy to bring more diversity to healthcare teams. “Even though minorities represent 30 percent of the population, they only represent approximately 6 percent of physicians, 7 percent of

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nurses and 7 percent of mental health workers,” Betancourt says. “Building relationships with local schools and community colleges can help students realize that careers in healthcare are possible.”

Developing a Diverse Candidate Pool

One key consideration for healthcare providers is how to attract diverse candidates at every level of the organization.

Case Study: University Hospitals Health System,

Cleveland. “The competition for people from diverse backgrounds is becoming greater than ever,” says

Thomas F. Zenty III, FACHE, CEO. “The fundamen-

tal problem is that we need to recruit future professionals from diverse backgrounds engaged in the education and training process, not just in the hiring process, so we have plenty of opportunities to hire those who are prepared for and interested in choosing careers in healthcare.”

Leaders at UH, Northeast Ohio’s second-largest private sector employer, seek candidates who represent diversity in age, race, gender, ethnicity, function, background, education

and experience. “We have to think about diversity and inclusion on multiple dimensions and get individuals involved early on,” Zenty says.

To broaden the pool of candidates to fill clinical and nonclinical positions at UH, leaders have formed several

community partnerships. One such partnership is with NewBridge, Cleveland, an organization that helps prepare local adults for careers as nursing assistants, phlebotomists and pharmacy technicians. Another is with the Evergreen Cooperative Initiative, Cleveland, which offers business services like solar energy, hydroponics and laundry services. “Forty percent of those employed through Evergreen would otherwise be challenged to find jobs,” Zenty says. Supporting the community provides an opportunity for the next generation to attend school and lead better lives. We see this as a longer-term investment.”

Over the years, UH also has been recognized for its efforts to promote board diversity. One-third of the board comprises members from diverse backgrounds. “Having diversity at the board level sends a message about the importance of diversity across the organization,” Zenty says. UH’s leadership team also reports on diversity and inclusion metrics to the board at least annually. “Without metrics and measures, diversity becomes anecdotal,” he says.

Tapping Into Team Expertise

When building teams, people often are drawn to work with others like them. But such a strategy can harm an organization in the long run.

Case Study: Desert Regional Medical Center,

Palm Springs, Calif. The 385-bed acute care hospital serves a community that is among the most diverse in the country. The population of Palm Springs includes a higher-than-average percentage of patients in same-sex relationships: 7.2 percent, compared with the national average of 1 percent. In addition, 42 percent of patients are Latino. The hospital also serves a higher-than-average percentage of individuals ages 65 and older.

When Carolyn P. Caldwell, FACHE, president and CEO, joined the medical center three years ago, there were only four women and no Latinos on the 15-member governing



Thomas F. Zenty III, FACHE, CEO, University Hospitals Health System, Cleveland, believes community partnerships can be a strategy for recruiting more diverse talent. Photo credit: University Hospitals

board. Today, the board includes seven women, including two Latinas, as well as representatives from the LGBT community.

“You need to be honest about whether your board truly reflects your community,” Caldwell says. “In the long run, it will make for a much stronger, better-functioning organization.”

Caldwell’s leadership team also represents a wide variety of backgrounds, and she encourages her colleagues to have open discussions about diversity to promote better understanding. “If we have questions about how to serve the LGBT community, we have people on our team who we can ask and not feel awkward,” she says. She also encourages members of the C-suite to engage with community organizations. For example, her CNO is on the board of a local senior center. “I want the community to see that we are inclusive and that we want to be there for everyone,” she says.

New employees at Desert Regional receive cultural competency training as part of their orientation. Several members of the leadership team have participated in the American Hospital Association’s Health Care Transformation Fellowship training. Leaders also bring in new training when needed. For example, when they wanted to determine how best to register transgender people, including those transitioning, they reached out to the local transgender coalition. The coalition provided training for Caldwell’s team, the ED and registration staff. “While staff would typically refer to a patient by the name on his or her driver’s license, we wanted to be sensitive if the patient wanted to be called by another name,” she says.

Having diverse teams that represent different age groups also is essential for hospitals to sustain strong leadership, Caldwell says. “As more baby boomers are retiring, it is critical that we begin to develop people of younger generations so that they can step into those roles,” she says.

Cultivating Diverse Leaders

Leadership development can help organizations make the most of a diverse workforce.

Case Study: Memorial Hermann, Houston. “Part of our responsibility when building teams is to make sure the pool of candidates is diverse,” says Benjamin K. Chu, MD, president and CEO.

But building diverse teams is just the first step—the next challenge is getting them to function at maximum

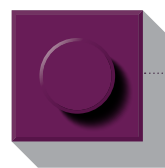


effectiveness, Chu says. “Once you have gotten people together, you need to set expectations,” he says. Another critical step is breaking down the hierarchy that exists in many healthcare organizations. “If you don’t, you aren’t creating an atmosphere in which diverse teams of people feel like they have a stake in the organization,” he says.

In his previous role as executive vice president of Kaiser Foundation Hospitals and Health Plan Inc. and group

Diverse healthcare teams are essential to address the root causes of disparities, says Joseph R. Betancourt, MD, director and senior scientist, The Disparities Solutions Center, and director, multicultural education, Massachusetts General Hospital, Boston.

Photo credit: Massachusetts General Hospital



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president of Kaiser Permanente Southern California and Georgia regions, Chu championed cross-functional leadership development as a strategy to support higher functioning, more diverse teams. Such collaboration will be needed as healthcare leaders work together on strategic

initiatives such as preparing for value-based care and improving population health management.

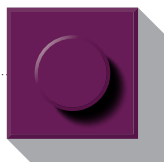
“In the long run, diversity is about tapping into others’ innate potential and finding different ways of thinking to get the best outcomes,” Chu says.

To that end, Memorial Hermann is leveraging the skills and experience of women in its workforce. Even though most health systems are 70 percent women, the healthcare industry as a whole has been

slow to embrace women in leadership roles, Chu says.

To address this issue, the health system established a program called Women Leaders of Memorial Hermann to engage and develop women leaders by providing networking, mentorship, education and opportunities for community involvement. Since the program was established in September 2015, it has hosted three networking and education events for approximately 500 women in clinical, operational and administrative roles. Leaders also launched their first series of mentoring circles as part of the program.

“For a system like ours, with 14 different facilities and many outpatient settings, having a forum like this helps bring people together so they can learn from each other,” Chu says.



Carolyn P. Caldwell, FACHE, president and CEO, Desert Regional Medical Center, Palm Springs, Calif., believes boards should reflect their communities.
Photo credit: Neil Husvar

Sustaining Diversity and Inclusion

Some healthcare leaders believe that diverse teams can help their organizations target populations that once may have been out of reach.

Case Study: Henry Ford Health System, Detroit.

“Diversity is certainly a competitive advantage that improves our ability to market services,” says Kimberlydawn Wisdom, MD, senior vice president, community health and equity, and chief wellness and diversity officer.

Wisdom also believes diverse teams encourage innovation at the health system’s six hospitals and extensive outpatient clinics. “The more diversity of thought you have around the table when strategies are being developed, the more opportunities you have for innovation,” she says.

The workforce at Henry Ford includes four distinct generations, which Wisdom believes is an asset. “For example, having millennials on our team has been invaluable for helping us reach specific populations, such as pregnant moms or youth, with social media strategies.”

Creating an inclusive culture through training is a priority for leaders at Henry Ford. In 2008, the health system launched a healthcare equity campaign to engage and educate staff around cultural issues. Today, the health system offers online and in-person training, book clubs on diversity and a yearlong intensive healthcare equity scholars program that provides immersion training for mid-level staff representing every business unit.

In each business unit, Henry Ford has developed or is developing a diversity committee to address issues at the local level. Senior leaders also celebrate diversity heroes within the health system during an annual event and recognize employees who have worked on award applications or special annual systemwide events, like Martin Luther King Jr. Day.

Wisdom believes such initiatives, which have earned recognition from organizations like Diversity Inc., the

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Human Rights Campaign and the AHA, cannot be sustained without support from the top. Senior leaders formally guide inclusion strategies across the health system through a diversity forum and diversity councils, as well as diversity committees, at the operating level.

“Having senior leaders support these efforts creates a culture in which this kind of work is embraced,” Wisdom says. “It helps to overcome barriers because people know that diversity is valued.”

Lessons Learned

Building diverse teams that can prepare an organization for new challenges and drive innovation takes time and focus, especially given the competing demands on healthcare leaders’ attention. Executives should consider the following advice from other organizations that have made strides in this area.

Remember that being diverse is not the same as being inclusive. “An inclusive organization is one that practices incorporating differences and often uses its diverse teams as sounding boards for new initiatives,” says Pemberton of Walgreens.

Focus on the next generation. To create more opportunities for young people, Walgreens has created internships in New York and California for adolescents aging out of the foster care system. Such strategies can help build the pipeline of minority healthcare professionals, Pemberton says.

Break down silos. Betancourt of Massachusetts General Hospital suggests communication across diverse teams

can be improved by breaking down the hierarchy, a strategy already used in many hospitals’ patient-safety initiatives. “There should be a real sense that everyone is a partner and is able to speak up if they see a potential problem,” he says.

Build community collaborations. Massachusetts General Hospital hired Spanish-speaking team members from the community to serve as diabetes coaches and colorectal cancer screening navigators. These efforts removed disparities and improved care for patients, Betancourt says. Specifically, the hospital reduced the percentage of Latino patients with poorly controlled diabetes in the targeted program at a health center from 37 percent to 29 percent in two years. In addition, the hospital improved colorectal cancer screening rates among Latinos in the targeted health center from 46 percent to 68 percent over five years.

Such collaborations also can help build a more diverse pipeline of talent. “Community health workers will play a greater role, especially as we become less oriented around acute care and more oriented around chronic illness,” Chu of Memorial Hermann says. “These entry-level jobs have career ladders and could be a vehicle that we haven’t tapped to get more diverse people into healthcare.”

Do a ride-around in your community. Caldwell of Desert Regional recommends taking senior leaders on a driving tour of the community so they can go beyond the statistics and get a better sense of the diversity of the neighborhoods they serve.

Tap into your employees’ knowledge. Henry Ford has seven employee resource groups for African-American leaders, LGBT staff, women, millennials, Arab-Americans, caregivers and Latinos. One group was able to help the health system’s marketing officer identify which publications were the most popular in that particular community. “From a marketing perspective, you can create a competitive edge because you have people who are actually living in the community,” says Wisdom of Henry Ford.



Leadership development is essential to make the most of diverse teams, says Benjamin K. Chu, MD, president and CEO, Memorial Hermann, Houston. Photo credit: Memorial Hermann

A Personal Story of Success

"Diversity is less about how we look than what unique experiences we have had and what talents and ideas each of us are willing to invest in achieving success, together," says Steve Pemberton, divisional vice president and chief diversity officer, Walgreens Boot Alliance Inc.

Pemberton is the author of *A Chance in the World: An Orphan Boy, a Mysterious Past, and How He Found a Place Called Home* (Harper Collins, 2012), a memoir of the abuse he suffered while living in foster care. Throughout the book, Pemberton recalls his challenges navigating the foster care system and his quest for his true identity.

Pemberton entered the foster-care system at the age of 3, when he and four of his five siblings were taken from their mother, an alcoholic, and placed in different foster homes. His father was killed at the age of 26.

"Nobody signs up for that. No parent wants it for their child; no individual wants that for themselves," Pemberton recently told *BC News*, a publication of Boston College, where he graduated in 1989. "But you do persevere through it. I think there's something instructive about that, too."

A neighbor gave Pemberton a box of books as a child. Reading, he told *BC News*, gave him "the vision and values of a life beyond the one that I was in."

Over time, education gave him the courage to pursue a different path for his life, one that others might not have imagined for him when he was in foster care. "My ultimate response to everything I dealt with was education. It ultimately allowed me to overcome my hurdles," Pemberton told Colorado Technical University during a commencement address earlier this year.

Today, Pemberton, who was named a Top 20 Chief Diversity Officer by *Fortune*, is committed to supporting organizations that help teenagers who are aging out of the foster care system. "Although tragedy and loss are regrettably commonplace, we aren't measured by what happens to us but rather by how we respond to it," Pemberton writes.

Attract more diverse physicians. UH created the David Satcher Clerkship, which provides an opportunity for up to 15 minority medical students from around the country to learn about career opportunities in academic medicine each year.

Make diversity part of your mission and vision. UH's five core values are excellence, diversity, integrity, compassion and teamwork. "Making diversity part of your values statement makes it abundantly clear how important it is to your organization," says Zenty of UH. It also helps prevent diversity initiatives from fizzling out after a year or two of initial momentum.

"Focusing on diversity and inclusion is a journey; it is not a moment in time," Zenty says. "While you can measure



diversity during moments in time, it is important to create a strategy and structure around the importance of diversity in your organization."

Laura Ramos Hegwer is a freelance writer and editor based in Lake Bluff, Ill.

Kimberlydawn Wisdom, MD, senior vice president, community health and equity, and chief wellness and diversity officer, Henry Ford Health System, Detroit, believes diverse teams can give organizations a competitive advantage. Photo credit: Henry Ford Health System

