



Strategies for
LEADERSHIP

*Does your hospital reflect
the community it serves?*

A Diversity and Cultural Proficiency Assessment Tool for Leaders



Does your hospital reflect the community it serves?

According to the U.S. Census Bureau, in 1900 only one in eight Americans was of a race other than white. Today, that ratio is one in four, and by 2050, an estimated one in three Americans will be African-American, Hispanic, Native American or Asian/Pacific Islander. In California, Hawaii, New Mexico and the District of Columbia, minority groups already make up more than half the population. Nearly one in five people over five years of age speak a language other than English at home. And in 2001, Hispanics comprised 12.5 percent of the national population, surpassing African-Americans as the largest minority group in the U.S.

These dramatically shifting demographics of the U.S. population affect communities—large and small alike—across the nation and compel health care and hospital leaders to ask the questions: Does our health care workforce reflect the faces of the community we serve? Who are the people who make up our health care workforce—the nurses, technicians and executives responsible for delivering the high quality care that is the hallmark of America's health care system? How can we ensure that we deliver the highest quality, most culturally sensitive and proficient health care?

These changes also provide challenges and opportunities—the challenge to provide care equitably to all and the opportunity to create a diverse workforce and provide culturally proficient care.

A 1992 study by the American College of Healthcare Executives (ACHE) found an astonishing lack of diversity among health care's top management, and spurred the creation of the Institute for Diversity in Health Management (IFD), founded by the American Hospital Association (AHA), ACHE and the National Association of Health Services Executives (NAHSE). Over the last decade, the AHA, IFD, ACHE, NAHSE, the Association of Hispanic Healthcare Executives and the Catholic Health Association of the United States have continued efforts to increase diversity in the health care workforce, including conducting two additional studies on diversity in health management and sponsoring numerous conferences and seminars.

Increasing the diversity of the health care workforce is a critical first step. But health care workers and leaders also must have the “know how” to embrace diversity of all types, be aware of cultures and customs and how they affect the way patients view health and care, and be sensitive to that diversity in health care delivery.

In 2003, the National Center for Healthcare Leadership (NCHL) commissioned a study to identify specific strategies to advance careers of women and racially/ethnically diverse individuals in health care management, and, once identified, to encourage America's health care organizations to either emulate or develop similar activities for their organizations. The project, “Study of Factors Affecting the Career Advancement of Women and Racially/Ethnically Diverse Individuals in Healthcare Management,” conducted by Janice Dreachslin, Ph.D., and co-author Ellen Foster Curtis, DBA,¹ at the Penn State Great Valley School of Graduate Professional Studies, discovered not only what health care organizations were doing to promote women and racially/ethnically diverse individuals within health care management, but also uncovered overall diversity and cultural proficiency programs aimed at the entire health care workforce.

In cooperation with the NCHL, the IFD, AHA and ACHE developed this *Diversity and Cultural Proficiency Assessment Tool for Leaders and Case Studies*, based on Dr. Dreachslin's findings.

The Diversity and Cultural Proficiency Assessment Tool for Leaders has four parts:

- **Assessment Checklist:** A tool that hospital and health care leaders can use as a starting point in evaluating the diversity and cultural proficiency of their organization, and identifying what activities and practices are in place or need to be implemented. This checklist is based on Dr. Dreachslin's research.

¹ Accepted for publication by the *Journal of Health Administration Education*, Special Issue, July/August 2004.

Introduction



- **Action Steps:** A suggested “to do” list for how to use this tool to raise awareness within your organization.
- **Case Studies:** Examples of successful diversity and cultural proficiency programs from America’s hospitals—large and small. You’ll find a description of their activities, as well as information for the key contact, within each organization so you can learn more.
- **Bibliography:** Resources to help you and others in your organization learn more about diversity and cultural proficiency.

We hope this tool helps you get a sense of where your organization is today on the road to both mirroring the community you serve and providing culturally proficient and sensitive health care to all patients.

Contributing Organizations

American Hospital Association

The American Hospital Association (AHA) is a not-for-profit association of health care provider organizations and individuals that are committed to the health improvement of their communities. The AHA is the national advocate for its members, which includes about 5,000 hospitals, health care systems, networks, other providers of care and 37,000 individual members. Founded in 1898, the AHA provides education for health care leaders and is a source of information on health care issues and trends. For more information, visit the AHA Web site at www.aha.org.

National Center for Healthcare Leadership

The National Center for Healthcare Leadership’s (NCHL) mission is to be an industry wide catalyst to assure that high quality, relevant, and accountable health management leadership is available to meet the needs of 21st century healthcare. The NCHL goal is to improve the health status of the country through effective healthcare management leadership. For more information, visit www.nchl.org.

American College of Healthcare Executives

The American College of Healthcare Executives (ACHE) is an international professional society of 30,000 healthcare executives. ACHE is known for its prestigious credentialing and educational programs; its annual Congress on Healthcare Management, which draws more than 4,000 participants each year; its *Journal of Healthcare Management*; the magazine *Healthcare Executive*; and ground-breaking research, career development and public policy programs.

Institute for Diversity in Health Management

The Institute, founded in 1994, is an affiliate of the American Hospital Association and is sponsored by the American College of Healthcare Executives, the Association of Hispanic Healthcare Executives, the Catholic Health Association of the U.S. and the National Association of Health Services Executives. The Institute is committed to expanding health care leadership opportunities for racially and ethnically diverse individuals entering and advancing in the health care field.

A Diversity and Cultural Proficiency Assessment Tool for Leaders

C H E C K L I S T

As Diverse As The Community You Serve

- | | |
|---|--|
| ■ Do you monitor at least every three years the demographics of your community to track change in gender, racial and ethnic diversity? YES NO | ■ Do you compare the results among diverse groups in your community and act on the information? YES NO |
| ■ Do you actively use this data for strategic and outreach planning? YES NO | ■ Are the individuals who represent your hospital in the community reflective of the diversity of the community and your organization? YES NO |
| ■ Has your community relations team identified community organizations, schools, churches, businesses and publications that serve racial and ethnic minorities for outreach and educational purposes? YES NO | ■ When your hospital partners with other organizations for community health initiatives or sponsors community events, do you have a strategy in place to be certain you work with organizations that relate to the diversity of your community? YES NO |
| ■ Do you have a strategy to partner with them to work on health issues important to them? YES NO | ■ As a purchaser of goods and services in the community, does your hospital have a strategy to ensure that businesses in the minority community have an opportunity to serve you? YES NO |
| ■ Has a team from your hospital met with community leaders to gauge their perceptions of the hospital and seek their advice on how you can better serve them, both in patient care and community outreach? YES NO | ■ Are your public communications, community reports, advertisements, health education materials, Web sites, etc. accessible to and reflective of the diverse community you serve? YES NO |
| ■ Have you done focus groups and surveys within the past three years in your community to measure the public's perception of your hospital as sensitive to diversity and cultural issues? YES NO | |

Culturally Proficient Patient Care

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|--|---|
| ■ Do you regularly monitor the racial and ethnic diversity of the patients you serve? YES NO | ■ Has your hospital developed a "language resource," identifying qualified people inside and outside your organization who could help your staff communicate with patients and families from a wide variety of nationalities and ethnic backgrounds? YES NO |
| ■ Do your organization's internal and external communications stress your commitment to culturally proficient care and give concrete examples of what you're doing? YES NO | ■ Are your written communications with patients and families available in a variety of languages that reflects the ethnic and cultural fabric of your community? YES NO |
| ■ Do your patient satisfaction surveys take into account the diversity of your patients? YES NO | ■ Based on the racial and ethnic diversity of the patients you serve, do you educate your staff at orientation and on a continuing basis on cultural issues important to your patients? YES NO |
| ■ Do you compare patient satisfaction ratings among diverse groups and act on the information? YES NO | ■ Are core services in your hospital... such as signage, food service, chaplaincy services, patient information and communications attuned to the diversity of the patients you care for? YES NO |
| ■ Have your patient representatives, social workers, discharge planners, financial counselors and other key patient and family resources received special training in diversity issues? YES NO | ■ Does your hospital account for complementary and alternative treatments in planning care for your patients? YES NO |
| ■ Does your review of quality assurance data take into account the diversity of your patients in order to detect and eliminate disparities? YES NO | |

A Diversity and Cultural Proficiency Assessment Tool for Leaders

C H E C K L I S T

Strengthening Your Workforce Diversity

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|---|--|
| ■ Do your recruitment efforts include strategies to reach out to the racial and ethnic minorities in your community? YES NO | ■ Have you made diversity awareness and sensitivity training available to your employees? YES NO |
| ■ Does the team that leads your workforce recruitment initiatives reflect the diversity you need in your organization? YES NO | ■ Is the diversity of your workforce taken into account in your performance evaluation system? YES NO |
| ■ Do your policies about time off for holidays and religious observances take into account the diversity of your workforce? YES NO | ■ Does your human resources department have a system in place to measure diversity progress and report it to you and your board? YES NO |
| ■ Do you acknowledge and honor diversity in your employee communications, awards programs and other internal celebrations? YES NO | ■ Do you have a mechanism in place to look at employee turnover rates for variances according to diverse groups? YES NO |
| ■ Have you done employee surveys or focus groups to measure their perceptions of your hospital's policies and practices on diversity and to surface potential problems? YES NO | ■ Do you ensure that changes in job design, workforce size, hours and other changes do not affect diverse groups disproportionately? YES NO |
| ■ Do you compare the results among diverse groups in your workforce? Do you communicate and act on the information? YES NO | |

Expanding The Diversity of Your Leadership Team

- | | |
|--|---|
| ■ Has your Board of Trustees discussed the issue of the diversity of the hospital's board? Its workforce? Its management team? YES NO | ■ Have sufficient funds been allocated to achieve your diversity goals? YES NO |
| ■ Is there a Board-approved policy encouraging diversity across the organization? YES NO | ■ Is diversity awareness and cultural proficiency training mandatory for all senior leadership, management and staff? YES NO |
| ■ Is your policy reflected in your mission and values statement? Is it visible on documents seen by your employees and the public? YES NO | ■ Have you made diversity awareness part of your management and board retreat agendas? YES NO |
| ■ Have you told your management team that you are personally committed to achieving and maintaining diversity across your organization? YES NO | ■ Is your management team's compensation linked to achieving your diversity goals? YES NO |
| ■ Does your strategic plan emphasize the importance of diversity at all levels of your workforce? YES NO | ■ Does your organization have a mentoring program in place to help develop your best talent, regardless of gender, race or ethnicity? YES NO |
| ■ Has your board set goals on organizational diversity, culturally proficient care and eliminating disparities in care to diverse groups as part of your strategic plan? YES NO | ■ Do you provide tuition reimbursement to encourage employees to further their education? YES NO |
| ■ Does your organization have a process in place to ensure diversity reflecting your community on your Board, subsidiary and advisory boards? YES NO | ■ Do you have a succession/advancement plan for your management team linked to your overall diversity goals? YES NO |
| ■ Have you designated a high-ranking member of your staff to be responsible for coordinating and implementing your diversity strategy? YES NO | ■ Are search firms required to present a mix of candidates reflecting your community's diversity? YES NO |

A Diversity and Cultural Proficiency Assessment Tool for Leaders

Action Steps

Actions you can take to launch a dialogue on diversity and cultural proficiency

- Action 1** Direct your management team to complete the assessment. Compare the results, and then conduct a mini-retreat on the four sections and your team's responses.
- Action 2** Ask your planning and community relations leaders to prepare a presentation for senior management on the demographics of your community and your patients. Discuss the results in light of the assessment results.
- Action 3** Meet informally with leaders of racial and ethnic minority groups in your community for a candid conversation about their concerns, perceptions of your hospital(s) and community health issues.
- Action 4** Meet with your HR team and review the composition of your workforce in light of your community's demographics to determine how well you reflect your community's diversity.
- Action 5** Meet informally with minority employees for a candid conversation about their observations and concerns about their workplace and its environment.
- Action 6** Put together an internal task force to review the results of Actions 1-5 and recommend next steps.
- Action 7** Review the results of Actions 1-5 with your Board for their observations and ideas.
- Action 8** Review Actions 1-7 with your management team and put together a long-term strategy to create a more diverse organization at all levels that delivers culturally proficient care.

Case Study

Northwestern Memorial Hospital

“Diversity at Northwestern Memorial is a business imperative...”

Diversity Highlight: Successfully Recruiting Underrepresented Minority Physicians

Background

Northwestern Memorial Hospital (NMH) is a 720-bed teaching hospital in the heart of downtown Chicago. With 1,300 physicians and 6,000 employees, the hospital is a significant socio-economic and health care presence in the community, striving to reflect the diversity of the communities served. Yearly, its staff handles 41,000 admissions, 342,000 outpatient registrations and 66,000 emergency department visits. Minorities comprise nearly 50 percent of its service area and 27 percent of its patients.

Over the past several years, building a diverse and culturally proficient management team, physician staff and general workforce—led from the top down—became imbedded in the hospital’s strategic goals and corporate culture. *Best People*, one of Northwestern Memorial’s strategic goals, guides how the organization recruits, develops and retains a diverse workforce. Achieving these goals is an articulated priority of the hospital’s CEO and senior managers, who are advised by the director of diversity and the in-house Diversity Advisory Council. Although Northwestern Memorial has had an Office of Diversity since the early 1990s, in 2000 a physician was appointed director of diversity to reinvigorate that office and develop and manage all hospital diversity and cultural proficiency programs for patients, staff, physicians and vendors.

Initiatives & Outcomes

Leadership: Strong, stable leadership made it possible for Northwestern Memorial to “move with the times” and effectively dismantle historic barriers to workforce diversification, including the cost of living and office space in the hospital neighborhood, and an outdated reputation that minority physicians were not welcome.

As a visible first statement of commitment, the ranks of senior management were diversified—by 25 percent in three years. Overall, minorities now comprise 14 percent of all hospital managers. The corporate board includes five minority and 11 women members. Women are 28 percent of the executive team, 64 percent of mid-level managers and 75 percent of first-line supervisors.

Ongoing minority physician recruitment has produced a 71 percent increase in less than five years—making the face of the medical staff more compatible with the face of the patient population and helping extinguish the old image of physician staff exclusivity. Underrepresented minorities (URM) are now 5.1 percent of the medical staff and 48 percent of the entire hospital workforce.

Leadership steps aiding the effort include benchmarking from the success of other academic medical centers, e.g., Harvard, Johns Hopkins and the University of California-San Francisco; gaining the support of the dean of the medical school; placing a minority physician in charge of minority physician recruiting; and creating and financially supporting an infrastructure dedicated to diversifying the workforce and practices.

Strategic Priorities: Within the past four years, Northwestern’s board and senior managers have redefined the organization’s strategic goals, creating an overarching workforce strategy called *Best People*. The strategy calls for:

1. NMH to be a diverse, culturally proficient organization.
2. Representation at the staff and management level to better reflect, racially and culturally, the hospital’s patient base and service area.
3. Inclusiveness of attitude and corporate culture, welcoming all patients and staff.
4. Cultural proficiency and respect for patient differences in how the hospital delivers health care.

Strategic commitment to diversity also is seen as a business imperative. Manifestations of diversity—inclusiveness, cultural proficiency, a diverse workforce, a welcoming attitude—contribute to the hospital’s “competitive edge” in an intensely competitive health care market, according to the director of diversity, who collaborates with marketing and public relations staffs as much as with human resources (HR).

A key outward sign of strategic priority since 2003, hospital vice presidents are required to include minority and women-owned business in their purchasing practices, which will in time impact close to \$100 million dollars spent with minority and women-owned suppliers and vendors.

Case Study: Northwestern Memorial Hospital

HR Practices: Diversity initiatives are accountable to the top, with the director of diversity reporting to the senior vice presidents of human resources and medical affairs, and, by dotted line, to the corporate CEO. The 12-member Diversity Advisory Council, chaired by the senior vice president of human resources, advises the executive team on diversity issues, initiatives and outcomes.

Mentoring and diversity training are cornerstone activities. In 2002, a mentoring program pilot was launched. There were 12 high-potential URM managers and management candidates matched with key vice presidents. The program is being expanded. Diversity awareness training, now delivered to mid-level managers, soon will be widened to the entire workforce. There are also diversity lectures and training seminars offered to medical staff, residents and students.

NMH also features an important Web site symbol. Icons on the hospital's Web site — www.nmh.org — make information available instantly in Spanish, Polish, Russian and Japanese, with interpreter services offered in 140 languages.

CEO Action Steps

1. **Change the culture:** CEO and senior management demonstrate long-term commitment to diversity goals.
2. **Accountability:** CEO holds business and operating units responsible for diversity initiatives. Success is rewarded.

3. **Across-the-board:** Apply diversity goals vigorously to recruiting, training, spending and professional development.
4. **Cultural proficiency:** Require as a necessary element of patient care.
5. **Performance measures:** Reward employee “loyalty” to diversity.

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Checklist Checkoff

Diverse as the Community

- Monitors demographics of community.
- Diverse community representatives.
- Diversity purchasing strategy.
- Diversity-sensitive public communications.

Culturally Proficient Patient Care

- Monitors demographics of patients.
- Communicates commitment to diversity.

Strengthening Workforce Diversity

- Recruiting targets racial/ethnic minorities.
- Performance evaluation includes diversity efforts.
- Human resources measure and reports progress to CEO and Board.

Expanding Leadership Team Diversity

- Board discusses diversity.
- Board policy encourages diversity.
- Diversity is part of mission/values statement
- CEO communicates commitment.
- Diversity goals are part of strategic plan.

Case Study

Massachusetts General Hospital

“We have grown together over the past few years, and we have arrived at a place of enlightenment.”

Diversity Highlight: Culturally Competent Care Curriculum

Background

The 868-bed Massachusetts General Hospital (MGH) is the third oldest general hospital in the country and the oldest teaching hospital of Harvard Medical School. A defining force in New England health care for nearly two centuries, the MGH's influence is woven into the medical and social life of its wide service area, which is predominantly white, with rapidly growing African-American, Hispanic and Asian populations.

Annually, the MGH admits about 42,000 inpatients and handles more than 1.2 million outpatient visits; and emergency services receives nearly 75,000 visits a year. With a medical staff of 3,700 and 16,000 employees, the MGH is Boston's largest private sector employer. In 1994, the MGH joined with Brigham and Women's Hospital to form Partners HealthCare System, Inc., an integrated health care delivery system that now spreads across the Boston area with more than 1,000 primary care physicians and 3,000 specialists. The MGH's diversity programs are directed through a senior management Diversity Committee, chaired by the MGH president.

Initiatives & Outcomes

Leadership: In the 1990s, the MGH president shifted responsibility for diversity efforts from the Board of Trustees to hospital operations. The aim: to better unify and coordinate all diversity efforts under a high-profile presidential imprimatur. First act: the president convened the MGH executive team and top managers in a permanent Diversity Committee. Seen as highly unusual at the time, this action gave an urgency to diversity and propelled the effort deep into the organization's operations and, over time, across its culture.

The Diversity Committee: The Diversity Committee, whose 15 members include top administrators, the chiefs of services and key internal stakeholders, meets twice a month to set strategy and monitor achievements. They guide MGH diversity activities into three tracks—MGH as an employer, as a patient care provider and as a member of the community.

1. As an employer, for example, the MGH Multicultural Affairs Office promotes diversity among hospital leadership and workforce, plus community outreach.

2. As a patient care provider, MGH's Patient Care Services drives recruiting and development of minorities in the nursing and allied health staffs; promotes cultural proficiency; and provides diversity sensitivity trainings.
3. And as a member of the community, the MGH Human Resources Department oversees workforce development initiatives that provide a network for recruiting and advancing “multicultural professionals” at all levels throughout the institution. And the MGH Community Benefit program collaborates with underserved communities to improve health and with hospital partners to enhance the hospital's responsiveness to patients and community members from diverse cultural and socioeconomic backgrounds.

Strategic Priorities: In June 2003, the hospital's Board of Trustees revised its statement of mission and guiding principles. In addition to focusing on patients and their families, the principles also address service communities at highest risk, high-integrity decision making and diversity.

The board's new mission statement affirms that diversity is central to each of the hospital's three primary roles— as employer, health care provider and member of the community. It also states that a “diverse workforce is critical to improving access to quality health care, indispensable for quality education and can accelerate advances in both medical and health services research.”

In a commitment that signaled top-to-bottom engagement, the Board directed that the Executive Committee “must be broadly representative” and that leadership “will be accountable for achieving” the Board's diversity objectives. And in making key decisions, management, academic and clinical leaders first are required to seek input from various hospital constituencies.

HR Practices: The push to meet diversity objectives is driven by recruiting, mentoring, training and performance-driven compensation programs. The payoff for management: developing and nurturing a talent pool of potential top managers for the future.

Case Study: Massachusetts General Hospital

One major barrier to keeping the pipeline of talent flowing: in the past, the MGH's image as a cold and aloof institution led many Boston-area minority medical students to choose other parts of the country for training and practice.

To reverse the tide, the Multicultural Affairs Office offers support for minority medical students and residents with networking and mentorship programs like the Summer Research Trainee Program, the Hispanic Medical Student Mentorship Program, a minority staff organization and outreach programs with Harvard Medical School. As a result, minorities comprise approximately 15 percent of the Department of Medicine's incoming class annually, and the number of new minority nursing students doubles each year.

Mentoring programs for minority and women professionals are designed to widen the pool of qualified talent for higher-stature positions that historically were closed to many because of the lack of awareness of career opportunities, educational and institutional resources, and significant relationship support.

All employees receive in-house diversity and cultural proficiency training. The hospital also offers employees support for education and professional development, through tuition reimbursement, flex time, child care and scholarships.

Influential Leverage: Management's compensation is tied directly to achieving specific goals: Staff has a professional practice environ-

ment; care is culturally proficient; necessary resources are available; and recruiting and retention programs improve the workforce's diversity.

Community Involvement: Through its "Community Benefit" outreach program, the MGH provides underserved communities with multi-language interpreter programs, chaplains of all faiths, health disparity community committees, preventive health care, education programs in local churches, and mentoring for high school students to keep them interested in science. The hospital also ensures full access to care "regardless of socioeconomic or other barriers."

CEO Action Steps

- 1. Build diversity from the top down:** Invest whatever it takes.
- 2. Change culture by changing infrastructure:** Breakdown silos, exploit existing strengths and use new structures to ignite new enthusiasm.
- 3. Grow your own workforce:** Identify and develop high-potential employees already on the payroll.
- 4. Be part of the community:** Blend hospital workforce and resources with community activities.

Contact Information

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Checklist Checkoff

Diverse as the Community	Culturally Proficient Patient Care
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of community. <input checked="" type="checkbox"/> Community relations outreach. <input checked="" type="checkbox"/> Diverse community representatives. <input checked="" type="checkbox"/> Diversity-sensitive public communications. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of patients. <input checked="" type="checkbox"/> Communicates commitment to diversity. <input checked="" type="checkbox"/> Diversity training for patient representatives, counselors. <input checked="" type="checkbox"/> Core services reflect diversity of patients.
Strengthening Workforce Diversity	Expanding Leadership Team Diversity
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Recruiting targets racial/ethnic minorities. <input checked="" type="checkbox"/> Employee communications, award programs recognize diversity of workforce. <input checked="" type="checkbox"/> Diversity training for all employees. <input checked="" type="checkbox"/> HR measures and reports diversity progress to CEO and Board. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Board discusses diversity. <input checked="" type="checkbox"/> Board policy encourages diversity. <input checked="" type="checkbox"/> Diversity is part of mission/values statement. <input checked="" type="checkbox"/> CEO communicates commitment to senior staff. <input checked="" type="checkbox"/> Mentoring develops best talent, regardless of gender, race, ethnicity. <input checked="" type="checkbox"/> Tuition reimbursement for employee continuing education.

Case Study

Aventura Hospital and Medical Center

“We recognize and affirm the unique and intrinsic worth of each individual.”

Diversity Highlight: International Patient Services

Background

Aventura Hospital and Medical Center is a 407-bed acute care medical/surgical facility serving an unusually varied racial, ethnic, international and socio-economic patient population in the densely-compressed South Florida neighborhoods of northeast Miami-Dade and southeast Broward counties.

Mirroring the rapid growth of its bi-county service area, the hospital has undergone one geographical relocation and three name changes since its formation between Miami and Fort Lauderdale in 1965 by a group of local physicians. Aventura took its current name in 1993 from the 2.7 square-mile, high-rise condominium and shopping mall city—created by a realty company—that literally grew up around its second home in the 1990s.

The hospital’s 725 physicians and 1,300 employees serve a patient base that includes retired ethnic whites from the Northeast, Hispanic and Portuguese-speaking immigrants from Central and South America, émigrés from Russia, and a stream of European tourists from Italy, Germany, Poland, France and the United Kingdom. The hospital has developed an International Patient Services department to help provide health care services to patients from other countries or patients whose first language is not English. Described by hospital administrators as a “commuter hospital,” Aventura provides care for both high- and low-income families. In 2002, nearly 29 percent of all hospital expenditures were for charity and uncompensated care.

While Aventura, an HCA affiliate, does not follow a formal, structured plan to recruit and promote women and racially/ethnically diverse individuals, in practice it has developed and sustains an impressively diverse management team through its own local and corporate national pipelines. Board diversity is widening through a long-term development program. A separate strategy for recruiting nurses addresses challenges peculiar to Aventura’s location.

Initiatives & Outcomes

Pipeline Flow: Aventura identifies, recruits and mentors management talent through parallel talent pipeline streams. As a result, women and minorities make up more than half of the senior management team, including administrators originally from Cuba, Jamaica, Alabama, Florida, Georgia, Massachusetts, Minnesota and New York.

Locally, hospital executives monitor health care students rising to the top of their business and health care classes in the South Florida higher education community. A top example: a London-born Jamaican woman working on a hospital administration degree at the University of Miami joined Aventura as an unpaid intern. She stayed for seven years, gaining her degree, and—through talent, drive and a willingness to learn—rose through Aventura’s management ranks. Today she is a senior manager at one of the area’s top hospitals.

Nationally, Aventura draws upon HCA’s corporate-wide farm system of COO and Controller/CFO development programs for management talent. These programs train and develop high-potential managers before placing them in hospitals like Aventura as “associate administrators” for two to five years. Advanced degrees in business or health administration are required. Importantly, candidates receive training in ethics along with finance and technology.

Board Diversity: Hospital by-laws require a 14-member Board, with a five-year diversity plan to ensure that composition of the Board reflects the changing racial and ethnic demographics of the community served by Aventura. Presently, trustees include three women, an African-American, a Cuban-American and two physicians from Colombia.

Recruiting Challenges: Aventura’s immediate neighborhood is high-income with scarce affordable housing for minority and other middle-class employees. Most staff commute some distance to work, often passing other hospitals closer to home, with more geographically desirable

Case Study: Aventura Hospital and Medical Center



opportunities for employment—especially for trained nurses. To overcome this, the hospital bypasses nursing agencies and recruits directly from area nursing schools, offering permanent, full-time positions with the training necessary to become an RN. The hospital also finds success recruiting minority nurses overseas—HR managers take part in corporate-organized international recruiting tours, yielding English-speaking minority nurses from Singapore, the Philippines, Asia, India, southern Africa, Australia and the United Kingdom. Surprisingly, nurses recruited from nearby Puerto Rico present a special challenge regarding the Florida licensing requirements because of inadequate English language skills.

CEO Action Steps

1. **Diversify the Board:** Conform Board membership to changing community demographics.
2. **Continue to recruit a diversified group of home-grown talent:** Draft high-potential candidates from local education and health care entities and bring them in-house for development.
3. **Turn on the external pipeline:** Locate diverse candidates through regional and national affiliates.
4. **Go global:** Recruit minority allied health professionals (e.g., nurses) through cross-country and international searches. Relocate and retrain.

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Checklist Checkoff

<p>Diverse as the Community</p>	<p>Culturally Proficient Patient Care</p>
<p><input checked="" type="checkbox"/> Monitors demographics of community.</p>	<p><input checked="" type="checkbox"/> Monitors demographics of patients.</p>
<p>Strengthening Workforce Diversity</p>	<p>Expanding Leadership Team Diversity</p>
<p><input checked="" type="checkbox"/> Recruiting targets racial/ethnic minorities.</p>	<p><input checked="" type="checkbox"/> Board discusses diversity.</p> <p><input checked="" type="checkbox"/> Mentoring program develops best talent, regardless of gender, race, ethnicity.</p>

Case Study

Hurley Medical Center

“We work in a thousand ways to make Hurley better for patients in every way.”

Diversity Highlight: Cultural and Diversity Training for New Employees

Background

Hurley Medical Center is a publicly owned 463-bed teaching hospital serving the five-county Flint, Mich., market in east central Michigan, 60 miles north of Detroit. The hospital maintains clinical affiliations with the medical schools at Michigan State University and the University of Michigan, as well as with the Henry Ford Health System. Hurley’s 300 physicians and 2,600 employees serve an area population of about 550,000. Hurley annually records 23,000 inpatient admissions, 318,000 outpatient visits and 73,000 emergency room visits. The medical center’s service area is 76 percent white and 21 percent African-American. Minorities comprise approximately 40 percent of its workforce.

Hurley and General Motors each were created in Flint in 1908, and the history of local health care has been intertwined with the automotive industry ever since. The departure of major segments of the area’s automotive manufacturing base in recent years hit Flint’s economy and Hurley’s patient base hard. Today, local unemployment wavers between 8 percent and nearly 11 percent; 16 percent of all residents and 14 percent of area families live under the poverty line. The hospital is the safety net health care provider in its service area.

Initiatives & Outcomes

Leadership: Over the past decade, Hurley’s leadership team and the hospital’s Board of Managers developed a two-tiered strategy to attract and advance women and racially/ethnically diverse individuals in senior management and throughout the workforce. Today, in addition to maintaining a workforce that reflects the diversity of its community, Hurley’s leadership team is minority-led. Under the leadership of Julius D. Spears Jr., Hurley’s CEO and an African-American with an extensive background in meeting the medical needs of diverse communities, and Andrea Price, Hurley’s CO, and an African-American woman who is also among the leadership ranks of the American College of Health Care Executives, the medical center continues to create ways to ensure that diversity is an integral part of its corporate culture.

Executive succession planning includes an extensive three-year management development program for high-potential candidates geared toward ensuring that Hurley’s future management team has the skills and diversity needed. Recognizing the importance of diversity to the hospital’s corporate culture, the Board approved the creation of an executive HR position responsible for cultural diversity, equal employment recruiting and diversity training.

HR Practices: Hospital managers are charged with increasing the number of women and minority employees by at least 0.5 percent a year. In 2003, 31 percent of all new hires were minorities; 42 percent of all promotions were minorities; and 14 percent of all administrative professional/technical jobs were held by minorities.

In the 1990s, Hurley senior management retained an outside consultant to conduct a “cultural assessment” of the medical center and help install a long-term cultural and racial diversity training program. The first step was “train the trainer” sessions, which expanded to include the Board, senior management and all levels of the workforce. Today, all new hires receive diversity training as part of their orientation to the medical center. Managers also receive affirmative action training.

The Business Case for Community Involvement: Hurley’s leadership has asserted a highly visible role for the hospital as a steward of the community’s health, and as an organization that recognizes and celebrates diversity. A special Board leadership task force directs the hospital’s participation in key community health programs, such as the GM/UAW Health Initiative, Michigan’s “Healthy Mother-Healthy Baby” program of immunizations, and care for indigent and under-served populations. Hurley also is a corporate leader and key participant in community efforts to showcase and celebrate cultural heritage and diversity.

In addition to being the right thing to do, Hurley’s commitment and actions have real benefit. The medical center is well recognized for its commitment to diversity. Hurley gains by strengthening its brand loyalty with the diverse community and standing out as a good corporate

Case Study: Hurley Medical Center



citizen. This recognition also helps Hurley recruit and retain a high quality workforce. But most importantly, it provides a better healing environment for the diverse people who entrust their care to Hurley.

CEO Action Steps

1. **Manage upward:** CEO vision and commitment to diversity can rally a Board.
2. **Seek buy-in at all levels:** Top-to-bottom diversification can improve both bottom line and community reputation.
3. **Take stock and mandate change:** Assess cultural and diversity needs, then tailor diversity training for everyone from the Board to new hires.
4. **Hospital as haven:** A diverse, culturally proficient staff enhances quality of safety net care for diverse, stressed patients and families.

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Checklist Checkoff

Diverse as the Community	Culturally Proficient Patient Care
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of community. <input checked="" type="checkbox"/> Community relations outreach. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of community. <input checked="" type="checkbox"/> Monitors demographics of patients. <input checked="" type="checkbox"/> Community relations outreach. <input checked="" type="checkbox"/> Multicultural training for new hires, all staff.

Strengthening Workforce Diversity	Expanding Leadership Team Diversity
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Recruiting targets racial/ethnic minorities. <input checked="" type="checkbox"/> Diversity training for all employees. <input checked="" type="checkbox"/> Performance evaluation includes diversity efforts. <input checked="" type="checkbox"/> HR measures and reports diversity progress to CEO and Board. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Board discusses diversity. <input checked="" type="checkbox"/> Board policy encourages diversity. <input checked="" type="checkbox"/> Diversity is part of mission/values statement. <input checked="" type="checkbox"/> CEO communicates commitment to senior management. <input checked="" type="checkbox"/> Specific senior manager is responsible for diversity efforts. <input checked="" type="checkbox"/> Achieving diversity goals is linked to management compensation. <input checked="" type="checkbox"/> Mentoring program develops best talent, regardless of gender, race, ethnicity. <input checked="" type="checkbox"/> Management team succession plan is linked to diversity goals.

Case Study

Henry Ford Health System

“When hospital management understands the business imperative for diversity, you start thinking and acting very differently.”

Diversity Highlight: Leadership Academy Builds Diverse Talent

Background

In 1915, auto pioneer Henry Ford founded a small 48-bed hospital on what was then the outskirts of Detroit. Ford staffed his new hospital with physicians from Johns Hopkins in Baltimore, recruited as much for the rigorous clinical traditions as for the prestige. Today, the city of Detroit has engulfed Henry Ford Hospital, which has grown to a massive urban complex with 903 beds. In addition, Henry Ford Hospital is the core facility of the four-hospital, non-profit Henry Ford Health System (HFHS), which each year delivers care to more than 1 million residents of southeast Michigan. With 2,800 physician and 17,500 employees, HFHS is Michigan's sixth largest employer, generating \$2.4 billion in revenues annually. The system's hospitals—totaling 1,500 beds—admit 65,000 patients a year. Henry Ford physicians receive 2.5 million patient visits and perform more than 50,000 ambulatory surgeries a year.

HFHS's service area—a five-county sprawl of contiguous cities and suburbs with more than 5 million residents—is 73 percent white and 23 percent African-American; 3 percent are of Hispanic origin. This demographic profile would suggest a set of conventional diversity challenges familiar to most American hospital management and clinical staff.

Metropolitan Detroit, however, is home to the highest concentration of Arab-Americans and Arab-speaking immigrants in the country—estimated today to be as many as 390,000—boosted by an influx of at least 151,000 new arrivals from the Middle East since the Persian Gulf War in the early 1990s. Further, some 500,000 people in the hospital's service area do not speak English in the home, another indicator of significant multicultural challenges to the local health care system.

Henry Ford's response, first fashioned in the early 1990s, is predicated on an ingrained corporate belief that diversity and cultural proficiency are, simultaneously, moral and business imperatives—“it's the right thing to do, and it makes business sense, too.”

Initiatives & Outcomes

Leadership: As the demographics of the service area and patient base began sharply changing, the Board and senior management designed a long-term leadership diversification strategy to ensure that the composition of the Board reflected the emerging “pockets and pods” of diversity throughout southeast Michigan. The Board and CEO at the time conducted a “gap analysis” to map out a redesigned Board configuration—one that would set the standard for diversification throughout the organization. Today, 15 years later, the Henry Ford Health System is governed by a 45-member board that mirrors the racial, ethnic and gender complexion of their community. Advisory and affiliate boards, composed of 200 other “outside” trustees, provide a wide range of diverse two-way links to the communities served by the system.

Strategic Priorities: The Board's articulated “commitment to improving the health and well-being of a diverse community” is manifested in the unusual statement of the Board's vision of the hospitals' mission: “To put patients first by providing each patient the quality of care and comfort we want for our families and for ourselves.” A Diversity Steering Council develops strategies and tactics to match the vision. The Office of Diversity Strategy carries out the tactics through HR actions, community partnerships and purchasing practices.

Diversity as a “Business Imperative:” Diversity is a “critical lens,” according to Henry Ford's chief administrative officer. If you do the “right thing” for the community and patients, he asserts, then the organization is doing the “right thing” for its own business. Once diversification and cultural proficiency are embedded as pillars of the organization's culture, they distinguish Henry Ford in the competitive patient marketplace and leverage employment recruiting of racial and ethnic minorities.

Diversity as a “Clinical Imperative:” In addition to their individual medical concerns, the highly diverse patients present a multicultural range of social, religious and family expectations about health care that must be understood and respectfully accommodated by hospital management and staff if the best patient outcomes are to be achieved.

Case Study: Henry Ford Health System

All hospital “caregivers”—nurses, pharmacists, etc.—rely on the hospital’s proprietary “Ethnic Resource Guide,” which sensitizes staff to a variety of religious and secular patient presumptions about health care delivery and communications with patient and family. The hospital also has established a Center for Multicultural Health to identify and breakdown barriers to treatment, dissolve racial and ethnic disparities in care, and highlight patient groups with a high incidence of disease and/or a low incidence of treatment (e.g., prostate cancer in African-American men; diabetes in adults of Arab and Chaldean origin).

HR Practices: Henry Ford’s recruiting of racial and ethnic minorities benefits from a new program that alerts managers when a position is “underutilized” by minorities and advises managers how to tap into a more diverse talent pool. Mentoring, which began with minorities, gradually has expanded to encompass all employees, but retains its strongest focus on high-potential racial and ethnic candidates. Criteria include performance, career goals and a demonstrated ability to represent the hospital in the community at large. Top physician and non-physician picks spend a year at Henry Ford’s “Leadership Academy,” with their progress shepherded by a designated veteran mentor. The result: more than 50 percent of each year’s Academy graduates move forward in meeting their career goals.

Henry Ford also uses financial incentives to underscore how it values reaching diversity goals and deliver the message to senior leaders that “doing the right thing” produces tangible rewards.

Supplier Diversity: HFHS business practices follow a formally-defined policy that what is good for its minority vendors and suppliers is good for the economy of the area’s minority communities—and *that* is good for Henry Ford’s reputation, credibility and ability to better serve the health care needs of its minority patient base. The system’s purchasing and supply chain department aggressively reaches out to minority-owned and operated businesses to help supply the hospital’s needs. A CEO statement posted on Henry Ford’s Web site makes explicitly clear Henry Ford’s belief that diversity is good for business: “Those that embrace corporate citizenship and diversity within their companies, their customer base, their distribution system and their supply chain will have a competitive edge over those that do not.”



Case Study: Henry Ford Health System

CEO Action Steps

1. **Begin with the Board:** Match Board membership to the service area's demographics.
2. **Outside-in thinking:** Convene advisory board from key racial, ethnic and immigrant patient groups in the community.
3. **Match organizational chart to strategy:** Institutionalize diversity initiatives with new infrastructure, e.g., Diversity Steering Council for strategic development, Office of Diversity Strategy for tactical execution.
4. **Go out-of-the-box:** Non-traditional diversity-driven business models rely on strong, sustained, interactive community linkages.
5. **Educate everyone:** Train management, clinical and care giving staffs to understand and respond to diverse social, religious and family expectations and forms of health care communications.
6. **Reward success:** Link compensation incentives for senior leaders to performance that delivers on diversity goals.

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Checklist Checkoff

<p>Diverse as the Community</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of community. <input checked="" type="checkbox"/> Community relations outreach. <input checked="" type="checkbox"/> Input from community leaders. <input checked="" type="checkbox"/> Diversity purchasing strategy. <input checked="" type="checkbox"/> Diversity-sensitive public communications. 	<p>Culturally Proficient Patient Care</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of patients. <input checked="" type="checkbox"/> Communicates commitment to diversity. <input checked="" type="checkbox"/> Diversity training for patient representatives, counselors. <input checked="" type="checkbox"/> Multicultural training for new hires, all staff.
<p>Strengthening Workforce Diversity</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Recruiting targets racial/ethnic minorities. <input checked="" type="checkbox"/> Employee communications, award programs recognize diversity of workforce. <input checked="" type="checkbox"/> Diversity training for all employees. <input checked="" type="checkbox"/> Performance evaluation includes diversity efforts. <input checked="" type="checkbox"/> HR measures and reports diversity progress to CEO and Board. 	<p>Expanding Leadership Team Diversity</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Board discusses diversity. <input checked="" type="checkbox"/> Diversity policy is part of mission/values statement. <input checked="" type="checkbox"/> CEO communicates commitment to senior management. <input checked="" type="checkbox"/> CEO and Board set diversity goals as part of strategic plan. <input checked="" type="checkbox"/> Specific senior manager is responsible for diversity efforts. <input checked="" type="checkbox"/> Achieving diversity goals is linked to management compensation. <input checked="" type="checkbox"/> Mentoring program develops best talent, regardless of gender, race, ethnicity. <input checked="" type="checkbox"/> Management team succession plan is linked to diversity goals.

Case Study

Generation Plus Northern Manhattan Network

“Our mission is to take care of everybody who comes through our doors.”

Diversity Highlight: Community Advisory Board

Background

The Generations Plus Northern Manhattan Health Network (the Network) is the largest multi-hospital network in the vast \$4.3 billion public New York City Health and Hospitals Corporation. The Network has three medical centers, three diagnostic and treatment centers, 30 public health clinics, and 8,000 employees serving some half million people in Manhattan north of 96th Street and in the South Bronx. Some of these facilities are more than a century old, stand as familiar community fixtures, and, as part of the city’s public health system, are intertwined with city governance and neighborhood political life.

These localities have the highest density neighborhoods in America and show a patchwork quilt of overlapping races, cultures, religions and incomes. Many residents lack health insurance and rely on the Network facilities for their medical care. In the South Bronx, Lincoln Medical and Mental Health Center’s emergency department (ED) is a Level 1 Trauma Center and recognized as the busiest ED in New York City with more than 170,000 patient visits per year.

Furthermore, at least 30 percent of the service area’s residents are foreign-born. In Manhattan, Metropolitan Hospital Center provides care to an influx of Mexican and Moslem Arabs. Near Harlem Hospital, there is a new middle class of African-Americans resulting from Empowerment Zone initiatives, who are joining an influx of immigrants from eastern Africa. In the South Bronx, Lincoln Hospital serves a mix of Dominicans, Mexicans, Puerto Ricans, Africans and African-Americans. Some 104 different languages are spoken, with Network interpreters available to translate many of them, including Spanish, Akan and Fanti from Ghana, Tagalog from the Philippine island of Luzon, Arabic, Creole, Chinese, Swedish, Mayan and French.

The community’s health care challenges are as diverse as the patients themselves, presenting some of the worst health indicators in the country. Bronx is considered the epicenter of asthma in the U.S. Harlem has

the country’s highest rate of infant mortality in a 24-block section. South Bronx has the country’s highest concentration of AIDS as seen predominantly in Mott Haven. Hispanic and African-American men in the Network’s service area have higher rates of colon and prostate cancer. African-American and Hispanic women have higher rates of diabetes, obesity and deaths from breast cancer. Identifying and responding to these community clinical distinctions are part of the Network’s internal multicultural trainings.

Initiatives & Outcomes

Leadership: The Network’s chief executive, a senior vice president of NYC’s Health and Hospitals Corporation, Jose R. Sanchez, says “leadership’s awareness is the most critical factor” in establishing the organization’s services as an accepted, credible, patient-friendly centerpiece of health care in the community. The organization’s strategic business model presumes that diversity and multicultural sensitivity enhance the quality of health care, strengthen the Network’s reputation and make a powerful marketing asset. The senior vice president personally leads the implementation of the Network’s long-term strategy to mesh these institutions with the community’s racial, ethnic and cultural dynamics. “We need to make sure we are accepted in our community,” he explains.

Community Involvement: The Network relies on six outside Community Advisory Boards (CABs) to keep channels open into the array of community races, cultures and ethnicities. The CABs provide a dynamic two-way forum to raise issues, voice concerns, seek solutions and define common ground. The CABs serve as “advocates and supporters of the public health system.” Members’ photos are displayed in facility lobbies —evidence of the organization’s connection to the community. The Network senior vice president convenes an annual CAB “retreat” to explore emerging problems triggered by the community’s constantly changing demographics.

Case Study: Generation Plus Northern Manhattan Network

Separately, the Network holds an Urban Health Conference to focus on the prevalence of certain diseases within the community. To anticipate new issues, senior management meets regularly with New York City's Immigration Council. Throughout the year, the Network hospitals and clinics stage formal cultural celebrations and "theme weeks."

HR Practices: The human resources department recruitment processes are consistent with the Network and Corporate commitment to ensuring a diversified workforce that mirrors patient and community demographics. Senior staff is highly diverse, and is charged with "creating an environment that lets people know" the organization is friendly and accepting of racial, ethnic and religious differences. Workforce recruiting is from the community itself; current and prospective personnel generally reflect the service area's population. The CABs help identify top job prospects, and provide validation for the Network across the community. Traditional mentoring and education incentives—including executive fellowships for graduate students and law school students—offer excellent experience opportunities to high-potential employees. Sanchez, the senior vice president, and a social worker, believes that the most effective health care managers combine an understanding of human behavior and individual dynamics with administrative, fiscal and policy expertise.

CEO Action Steps

1. **Get the CEO out of the office:** Show up at key community events and connect the hospitals to the people they serve.
2. **Engage community leaders:** Sustain a dialogue to solve problems, attract diverse employees from the hospitals' own area.
3. **Train to compete:** Diversity and multicultural training = higher quality of care = gaining and keeping new patients.

Contacts

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Checklist Checkoff

Diverse as the Community	Culturally Proficient Patient Care
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of community. <input checked="" type="checkbox"/> Community relations outreach. <input checked="" type="checkbox"/> Input from community leaders. <input checked="" type="checkbox"/> Diversity-sensitive public communications. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of patients. <input checked="" type="checkbox"/> Communicates commitment to diversity. <input checked="" type="checkbox"/> Diversity training for patient representatives, counselors. <input checked="" type="checkbox"/> Multicultural training for new hires, all staff. <input checked="" type="checkbox"/> Core services reflect diversity of patients. <input checked="" type="checkbox"/> Patient care accommodates complementary and alternative treatments.

Strengthening Workforce Diversity	Expanding Leadership Team Diversity
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Recruiting targets racial/ethnic minorities. <input checked="" type="checkbox"/> Employee communications, award programs recognize diversity of workforce. <input checked="" type="checkbox"/> Diversity training for all employees. <input checked="" type="checkbox"/> Performance evaluation includes diversity efforts. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Diversity policy is part of corporate internal and external identity. <input checked="" type="checkbox"/> CEO commitment is communicated to senior management. <input checked="" type="checkbox"/> CEO sets diversity goals as part of strategic plan. <input checked="" type="checkbox"/> Management retreat includes diversity awareness. <input checked="" type="checkbox"/> Mentoring program develops best talent, regardless of gender, race, ethnicity.

Case Study

West Los Angeles Medical Center

“Find a need and fill it.”

Diversity Highlight: Strategic Plan for Diversity—Workforce Diversity and Organizational Effectiveness

Background

The West Los Angeles Medical Center (West LA) serves a diverse population of about 195,000 members of the Kaiser Foundation Health Plan’s Southern California Region, which includes 3.1 million patients, 11 major medical centers, 3,600 physicians and 47,300 employees. One of three Kaiser medical centers in Los Angeles, West LA’s 90-square-mile service area ranges from the residential streets of Beverly Hills on the north to neighborhoods identified with members of the Bloods and Crips gangs in the south. Though more than half—53 percent—of West LA’s patients are African-American, the numbers of Hispanic and Asian patients are growing and the number of non-Hispanic white patients is decreasing. Current medical center diversity programs are aimed at adjusting recruitment targets so management and workforce keep pace with the service area’s changing face. National strategic diversity goals are established by Kaiser’s Board of Directors and carried out by local medical center and hospital management.

Initiatives & Outcomes

Strategic Priorities: West LA’s management and workforce diversity efforts are an extension of Kaiser’s corporate commitment to diversity and cultural proficiency as moral and business imperatives and as a precondition for quality health care. Kaiser Permanente, a 60-year-old non-profit HMO founded in California in the 1950s, pioneered the end of racial segregation in health care delivery. Today, diversity is an articulated “Core Value”—along with integrity, quality and accountability—that is deeply embedded in the Kaiser Foundation corporate culture and local hospital and medical operations.

Regional senior management, medical center executives and staff are trained to consider diversity management of patient race/ethnicity, gender, age, sexual orientation, language, cultural beliefs, practices and values as central to the case management of the patient’s total health care experience. Kaiser’s National Diversity Council identifies and promotes

diversity and culturally proficient care through conferences, training, award programs and Centers of Excellence, which create models for how best to provide care to specific patient populations.

Leadership: At West LA, Kaiser develops and sustains a diverse management team drawn from the metropolitan Los Angeles service area. For example, the president of Kaiser’s Southern California Region is the son of an East Los Angeles auto mechanic, had a long career in local public health, is one of the highest-ranking Hispanics in California’s private health care sector and is active in minority business development programs. The region’s top manager responsible for West LA—a senior vice president—is a member of the National Diversity Council.

Pipeline Flow: HR tracks the demographics of both service area and workforce, and annually assesses how well diversity goals are being met. Challenges for West LA include matching the workforce profile to a higher proportion of African-American patients—53 percent—than is found in the Southern California’s general population—13 percent; recruiting enough Spanish-speaking physicians and other health care professionals to meet the expectations and needs of a rapidly expanding Spanish-speaking patient base; and attracting women physicians to leadership roles.

Recruiting relies on job fairs at schools and colleges, and through regional labor unions. West LA physicians and staff go into area high school classrooms to attract students to medical school, local residencies and careers in Kaiser’s hospitals and clinics. High-potential management prospects who qualify for Kaiser’s Leadership Recruitment program go through a round of “360-degree” reviews, receive mentoring and career coaching, and design their own career development plans.

Cultural Proficiency: West LA Medical Center is home to the first Center of Excellence established in 1999 by Kaiser’s Institute for Culturally Competent Care. The West LA program is a response to

Case Study: West Los Angeles Medical Center

diseases that are especially prevalent among the hospital's high number of African-American patients, e.g., sickle cell disease, congestive heart failure and prostate cancer. The program combines continuous, appropriate individual care, plus counseling and support for family members. Within one year, measurable improvements were seen in sickle cell and heart patients. Prostate screening also is registering success. "The increasing diversity of our patients compels us to adjust the way we deliver care."

CEO Action Steps

1. **Keep patients first:** Tighten the connection between diversity management and case management.
2. **Match workforce and patients:** Adapt recruiting practices to keep pace with changing patient demographics.
3. **Include women in leadership:** Seek women physicians for top management roles.
4. **Go to school:** Encourage high school students to pursue medical and health care management careers back home in their own communities.



Contact Information

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Checklist Checkoff

Diverse as the Community	Culturally Proficient Patient Care
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of community. <input checked="" type="checkbox"/> Input from community leaders. <input checked="" type="checkbox"/> Diversity-sensitive public communications. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Monitors demographics of patients. <input checked="" type="checkbox"/> Communicates commitment to diversity. <input checked="" type="checkbox"/> Diversity training for patient representatives, counselors. <input checked="" type="checkbox"/> Multicultural training for new hires, all staff. <input checked="" type="checkbox"/> Core services reflect diversity of patients. <input checked="" type="checkbox"/> Patient care accommodates complementary and alternative treatments.
Strengthening Workforce Diversity	Expanding Leadership Team Diversity
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Recruiting targets racial/ethnic minorities. <input checked="" type="checkbox"/> Diversity training for all employees. <input checked="" type="checkbox"/> HR measures and reports diversity progress to (equivalent of) CEO and Board. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Board discusses diversity. <input checked="" type="checkbox"/> Board policy encourages diversity. <input checked="" type="checkbox"/> Diversity policy is part of mission/values statement. <input checked="" type="checkbox"/> Diversity policy is part of corporate internal and external identity. <input checked="" type="checkbox"/> CEO commitment is communicated to senior management. <input checked="" type="checkbox"/> CEO and Board set diversity goals as part of strategic plan. <input checked="" type="checkbox"/> Allocates sufficient funds for diversity programs.

A Diversity and Cultural Proficiency Assessment Tool for Leaders

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Here's a wide array of resources that may assist you in assessing and planning diversity and cultural proficiency programs.

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