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Recruiting a More Diverse Board

By Elaine Zablocki

As governing boards seek greater diversity in ethnicity, race, and gender, they face a significant challenge: how to successfully recruit women and minorities with pertinent professional backgrounds and governance skills, while other not-for-profits and corporations seek directors from the very same pool of candidates.

Executives and trustees “absolutely” say recruiting for diversity is difficult, explains Vernetta Walker, director of consulting for BoardSource, a Washington, D.C.-based educational group for not-for-profits. “Often, they identify ‘perfect’ candidates based on ethnicity and skill sets, and these people are overcommitted and say no.”

The imperative to increase diversity is growing. As hospital and health system boards look at the changing demographics of the patients and communities they serve, they find a significant disconnect between how the board and the broader community appear. For example, Kingsbrook Jewish Medical Center, in Brooklyn, N.Y., was founded 82 years ago to meet the special needs of the local, predominantly Jewish, community. When CEO Linda Brady, MD, took the reins in 1999, the board was white, Jewish, and generally lived outside the hospital’s catchment area. Only one woman served on the 15-member board. The hospital served a melting-pot neighborhood

of African-Americans, immigrants from the Caribbean, and ultra-orthodox, Lubavitcher (very observant) Jews.

Some people dismiss diversity as mere political correctness, but as any organization’s customers and constituencies change, the business case for increasing board diversity grows. The U.S. Census projects that 90% of population growth between 2000 and 2050 will be in the minority population. In dense urban areas, many hospitals already serve a “majority minority” population. The workforce is diversifying too. The U.S. Bureau of Labor Statistics estimates that by 2008, 70% of all new entrants into the workforce will be women and minorities.

These statistics mean that any hospital that cares about maintaining public trust and increasing market share needs to convince community groups that their needs will be met. “You want to maintain and grow your consumer base,” says

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Mary E. Medina, executive director of the Center for Trustee Initiatives and Recruitment of the Greater New York Hospital Association. “If you want to attract these groups, as a competitive business you will adjust and respond to their needs. You want to offer culturally sensitive care. People with limited English skills place a high value on language assistance. Islamic women value female healthcare providers.”

In addition, as the federal and state governments examine how well not-for-profit hospitals fulfill their community benefit obligations, “they are looking at board composition and whether it reflects the community,” Medina says. “This is yet another reason why it makes sense to move in the direction of greater diversity.”

Practical Steps

“In some ways, diversity is like motherhood,” observes Frank A. Calamari, president and CEO of Calvary Hospital, which offers palliative care for advanced cancer patients in the New York boroughs of the Bronx and Brooklyn. “Everyone believes we should become more diverse. The big question is how to make this idea concrete and actually get it implemented. That’s the hard part.”

BoardSource has created a seminar curriculum on how to increase not-for-profit board diversity. “The primary theme is getting the board to engage in a serious conversation about diversity,” says Walker. “There can be sensitive issues. We get the board get to talk about them in a thoughtful manner.” She asks boards to identify what’s been successful and what hasn’t worked, and to share and brainstorm ideas on new approaches.

The first step, says Medina, is to make a visible commitment. “It is important to say that diversity is a value our board embraces, that we want to be sure there are voices of the community on our board,” she says. It could be in the mission statement, the strategic plan, or a board development plan.

Key Do’s and Don’ts in Recruiting for Diversity

DO’S

- ✦ Continually monitor and understand the community’s changing demographics.
- ✦ Engage the board in a candid discussion of whether “diversity” should be a priority for the board – and why.
- ✦ Invite experts to discuss and engage the board on diversity. Consult associations such as the Institute for Diversity in Healthcare, the National Forum for Latinos in Healthcare, and others committed to bridging the racial and cultural gaps between boards and their local communities.
- ✦ Avoid “tokenism.” Identify board qualifications and skill sets the board wishes to enhance, and seek out women and minorities who potentially match up.
- ✦ Invest in orientation and offer experienced directors as mentors to new members
- ✦ Appoint new directors to meaningful committees consistent with their abilities.
- ✦ Get involved in the community on a regular basis.

DON’TS

- ✦ Don’t be overzealous. Expect progress to be incremental.
- ✦ Don’t overlook advisory boards as a source of potential members – tap into their members and diverse personal networks.
- ✦ Don’t give up and abandon diversity if a new director doesn’t work out. Instead, understand what went wrong and improve the process the next time.

Source: Mary E. Medina, Center for Trustee Initiatives and Recruitment, Greater New York Hospital Association

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“It’s also important to make the business case – just saying it’s the right thing to do doesn’t motivate anyone.”

Medina describes recruiting for diversity as a multi-step process:

1. Look at community demographics and board demographics to understand the need for change.

2. Examine healthcare disparities in terms of community demographics to understand the business case for increasing diversity.

3. Tap into community relationships to identify potential members who can bring desired skills and diversity.

The next step is planning how the board will go about identifying and vetting prospective board members, and orienting them after election. “Having a plan with specifics, such as identifying organizations to reach out to, helps,” says Medina. “People are busy. Without specific tasks, deadlines, and assignment of responsibility, things may not get done.”

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President and CEO, Calvary Hospital.

Walker agrees it’s vital to clarify who takes responsibility for change. “Who is going to look at changing demographics and the makeup of the board? Is it the governance committee or a special task force? Will they report to the board on a periodic basis?” These are questions a board must answer before seeking new, more diverse, board members.

One often overlooked success factor, says Walker, is for a board to reflect seriously on what diversity could mean for board dynamics. Culturally diverse board members bring new viewpoints to board discussions. Will the board value these new insights? Suppose they lead to potentially difficult changes in the hospital? “Is the organization ready

to embrace change?” Walker asks. “Not just to accept change, but to appreciate and embrace it?”

Medina agrees. “‘Recruited for diversity but wanted for conformity’ is something we often see,” she says. Newly recruited members “may not know how things are done here,” says Medina, so they may interject comments or raise questions in ways that are the norm in other organizations but out of sync on a hospital board. New members can be educated in effective boardmanship skills, and similarly, the existing board must be prepared to embrace change, she says.

“If a board is thinking about ‘increasing diversity for diversity’s sake,’ and hasn’t explicitly talked about wanting new members to bring views that challenge traditional thinking, it may unintentionally be dismissive of new viewpoints and send an unspoken message that new members should conform or leave.”

Diverse board members “will provide points of view that take longer to digest, rather than the homogeneity that currently lets the board rubber stamp issues and move on,” adds Linda Galindo, president of Versera Performance Consulting in Park City, Utah. A diverse board reflective of its community is more likely to understand ethnic preferences, to ask management to pay increased attention to serving a culturally diverse community, and to view traditional reports, such as patient satisfaction surveys, in a new light. For example, when Hispanic patients come to the ER or visit a family member in the hospital, it is not unusual for their entire family to come with them. “The traditional reaction might be to make bigger signs saying, ‘Keep Out, Patients and Staff Only,’” Galindo says. “Culturally sensitive care could mean changing the rules, creating a larger waiting area, and/or revising staff training.”

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Until recently Kingsbrook served a kosher menu throughout its hospital and nursing home, even though only 10% of the patients were Jewish. This meant that during Passover everyone ate cardboard-like matzoh, and there was no bread. Meanwhile, the ultra-orthodox Jews in the community didn't trust the hospital kitchen and brought in their own food. To meet current community needs, the hospital set up a separate kosher kitchen, supervised by a rabbi esteemed by that community, while the main kitchen switched to non-kosher food. This was a significant change (saving \$250,000 per year) but it was a step away from Kingsbrook's historic traditions, and one board member resigned in protest.

A conversation about diversity should go beyond race, ethnicity, and gender, Galindo says. "The younger generation tends to work hard and rely on technology to be most effective and productive, but they resist overtime and value balance in their lives," she says. "Healthcare organizations need to recognize that workforce motivation and incentives are very different in this generation, and that viewpoint should be represented on the board.

There are many cultures within healthcare: physicians, nurses, finance, and administration. Those viewpoints, too, should have a voice on the board."

Identifying Prospective Directors

The next question is how to find the best possible candidates. Edward L. Martinez, MS, senior consultant for the National Association of Public Hospitals and Health Systems, Washington, D.C., believes board recruitment flows naturally from solid community relationships. "If you know all the sectors of your community, the various ethnic and linguistic groups, the educators and business leaders and heads of grassroots organizations, then you know people who are suitable hospital board members," he says. "When someone tells me they just can't find capable leaders, that seems a bit disingenuous. It tells me they haven't done their homework; they don't know their community."

Who develops a roster of potential board candidates? It may be the board chair, the nominating committee, other board members with a flair for networking, or the CEO. Hospitals in the New York area benefit

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— Frederick D. Hobby,
President and CEO, Institute for Diversity
in Health Management, AHA affiliate.

from Medina's specialized expertise; she has developed extensive networking contacts to facilitate recruitment for diversity.

In our interviews, we found that hospitals use a wide variety of outreach strategies to identify diverse board candidates. CEO Brady relies on personal networking. She talks regularly with local union leaders and elected officials; they call her to chat when a member or constituent has a problem. She spends her evenings attending local community meetings. In fact, personal working relationships dating back 20 years have been a fruitful source of diverse board members. "An African-

American nurse from Bedford Stuyvesant led a rehab team back when I was a geriatric psychiatrist in our nursing home. Later, when I became CEO, she called me to ask, 'Is there anything I can do to help?' Now, she's on our board."

Calamari notes that current board members can be a fruitful source for new, more diverse, members. "They probably already know the people you're looking for, but they may not realize it," he says. "They may be business colleagues or friends of friends or next-door neighbors." He recounts how one board member, an

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employee of a big power company, opened discussions about electrical cogeneration, and thanks to those conversations Calvary found a new board member.

Integrus Health System, in Oklahoma City, serves a population that includes Native Americans, African-Americans, and a growing Hispanic community. “We don’t have any magic when it comes to seeking new board members,” says president and CEO Stanley F. Hupfeld. “Most of our board members are involved in philanthropic organizations and organizations such as the Chamber of Commerce. They’ve got a good sense of where leadership is coming from in the minority communities, and it just kind of happens naturally.” Hospital leaders who seek board diversity can network through a wide variety of organizations, including professional associations, religious groups, fraternities and sororities (particularly important in the African-American community), and grassroots community organizations.

But isn’t all this personal networking and outreach extremely time consuming? “You need to step outside your comfort zone and reach out to opinion makers and leaders of influence in the communities in your service area,” says Frederick D. Hobby, president and CEO of the Institute for Diversity in Health Management, an affiliate of the American Hospital Association, in Chicago. “It doesn’t really take any more time than the traditional methods used to recruit white male members at the country club. It’s just that the locale is different.”

“The board benefits most when it hears, and listens to, and responds to, a wide range of viewpoints.”

— Linda Galindo,
President
Versera Performance
Consulting

There are certain key steps hospitals generally follow as they move forward to recruit a more diverse board. They include identifying potential candidates, checking the candidate’s background and reputation, inviting the candidate to visit the hospital and learn more about its programs, education about the role of the hospital board, and informal conversations over lunch or dinner. However, we found hospitals often differ about the order of these steps. Not surprisingly, they may bring very different “styles” to the recruitment process.

For example, Hobby recommends checking a candidate’s reputation informally, before a face-to-face meeting. He pictures a lunch or dinner meeting, “and that’s when you make the appeal. If you’re smart, you’ll invite the candidate and his or her spouse, because if you can’t get one, you might be able to get the other.”

Arthur Y. Webb, president and CEO of Village Care of New York, uses a different approach. Village Care offers long-term care in a range of settings, and Webb believes prospective board members need to start out with an on-site visit. “How do they feel about serving someone who’s living with AIDS or dying in a nursing home?

How do they feel about serving a drug addict, a homeless person, or someone who’s mentally ill? If you don’t feel comfortable with our clients, don’t serve on our board,” he says. Webb never takes anyone out to dinner. “To me, that would send the wrong message. That’s not the way not-for-profit dollars should be spent.”

Opening a Continuing Conversation

Volunteering for hospital boards hasn’t been a priority for most minority communities, says Medina. “They consistently aim at university boards, foundations, and philanthropic groups. When you open a discussion on the subject, they soon realize that health and healthcare are indeed a top priority, in terms of their goals for themselves and their families.”

“When someone has a lifelong connection with a particular community, then it’s an easy conversation, because often they are ready to give back,” says Brady. “Recently we recruited a board member from outside the community, someone who had foundation and fundraising experience. We said to him, ‘We really need you. We aren’t

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nationally known, and we don't have a \$100 million endowment, but our services are vital and needed. On our board, you really make a difference.' For some candidates, this appeal has great resonance."

Potential board members may turn you down because they're already serving on other boards or they're just overloaded. That should be the start of a conversation, says Walker. "Maintain the relationship, because at some point even the busiest people do rotate off boards. It may be your turn next."

If they really are too overloaded, ask them to suggest additional potential candidates, suggests Hobby. "If someone is the kind of person you want on your board, they probably know others who would be a good fit."

Training and Mentoring New Board Members

Everyone agrees that training and mentoring newly appointed board members is a big factor in successful board diversity, but each board has its own methods. Integris Health has developed an orientation manual that includes organizational history, bylaws, financial information, and descriptions of community service projects." We'll spend several hours with each incoming board member going over this in great detail," Hupfeld says. "I do it for corporate board members, and our hospital administrators do it for the hospital boards."

At Village Care, new board members are invited to attend all board committees at least once and are then assigned to at least two committees that are a good match. "We make a point of senior staff members orienting them to the program areas. I spend considerable time orienting them to their fiduciary role and state and federal regulations," says Webb. State associations and national groups such as The Governance Institute also provide new director orientation.

Suppose the new director doesn't work out? "All directors, new or experienced, need to meet performance standards," says Medina. "The board should define standards to assess its performance as a group, as well as each individual director's performance. If there are problems due to absenteeism or lack of preparation, hopefully the board chair will be able to speak with the director, clarify performance expectations, and resolve the issue in a collegial manner."

Recruiting a more diverse board is just the first step in an ongoing process, Galindo observes. The strongest board will recruit people who are integrated into their communities, and can express the community's values and needs. "New board members who are treated as 'tokens' often drift away," she says. "The board isn't just looking for human diversity; it is seeking value system diversity. It benefits most when it hears, and listens to, and responds to, a wide range of viewpoints."

— Elaine Zablocki, editor of *Great Boards*, is a freelance healthcare journalist whose work has appeared in *Physicians Practice*, *Internal Medicine News*, *Medicine on the Net*, and numerous other publications. To contact her, email greatboards@ezab.net.

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