

Bringing Diversity to the Board

By JOHN J. LYNCH III, FACHE, MAIN LINE HEALTH

As I think about the lack of diversity in the healthcare workforce, it is pretty glaring that boards aren't as diverse as one would expect or hope. Organizations that serve a diverse population of patients should also have individuals with diverse backgrounds serving in a leadership role. With diversity in leadership, your patients will perceive the organization as sensitive to their needs and in touch with their cultural issues, challenges, and strengths.

S MAIN LINE HEALTH'S service area—primary, secondary, and tertiary—comprises a population that is 70.4 percent Caucasian, 19.9 percent African-American, 4.1 percent Asian, 3.8 percent Hispanic, and 1.8 percent "other." But when I was hired in 2005 as president and CEO, our 24-member board was fairly homogeneous with 23 Caucasian directors and one African-American director, though we did have a good number of women represented on the board.

While I don't believe the board's demographics have to exactly match that of our service area, it was clear that a good deal of work was needed just to get close. During the past five years, Main Line Health has made a concerted effort to bring diversity to the board, and I'm happy to report we have made progress. We appointed three additional African-Americans and continue to work diligently to recruit other races, ethnicities, and people of diverse backgrounds.

The recruitment steps we took to achieve a more diverse board began with looking at the communities we serve and asking our directors to reach out to people they knew who were community-minded individuals with strong leadership capabilities and an interest in board service. What we discovered, however, was that we were competing for the same talent pool with other organizations that were also trying to bring diversity to their boards. Though we had more competition than anticipated, we were determined to keep searching. Our efforts proved successful.

The first new director we appointed is an attorney known by one of our board members. He served on a local bank board and happened to be born at one of our hospitals, so he had an immediate connection with Main Line Health. The second new director served on another organization's board with me and is the district president of a major, national logistics company. She has the productivity and quality



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competencies we were looking for. She also understands metrics and the importance of safety. The third candidate we appointed is a young man working for a money management firm. I met him from an outside organization with which I am involved, and I was impressed with his capabilities and commitment to the community.

Main Line Health used the same selection process with each of the new directors as it does with all candidates, which included using a tool we developed to determine a potential candidate's core competencies. The experience and competencies grid lists the competencies of each sitting board member, and we measure those competencies against 15 specific traditional competencies such as finance, insurance, legal, and quality literacy to determine the areas of potential weakness. The new directors possessed skills that went beyond representing a diverse population. But we also looked at the board's diversity makeup in our selection process, and I have no doubt that the African-American members on our board will bring something to our attention that we would not have known or been attuned to otherwise.

Not only did we evaluate the potential directors for our needs, but we also had to sell them on Main Line Health. They chose us because they were intrigued with the health system's commitment to being more diverse and our desire to understand, to a greater degree, all our communities better so that we can do a more effective job of serving each community. We made the case to them that they were a perfect fit for the board because of their competencies, and we also explained their knowledge and skills would be fully utilized; they were not just there to make our board look more diverse. Boards often make the mistake of jumping at the first chance to put diverse candidates on their board who, due to their already high level of commitment, are unable to attend board meetings. This can do more harm than good.



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Having a diverse board is one of many steps Main Line Health has taken in the ultimate goal that surrounds diversity—eliminating disparities in care. During the first board meeting our new directors attended, they learned how committed Main Line Health is to care disparities among ethnic populations. We told them about the organization's efforts to collect race, ethnicity, and language preference data with a long-term goal that 100 percent of our employees will be trained in cultural competencies within three years.

In addition, we explained the aim to increase diversity among senior management positions. We hired a search firm with expertise in presenting diverse candidates, and as a result we recently hired an African-American to be vice president for one of our hospitals, and he will be a great addition to our team. Do I think Main Line Health will do a better job delivering care to patients because of him? Absolutely. We are better informed with him here. And our employees will react positively knowing they don't have to be a white male to advance in this organization. But we can't stop there. Just as it's important to have diversity on the board, it's also vital to have a diverse medical staff, and we believe that our steps with bringing diversity to the board and senior management will go a long way to recruit more ethnically diverse physicians. In addition, patients want to go to a hospital where they are welcomed, and some want to visit a doctor who shares their race and ethnic background. So, despite being the right thing to do, there is also a business case for having a more diverse board, senior management, and medical staff.

You have to be thoughtful about diversity in all respects as it relates to gender, race, physical disability, and other areas. It's not going to be easy, and it won't happen overnight, but the healthcare field can be better served by having care delivery and leadership from a more diverse group of professionals. ●

The Governance Institute thanks John J. Lynch III, FACHE, president and CEO of Main Line Health in Bryn Mawr, PA, and chairman of the Institute for Diversity in Health Management, for contributing this article. He can be reached at lynchj@mlhs.org.