



35TH ANNUAL **AHA RURAL  
HEALTH CARE  
LEADERSHIP  
CONFERENCE**

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ARIZONA GRAND RESORT & SPA

# **Living the Mission:** *The Path to Building a Diverse Governing Board*

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# Speakers

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# Learning Objectives

- Build awareness of the importance of a diverse board of directors for hospitals and healthcare systems committed to health equity.
- Understand key barriers for boards seeking to add diverse members.
- Learn why efforts to diversify the board fail.
- Identify key steps boards can take to achieve meaningful board diversity.

# Agenda

- Level Set on Key Terms and Concepts
- Understand the Link Between Board Diversity and Achieving Quality of Care for All—Health Equity
- Understand Challenges for Board Diversity
- Identify Key Steps to Diversify Your Board

## Why Diversity?

- It's the mission and “table stakes” for today's healthcare organization
- To understand the needs of our diverse communities, including the poor and vulnerable, we must have board members whose lived experience reflects those we seek to serve
- Achieving the highest quality of care requires health equity: treating each person and population according to their needs, *not* treating them “equally”
- Achieving health equity requires leaders – board and executive teams – with first-hand understanding of community needs
- The need for the Board to lead by example to demonstrate the organization's values

# Level Setting on Key Terms and Concepts

## Defining HEALTH EQUITY

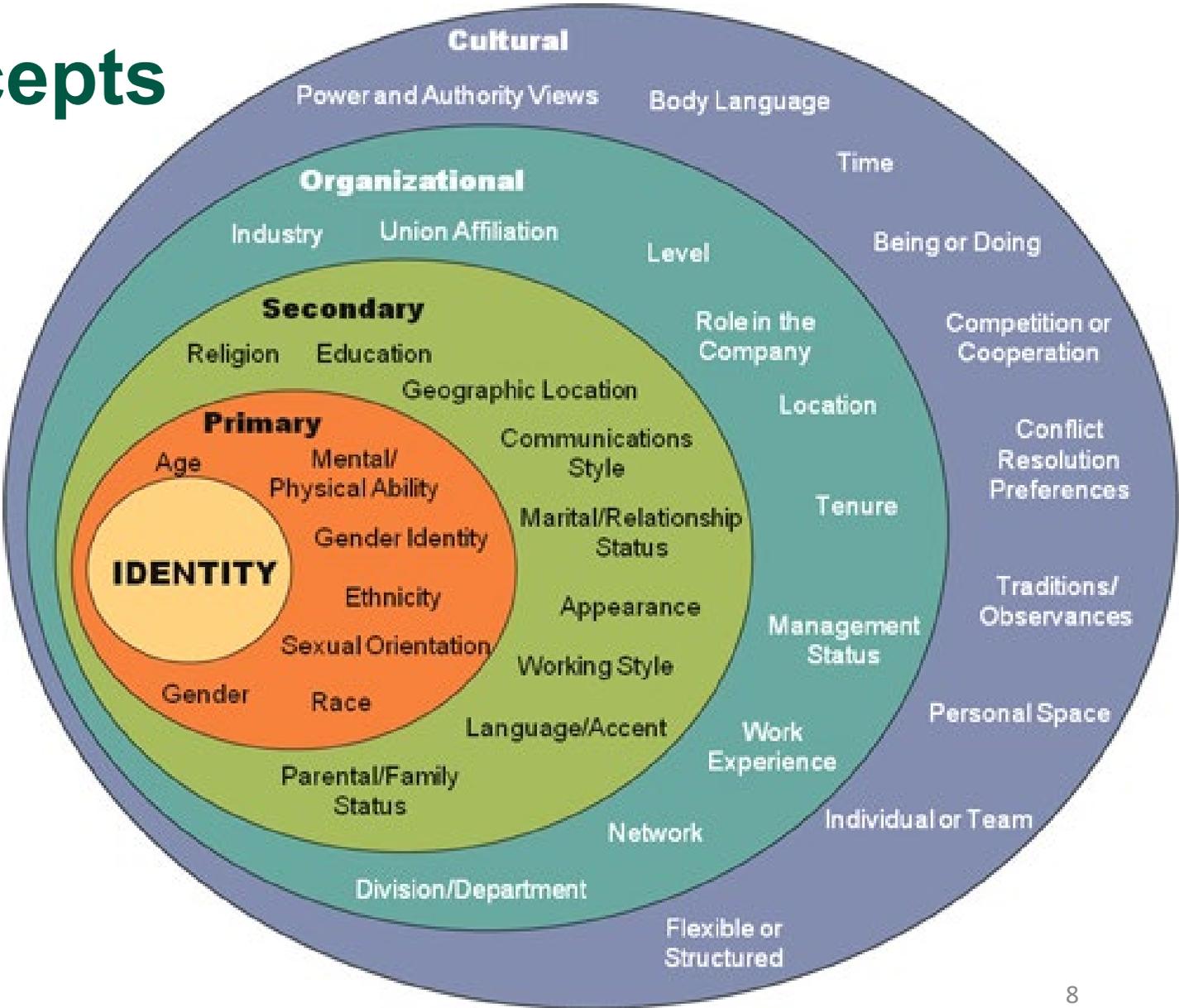
**Health equity:** The absence of systematic disparities in health and its determinants between groups of people at different levels of social advantage. To attain health equity means to close the gap in health between populations that have different levels of wealth, power, and/or social prestige.



**Equality versus Equity**

# Level Setting on Key Terms and Concepts

## Defining DIVERSITY



# Level Setting on Key Terms and Concepts

## Defining INCLUSIVE CULTURES

**An inclusive healthcare culture inspires high employee and patient engagement by valuing their unique perspectives and contributions while setting clear expectations that value respect, collaboration, transparency, and equity.**

# Why Board Diversity Efforts Fail

- Unconscious Bias
- Board Culture
- Lack of Buy-in to the Need to Diversify the Board
- Inadequate Recruitment
- Insufficient Efforts at Inclusion in Boardroom



# All of Us Have Unconscious Bias

**Unconscious Bias:** The mental associations we make—negative or positive—without our awareness, intention or control. These associations often conflict with our conscious attitudes, behaviors and intentions

# The Impact of Unconscious Bias: Assumptions

**7/11**

*The 11 assumptions  
people make in  
the first 7 seconds  
of meeting you*

1. Age
2. Gender
3. Ethnicity
4. Race
5. Ability
6. Sexual Orientation
7. Education
8. Social Status
9. Marital Status
10. Friendliness/Trustworthiness
11. Religion

# How Does Unconscious Bias Show Up?

## Microaggressions

Microaggressions are brief and commonplace verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group.

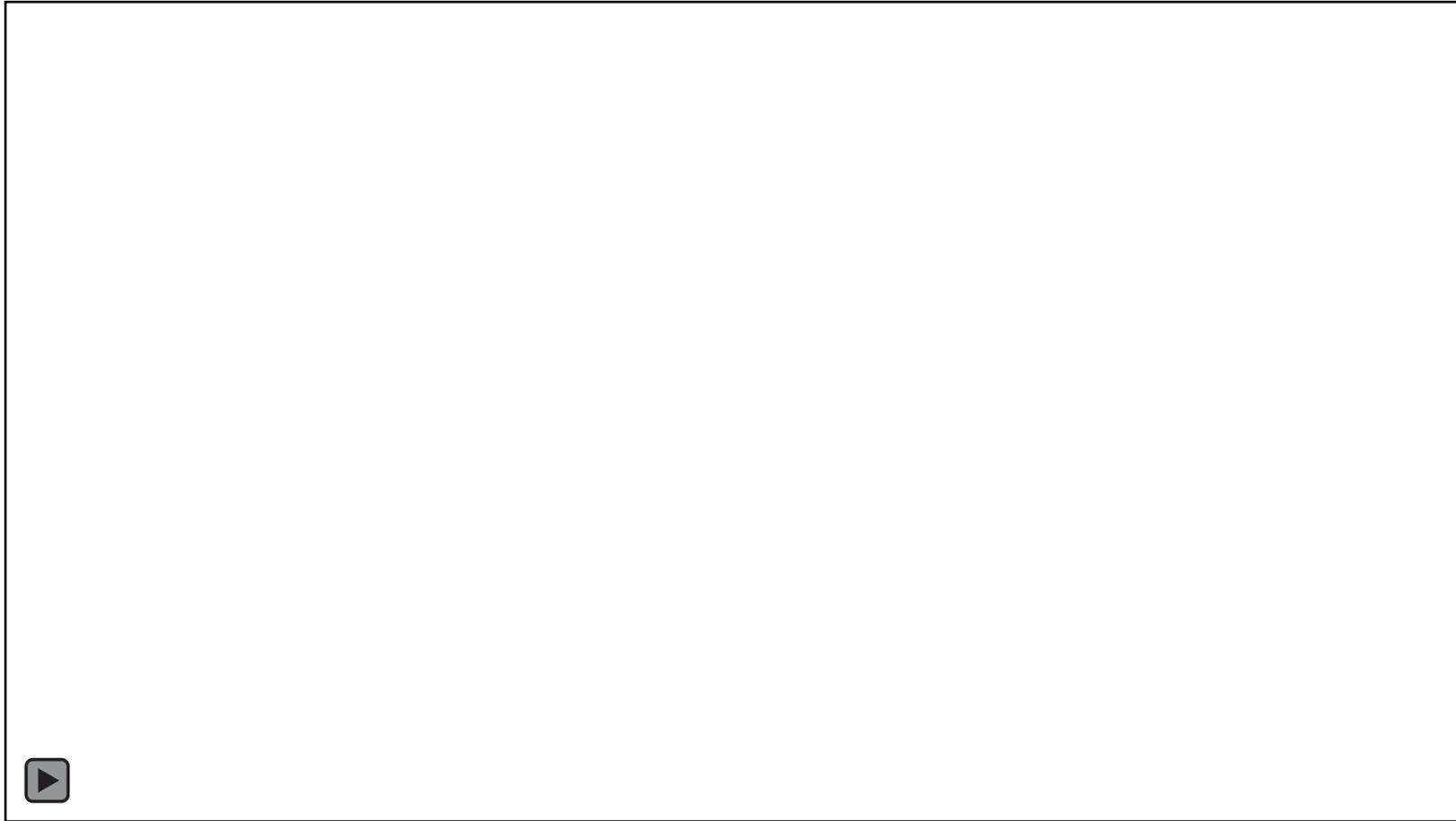
*“Where are you really from?”*

Source: Sue, DW, et. al. “Racial microaggressions in everyday life: implications for clinical practice.” *American Psychologist*. 2007 May-June;62(4):271-86.

## Micro-Inequities

Actions, policies, or protocols that inherently create a disadvantage for specific group of people.

*You can only participate in this program if you are nominated by a senior leader and if you’ve been here at least 5 years.*



# Preventing Microaggressions

- **Slow Down to Look for Blind Spots**

Pause to reflect on what you want to say or do and ask what assumptions may be involved (7/11)

- **Take the Other's Perspective**

How might this comment feel like to me? Would I say this to someone who is not a person of color or not a female, or does not identify as LGBTQ?

- **Reframe the Situation**

What else may be happening here that I'm not noticing?  
What am I missing?

# Creating a diverse board should inspire new and different kinds of conversations in the boardroom

*... and this may be uncomfortable*

***“It’s time for us to get comfortable being uncomfortable”  
-- Health system leader***

## What Does Successful Board Diversity Require?

- Board readiness and willingness to address unconscious bias
- Recruiting for diversity (and not giving up)
- A transparent, consistent recruitment process that casts the net broadly
- Effective onboarding, including board mentoring or the “buddy system”
- Inclusive practices, ongoing education, and exit interviews
- Regular board self-assessment and reflection
- No tokenism

# The Call to Action

1

Remember your hospital or health system's mission and focus on quality of care for all

2

Reflect on what diversity means for your community – this may go beyond race and ethnicity (i.e., LGBTQ, Veterans, Youth)

3

Recognize the value of lived experiences among individuals serving the diverse individuals, under resourced communities, and other vulnerable populations

# Sample Recruitment Process

<b>When</b>	<b>What</b>	<b>Who</b>
Jun	<ul style="list-style-type: none"> <li>• Consider board competencies/skill set needed for board of the future</li> <li>• Discuss and agree on recommendation for recruitment priorities</li> <li>• Confirm timeline</li> </ul>	Governance Committee
Jul	<ul style="list-style-type: none"> <li>• Agree on number of new board members sought</li> <li>• Review current board composition matrix</li> <li>• Confirm interview process</li> <li>• Review the form to be distributed to board members soliciting their nominations</li> </ul>	Governance Committee
Aug	<ul style="list-style-type: none"> <li>• Discuss and act on recommendation for recruitment priorities, future board competencies/skill set, and timeline</li> </ul>	Board
Aug	<ul style="list-style-type: none"> <li>• Distribute nomination form to all board members so they can recommend individuals to be considered for board</li> </ul>	Chair
Sept	<ul style="list-style-type: none"> <li>• Review nominations collected</li> <li>• Discuss each candidate and consider them against the composition matrix and desired attributes</li> <li>• Identify a few candidates to interview for the open seats</li> <li>• Agree on who/how each candidate will be approached; consider order of who will be approached first so there aren't more candidates than seats available</li> <li>• Agree on interview questions and set of materials to be shared with prospective board members during interview process</li> </ul>	Governance Committee
Sept	<ul style="list-style-type: none"> <li>• Receive update on recruitment process</li> </ul>	Board
Oct	<ul style="list-style-type: none"> <li>• Candidate invited to meet for an interview with Board Chair, CEO, and Board member who nominated him/her (if applicable)</li> <li>• Invite the candidate(s) to attend a hospital/system function to get to know the organization better</li> <li>• Collect and summarize feedback on the interview(s) to determine whether there is a skill-set and cultural fit with the</li> </ul>	Chair, CEO, Nominating Board mbr
Nov	<ul style="list-style-type: none"> <li>• Discuss feedback from the interviews and identify candidate(s) for full board consideration</li> <li>• Determine whether any additional information is needed on candidate(s)</li> <li>• Discuss onboarding process for new board members</li> <li>• Finalize recommendations to full board regarding new board member slate</li> </ul>	Governance Committee
Dec	<ul style="list-style-type: none"> <li>• Discuss and act on new board member recommendations</li> </ul>	Board
Jan	<ul style="list-style-type: none"> <li>• New board member(s) term begins</li> </ul>	All
Jan	<ul style="list-style-type: none"> <li>• Conduct new board member orientation</li> </ul>	CEO, Chair

# Start with Your Board Composition Matrix

## Does your board value:

- Demonstrating inclusive leadership?
- Working with diverse populations?
- Expertise in health equity?
- Understanding public health?
- Understanding determinants of health?

# Sample Composition Matrix

	Name	Name	Name								Totals
<b>DEMOGRAPHIC CHARACTERISTICS</b>											
Age: 30-50											
Age: 51-65											
Age: Over 65											
Male											
Female											
African American											
Asian											
Caucasian											
Hispanic/Latinx											
Native American or Alaska Native											
Native Hawaiian or Other Pacific Islander											
Other											
<b>SKILLS/EXPERIENCE</b>											
Quality and Clinical Expertise											
Governance/Board Experience											
Health Care Industry and Market/Insurance Expertise											
Strategic Planning											
Corporate Finance and Accounting											
Philanthropy											
Social Determinants of Health Expertise											
Workforce Expertise											
Information Technology/ Digital Consumer Experience											
Legal											
Public Health/ Government Experience											
Health Equity											

# Where Do You Find Diverse Candidates?

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Professional associations for Black, Asian, Latino and LGBTQ professionals

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Local chapters of service agencies (United Way, Chambers of Commerce, Boys & Girls Clubs)

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Leadership or providers from local community health centers

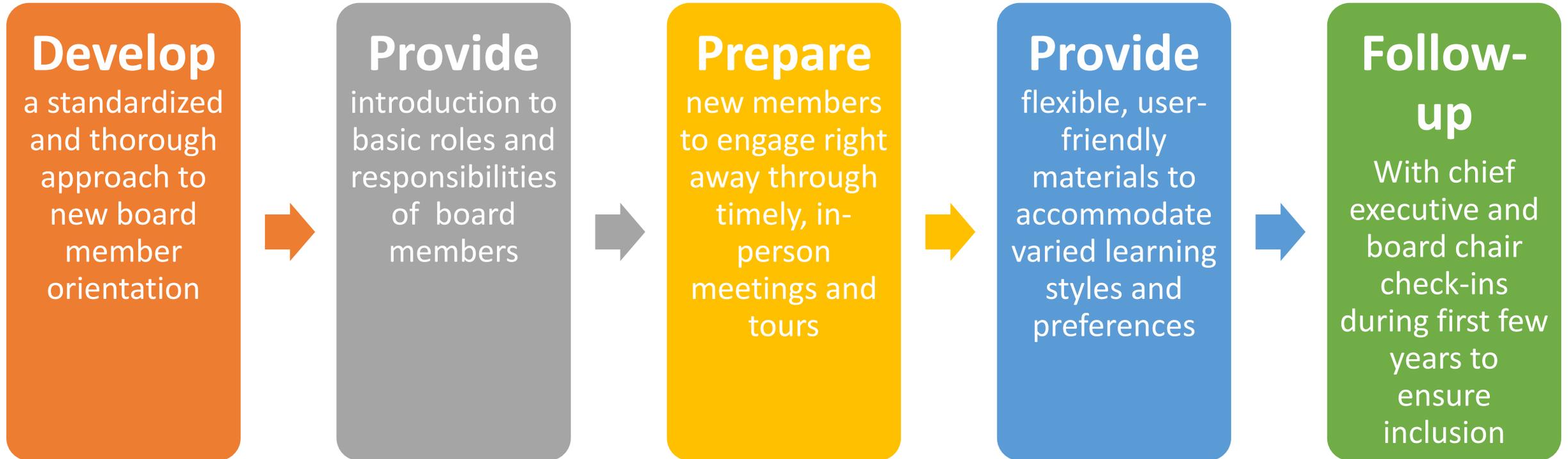
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Community partner organizations

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University medical schools and public health departments

# Utilize a Comprehensive Onboarding Program



# Include Mentoring for All New Board Members

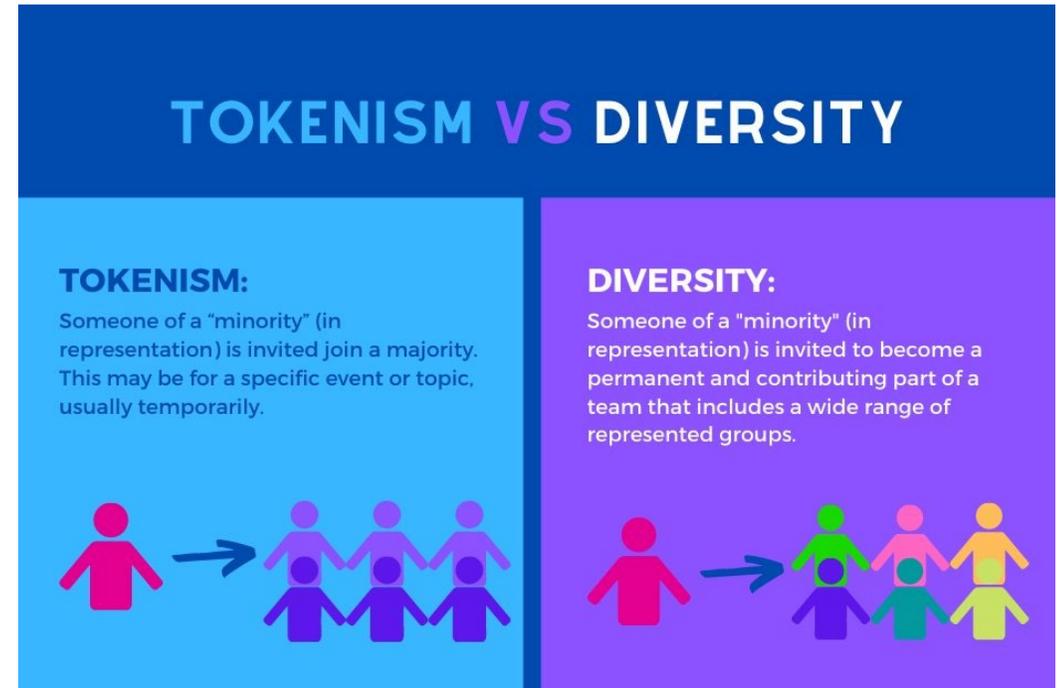
- Assign one tenured member of the board to work with each new board member on orientation and acclimatization for first year.
- The “**Board Buddy**” needs to be comfortable discussing:
  - The board’s working relationship with the CEO, executive leaders, and the medical staff
  - Board meeting protocols
  - Organizational history—key challenges being addressed now
  - Historical reference points related to board functioning—key successes and challenges in governance
  - Board dynamics, including the tenure of members, key interest areas, and history with the board
  - The possible role of bias and blind spots the board may possess

# Conduct Board Evaluations on Inclusive Leadership

- Conduct 360 evaluations that ask:
  - The member demonstrates respect toward diverse points of view.
  - The member demonstrates a commitment to racial and social justice that support health equity
  - The member makes efforts to engage the diverse communities we serve.
- The Board reviews its Chair for inclusive leadership
- The Board reviews the extent to which members complete educational and training opportunities on inclusive leadership, health equity, and public health.

# No Tokenism

- Symbolic gestures will be seen as veiled efforts to maintain the status quo.
- One female, one person of color, one member of the LGBTQ community is not enough!
- Use the population of patients you serve to shape the demographics of your board.



FROM: <https://deafunity.org/resources/>

# Key Resources

- **American Hospital Association** Board Diversity Survey to Advance Health Equity <https://trustees.aha.org/board-diversity-survey-advance-health-equity>
- **American Medical Association** Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity <https://www.ama-assn.org/about/leadership/ama-s-strategic-plan-embed-racial-justice-and-advance-health-equity>
- **P&G Talk About Bias Interactive Site** <https://us.pg.com/talkaboutbias/>

**Q&A**

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INNOVATIONS TO ADVANCE HEALTH EQUITY

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