

# STRATEGIES for LEADERSHIP



## A Diversity, Equity and Cultural Competency Assessment Tool for Leaders



*Does your hospital reflect the community it serves?*



# A Diversity, Equity and Cultural Competency 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. The U.S. is more diverse, both racially and ethnically, today than in the past and is projected to become more diverse in the future. In fact, 14 states and the District of Columbia are either approaching or below a white majority and, by 2050, there will be no single racial or ethnic majority in America. In terms of immigration, Asia has replaced Latin America, including Mexico, as the largest source of new immigrants to the U.S. Nearly one in five people over five years of age speak a language other than English at home. Economic and religious demographics continue to shift as well. Approximately 32 percent of Americans now live below 200 percent of the poverty level. And in terms of religious diversity, although Christianity remain the largest religion in the U.S., Islam is projected to grow rapidly. These shifting economic, social, racial, and ethnic demographics, which affect large and small communities across U.S., compel health care and hospital leaders to ask important questions. Does our health care workforce, from the frontline through the executive suite, reflect the community we serve? Are we focused on recruiting, retaining and promoting a diverse pipeline of employees and leaders to best serve our community? How can we ensure that we deliver the highest quality and most equitable, culturally sensitive and proficient health care? Do we foster investment strategies that promote the local and regional economy? And, finally, are we developing community partnerships and collaboration that will lead us in the future?

Increasing the diversity of the health care workforce is an important first step to improve equitable, accessible and culturally competent health care. However, 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. Leaders also must focus on the socio-economic factors that impact the health and well-being of their workforce, patients and community. These efforts will require more community collaboration and partnerships that extend beyond the walls of our facilities.

The Institute for Diversity in Health Management (IFD), founded by the American Hospital Association (AHA), American College of Healthcare Executives and the National Association of Health Services Executives (NAHSE) in 1992, works closely with health services organizations and educators to expand leadership opportunities for ethnic minorities in health services management. The Institute’s mission is to increase the number of minorities in health services administration to better reflect the increasingly diverse communities they serve and to improve opportunities for professionals already in the health care field.

Since 2001, the National Center for Healthcare Leadership (NCHL) has focused on issues of diversity, inclusion and leadership. NCHL has focused on strategies to advance careers of women and racially/ethnically diverse individuals in health care management, the implementation of diversity and inclusion best practices within health care organizations and, most recently, on the development of workforce strategies, such as apprenticeships, to increase opportunity and career pathways in healthcare.

In 2011, the American Hospital Association, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States, and America’s Essential Hospitals launched the National Call to Action to Eliminate Health Care Disparities. The #123forEquity pledge campaign asks hospital and health system leaders to begin taking action to accelerate progress in these areas:

- Increase the collection and use of race, ethnicity, language preference and other socio-demographic data;
- Increase cultural competency training;
- Advance diversity in leadership and governance; and
- Improve and strengthen community capacity.

This revision of the 2003 *Diversity and Cultural Proficiency Assessment Tool for Leaders and Case Studies*, based on Janice Dreachslin’s research, is

building on these recent efforts. The tool is updated to provide leaders with more insight into the importance of evaluating the advancing community partnerships, impacting economic development and recruiting, supporting and retaining a diverse workforce.

*A Diversity, Equity and Cultural Competency 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 equity, diversity, inclusion and cultural competency of their organization and identifying what activities and practices are in place or need to be implemented.
- **Action Steps:** A suggested “to do” list for how to use this tool to raise awareness within your organization.
- **Case Studies:** Examples of hospitals and health systems that are implementing leading practices. You will 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 competency.

We hope this tool helps you assess your organization’s progress to create high-quality, inclusive, equitable and safe care environments aimed at eliminating health and health care disparities to improve the health and well-being of our neighbors and communities.

**Sources:**

Census Bureau’s March 2016 Current Population Survey  
[www.census.gov/quickfacts](http://www.census.gov/quickfacts)

[www.pewresearch.org/fact-tank/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world](http://www.pewresearch.org/fact-tank/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world)

Janice Dreaschlin and Ellen Foster Curtis, “Study of Factors Affecting the Career Advancement of Women and Racially/ Ethnically Diverse Individuals in Healthcare Management,” *Journal of Health Administration Education*, Special Issue, July/August 2004.

**Contributing Organizations**

**American Hospital Association, the Institute for Diversity**

The American Hospital Association’s Institute for Diversity in Health Management (the Institute) collaborates with hospitals and health systems nationwide to advance diversity and inclusion in hospitals and health systems, advance community partnerships and accelerate equitable and quality health care for everyone. The Institute provides diversity, inclusion and disparities data; tools and resources useful in decision making; a credentialing program; internships and online and face to face education programs. To learn more about the Institute, visit [www.diversityconnection.org](http://www.diversityconnection.org).

**National Center for Healthcare Leadership**

The National Center for Healthcare Leadership (NCHL) is a nonprofit organization that works to ensure that high-quality, relevant and accountable leadership is available to meet the needs of 21st century healthcare. Our vision is to optimize the health of the public through leadership and organizational excellence. A central part of NCHL’s work is supporting collaborative networks of hospitals and healthcare organizations, as well as graduate health management programs and corporate partners. These include the Leadership Excellence Networks and Councils, the National Council on Administrative Fellowships and the US Cooperative for International Patient Programs. For more information, please visit NCHL’s website at [www.nchl.org](http://www.nchl.org).

**Table of Contents**

<b>Assessment Checklist .....</b>	<b>4</b>
<b>Action Steps .....</b>	<b>6</b>
<b>Case Studies:</b>	
Gillette Children’s Specialty Healthcare .....	7
HCA—Hospital Corporation of America .....	9
HealthPartners .....	11
Legacy Health .....	13
Norwegian American Hospital .....	15
<b>Bibliography/Resources.....</b>	<b>17</b>

# Assessment Checklist

## As Diverse as the Community You Serve

- ☐ Does your hospital/health system monitor, at least every three years, the changing diversity demographics of your community, including gender, racial, ethnic, language, religion, disability status, sexual orientation, gender identity, veteran status and socio-economic changes?
- ☐ Do you actively use this data for strategic planning, outreach, workforce development and community investment strategies?
- ☐ Has your community relations team identified organizations, schools, churches, businesses and publications that serve diverse groups in your community for outreach and educational purposes?
- ☐ Do you have a strategy to partner with them to work on health issues of importance to the community?
- ☐ Has a team from your hospital/health system met with community leaders to gauge their perceptions of the organization and to seek their advice on how you can better serve them, both in patient care and other areas of mutual interest such as community health outreach, education, safety, economic investment and workforce development?
- ☐ Have you done focus groups and surveys within the past three years in your community to measure the public's perception of your hospital/health system's reputation in terms of diversity, inclusion, accessibility and cultural sensitivity?
- ☐ Do you compare the results among diverse groups in your community and act on the information?
- ☐ Are the individuals who represent your hospital/health system in the community reflective of the diversity of the community and your organization?
- ☐ Do you have a strategy in place to partner with organizations who represent and relate to the diverse groups in your community for health outreach and other initiatives of importance to the community?
- ☐ Do you have a supplier diversity strategy that helps ensure that minority-, women-, and veteran-owned businesses have an opportunity to serve your organization?
- ☐ Are your public communications, community reports, advertisements, health education materials, websites, etc. accessible to and reflective of the diverse community you serve?

## Culturally and Linguistically Proficient and Equitable Patient Care

- ☐ Do you regularly monitor the your patient population to properly care for and serve gender, racial, ethnic, language, religious, and socio-economic differences and needs?
- ☐ Does your hospital/health system emphasize the importance of accurate, consistent and systematic collection of data on patient race, ethnicity and primary language?
- ☐ Does your review of quality and patient safety data take into account the diversity of your patients in order to detect and eliminate disparities?
- ☐ Do your patient satisfaction surveys take into account the diversity of your patients?
- ☐ Do you compare patient satisfaction ratings among diverse groups and act on the information?
- ☐ Have your patient representatives, social workers, discharge planners, financial counselors and other key patient and family resources received special training in diversity issues?
- ☐ Does your hospital/health system provide language services, including identifying qualified individuals inside and outside your organization, who can help staff communicate with patients and families from a wide variety of nationalities and ethnic backgrounds?
- ☐ Does your hospital/health system provide ongoing training for staff on how to identify and access the need for language services, and have policies and procedures in place for the providing language services to a linguistically diverse patient populations
- ☐ Does your hospital/health system have policies in place regarding the use of family members as interpreters?
- ☐ Are your written communications with patients and families available in a variety of languages that reflects the ethnic and cultural fabric of your community?
- ☐ Based on the 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?
- ☐ 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?
- ☐ Does your hospital account for complementary and alternative treatments in planning care for your patients?

# Assessment Checklist

## Collaborating and Creating Strong Partnerships

- ☐ Is your hospital/health system leveraging assets to address priority needs of the community, including food, education, employment, housing, transportation, violence prevention and other social determinants of health?
- ☐ Has your hospital/health system developed governance processes to share community resources and accountabilities in your efforts to improve the health of the population?
- ☐ Has your hospital/health system created successful partnerships to reach population health goals of the community?
- ☐ Does your hospital/health system develop your Board and leaders' ability to contribute to community health, workforce development and economic investment solutions within the community?
- ☐ Does your hospital/health system invest in change management processes to grow engagement, relationships and capacity of leaders to take action on the social determinants of health in community?

## Strengthening Your Workforce

- ☐ Do your recruitment efforts include strategies to reach out to diverse candidates, including gender, racial, ethnic, religious, disability status, sexual orientation, gender identity, veteran status, and socio-economic diversity?
- ☐ Does your hospital/health system partner with local educational institutions and community organizations to develop and support career pathways for under-represented individuals?
- ☐ Does your workforce recruitment team reflect the diversity you need in your organization?
- ☐ Do your policies about time off for holidays and religious observances take into account the diversity of your workforce?
- ☐ Do you acknowledge and honor diversity in your employee communications, awards programs, and other internal celebrations?
- ☐ Do your employee surveys, or focus groups, measure perceptions of your hospital/health system's policies and practices on diversity and to surface potential problems?
- ☐ Do you compare the results among diverse groups in your workforce? Do you communicate and act on the information?
- ☐ Does your hospital/health system provide staff at all levels and across all disciplines training about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities?
- ☐ Is the diversity of your workforce taken into account in your performance evaluation system?
- ☐ Does your human resources department have a system in place to measure your diversity pipeline progress (i.e., recruitment, retention, promotion) and report it to leadership and your Board?
- ☐ Do you have a mechanism in place to look at employee turnover rates for variances according to diverse groups?
- ☐ Do you ensure that changes in job design, workforce size, hours and other changes do not affect diverse groups disproportionately?

*continued*

# Assessment Checklist

## Expanding the Diversity of Your Leadership Team

- ☐ Has your Board of Trustees discussed the issue of the diversity of the hospital/health system's Board? The management team? The workforce?
- ☐ Are there Board-approved policies encouraging diversity and inclusion across the organization?
- ☐ Is your policy reflected in your mission and values statement? Is it visible on documents seen by your employees and the public?
- ☐ Have you told your management team that you are personally committed to achieving and maintaining diversity across your organization?
- ☐ Does your strategic plan emphasize the importance of diversity and inclusion at all levels of your workforce?
- ☐ Has your Board set goals on organizational diversity, culturally proficient care, eliminating disparities in care to diverse groups, supplier diversity, etc. as part of your strategic plan?
- ☐ Does your organization have a process in place to ensure diversity reflecting your community on your Board, subsidiary(ies), and advisory boards?
- ☐ Have sufficient funds been allocated to achieve your diversity, inclusion, equity, accessibility, community outreach, workforce development, and community investment goals?
- ☐ Is diversity awareness and cultural proficiency training mandatory for all senior leadership, management, and staff?
- ☐ Have you made diversity awareness part of your management and Board retreat agendas?
- ☐ Is your management team's compensation linked to achieving your diversity goals?
- ☐ Does your organization have a mentoring program in place to help develop your best talent, regardless of gender, racial, ethnic, language, religion, disability status, sexual orientation, gender identity, veteran status and socio-economic status?
- ☐ Do you provide tuition reimbursement to encourage employees to further their education? Have you evaluated how this benefit is used at the various levels of the organization?
- ☐ Do you have a succession/advancement plan for your management team linked to your overall diversity goals?
- ☐ Are search firms required to present a mix of candidates reflecting your community's diversity?

# Action Steps

**Actions you can take to launch a dialogue on diversity, inclusion, cultural proficiency and equity.**

### **ACTION 1**

**Direct your management team to complete the assessment. Compare the results, and then conduct a mini-retreat on your team's responses.**

### **ACTION 2**

**Ask your strategic 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 diverse groups in your community for a candid conversation about their concerns, perceptions of your hospital/health system's patient care, community health issues, workforce development and economic investment efforts.**

### **ACTION 4**

**Meet with your human resources team and review the demographics of your workforce at all levels to determine how well you reflect your community's diversity.**

### **ACTION 5**

**Meet informally with diverse groups of employees for a candid conversation about their observations and concerns about inclusion and accessibility and the workplace 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, inclusive, accessible and equitable organization at all levels that delivers culturally proficient care.**

## CASE STUDY:

# Gillette Children's Specialty Healthcare

## *Increasing Hiring and Reducing Turnover Representation in Governance*

### Background

Gillette Children's Specialty Healthcare is a nonprofit hospital located in St. Paul, Minnesota. Through its 60-bed hospital, clinics and outreach locations around the state, Gillette treats more than 25,000 children each year who have complex conditions, rare disorders and traumatic injuries that affect the musculoskeletal and neurological systems. Gillette also operates an adult clinic for teens and adults who have conditions that started during childhood. By taking the #123forEquity pledge, Gillette Children's Specialty Healthcare committed to take action to accelerate progress toward three specific goals.

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### GOAL 1:

*Increasing collection and use of race, ethnicity, language preference and other socio-demographic data*

### Interventions

As a part of the pledge, Gillette performed a pilot evaluation of patient care outcomes by ethnicity and race. The project focused on measuring outcomes in the inpatient rehabilitation population, which Gillette had not yet analyzed by race or language. The team stratified the pediatric functional independence measure (WeeFIM) score by language preference, race and ethnicity. It determined that (1) nonwhite children make less progress or fewer gains during their hospital stay (compared to white children); (2) non-English speaking children make more gains during their hospital stay than English-speaking children; and (3) all children who are nonwhite and non-English speaking make more dramatic improvement in progress or gains toward independence (compared to white, English-speaking children) after their hospital stay when they have made the transition to their communities for outpatient rehabilitation. Gillette presented data and findings to its Board of Directors and leadership teams.

### Outcomes

In response to these findings, the Gillette Rehabilitation Systems team, made up of therapists, physicians and other providers, met to determine how best to address the health outcome disparities identified in the inpatient rehabilitation

program. An action plan implemented in January 2017 includes direct questions during initial family conferences on how to best honor family values and beliefs. Family feedback is shared with the care team during the patient's stay and follow-up appointments and is revisited each week by the team, taking into account the cultural needs of families and addressing health inequities. The inpatient rehabilitation team also identified a need to evaluate how they score WeeFIM; a team is working to address WeeFIM validation.

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### GOAL 2:

*Increasing cultural competency training*

### Interventions

In 2016, more than 92 percent of employees completed "Cultural Competence: Background and Beliefs" training through the online HealthStream program. In late 2016, the Diversity and Cultural Competency Committee conducted a trial of the Intercultural Development Inventory, a valid, reliable assessment to measure individual and group cultural competence that will allow the hospital to create customized development plans for individual teams.

In 2017, the organization created classroom training and added a cultural competence course to new employee orientation. Additional instructor-led courses for staff and managers include a revamped two-day Emotional Intelligence and Diversity workshop for leaders and a new workshop on Diversity and Cultural Competence available to all staff.

### Outcomes

An increased focus on cultural competency training has led to a number of new efforts. Gillette held a full-day meeting for all clinical, patient care managers and other leaders on cognitive bias in November 2016. They also held a full-day summit for all managers and senior leadership titled "Using Your Leadership to Build a Culture of Inclusion" in December 2016. A similar workshop is planned for supervisors, charge nurses and leads in 2017.

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## CASE STUDY: Gillette Children's Specialty Healthcare

### GOAL 3:

#### *Increasing diversity in governance and leadership*

### Interventions

The Gillette Diversity and Cultural Competency Committee developed a plan for increasing and advancing employee diversity. The hospital's human resources department updated its diversity recruitment practices, adding strategies to increase diverse applicants, especially for leadership and nursing positions. This included partnering with recruitment firms that focus on diversity and participating in roundtables and meetings to network with professionals in the community. Building leadership diversity has been a top priority for Gillette, but there continue to be barriers to competing for and recruiting diverse leadership in the Twin Cities. To overcome these barriers internally, Gillette makes leadership development courses available to supervisors and staff nominated by their managers and, on occasion, provides interim leadership and committee leadership responsibilities to diverse staff who have high potential. The organization's tuition reimbursement program, available to all staff, supports the advancement of staff members from entry-level positions to professional and technical jobs. Gillette also participates in Project Search, a program that provides students who have disabilities with internships.

Because of the special population the hospital serves, the organization makes it a priority to recruit family members of current or former patients into hospital governance.

### Outcomes

Gillette has been successful in its efforts to increase minority hiring and reduce minority turnover. In a single year, the organization was able to increase minority representation on its workforce by 13.6 percent and internal promotion of minority employees by 12.5 percent, achieving parity with promotions overall.

More than 20 percent of the Gillette Board of Directors are family members of current or previous patients and thus represent a vulnerable population that has experienced a disability.

### Lessons Learned

- A staff committee dedicated to increasing diversity and cultural competency, like the Gillette Diversity and Cultural Competency Committee, can provide useful insights into ways to improve in many different areas.
- In a hospital that specializes in treating children who have complex conditions, rare disorders and traumatic injuries, it is critical to include representation of those children's family members in hospital governance.

### Contact

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### Diversity Checklist

#### Gillette Children's Specialty Healthcare

##### **As Diverse as the Community You Serve**

- ☒ Monitors Community Diversity Demographics Data
- ☒ Strategically Utilizes Community Diversity Data

##### **Culturally and Linguistically Proficient and Equitable Patient Care**

- ☒ Monitors Patient Diversity Data
- ☒ Utilizes Diversity Data in Relationship to Quality and Patient Safety
- ☒ Patient Satisfaction Surveys Reflect Patient Diversity
- ☒ Compares Patient Satisfaction Data across Diverse Groups
- ☒ Specially Trains Patient-facing Employees on Diversity Issues
- ☒ Educates Staff on Relevant Cultural Issues

##### **Strengthening Your Workforce**

- ☒ Recruits to Diverse Candidates
- ☒ Trains Staff at All Levels on Care of Diverse Patients
- ☒ Takes Diversity of Workforce into Account in Performance Evaluation System
- ☒ Measures Diversity Pipeline Progress and Reports to Leadership

##### **Expanding the Diversity of Your Leadership Team**

- ☒ Board Discusses Diversity of Board, Management Team and Workforce
- ☒ Board-Approved Policies Exist Encouraging Diversity and Inclusion
- ☒ Communicates Commitment to Diversity to Management Team
- ☒ Processes Ensure Board Reflects Community Diversity
- ☒ Mandates Diversity Training for All Leaders and Staff
- ☒ Provides Tuition Reimbursement and Evaluates Usage
- ☒ Requires Search Firms to Present Diverse Candidates

## CASE STUDY:

# HCA—Hospital Corporation of America

## *Increasing Culturally Competent Care*

### Background

Nashville-based HCA is made up of locally managed facilities that include 174 hospitals and 119 freestanding surgery centers located in 20 U.S. states and in the United Kingdom. By taking the #123forEquity pledge, HCA committed to take action to accelerate progress toward three specific goals.

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### GOAL 1:

*Increasing collection and use of race, ethnicity, language preference and other socio-demographic data*

### Interventions

In October 2015, HCA launched a cultural insights initiative that began with a system-wide enterprise scan created to gain a more thorough understanding of the communities served by HCA hospitals and the characteristics of patient populations. After considerable ground work and research was completed, including the enterprise scan and presentations to leadership, HCA launched a Cultural Insights Navigation Pilot, which includes development of a cultural and linguistic patient navigator program to provide one-on-one guidance to culturally and linguistically diverse patients as they move through the health care continuum. Lessons learned through the pilot will be used to develop a cultural insights implementation playbook.

### Outcomes

As a result of the scan, HCA has improved its language services and collection of REaL (Race, Ethnicity and Language) data and advanced its cultural competency training. They have established a process to provide ongoing feedback to patient access and registration staff.

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### GOAL 2:

*Increasing cultural competency training*

### Interventions

To ensure that their workforce is equipped to treat every patient with dignity and respect, HCA created the Culturally Competent Care (C3) initiative. From language services to

education and training, HCA's C3 tools, resources and information are designed to help staff understand, appreciate and serve the unique needs of diverse populations. HCA requires annual Code of Conduct training for all 241,000 of its employees. It has developed a series of enterprise-wide webinars and online courses to support training and awareness of language services, gender equality and cultural competency.

### Outcomes

HCA has taken steps to ensure that internal policies, ethics and compliance efforts and its ADA programs are aligned with its C3 work and relate directly to the cultural challenges its facilities face.

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### GOAL 3:

*Increasing diversity in governance and leadership*

### Interventions

HCA views inclusion efforts as an ongoing priority and is strengthening its talent pipeline for leaders by partnering with national diverse leadership development organizations, providing scholarships and internships to diverse college students and sponsoring organizations that develop and guide culturally and racially diverse leaders.

### Outcomes

Currently, 39 percent of HCA's 241,000 enterprise workforce is nonwhite; 79 percent is female.

### Lessons Learned

- A formal approach to understanding communities and patient populations served can yield important insights into ways of moving toward equity of care.

### Contact

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## CASE STUDY: HCA—Hospital Corporation of America

### Diversity Checklist

#### HCA—Hospital Corporation of America

##### As Diverse as the Community You Serve

- ✓ Monitors Community Diversity Demographics Data
- ✓ Strategically Utilizes Community Diversity Data

##### Culturally and Linguistically Proficient and Equitable Patient Care

- ✓ Monitors Patient Diversity Data
- ✓ Emphasizes Importance of REaL Data
- ✓ Provides Comprehensive Language Services

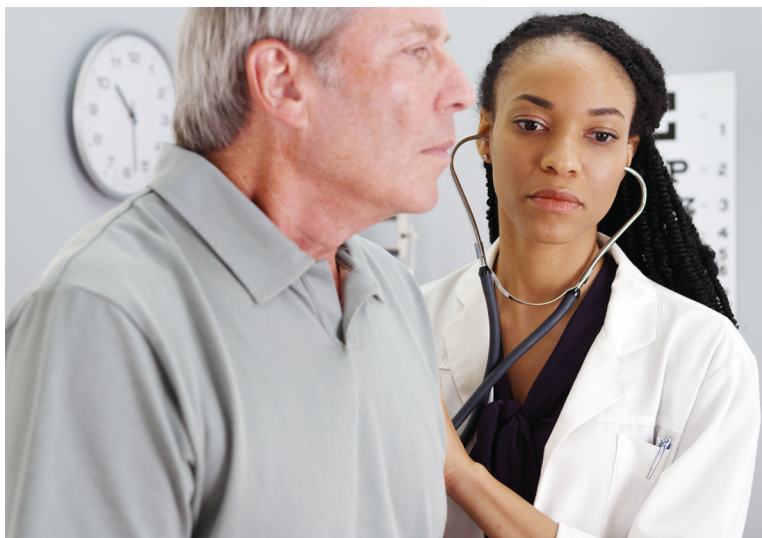
- ✓ Process in Place to Identify Need for Language Services
- ✓ Educates Staff on Relevant Cultural Issues

##### Strengthening Your Workforce

- ✓ Recruits to Diverse Candidates
- ✓ Partners with Community Institutions to Support Career Pathways
- ✓ Trains Staff at All Levels on Care of Diverse Patients

##### Expanding the Diversity of Your Leadership Team

- ✓ Mandates Diversity Training for All Leaders and Staff



## CASE STUDY:

# HealthPartners

## *Engaging Employees*

Founded in 1957, HealthPartners is the largest consumer-governed, not-for-profit health care organization in the nation. The organization is dedicated to improving health and well-being in partnership with members, patients and the community, and provides a full-range of health care delivery and health plan services including insurance, administration and health and well-being programs. HealthPartners serves more than 1.8 million medical and dental health plan members nationwide, and is the top-ranked commercial plan in Minnesota. The care system includes more than 1,700 physicians, seven hospitals (including a Level 1 Trauma Center), 55 primary care clinics, 19 urgent care locations and numerous specialty practices in Minnesota and western Wisconsin. HealthPartners Clinic (NCQA Level 3 ACO), Park Nicollet Clinic (Next Gen ACO), Lakeview Health, Physicians Neck & Back Center, TRIA Orthopedic Center and [virtuwell.com](http://virtuwell.com) are all part of HealthPartners. In addition, HealthPartners Dental Group has more than 60 dentists and 23 dental clinics. HealthPartners also provides medical education and conducts research through HealthPartners Institute.

### **GOAL 1:**

***Increasing collection and use of race, ethnicity, language preference and other socio-demographic data***

### **Interventions**

HealthPartners has systematically collected data on race and ethnicity, language and country of origin directly from patients and members in a variety of ways for almost 15 years; current rates of race and language data collection across the organization (hospital, ambulatory, health plan) are above 95%. The organization believes that collecting this information face-to-face from patients at the point of care or health plan contact is most effective. HealthPartners uses this data to continually monitor the quality of care delivered and patient experience by race, ethnicity and language. In addition to stratifying data by race, HealthPartners includes payor type as proxy for socioeconomic status.

### **Outcomes**

HealthPartners regularly reviews colorectal cancer screening, breast cancer screening, pediatric immunizations,

asthma, vascular, and diabetes rates by race and payor type. They produce quarterly summaries that display all clinics disparity rates from highest to lowest performing and review with physician and administrative leaders. For example, HealthPartners identified gaps in the rates of breast cancer and colorectal cancer screening by race and took action to eliminate these disparities. They were able to improve overall rates and lower the gap in breast cancer screenings by race by six percent from 2006 to 2017. The screening gap for colorectal cancer by race was reduced 15 percent from 2009 to 2017. In the hospital setting, disparity data is regularly reviewed by race, language, and payor type. Statistically significant disparity gaps are monitored if they exist in length of stay, patient satisfaction, readmissions, mortality, AHRQ measures, and emergency department measures. HealthPartners hospitals have substantial ongoing work in areas including demonstrated improvement in patient satisfaction in OB by language.

### **GOAL 2:**

***Increasing cultural competency training***

### **Interventions**

HealthPartners Equitable Care Champions program consists of more than 170 employees (clinical and nonclinical) from across the organization who have received initial and ongoing expert training to help disseminate best practices for patients of diverse cultures and patients with limited English proficiency.

In 2013, HealthPartners formed an employee resource group known as Cross Cultural Leadership Network and in 2015 launched the Lesbian, Gay, Bisexual, Transgender, Queer/In-Question Business Engagement Network. These two Business Engagement Networks focus on leadership development, organizational priorities, and community outreach and are an integral part of HealthPartners engagement and retention strategy. Last year, senior leaders led open conversations on race with teams across the organization. HealthPartners continues to build awareness by providing learning experiences around diversity and inclusion, cultural humility and recognizing and managing bias to leaders and care teams across the enterprise.

*continued*

### GOAL 3:

#### *Increasing diversity in governance and leadership*

### Interventions

Efforts to increase the diversity of leaders within the organization, guided by a Diversity and Inclusion Team, include a Diversity & Inclusion Leadership Summit for senior leaders, a measure of diversity and inclusion in the organization's annual engagement survey, incentive compensation tied to diversity and inclusion measures,

To increase diversity in the work workforce, HealthPartners supports initiatives such as the Forum on Workplace Inclusion, the People of Color Conference, The YWCA It's Time to Talk about Race Forum, and National Black MBA. In addition, HealthPartners provides mentors and support for the Honoring Women Worldwide program, focused on leveraging women's untapped leadership capabilities, building community across cultures and creating unique global education.

Each year, the HealthPartners Governance Committee reviews with the board a summary of the board's diversity and deliberate steps to recruit a diverse slate of members. The board also requests an annual update on the progress the organization is making related diversity, inclusion and health equity.

### Outcomes

HealthPartners is a past recipient of a National Association of Corporate Director Board Diversity Award.

### Lessons Learned

- Payor type (Medicaid or commercial insurance) can be a proxy for socioeconomic status.
- Transparency with data across all sites fosters shared learning and improvement.
- Employee affinity groups, such as HealthPartners' for diverse leaders and for LGBTQ leaders, can help an organization define best practices relating to patients, members, and colleagues from those groups.

### Contacts

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### Diversity Checklist

#### HealthPartners

#### Culturally and Linguistically Proficient and Equitable Patient Care

- ✓ Monitors Patient Diversity Data
- ✓ Emphasizes Importance of REaL Data
- ✓ Utilizes Diversity Data in Relationship to Quality and Patient Safety
- ✓ Patient Satisfaction Surveys Reflect Patient Diversity
- ✓ Compares Patient Satisfaction Data across Diverse Groups
- ✓ Educates Staff on Relevant Cultural Issues

#### Strengthening Your Workforce

- ✓ Recruits to Diverse Candidates
- ✓ Partners with Community Institutions to Support Career Pathways

- ✓ Acknowledges, Awards, and Honors Diversity
- ✓ Measures Employee Perceptions of Diversity Practices
- ✓ Compares Results among Diverse Groups and Acts on Those Results
- ✓ Takes Diversity of Workforce into Account in Performance Evaluation System
- ✓ Measures Diversity Pipeline Progress and Reports to Leadership

#### Expanding the Diversity of Your Leadership Team

- ✓ Board Discusses Diversity of Board, Management Team and Workforce
- ✓ Board-Approved Policies Exist Encouraging Diversity and Inclusion
- ✓ Communicates Commitment to Diversity to Management Team
- ✓ Board Sets Goals on Organizational Diversity
- ✓ Links Management Compensation to Diversity Goals

## CASE STUDY:

# Legacy Health

## *Addressing Readmissions Rates*

### Background

Legacy Health is a nonprofit, locally owned organization based in Portland, Oregon and serves Oregon, Southwest Washington and the Mid-Willamette Valley. The system includes two regional hospitals, four community hospitals and a specialized children's hospital. By taking the #123forEquity pledge, Legacy Health committed to take action to accelerate progress toward three specific goals.

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### GOAL 1:

*Increasing collection and use of race, ethnicity, language preference and other socio-demographic data*

### Interventions

All patient access staff are required to take classroom training on collecting race, ethnicity and language data. In order to develop cultural competency and sensitivity about gender identity, they are also being trained on collecting gender identity information.

### Outcomes

Pre- and post-surveys indicate that after going through training, employees are more comfortable talking about race and ethnicity with patients and are collecting it more efficiently. As a result, Legacy Health has increased the collection of patient demographic data and data collected are more accurate.

After analyzing the data, staff presents information about all-cause readmissions to the board. They have also used this information to improve discharge documents. A team made up of the organization's vice president for quality and human resources, chief medical officer and diversity program manager is creating a plan to address readmission disparities.

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### GOAL 2:

*Increasing cultural competency training*

### Interventions

Legacy Health has increased the focus on diversity and cultural competency in its mandatory employee education and is working with other health systems to create an unconscious bias training module that will be mandatory for all employees. They have created a fully integrated Gender and Sexual Health Service Line and will execute a plan to create single-stall or gender-neutral bathrooms at all hospitals and clinic sites. New policies are under review for transgender employee transition, nondiscrimination, equal opportunity, affirmative action and anti-harassment. In addition, the organization has increased communication about equity and inclusion to all leaders and shares its diversity work in weekly newsletters.

### Outcomes

Legacy Health increased diversity overall by three percent last fiscal year.

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### GOAL 3:

*Increasing diversity in governance and leadership*

### Interventions

Legacy Health requires that at least one candidate of color has the opportunity to interview for every open leadership position. They encourage hiring managers to have diverse interview panels and to ask candidates a question about cultural competency and they created a one-page guide to help hiring managers stay bias-free in interviews. Efforts to attract a broader range of candidates include changing job listing vendors to reach a more diverse audience, attending culturally-specific job fairs and partnering with employee resource groups to reach communities more effectively.

*continued*

## CASE STUDY: Legacy Health

### Outcomes

These efforts have helped leadership diversity increase from eight percent to 15 percent. This year, Legacy Health welcomed African-American and Asian-American members to its board and hopes to add a member from the LGBTQ community.

### Lessons Learned

- Training patient access staff to efficiently and sensitively collect race, ethnicity, language preference and gender identity data can result in more and better information.

- Like many other organizations, Legacy Health found that accurate data is valuable in addressing readmissions rates.
- Legacy Health finds it important to interview diverse candidates for every leadership opening.

### Contact

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### Diversity Checklist Legacy Health

#### As Diverse as the Community You Serve

- ✓ Monitors Community Diversity Demographics Data
- ✓ Strategically Utilizes Community Diversity Data

#### Culturally and Linguistically Proficient and Equitable Patient Care

- ✓ Monitors Patient Diversity Data
- ✓ Emphasizes Importance of REaL Data
- ✓ Utilizes Diversity Data in Relationship to Quality and Patient Safety
- ✓ Patient Satisfaction Surveys Reflect Patient Diversity

#### Strengthening Your Workforce

- ✓ Recruits to Diverse Candidates
- ✓ Trains Staff at All Levels on Care of Diverse Patients
- ✓ Measures Diversity Pipeline Progress and Reports to Leadership

#### Expanding the Diversity of Your Leadership Team

- ✓ Board-Approved Policies Exist Encouraging Diversity and Inclusion
- ✓ Mandates Diversity Training for All Leaders and Staff



## CASE STUDY:

# Norwegian American Hospital

## Analyzing Data Carefully

### Background

Norwegian American Hospital (NAH) is a 200-bed, acute care community hospital situated in the Humboldt Park neighborhood on Chicago's near Northwest side. The hospital has served a diverse and dynamic population over its more than 100-year history, and has consistently engaged in efforts to ensure equality in healthcare service delivery, workforce development and hospital governance.

The hospital is accredited by The Joint Commission and has achieved Primary Stroke Certification from the Healthcare Facilities Accreditation Program (HFAP).

By taking the #123forEquity pledge, NAH committed to take action to accelerate progress toward three specific goals.

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### GOAL 1:

*Increasing collection and use of race, ethnicity, language preference and other socio-demographic data*

### Interventions

The hospital regularly analyzes race, ethnicity, language preference and other socio-demographic data related to its community and patient population. It uses this analysis to inform current programs and develop new initiatives specifically designed to address the needs of its community.

### Results

In one of the analyses conducted by the hospital, NAH found that the residents of the ZIP codes immediately surrounding the hospital exhibit one of the highest per capita rates of diabetes in the country. The hospital has also determined that at least in part due to socio-economic disparities in the community, individuals with diabetes historically had very limited access to a range of health services necessary to manage various aspects of their illness. In response, the hospital has developed a comprehensive diabetes center that includes multiple medical specialties (endocrinology, nephrology, podiatry, neurology, primary care, etc.), diabetes education and related services to provide a single point of service focused on preventing, educating and providing clinical services that optimize the health of individuals with, or at risk for diabetes.

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### GOAL 2:

*Increasing cultural competency training*

### Interventions

The hospital has increased the number of diversity training and education programs available to staff and requires that all staff participates in diversity training. It also focuses on cultural competency and diversity awareness elements when evaluating patient and physician interactions and various satisfaction/perception surveys.

### Results

Diversity information obtained from patient and physician sources is then used in several ways to improve competencies, including

- Regular revisions and updates to organization-wide training materials and sessions so that these educational elements are current and effective
- Provide near real-time feedback to staff (usually through the organization's Patient Experience Officer) to improve the competencies on a case by case basis
- Anecdotally inform staff on specific behaviors and practices that can be integrated into contact with patient and physician to improve cultural sensitivity.

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### GOAL 3:

*Increasing diversity in governance and leadership*

### Interventions

NAH seeks to build and retain a leadership team that both reflects the diversity of the community it serves and includes the best talent possible. The hospital addresses barriers to these objectives by posting job positions in a wide variety of resources and making diversity one of the characteristics by which candidates are identified.

The hospital has worked equally hard to attain a diverse membership for both its hospital and foundation boards. It attracts and retains a diverse group of board members through its willingness to recruit individuals from a wide variety of backgrounds and because of its standing in the community.

*continued*

## CASE STUDY: Norwegian American Hospital

### Results

Currently, the leadership team of NAH is 17 percent African American, 17 percent Latino, 17 percent Asian, three percent multiracial and 46 percent White. More than half of the leadership team is female. The hospital board is 37 percent Latino, 13 percent Asian, 13 percent African American and 37 percent White, and 25 percent of hospital board members are female. Half of foundation board members are female and 64 percent are Latino.

### Lessons Learned

- Careful analysis of demographic data can help hospitals design programs that respond to their communities' unique needs.

- Cultural Competency impacts all areas of patient care and hospital operations and can be improved on an integrated basis through multiple channels
- Improving and optimizing Cultural Competencies is a critical, ongoing and dynamic process that depends on a consistent organizational commitment
- To achieve board diversity, it is imperative to recruit members from a wide variety of backgrounds.

### Contact

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### Diversity Checklist

#### Norwegian American Hospital

##### As Diverse as the Community You Serve

- ☒ Monitors Community Diversity Demographics Data
- ☒ Strategically Utilizes Community Diversity Data

##### Culturally and Linguistically Proficient and Equitable Patient Care

- ☒ Monitors Patient Diversity Data
- ☒ Emphasizes Importance of REaL Data
- ☒ Utilizes Diversity Data in Relationship to Quality and Patient Safety
- ☒ Patient Satisfaction Surveys Reflect Patient Diversity

##### Strengthening Your Workforce

- ☒ Recruits to Diverse Candidates
- ☒ Trains Staff at All Levels on Care of Diverse Patients
- ☒ Measures Diversity Pipeline Progress and Reports to Leadership

##### Expanding the Diversity of Your Leadership Team

- ☒ Board-Approved Policies Exist Encouraging Diversity and Inclusion
- ☒ Mandates Diversity Training for All Leaders and Staff



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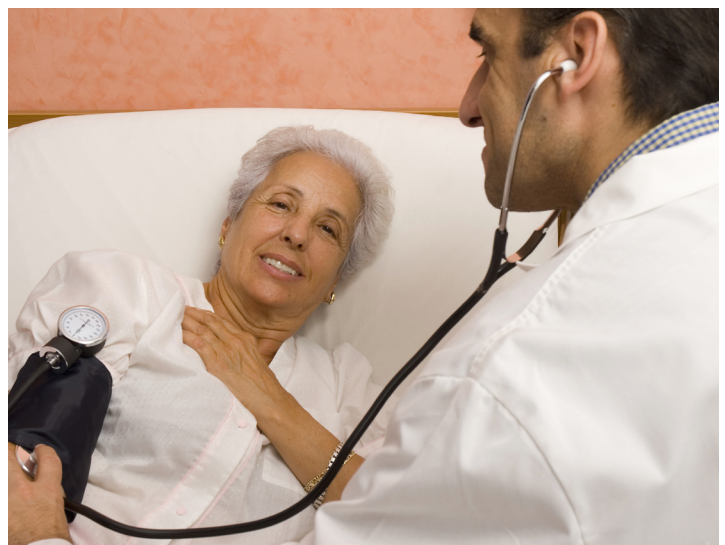
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