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# NAACP Grades Hospital Leadership Diversity

04.02.15 by Matthew Weinstock H&HN Assistant Managing Editor

**The civil rights group and hospital leaders agree on the need for best practices in diversity across the leadership ranks and in purchasing.**

The NAACP today released a report on diversity in health care that is certain to spark debate over the number of minorities in hospital leadership. That's what report cards are meant to do — draw attention to a topic and generate conversation.

"The report was designed to do two things: Shine a light on diversity, but also bring more attention to the job opportunities that exist in health care," says Dedrick Asante-Muhammad, senior director of the economic department at the NAACP. "People know about doctors and nurses, but they may not know about the administrative and professional functions."

The [NAACP Opportunity and Diversity Report Card](#) — which is part of a series that looks at various sectors of the economy — grades six of the nation's largest health systems on their hiring, promotion and procurement practices. The report is based on data voluntarily submitted by the health systems. The overall grades were not great, ranging from a B for Dignity Health to a D- for HCA (Community Health Systems did not participate and, as a result, was given an F). Most of the systems received C's and lower for diversity on their governing bodies and for senior management.

"We believe we've made more progress in several areas that the grades don't reflect," says Patricia Webb, executive vice president, chief administrative officer and chief human resources officer, Catholic Health Initiatives. "The survey is based on 2012 data, so it is not reflective of the present situation."

CHI scored an A for diversity on its governing bodies, but a C and F for executive/senior leadership and mid/lower management, respectively.

"In all areas of our organization, down to the front line, we feel diversity and inclusion should be a focus," Webb says, adding that CHI has expanded its mentoring and coaching programs for all staff.

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To a certain degree, the NAACP report is a continuation of a conversation that the American Hospital Association's Institute for Diversity in Health Management and others have been leading for several years: Diversity in the C-suite and on boards of trustees is critical as the field continues to push forward with population health and new models of care.

"If you step back and realize that 31 percent of patients are minorities, but only 12 percent of executive leadership positions and 14 percent of board members are filled by minorities, clearly there are more opportunities for progress," acknowledges Gene Woods, president and chief operating officer of Christus Health, Irving, Texas.

Woods notes that the drive to bring more diversity to the leadership ranks and reduce health care disparities spurred the American College of Healthcare Executives, American Hospital Association, Association of American Medical Colleges, Catholic Health Association and America's Essential Hospitals in 2011 to form the [Equity of Care committee](#).

As part of a [toolkit](#) released in January on eliminating health care disparities, the committee put together a set of best practices for building a [leadership diversity program](#). Woods, who chairs the committee, says that having diversity dashboards and studying metrics are key to understanding how an organization is performing. Each year, the Christus board identifies a set of goals for diversity and inclusion, he says. Senior leaders are held accountable for meeting those metrics on an annual basis.

The Equity of Care committee will continue to push best practices out to the field, Woods says, including promoting advances made by organizations honored with the [AHA's Equity of Care award](#), now in its second year.

On the procurement front — supplier diversity — NAACP gave all of the health systems failing grades. Asante-Muhammad suggests that a large part of that is because hospitals need to do a better job of tracking representation of minority-owned businesses in their supply chains.

"We also have a long-standing practice of engaging our vendors in matters of social justice and advocacy," officials of Dignity Health said in a statement. "The availability of minority-owned businesses that can supply the quantity and quality of products and services we require is limited. However, we believe greater partnerships are possible."

Asante-Muhammad says that the NAACP will continue "the conversation" with the surveyed organizations to advance diversity programs and look to do a follow-up survey in a couple of years.

"If we can see a supply chain diversity go from 2 to 3 percent, that is a strong move in that period of time," he says.

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