







→ continued from page 3

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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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

→ continued from page 4

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.”

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

— Linda Galindo,  
President  
Versera Performance  
Consulting

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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

→ continued from page 5

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."