Diverse Board Members Offer Their Perspectives

Thoughtful, strategic dialogue is essential to boardroom diversity

BY ERICA M. OSBORNE 
AND JIM GAUSS

Health care organizations have been working for many years to achieve diversity on their governing boards. Although boards recognize the value that a diverse group of voices brings to overseeing high-quality care for every member of their community, many groups find the “how-tos” continue to elude them. Organizations succeed when leadership makes a genuine commitment to understanding the “how-tos” and implementing well-planned strategies for the journey to diversity.

In a recent Trustee Insights article, “Board Diversity Lessons Learned,” CEOs from three leading U.S. health care organizations shared their journey building governing boards with diversity in such attributes as age, gender, race and ethnicity.

For this article, we interviewed board members themselves about which criteria they use when deciding whether to become a trustee of a health care organization. Trustees were quite candid when asked about their experiences being recruited for board service, reflecting on such questions as: “What persuades you to say ‘yes’ to serving on a board?” and “What do you expect from CEOs?” The trustees we talked with also offered a few key do’s and don’ts when recruiting for diversity.

Transparency in Recruitment Is a Must

Transparency is always important in the board recruitment process, but when recruiting candidates to fulfill a certain demographic profile, it is absolutely imperative.

When R. Omar Riojas joined the board of trustees at Swedish Health Services in Seattle in 2015, he knew his expertise as an attorney made him an attractive candidate. He also knew his ethnicity, Latino, and age, 37 at the time, were attractive.

“I went in with my eyes wide open,” said Riojas, vice chair of the Swedish board of trustees and chair of its governance and nominating committee. “They were expanding the profile of their board.”

Rosemary Turner, retired president of UPS, has served on several boards, including for Main Line Health in Bryn Mawr, Pennsylvania, and she currently serves as chair of the board for the Federal Reserve Bank of San Francisco and board member of SCAN Health Plan. Turner, who is African American, says many CEOs stumble when answering whether they truly value her expertise and intelligence or whether they feel required to seek diversity. Turner eases into a more direct question by first asking about the organization’s most urgent need from a people perspective and then about goals for diversity, equity and inclusion. “And then I ask them, ‘Why did you come looking for a diverse candidate now?’” she explained.

One reply Turner received to her question was that the board was lopsided with too many white members and needed her support. “I could respect that answer;” she
said, “I didn’t want a handwritten or even a verbal commitment. I wanted to hear in their voice that they understood the greater good for having diversity on their board.”

**Tokenism Should Be Avoided**

Beyond transparency, candidates want to be sure the organization’s commitment to diversity is genuine. What should be avoided in all forms is tokenism — not truly valuing the trustee’s attributes overall, only the diversity aspect.

Turner said she looks for leaders who are committed to diversity, equity and inclusion in their words and actions. Are the organization’s DEI efforts discussed during the interview process? Does the organization have a DEI officer? Does the CEO speak out publicly against racism and inequities?

“To actually have diversity in action, there has to be something measurable going on,” Turner explained. At the same time, diverse board members want to be a voice for their communities, just not the voice.

“It’s a tricky balance,” said Riojas, who serves on the Swedish board’s Health Equity, Justice and Social Responsibility Committee. “I’m trying to at times represent my community at the board level, but at the same time, I don’t want to be always asked, ‘Omar, what does the Latino community think?’”

**Proper Onboarding and Assimilation**

Another area to be mindful of is onboarding and assimilation. Diverse trustees with prior board service or C-suite experience may fit seamlessly onto a board. But a nontraditional candidate — someone who is younger than 40 or new to board service, for example — may require adjustments.

Riojas said that learning about the nuances of health care proved to be quite challenging for him. It helped that the Swedish board was very supportive of his service right from the start. “The board was very open to me; it was very welcoming. You need that when you’re recruiting for diversity,” he emphasized.

Riojas believes that artificial barriers, such as time-of-day commitments, may prevent qualified candidates from either joining a board or being able to stay. Daytime or daylong meeting requirements may skew board composition to members who have more flexibility in their work schedules or are retired.

“I have a lot of flexibility in my job, and I can control my schedule. A lot of other candidates might not be so lucky,” Riojas said. “I’ve heard from board members at other hospital systems having to take a day [off] to attend a meeting. That’s interfering with their paid time off. So those are small barriers, but they do make an impact.”

**The Secret Is Out**

What leads to success is a willingness by the full board, not just one or two members, to push for diversity issues. Riojas said he appreciated the Swedish board’s willingness to be open minded in selecting members, rather than gravitate only toward the traditional candidate.

“Talent comes in lot of different forms,” Riojas pointed out. “And there’s a lot of talent in every community.”

Health care leaders who have yet to grasp the true weight of this issue may be doing serious harm to their organizations. The governance community has been artificially small for way too long.

“But the secret is out, and it’s affecting business,” Turner said. “You’ve either got to get on the train or you’re not going to be successful.”

Erica M. Osborne (eosborne@viahcc.com) is a principal with Via Healthcare Consulting and based in Carlsbad, California. Jim Gauss (jimG@wittkieffer.com) is a senior partner, health care and board services, at WittKieffer and based in Irvine, California.

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