

# Trustee Insights

## INTERVIEW



## The 2025 COG Chair on the Future of Governance

James Liggins, Jr. shares his board experience and what to look for in 2025

BY SUE ELLEN WAGNER

**A**s we begin a new year, Sue Ellen Wagner, vice president, trustee engagement and strategy at the AHA, looks at what lies ahead for boards with James Liggins, Jr., board chair, Bronson Healthcare System and 2025 Committee on Governance (COG) chair.

**Sue Ellen Wagner:** *Please tell us about yourself, including your trustee role.*

**James Liggins, Jr.:** I'm a commercial litigation attorney in Kalamazoo, Michigan. My practice runs the gamut of real estate and contractual disputes and even some health care issues. What feels like my other full-time job is as the incoming board chair for the Bronson Healthcare system here in southwest Michigan. It is a nine county region, five hospital

system, with about \$2 billion in revenue. I have been the vice chair for the last three years and am now the incoming chair. I've also been the chair of the Quality Oversight Committee for the last three years as well.

One of my passions is community-based work and community service. I try to be as active and engaged in the Kalamazoo community and in the state of Michigan community as I can be. That means that I'm on several boards, including the Michigan's State Board of Ethics. I am the current co-chair of the Judicial Qualifications Committee for the State Bar of Michigan and was recently appointed to be the Commissioner for the Kalamazoo region for the State Bar as well. Along with all of that, I have a wonderful wife, three children and am the assistant pastor at my church.

**Wagner:** *On behalf of the American Hospital Association, I do want to welcome you to your chairmanship of the AHA Committee on Governance, or COG. As chair of the COG, what governance issues do you expect the Committee to focus on in 2025?*

**Liggins, Jr.:** Boards will be important in helping our organizations prepare for what I see as the incoming AI revolution. I truly believe AI will revolutionize the health care industry. We must figure out what questions board members should

be asking to help us prepare for that coming sea change. My hope is that AI will be a unique discussion topic this year.

**Wagner:** *Can you tell our readers what you are most looking forward to in chairing the Committee on Governance in 2025?*

**Liggins, Jr.:** I know the AHA is at the end of its latest strategic plan and will be going into its new three-year plan. I am most excited about understanding that plan and helping the organization to achieve those objectives through the COG, and through the insights that we bring from the governance perspective.

**Wagner:** *In 2024, AHA featured an interview with you about how your board focuses on health equity in a case study document entitled "Building a Governing Board Strategy on Diversity and Health Equity." You did an amazing job in sharing where your board is on its journey. If you can, please share some nuggets to help readers develop their own strategies around health equity.*

**Liggins, Jr.:** Something important I did not mention in that interview is that much of what we did in the health equity space, along with some of our diversity, equity and inclusion efforts started with our commitment to the AHA Equity of Care pledge. Once our board said, 'OK, we're going to be committed to this,' we began really digging into what it means. We had a visionary leader who decided that we needed an executive to manage our diversity, equity and inclusion efforts. This executive came in and began to build out a department. Not to be

overlooked is the data collection part of this endeavor. It was a serious investment for us. We started this process about 15 years ago, which put us ahead of the rest of the field with respect to putting the infrastructure in place to collect that data. Once we did that, we had a new system in place for health equity with respect to some of our performance improvement committees as well.

Now, for the first time ever, we have a CEO who is of color. When you have someone who is passionate about this work, it adds a different dynamic. It also allows an opportunity to embed this work in our values with respect to diversity, equity and inclusion and into our culture. The board made sure our diversity, equity and inclusion values were not an add-on or footnote in our strategic plan. Equity and inclusion is at the center of that strategic plan and woven throughout it. It really does inform every other goal. It is the center of our organization as a whole. That is what we aspire to.

We also examined our committee charters to see how diversity and health equity could be embedded in our Committees. Our organization reviewed our committee charters, including community health, the quality oversight committee, the audit committee, the finance committee and so on. We intentionally asked the question, 'where is our commitment to equity articulated in our charters and rules?' Again, if it's going to be a pillar of our organization, we have to work at making it a part of our DNA. It can't just be lip service. Of course, there is always room to grow, but I am very proud of the work that we've done in that space.

**Wagner:** *Great. Is there anything else you want to add?*

**Liggins, Jr.:** When I began as a member of the COG, I was skeptical about the organizational model. It's different from any other board work that I've participated in to date because it truly gives our members a chance at grassroots advocacy to an organization. In turn, we can actually come up with some models or ideas about how to advocate. Our committee is truly able to inform the AHA's leadership and priorities. I have seen what it looks like when our insights actually begin to be implemented, because of the input from our committee. I encourage our hospital board members and organizations to utilize COG as its connection to this national leader in health care advocacy and representation.

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*Please note that the views of interviewees do not always reflect the views of the AHA.*