

# Trustee Insights

## INTERVIEW



## What Are Hospital and Health System Boards Facing in 2022?

### Bill Menner addresses challenges and priorities for trustees

BY SUE ELLEN WAGNER

I recently spoke with William (Bill) Menner about some of the challenges that hospital and health system boards are experiencing — issues the American Hospital Association's Committee on Governance will be addressing in 2022 — and about the value that AHA provides to boards. Menner

is past board chair at UnityPoint Health–Grinnell Regional Medical Center in Iowa and chair of AHAs 2022 [Committee on Governance](#).

**Sue Ellen Wagner:** *Hospital and health system boards continue to face significant challenges, such as workforce shortages, COVID-19 surges and overall emergency response. Can you elaborate on these challenges and discuss what you are seeing as a board member?*

**Bill Menner:** It's been a remarkable and tragic two years since

COVID-19 first hit, and I know that hospitals, providers and people from around the world are still dealing with the pandemic. I don't think there is any way to fully state the impact: People are still dying, vaccination rates continue to lag and the impact that this is having on hospitals is tremendous. I know that we've been reading about these stories for the last two years, but the reality is, hospitals have been the front line in responding to COVID-19. Hospital staff also are on the front lines and seeing the ramifications on our workforce in the burnout that exists and in the physical health of providers, some of whom were the first to contract COVID because they were caring for patients.

As a trustee, I think to myself: What are we doing about it, as trustees?

I think the important thing to note is that trustees — in their role as the visionaries, the planners for health care — really set the stage years ago for how their hospitals responded to this crisis. What is the role of hospitals in getting vaccines and boosters in the arms of individuals, or responding to workforce situations? Those are operational issues. What trustees have done is to put in place great teams to empower hospitals, give them support — both financial and spiritual — and hope that they do great things. We expect hospitals to do great things that save lives and

empower healthy communities. But that's the day-to-day job of running a hospital. That's not what boards are about.

Reflecting on this as a trustee and as the chair of the AHA Committee on Governance, I really think that what trustees should be thinking about is a reflection on what has happened for the past two years: how well prepared they, their systems and their organizations were for the pandemic. And then to start looking ahead as the planners and visionaries — as those that essentially craft the future for the organization — and put those systems in place so that administrators and providers can be prepared for whatever comes next.

**Wagner:** *What are the top three governance issues that you see as important in 2022?*

**Menner:** Obviously, dovetailing on that first topic of COVID-19 is the ongoing response not just to the pandemic — or to whatever the latest variant is — but also the ongoing impact on finances, on the workforce and on the mental health of our employees. It's the whole burnout factor that we know is an issue. So I think that some element of the current pandemic is issue number one.

I think issue number two has to be some sort of resiliency planning for the future. Taking these experiences of the past two years, reflecting on them and doing almost a SWOT (strengths, weaknesses, opportunities and threats) analysis of how we as organizations responded — the barriers and

challenges we've faced and where we did well. Reflecting on that and then doing a real-time strategic plan for what comes next. And we don't know what comes next, but we do know that we're probably going to be better prepared because of what we've been through.

That idea of resilience and strategic planning for the next crises — trustees are good at that because we do disaster response drills all the time. I think how we now view disasters and our response is evolving.

The third piece is this ongoing sense of addressing diversity, equity and inclusion. In regards to health

resilience piece, and ensuring that people have access to services, regardless of who they are, where they live and what they do.

**Wagner:** *As chair of the AHA 2022 Committee on Governance, what issues do you see the committee addressing?*

**Menner:** I think we're going to talk about the pandemic and resiliency. We're going to talk about health equity. And we're going to talk about it from the lens of that important role of a trustee as a caretaker, planner and someone who is providing oversight to operations but not getting out of their lanes.

When we get into times of crisis, and I have been there as a trustee, you want to do more because you see the need. How can I pitch in? How can I be of use?

I think the best thing that trustees can do is to reflect on their role. And that is: How do we support the team? How do we support

the C-suites? How do we recruit and retain the best employees, whether it's providers or administrators or others? And how do we craft a vision for our organizations that aligns the organization with the broader community?

I'll probably also want to have a real focus on hospitals and systems and trustees playing a broader role in their communities, outside of the four walls of the clinic, hospital and organization. I think that the way that health care organizations address social determinants of health has perhaps the

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equity, especially in the aftermath of the pandemic, we know there are communities that were left behind. We know there are communities especially hard hit by the pandemic, in part because of who they are or where they live. And that has to continue to be something that trustees address, whether they live in a big urban center or a remote frontier town with a critical access hospital.

That issue of diversity, equity and inclusion — an overall approach to health equity — is another big one, and in a lot of ways, all these issues are interrelated: the pandemic, the

broadest impact on our communities. And frankly, it is a great way to address health equity too, by making sure that our patients aren't our patients because they don't have any place to live or don't have the income necessary to get healthy food — or food at all — or don't have transportation means. All these factors that exist outside of the walls of the hospital are things that forward-looking organizations are addressing in new and creative ways.

The Committee on Governance brings together a group of remarkable individuals from across the country with different experiences and different insights, whose organizations on their own are doing really innovative things. When we're around that table, we get a chance to hear what's going on all across the country. I have taken home lessons myself from that table and shared it with leadership at my own hospital in the middle of Iowa. Sometimes it's applicable. Sometimes the response is ... well, they can do things like that in the big city, we can't necessarily do that here. But at least there's a learning and sharing that's going on.

**Wagner:** *Can you speak to the value that the AHA provides to its member boards?*

**Menner:** It's tough to be a trustee. Having to focus on a health care world when you're not necessarily a health care expert can be challenging.

That is what the AHA has done through its educational platforms such as the [Trustee Services website](#) and Committee on

Governance email group — provide a blueprint for information- and knowledge-sharing and education. It allows somebody who's not a health care expert, or someone whose experience with health care is limited to going to the doctor or into the ER, to get some insights through it.

I think there's a broad understanding that it takes a while to get up to speed as a trustee once you get that first appointment or election to a board. It's not easy. And that timeline gets longer if you don't

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have access to resources or if your board doesn't have good governance practices in place for onboarding, mentoring and providing tools and resources. What the AHA has done is put all of those resources in one place, easy to access. Then it's just a matter of making sure that the hospitals, administrators and trustees know about it.

One of my goals in my tenure as the Committee on Governance chair is to wave my arms as much as possible and point to that Trustee Services website. Then hope that trustees will come and at least click on that link to see what else is out there as they venture down this road of helping their own organization and being leaders in their communities.

**Wagner:** *Do you have any last words of wisdom to share with AHA Trustee Insights readers?*

**Menner:** I think that this whole process of trustee engagement really needs to be a two-way process. It's not just the trustees listening and learning and taking in information. There's got to be some give-and-take. And I know the AHA team is more than interested in finding ways for that ongoing engagement.

Frankly, my experience on the Committee on Governance has been an important part of that. So I would highlight that opportunity to trustees who want to take the next step. Sometimes it's more local; sometimes it is at the state association level. What the Committee on Governance has done for me is given me a national perspective and brought me into contact with some amazing people from organizations across the country, seeing firsthand how they work. That's quite a powerful table of folks who bring their skills and expertise, and it's been an amazing experience for me to be part of that.

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**Sue Ellen Wagner** ([swagner@aha.org](mailto:swagner@aha.org)) is vice president, trustee engagement and strategy, at the American Hospital Association.

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