

Leading While Black

Addressing Social Justice
and Health Disparities

Prepared By The Chartis Group and
The National Association of Health
Services Executives (NAHSE)



THE
CHARTIS
GROUP



Executive Summary

Our country is facing a public health crisis. If you are Black, access to high-quality healthcare and your health outcomes are worse than if you are white. Full stop. Decades of research provides ample evidence of this worsening problem. Unfortunately, it's taken a global pandemic with a disproportionate impact on communities of color and many high profile and tragic incidents of racial injustice to heighten general public awareness. Healthcare leaders, particularly Black leaders, are uniquely positioned to address this crisis. A diverse leadership team and workforce are critical for healthcare organizations to be successful in promoting social justice and reducing healthcare disparities.

What will it take for healthcare organizations to promote social justice and reduce healthcare disparities in the communities they serve? What can we all do together to reduce healthcare disparities in our communities? The purpose of this report is to shed light on the answers to these questions by integrating the perspectives of 11 Black healthcare leaders with the findings from published reports and our original research. This report is the product of a joint initiative sponsored by the National Association of Health Services Executives (NAHSE), a non-profit association of Black healthcare executives founded to promote the advancement and development of Black healthcare leaders, and The Chartis Group, a national healthcare consulting firm committed to ensuring that antiracism beliefs and commitments are embedded in the firm's fabric, culture, and work with our clients.

The Importance of Black Leadership in the C-Suite and Key Factors for Success

We begin the report by making the case for the importance of Black leadership and the impact increased representation may have in addressing disparities. Our own research demonstrates that we have a long way to go in creating diversity in the senior leadership ranks of some of the most prominent healthcare organizations. C-suites have nowhere near the representation of Black leaders compared to the percentage of minorities in the communities that they serve. And what progress has been made has been in a limited number of leadership roles.

We then describe the professional journey of many prominent Black healthcare leaders and identify three important factors to which they have attributed their success:

- The importance of **bringing their "authentic self" to the workplace**, being open with others about what they valued most and who they were as individuals. Being authentic means not conforming to organizational norms or leadership styles that go against one's values, including speaking the truth against racism.
- The importance of **boldness and bravery** to be able to effectively combat implicit biases and advocate for the health needs of their underserved communities. Being bold and brave requires being both resilient and tenacious. But it also requires a third factor: a support system that leaders can lean on to help them navigate the obstacles they face along the way.
- The importance of a **robust support system**. The leaders described a variety of different types of support that ranged from peers with whom they could share experiences to sponsors who advocated for advancement into roles in which they could make a more direct impact on addressing disparities.

Concrete Actions for Addressing Health Disparities and Advancing Social Justice

In the next section of the report, we describe in greater detail both the evidence for healthcare disparities and several concrete actions that should be taken to reduce these disparities. The work starts at the top, including the board, and hiring senior leaders and holding them accountable for addressing disparities. Recognizing the aphorism “what gets measured gets managed,” it is important to develop metrics that provide insight into the reasons for differences in access to care and outcomes but also help track the effectiveness of solutions that can mitigate those differences.

Those solutions must be multi-faceted. They include actions related directly to the delivery of healthcare. But the solutions must also go further upstream by addressing the social determinants of health, both for individuals already in the care system and for the broader community. With all of these efforts, making the business case for intervening is essential because — particularly in the case of not-for-profit organizations — “where there’s no margin, there’s no mission.”

We conclude the report by recommending practical next steps for organizations and their leaders to move the needle on addressing social justice and health disparities. Drawing on the significant experience of the Black leaders who were interviewed, we identify three principles that should guide the work and specific actions that accrue benefit to the organization, community, and individual. In addition, integrating many of the key concepts from our interviews, we present an assessment tool or maturity model that can help organizations identify their current location on their journey and envision their future state.

We All Must Play an Active Role

On behalf of our two organizations sponsoring this initiative, we extend our deepest gratitude to the leaders who graciously offered their time and wisdom to helping inform this report. Regardless of one’s own racial background, it is incumbent on all of us in healthcare to contribute to the growing effort to address this public health crisis. We hope that the information and guidance in this report will provide a useful resource to all leaders who are committed to promoting social justice and reducing healthcare disparities. ■

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INTRODUCTION

Over the past year, the discourse about social justice and racial and ethnic disparities in healthcare access and health outcomes has been elevated to a new level, which has been highlighted further by the COVID-19 pandemic. At the same time, the racial injustices experienced by Black communities have been brought to the forefront. The result has been a renewed call to action to directly address these issues. As one of our interviewees stated, “Tides expose the earth as the waves pull back; the tsunami [of the last year] has exposed racism to a whole new group of people.” The Chartis Group and NAHSE have partnered to hold discussions with Black healthcare leaders to share their experiences of leading while Black and determine ways to move the needle from dialogue to meaningful action. Through this collaboration, we bring our collective expertise and commitment to address the public health and social crisis at hand.

This report represents the culmination of in-depth discussions with Black senior healthcare leaders about their personal and professional journeys, with a specific focus on their experiences promoting social justice and addressing healthcare disparities. These leaders hold board and C-suite positions in some of the nation’s top hospitals and healthcare systems. The perspectives of these leaders have been combined with objective data and published research on disparities in healthcare leadership, trends in health outcomes, and instances of social injustice. In this report, we will discuss the important lessons and challenges these leaders have experienced, and offer considerations for closing the gaps in healthcare access and outcomes for underserved communities.

The insights gleaned in this report will provide suggestions for current and aspiring leaders, both Black and non-Black, on how to effectively promote social justice and reduce healthcare disparities in the communities they serve.

A [comprehensive set of definitions](#) can be found at the end of this report.

The Importance of Black Leadership in Healthcare Organizations

Having a diverse leadership team and healthcare workforce is an important prerequisite for organizations committed to promoting social justice and reducing healthcare disparities. Black leaders bring a critical perspective regarding the challenges that communities of color experience when they interface with the healthcare system. The Black leaders we interviewed believe they have an important responsibility as well as a unique opportunity to make an impact. Our research and discussions suggest that organizations whose leadership reflects the needs and understands the challenges of their respective communities will be most effective in building trust and obtaining community engagement.

Many of our interviewees talked about the benefits of being in their role, such as having the “power of the pen” to effect change. They also discussed the burdens of being not only a senior leader but also being a Black senior leader, which meant that they were often sought out as the sole voice in their organization for advancing issues facing Black communities. In all cases, Black leaders talked about their sense of duty and honor to serve their communities.

Undeniably, the statistics regarding Black representation in leadership positions in healthcare organizations reflect this challenge. Most of the executives we spoke with noted they did not have people who looked like them in senior leadership roles when they began their journeys. Many shared that they were the “first” or the “only” Black executives in their specific roles and/or in their organizations.

Despite the fact that the U.S. spends more money per capita on healthcare than any other country, there are decades of research demonstrating significant racial disparity in access, morbidity, and mortality. Poignant examples include facts such as Black women with breast cancer are more likely to die than their white counterparts;¹ the mortality rate for Black infants is more than double that of white infants;² and African-Americans needing kidney transplants face longer wait times than white patients.³ A 2020 report from the Centers for Disease Control and Prevention (CDC) showed a widening of the life-expectancy gap between the Black and non-Hispanic white population by four years.⁴ The various reasons for these disparities are multifactorial, but it is difficult to argue that systemic racism and bias do not play a large and important part.

One interviewee shared a story about his wife, a Black woman, who had a postpartum complication at his hospital that required a special medical device. Fortunately, she and the baby are fine, but he reflected on that experience when he had to approve a purchase order for the type of life-saving device that was used to treat his wife. He asked the question, “How many other women have a need for these devices, and why do so many Black women need them?” This experience was an inflection point for him. He recognized at that moment that his organization needed to do more to tackle the root cause of the issues. The first step was to take the lead on collecting better data about the prevalence and causes of disparity. All healthcare organizations should ensure they are collecting this data as a baseline to identify areas for immediate attention and to measure improvement.

Black women with breast cancer are more likely to die than their white counterparts;¹ the mortality rate for Black infants is more than double that of white infants;² and African-Americans needing kidney transplants face longer wait times than white patients.³

As one leader stated, “Black leaders are needed because of the racial disparities and stark differences in outcomes.” To effect sustainable change, social justice and racial equity must be embedded with the healthcare organization’s mission and values. Representation matters when it comes to making minority patients and community members feel seen and heard.

Chartis analyzed the diversity of leadership teams for 100 leading hospitals in the U.S. that are organizations on the U.S. News Honor Roll, 100 Great Hospitals list, and community-based and critical access hospitals. These organizations include leading academic medical centers, members of integrated delivery networks, children’s hospitals, and safety net hospitals. The purpose of this analysis was to provide a snapshot of Black representation in C-suite positions based on publicly available information. Specifically, we were interested in answering the following questions:

1. Overall, what percentage of C-suite roles are held by Black leaders?
2. What percentage of the most common roles in these hospitals are held by Black leaders? These common roles include the Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Medical Officer, and Chief Nursing Officer, roles found in 70 percent of the hospitals sampled.
3. What C-suite roles had the highest percentage of Black leaders? How many of the hospitals in the sample included these roles?
4. Is there greater C-suite diversity in hospitals that serve more diverse populations (measured by percentage of the population in the health services area that is Black)?

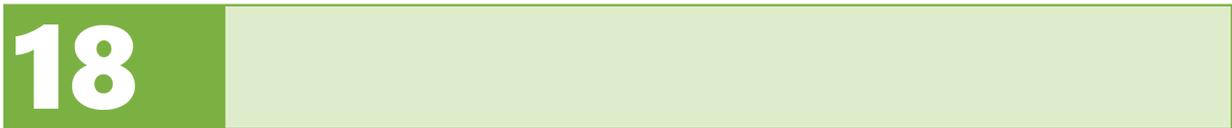
In Figure 1, we see that while nearly half of hospitals had at least one Black leader in a C-suite role, only 10 percent of total C-suite positions were filled by Black leaders. Broken down further, only 18 percent of hospitals had at least one Black leader filling a common C-suite role — and Black leaders filled just 6 percent of common C-suite positions in total.

Figure 1: Black Representation in the C-Suite

Of 100 Hospitals Sampled

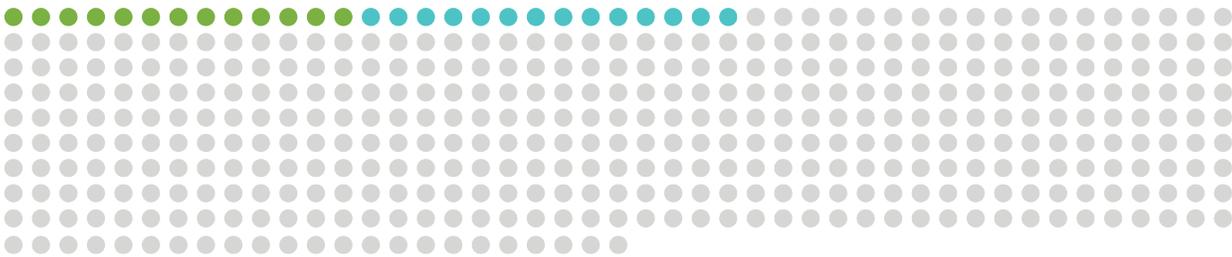


Hospitals had at least one Black officer

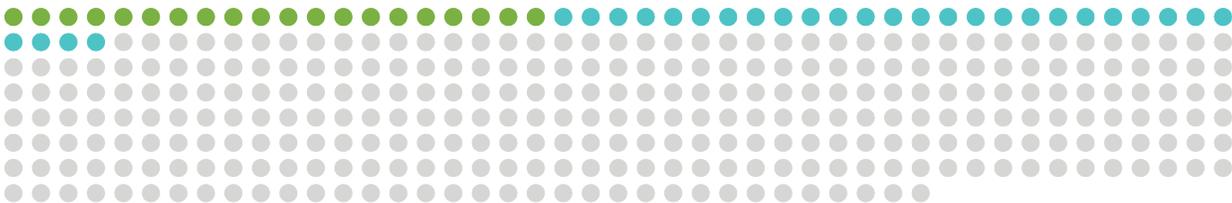


Hospitals had at least one Black common officer

76 of 777 officers are Black



27 of 428 common officers are Black

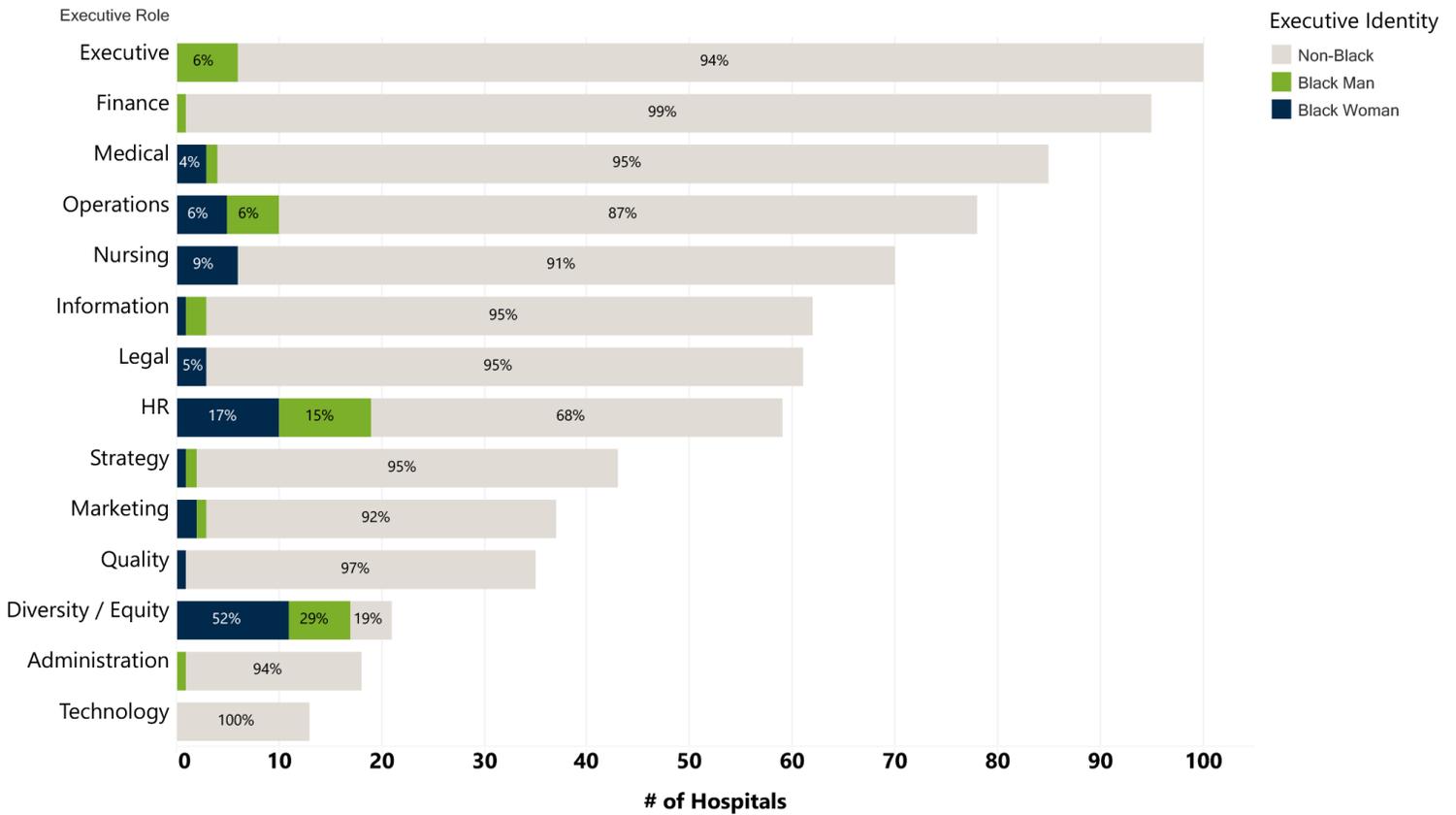


49 of 349 other officers are Black

● Black Men ● Black Women ● Non-Black

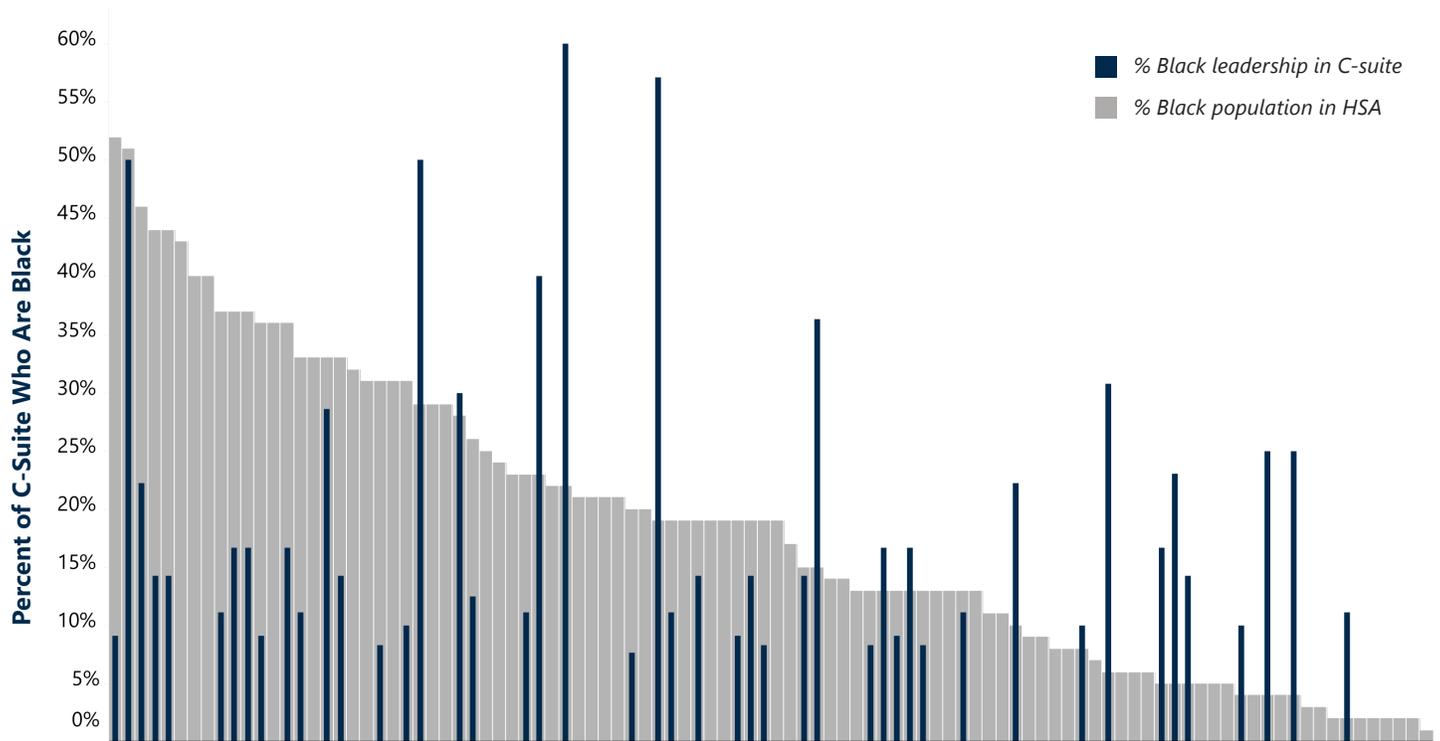
In Figure 2, we evaluate which C-suite roles have the greatest diversity. The following three executive roles have the highest percentage of Black leaders: Diversity/Equity (81 percent Black), Human Resources (32 percent Black), and Operations (12 percent Black). Of note, only 6 percent of Chief Executive Officers are Black. When we looked at gender differences for the Black leaders in these roles, a significant majority of Diversity/Equity leaders were women, compared to a more even split between Black men and women in the Human Resources and Operations roles.

Figure 2: Black Representation in Leadership by Office Title



In Figure 3, we evaluate whether there is a higher percentage of Black leaders in C-suite roles in hospitals with a higher percentage of Black individuals in their respective communities. The hospitals in the sample cover a broad range of population diversity (from 1 percent to 52 percent Black). Our evaluation shows there is no correlation between the percentage of Black leaders in C-suite roles with the percentage of Black individuals in the respective communities.

Figure 3: Degree of Representative Leadership by Hospital Service Area (HSA)



FOSTERING BLACK LEADERSHIP

While increasing the number of Black leaders is an important step in advancing this agenda, the important work for advancing issues facing Black communities is not the sole responsibility of Black leaders. Solving these complex issues takes a coordinated effort and strong commitment throughout the leadership and board ranks. If healthcare organizations are to be true to their missions, then addressing healthcare disparities that exist within their organizations as well as the communities they serve must be a collective charge for which all leaders take responsibility.

Bringing One’s Authentic Self to the Workplace

An important focus of this report is to understand what it takes to be successful as a Black healthcare leader. Several interviewees discussed the importance of “bringing your authentic self to the workplace.” Interviewees talked about the progression along the leadership journey to feeling comfortable bringing their authentic selves to the workplace: being transparent about who they are and what they value.

The interviewees noted that no one can always be their “complete self” in the workplace, but it is important to bring the most important aspects of oneself, being genuine and not feeling disassociated from what one cares about most. The distinction is between “standing out” for what one believes in and not “sticking out” in a way that is counterproductive. Another common theme expressed was that, as leaders gained experience, they also gained resiliency, which allowed them to be more comfortable showing up as authentic leaders in the workplace and refusing to be anything else. One leader called it being “unapologetically authentic.”

Some key recommendations interviewees shared for emerging and aspiring Black leaders included:

- **Combat the pressure to conform to “organizational norms,” to mitigate the personal experience related to organizational prejudice and biases.** Our interviewees noted experiences of joining the workforce and being advised by peers and senior leaders to “fit in” to protect themselves from discrimination. They discussed how, on a daily basis, Black colleagues have to be careful with how to “show up” in a way that disarms established stereotypes and implicit biases that may exist in the organization. A study at McGill University found that “Black employees often create ‘facades of conformity,’ suppressing their personal values, views, and attributes to do what they think is needed to fit in their organizations, and, as a result, feel deeply inauthentic.”
- **Overcome expectations to emulate certain leadership attributes that may not feel consistent with your style.** Part of combating the broader organizational norms also requires Black leaders to overcome the pressure to emulate certain leadership styles that they are not comfortable with. As noted in a recent *Harvard Business Review* article on driving diversity among senior leadership, “It’s easy to feel your sense of authenticity compromised if you feel you have to go against your own nature to conform to tacit leadership requirements.”⁵ Black leaders are often in a difficult position of balancing the desire to be their authentic selves with risking professional advancement by not conforming to the expectations of leaders with differing leadership styles. During the interviews, we heard many stories about the moments when leaders did what was right instead of what was expected and how this ultimately contributed to their professional growth.
- **Speak the truth to expose racism, both generally and in your own experience.** Interviewees spoke about the importance of speaking out against racism and bias in the workplace and creating spaces for others to feel safe to do the same. This idea of “brave spaces,” situations where leaders felt they could let their guards down and be more vulnerable, resonated across the discussions. Examples of brave spaces included building time at the beginning of team meetings for participants to talk about important topics related to racism and bias. This time shouldn’t only be set aside in response to tragic events, such as the horrific murders of George Floyd, Breonna Taylor, and too many others, but should be a regular topic of discussion. This will provide Black leaders and their teams with an opportunity to be vulnerable so that they can speak up and share their truths. Creating brave spaces fosters a two-way conversation in which colleagues can be vulnerable, respectfully candid, and open.
- **Respect and support colleague differences while not building fences.** Several interviewees noted that most people will naturally be more comfortable with other individuals who share common backgrounds and experiences. Being a Black leader often feels quite isolating. Interviewees talked about the value of connecting with other Black leaders in forums that enabled them to honor and support each other in their differences but that did not build fences around them to isolate them from other colleagues. For example, creating business resource groups or affinity groups might be beneficial in creating a sense of “belonging” to a group that a person closely identifies with, but these groups should not isolate or insulate an individual from the organization’s culture, mission, and values. The goal must be the creation of an avenue for everyone to be supported in a way that fosters meaningful contribution to the organization’s success.

Need for Boldness and Bravery

Black healthcare leaders feel an important responsibility to advocate for the health needs of their underserved populations and openly discuss challenging topics related to racism, diversity, and inclusion. Yet interviewees spoke of the need to walk a fine line when addressing healthcare disparities and disparities in the workplace. On the one hand, speaking up is an example of bringing one's authentic self to the discussion. On the other hand, concerns were shared that Black leaders' words could be politicized in a way that their white counterparts would not. In fact, there is a risk that these conversations create barriers addressing the issues and, in some cases, could even threaten job security.

Implicit bias was raised as a key challenge faced by Black leaders, in which non-Black colleagues act and make decisions unconsciously based on stereotypes. These biases can manifest themselves in several ways. For example, one interviewee discussed how there remains a perception that Black people, and particularly women of color, are less qualified for executive roles. Another way in which implicit bias impacts Black colleagues is related to the "like me" bias, when people tend to choose to work with other people with whom they are comfortable and to whom they are similar. Given the lack of representation of Black leadership in most healthcare organizations, this often places Black colleagues at a disadvantage and can create difficult obstacles for current or aspiring Black leaders to achieve their goals.

Facing biases is one aspect of the many challenges Black leaders face as they attempt to grow professionally and advance in their positions. Boldness and bravery are required as they forge their own paths in a career in which there are few role models in the C-suite, and they must seek other types of support, both within and outside of their organization.

What is required for a Black leader to be successful? First, several leaders we interviewed cited that having a **mindset rooted in resilience and tenacity is critical**. As they reflected on their respective journeys, successfully navigating the personal and professional challenges of being Black helped them develop this mindset. Equally important, however, is **having a support system that could provide guidance and help with navigating difficult situations**.

Importance of a Support System

As Black colleagues balance being authentic and boldly speaking their truths, there is a clear need for a group of supporters. Our interviewees each reflected on a person or group of people who played important roles in their career journeys. The importance of having spaces where these Black leaders could see, share with, and learn from others who were Black was highlighted during several of our conversations. Individuals in this support system served in a variety of roles for our interviewees, including allies, accomplices, mentors/coaches, and sponsors.

Most of the interviewees credited leaders from NAHSE with taking them under their wing and encouraging them to aim high. As the interviewees progressed in their respective careers, the leaders served various roles as sounding boards, thought partners, and advisors.

One interviewee stated, "I only put my name in the ring to become a hospital CEO because my mentor told me it was time for me to become a CEO." Another noted that his mentor encouraged him to move out of state to take a senior leadership role or run the risk of never advancing beyond his current mid-management position. Still another spoke about having fertile ground with mentors to strategize about equity and inclusion within their organization.

An important role in professional growth is that of the ally, or a person who supports someone from a marginalized race. One interviewee felt that the need is for more accomplices than allies, meaning, while it's critical to have people speaking against racism and injustice, there is a greater need for people in the trenches who will stand beside you to challenge the status quo, even at the risk of professional or physical and social well-being in the process.



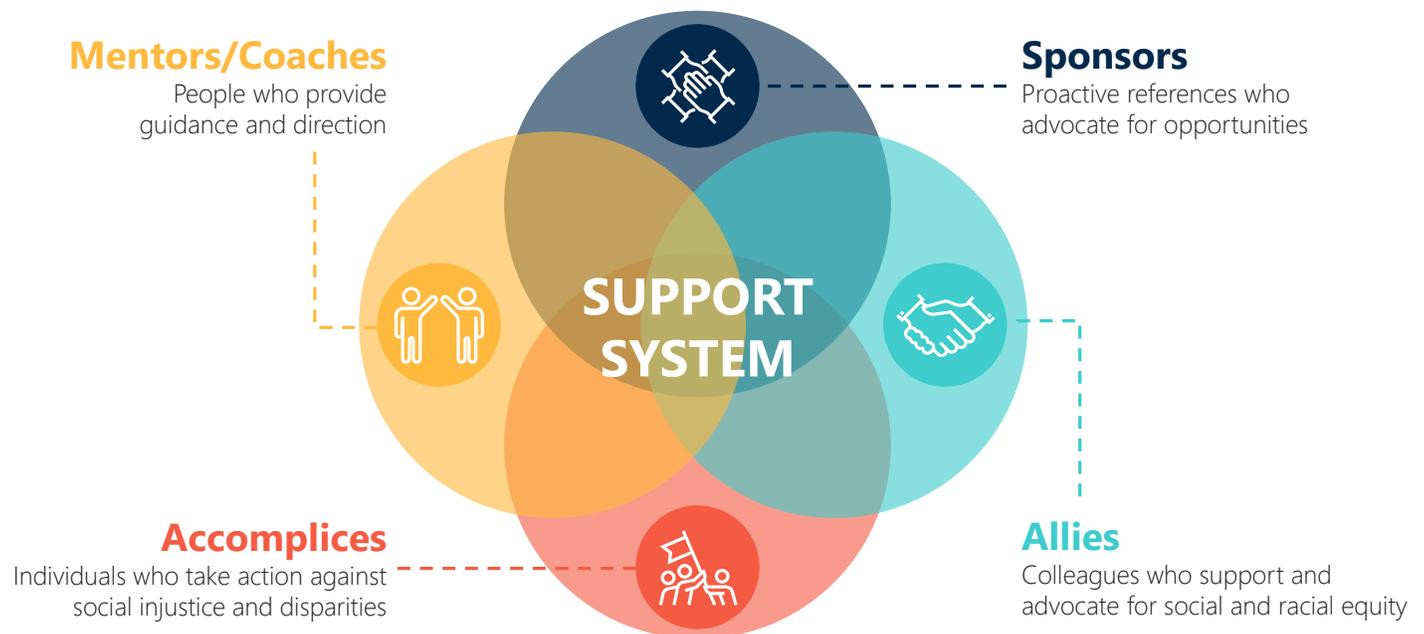
"I only put my name in the ring to become a hospital CEO because my mentor told me it was time for me to become a CEO."

Though all of these roles are important for a strong support system, one role — the sponsor role — is particularly critical “for opening doors to the essential experiences that are required for leadership.”⁶ Sponsors are individuals who either choose colleagues directly for new roles or advocate for their advancement. As one of our interviewees commented, “When you’re a sponsor, you put your reputation on the line and are a proactive reference for someone.”

Once in C-suite roles and other leadership positions of healthcare organizations, having benefitted from their own sponsors, the leaders noted the responsibility to “pay it forward” and serve as sponsors to others as well. One interviewee commented that the proudest moment of his career was recently promoting four Black women. Another interviewee said very poignantly that when he became the leader of a highly diverse hospital system, he decided he wouldn’t be a “Black savior” that would hire and promote based on race, but he also wouldn’t shrink from being intentional about putting Black people in positions to succeed.

It should be emphasized that an effective support system for Black leaders will necessarily be comprised of people of various races, cultures, and backgrounds. All healthcare leaders must continue to promote programs to grow the pipeline of our future leaders. Organizations like NAHSE serve an important role, given its 50-year history of empowering the next generation of healthcare leaders.

Key Support System Roles



KEY ACTIONS TO ADDRESS HEALTH DISPARITIES

One interviewee observed that, two decades ago, health disparities were not top of mind for healthcare executives in any significant way. In stark contrast, more recently, the goal of reducing disparities in access, quality, and outcomes has become a banner for most leading healthcare organizations and has resulted in the development of meaningful strategies for addressing the problem. While this is a step in the right direction, we still have a long way to go before health equity is an integral part of the mindset of healthcare leaders, and they can demonstrate that their decisions have led to a measurable and sustained impact on the lives and well-being of their patients and communities. To be successful, leaders must be fully committed to understanding the causes of the disparities and invest in effective solutions to address healthcare disparities.

Health services research has demonstrated significant racial disparities in healthcare for decades. The National Academy of Medicine, formerly the Institute of Medicine, published a seminal report in 2003, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” which provided a comprehensive discussion of racial and ethnic healthcare disparities. The reasons are multifactorial and include differences in access, education, and income.⁷ Equally important is that many Black patients have a profound lack of trust in the system, based upon a longstanding experience of discrimination and mistreatment. Only recently has the healthcare industry begun paying attention to this public health crisis.

Addressing these gaps will require more transparency regarding both the extent of the problem and the reasons for its persistence, and a commitment by healthcare leadership to make this a strategic priority. Not doing so would be counter to the mission of every not-for-profit hospital, which are focused on serving their respective communities. With their vast resources, health systems have an obligation to support these efforts.

Ensuring health systems provide the same quality treatment to all patients begins with a commitment at the top. Healthcare leaders on boards and in the C-suite can and should declare that the eradication of healthcare disparities is a priority.

Below we outline four concrete actions that health system executives can take to support this endeavor:

1. Choose and support healthcare executives who are committed to ensuring equal access and quality of care to all patients, regardless of race or ethnicity.

Having diverse leadership that brings a variety of perspectives is critical if hospitals and health systems are serious about addressing health disparities. Black and minority communities need leaders who understand their everyday challenges, are incentivized, and are held accountable for ensuring that disparities in access and outcomes are addressed. Regardless of their race or ethnicity, healthcare organizations must select and promote leaders who are willing and able to represent all members of the communities they serve, and when they are not, make appropriate additions or changes. This requires both a commitment to measuring disparity as well as addressing the causes.

2. Hold healthcare executives accountable for developing metrics focused on disparity that enable them to understand the extent of the problem, identify the root causes, and measure progress made in addressing disparities through meaningful and sustained interventions.

Several interviewees noted the importance of capturing actionable data on health equity as a key step in fostering a culture of accountability. They stressed the obligation to understand the data in order to understand health disparities. One example is including Black workforce representation and maternal mortality rates as board-level performance indicators, resulting in a more balanced scorecard. The Robert Wood Johnson Foundation (RWJF) also commissioned a report in 2014 that provides an extensive discussion of measurement and examples of metrics for health equity.⁸

Robust data collection and analysis are critical to the prevention and mitigation of health disparities. Tackling health disparities cannot be fully completed without a research-based understanding of the core issues. Clinical research must include appropriate representation of minority populations in its study populations to ensure that their unique needs are taken into account when designing effective interventions. Outcomes research should capture the necessary information about race and social determinants of health to assess whether disparities are being properly addressed.

One strategy to promote efforts to improve metrics would be to establish common data sets, establish performance metrics, and create a communication network between groups across peer health systems that are collecting data about disparities. With access to other motivated and empowered groups willing to sharing their lessons learned, healthcare leaders can apply this type of crowd-sourced tactic to advance their own efforts.

3. Hold healthcare executives accountable for addressing the root causes of health disparities in their respective organizations and the communities they serve.

Healthcare organizations and their respective leaders must work at many different levels to effect change. They can start by identifying changes that can be made in their organizations first to reduce disparities in access and quality for patients who seek care from their providers.

The challenge of addressing health disparities is that there are myriad causes that range from social determinants of health to specific structural barriers in health systems that make it difficult for patients to access care. Fortunately, with increased recent attention to the problem, there is a growing body of research and experience about effective approaches. One important resource is a 2019 RWJF report, “What Can the Health Care Sector Do to Advance Health Equity?,” which catalogs an impressive array of initiatives in many different areas, including healthcare sector efforts to:⁹

- Advance equity in healthcare access and quality
- Advance health equity by improving the social conditions of individual patients
- Advance health equity by improving social conditions in the community or at a population-wide level

The report cited three examples that were notable. At the New York City-based Mount Sinai School of Medicine, the organization partnered with the payor Healthfirst to pay for social workers and care coordinators to provide postpartum follow-up care for high-risk low-income women, leading to an increase in those services of more than 25 percent.

Navicent Health, a healthcare provider in Macon, GA, that recently merged with Atrium Health, based in Charlotte, NC, developed a broad range of initiatives, including collection and use of data on social factors, cultural competency training, and promotion of diversity in leadership and governance structures. This resulted in an impressive increase of more than 15 percent in leadership diversity, as well as the complete elimination of Black-white disparities in readmission rates for patients with many common chronic diseases.

A health disparities collaborative in Greensboro, NC, trained nurse navigators for breast and lung cancer patients. They increased treatment completion rates by 10 percent.

Although leaders have the most control over how their own organizations address disparities, they must also work at the community and societal levels to reduce barriers and address social determinants of health, both for their individual patients and the broader population. Our interviewees highlighted two examples of community initiatives:

Several health systems are already making a difference in communities facing challenges as food deserts (areas lacking access to sufficient healthy food options). One example of a community intervention is a mobile farmers’ market that provides 90,000 pounds of fresh food and vegetables per year. In another case, philanthropists created “food pharmacies,” where patients that self-identified as having food insecurities received prescriptions from doctors on hand and had consultations with dietitians on how to best address their food needs. In a third case, a bus was used as a mobile grocery store to provide fresh groceries at subsidized prices for communities in food deserts. These interventions addressed the simple yet underserved need for nutrition as a key factor in maintaining good health.

Some systems are developing transportation-based solutions to connect providers with patients lacking means or resources to travel to appointments. One example is the recent growth in partnerships between healthcare organizations and ride-sharing companies to reduce missed appointments due to lack of transportation access. Another example is determining when in-person visits are truly necessary and switching to phone consultations or digital modalities as appropriate. This reduces the transportation burden and meets patients where they are.

4. In addition to the moral imperative, addressing health disparities is an important strategic factor in improving an organization's financial sustainability.

Healthcare leaders are running businesses. Even leaders in not-for-profit organizations must focus on the bottom line to deliver on their mission. What are the financial implications (risks and benefits) of investing in programs to reduce healthcare disparities? Some interventions are no-brainers. For example, many organizations are developing educational and training programs to promote diversity and inclusion, with a particular focus on antiracism. They incur minimal cost with significant organizational benefits to support these programs. But addressing the profound structural barriers responsible for disparities will take a significant investment in people and programs. What is the financial benefit of this investment?

A 2011 study looked at the economic cost of healthcare disparities. Cost was calculated in three ways: (1) direct medical costs; (2) indirect costs (direct cost differences between racial/ethnic minority patients and others, plus cost of productivity loss from health inequalities); and (3) the costs of premature death.¹⁰ They estimated that the direct cost of health disparities for minorities over a four-year period was \$230 billion, with an additional \$1 trillion associated with the indirect costs of illness and premature death.

How could evidence-based interventions reduce even a portion of the \$230 billion additional direct cost due to healthcare disparities? For one, for patients covered by Medicare, reducing 30-day readmissions reduces the financial penalties incurred by hospitals. In addition, most acute-care hospitals lose money on patients who are either uninsured or covered by Medicaid. Providing more access to outpatient services, such as primary care, behavioral healthcare, and care management are examples of ways to reduce these losses by decreasing readmissions as well as unnecessary emergency department visits and hospital days.

The calculus is even more favorable as healthcare organizations shift to value-based care and population health management, in which they are at risk for the total cost of care. In this environment, healthcare organizations are able to capture more of the cost savings. Thus, there is a more direct return for interventions, such as establishing financial incentives to promote health equity. One example could be a requirement that quality improvement assessments include health disparity/equity reports to measure progress.

One word of caution, however, should be noted: As predictive algorithms and artificial intelligence take root in healthcare, especially in managing populations with a high prevalence of chronic conditions, there is a risk that algorithms developed to identify high-cost patients could introduce a racial bias that perpetuates health inequities. As we continue to learn how to develop and use these innovative technologies, it is critical for leaders, particularly Black leaders, to understand the risks and ensure that algorithms are developed in a way that adjusts for bias and results in more equitable outcomes across all races.¹¹

In summary, healthcare disparities can be successfully addressed only if leaders drive both the awareness of the problem and support the development of sustainable and effective measures and interventions. The tools and methods required are available, and more innovative ideas and solutions are continuously being developed. To be successful in this effort, leaders must understand the needs of minority populations. This requires that the organization's leaders be representative of their constituent communities. Even more important, however, is the intent. For healthcare organizations to ensure that access and outcomes do not vary based upon ethnicity, race, or other demographic and social factors, leaders must embrace the spirit of the change outlined in this report.

MOVING THE NEEDLE TOWARD SOCIAL JUSTICE AND ADDRESSING HEALTH DISPARITIES

For healthcare professionals committed to improving health and promoting social justice, addressing disparities is not just a moral imperative but also an essential strategy that their organizations must commit to for the sake of the communities they serve. As several interviewees stated, everyone benefits when we target what is best for the most vulnerable. The task before us is daunting but achievable. Below, we summarize the advice that the leaders we interviewed offered for other leaders on this journey.

They identified three principles to help guide the way:

1. Words matter, but actions matter more:

- Do our organization's decisions hold true to our written and spoken words of commitment regarding equity?
- Do our leaders actively live the organization's mission and values? Each organization has its own defined mission and values that communicate the organization's purpose to the broader community. Leaders must embody these ideals to best represent their organization, while setting a strong example for employees.
- Can our Black and minority leaders comfortably share their life experiences with others?
- Do the actions of these leaders lead to the structural changes required to create sustainable improvement?
- Is our organization fully using its platform to fight for social justice? As one interviewee so aptly put it, "It's not equal giving; it's equal sacrifice." Any organization, no matter the size, can contribute to positive change in the fight against social injustice and health disparities.

2. Organizational structures set the precedent, for better or worse:

- Do performance reviews and bonus structures incentivize acting with a social justice mindset?
- Do onboarding and ongoing training/education programs touch upon the most critical topics (e.g., implicit bias or clinical needs associated with certain racial groups)?
- Are key performance indicators tracking the right set of metrics to recognize and address healthcare disparities (e.g., quality of care delivered to patients who have a different racial, ethnic, or socioeconomic background from the provider)?

3. Solutions must be sustainable by design:

- Do proposed solutions directly address identified root cause(s)?
- Is success in combating health disparities guided by robust data and quantitative metrics (e.g., putting a clinic in an underserved community is noble and admirable, but organizations must collect data that helps to identify the needs of the local patient population and how best to serve them)?
- How can we make the business case for our work (e.g., Medicaid patients aren't as profitable as commercial, but a healthy local population results in a healthy local economy for all)?

Our interviewees shared several examples of tangible (and achievable) actions that can be taken to promote social justice and address health disparities. We have summarized these below and hope this results in a chain reaction for positive change.

Actions That Benefit the Community

- Develop patient education initiatives to empower patients to manage their health and seek care when appropriate (e.g., diabetes prevention).
- Collect data on race, ethnicity, and language (REAL) to fully understand the needs of the local community's patient population.

- Institute community programs that address unmet needs (e.g., laundry services, mobile food markets, and gardens on hospital campuses).
- Ensure clinical shifts are staffed in a way that meets the language needs of the local community.
- Enroll culturally representative panels of participants in clinical trials and research studies.
- Meet patients where they are (e.g., mobile mammography screenings, lab services, and telehealth).

Actions That Benefit the Organization

- Identify specific problems using data-driven insights, and develop actionable and sustainable solutions. Organizations can follow the work the CDC is doing to measure and track health outcomes to create alignment with their interventions addressing racism.¹²
- Ensure there is diverse representation on hospital boards and the C-suite.
- Be thoughtful in succession planning to provide opportunities for rising Black and minority leaders.
- Provide unconscious bias training for all individuals.
- Support community members training for careers in healthcare while ensuring schedules respect family/education commitments.
- Capture board-level performance indicators on health disparities and workforce representation.
- Treat diversity, equity, and inclusion board committees with the same stature as other committees (e.g., finance).
- Foster support systems for Black and minority leaders as they progress on their leadership journeys.
- Hold “listening tours” to understand the experience of working in your organization, ensuring adequate representation sentiment among all levels and demographics of employees.

Actions That Benefit Individuals

- Find and participate in forums intended to provide professional and cultural support (e.g., NAHSE, company-organized business resource groups).
- Share your life experiences while being mindful of how to best utilize political capital.
- Make the most of each opportunity, and convey an active willingness to step up and take on new challenges.
- Create spaces at the beginning of meetings to check in with team members and provide a “brave space” for honest conversation.
- Use economics to support the goals: Make the business case for reducing disparities, align stakeholders when possible, and encourage individual actions to reduce health disparities (e.g., addressing health disparities through quality metrics in physician contracts).

An assessment tool has been included in this report to help hospitals and health systems better understand their current level of commitment in addressing health disparities and promoting social justice. This tool includes five key dimensions that can be instrumental to moving the needle and making material progress: (1) a committed leadership team; (2) a strong overarching diversity, equity, and inclusion strategy; (3) a model for ensuring cultural competency; (4) a plan for measuring and stratifying data by race, ethnicity, and language (REAL) categories; and (5) a multifaceted intervention strategy. While these dimensions are not exhaustive of all the ways organizations can address health disparities and social justice, they include many effective and actionable approaches for making progress.

The tool, along with the content from this report, should serve as useful resources for organizations along their journey to ensure that their communities are able to live in a more equitable and socially just world. ■

Maturity Model

MATURITY MODEL

This maturity model is intended to be a tool that organizations can use to evaluate themselves along several dimensions of performance as it relates to tackling the topics covered in the report.

In some ways, the model goes beyond the themes distilled from the interviewees, as it seeks to be both comprehensive and represent leading-edge thinking and solutions in these areas. For organizations that are willing to be introspective and take the challenging look inside, we envision this model prompting some important conversations at the board and leadership levels that could ultimately lead to substantial change around how the concerns of social justice and healthcare disparities are viewed and managed.

Diverse and Committed Leadership Team

BASIC

- Leadership commitment to addressing healthcare disparities and improving social justice as organizational priorities.
- The composition of leadership does not reflect the racial and cultural diversity in the Hospital Service Area (HSA).

INTERMEDIATE

- Limited resources provided to support health equity and social justice initiatives, suggesting they are low priorities.
- Traction dependent upon a few senior leaders (e.g., Chief Diversity Officer, Chief Nursing Officer), rather than leadership consensus.
- Limited external communication regarding commitment to addressing health disparities and promoting social justice (e.g., only referenced in the Community Health Needs Assessment and external presentations).

ADVANCED

- Significant resources provided to support health equity and social justice initiatives, reflecting high prioritization and focus throughout all levels of the organization.
- All C-suite leaders are engaged in making an impact and routinely monitoring progress towards achieving equity targets (e.g., maternal mortality rates, neighborhood disinvestment index, affordability of transportation, and housing index).
- Commitment to these priorities are understood by all teammates and broadly communicated to external stakeholders.

LEADING

- Resources provided to support health equity and social justice that represents them as mission-critical strategies.
 - The composition of the leadership team is proportional to the community HSA, including representation of all major minority groups.
 - The board is fully engaged and committed to addressing equity and health disparities. They are regularly updated on equity metrics in the HSA and work being done to address disparities.
-

Diversity, Equity, and Inclusion (DE&I) Strategy

BASIC

- DE&I is a stated core value or implied in definitions of organizational values, but resourcing doesn't reflect it as an organizational priority.

INTERMEDIATE

- Impetus behind support of DE&I initiatives by executive leadership primarily to align with compliance requirements.
- No dedicated resources to perform DE&I functions; individuals assigned responsibility for DE&I have other responsibilities within the organization.

ADVANCED

- More robust support of DE&I initiatives by executive leadership but limited to celebrating certain events at certain times of the year (i.e., Black History Month).
- There are dedicated resources chiefly responsible for DE&I initiatives.

LEADING

- DE&I is viewed and treated as an organizational imperative.
- DE&I efforts are fully supported by executive leadership with a focus on both compliance and strategic efforts.
- The board includes a dedicated DE&I committee, with the same authority and visibility as other committees on the board (e.g., finance, nominating).

Cultural Competency Model

BASIC

- Cultural competency is covered in orientation.
- Variable awareness of the commitment to cultural competency across the organization.

INTERMEDIATE

- Mandatory and ongoing cultural competency training is in place at all levels of the organization.
- Signage and written communication reflects the makeup of the community (e.g., multiple languages, diversity in targeted health literacy campaigns).

ADVANCED

- Forums exist for engaging the local community in determining needs specific to the constituents.
- Training is robust and role-specific, and utilizes various methods.
- Hospital's core services are attuned to the diversity of the patient population.

LEADING

- Training is based on specific feedback collected on a regular basis from the community and is specific to all roles.
 - Patient satisfaction data is stratified along Race, Ethnicity, and Language (REAL) categories; interventions are tied to the feedback; and management team is accountable for improvements.
-

Healthcare Disparity Data Collection and Management

BASIC

- Race, Ethnicity, and Language (REAL) data may be collected but is not used for purposes of stratifying analyses, evaluating extent of disparity, or supporting interventions through stratification and quality/performance improvement initiatives.
- Equity measures are included in the Community Health Needs Assessment.

INTERMEDIATE

- REAL data is inconsistently collected in organizational initiatives.
- Analyses of disparities are non-standardized, infrequently reported, and not used to understand root causes.

ADVANCED

- REAL data is collected and stratified for hospital inpatient quality reporting measures.
- Data is incorporated into dashboards that are a part of regularly scheduled communication to teammates throughout the organization.
- Goals and progress are easily visible to the community and reflect a culture committed to health equity.

LEADING

- REAL data is collected, stratified, and consistently used in quality and utilization reports in the inpatient and outpatient environments.
- Disparity improvement goals are widely communicated and incorporated into organizational performance dashboards and executive leadership incentives.
- Disparities in outcomes are rigorously analyzed to rule out any and all treatment-based inequities.
- The board regularly monitors disparity metrics and holds the executive team accountable to achieving meaningful progress.

Intervention Strategies to Reduce Healthcare Disparities and Promote Social Justice

BASIC

- Limited focus of interventions, primarily related to addressing select social determinants, to meet community goals, or internal initiatives to improve access in select clinical services.

INTERMEDIATE

- Healthcare disparity work spans community benefits and quality departments, and some outcomes are tracked.
- Community outreach activities are broader, but not coordinated or proactive.

ADVANCED

- Eliminating healthcare disparities is viewed as mission critical.
- Clinical services develop interventions that take into account specific healthcare disparities in the primary service area.
- Care treatment plans are tailored to patient populations based on incidence of disparities.
- The community benefit strategy is proactive and forward thinking around addressing social determinants of health.

LEADING

- Board holds executives accountable for implementing interventions that demonstrate a meaningful impact on reducing healthcare disparities.
- Intervention strategies have regularly updated outcome targets to which executive leadership is held accountable.
- Healthcare disparity solutions are a part of the organization's annual plan in all relevant categories.

Appendix

OPERATIONAL DEFINITIONS

Accomplice: Someone who uses their power and privilege to oppose social injustice and racial disparities, being willing to risk their professional and social well-being in the process.

Advocate: Someone who speaks up for themselves and members of their identity group (e.g., a woman who lobbies for equal pay for women).

Ally: Someone who is not a member of a marginalized group but gives support to that group. An ally works in pursuit of creating equality and takes a stand against oppression.

Bias: Unconscious or conscious thoughts and feelings that influence seemingly objective actions or decisions. Biases can be contradictory to our explicit, consciously held beliefs.

Coach: Someone who *talks at* you, guiding you as you try to perfect something very specific.

Diversity: The wide variety of shared and different personal and group characteristics among human beings. Diversity includes many characteristics that may be visible, such as race, gender, and age. It also includes less obvious characteristics, such as personality style, ethnicity, ability, education, religion, job function, life experience, lifestyle, sexual orientation, gender identity, geography, regional differences, work experience, and family situation. These factors can make us similar to and different from one another.

Equality: The state of being equal, especially in status, rights, and opportunities.

Equity: The process of being treated fairly and impartially. Equitable treatment requires taking into account the relative needs and resources of various groups to ensure fairness.

Health Disparity: A higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group.¹³

Healthcare Disparity: A difference between groups in health coverage, access to care, and quality of care.

Health Equity: The state of everyone having a "fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."¹⁴

Implicit Bias: Attitudes of bias that we may have toward individuals that we may not be consciously aware of.

Mentor: Someone who *talks with* you about your career, goals, plans, and aspirations.

Social Justice: Social justice is both a process and a goal. The goal of social justice is full and equal participation of all groups in a society that is mutually shaped to meet their needs. Social justice includes a vision of society in which the distribution of resources is equitable, and all members are psychologically and physically safe and secure.¹⁵

Sponsor: Someone who *talks about* your strengths and potential when you are not in the room. They advocate for you to be given opportunities to showcase your skill set and are focused on your professional advancement.

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