Introduction

Witt/Kieffer conducted its first Healthcare Leadership Diversity Survey in 1998, assessing the state and impact of leadership diversity in the industry at the time. There was a clear need for a better understanding of this topic. A survey conducted a few years previously by the American College of Healthcare Executives (ACHE) noted that less than 2% of healthcare chief executive and chief operating officer positions were held by minority executives. Our initial survey revealed several key findings: that having a diverse leadership team was important to organizations’ goals and objectives; that experienced minority executive candidates were difficult to find; and that promoting minorities from within and building relationships with professional organizations were seen as best practices for recruiting and retaining diverse executives.

Fast forward to 2013, when a survey by the American Hospital Association’s Institute for Diversity in Health Management and the Health Research & Educational Trust showed that minorities comprised 12% of hospital executive leadership positions. While a significant increase from the decade before, the percentage clearly indicates that the diversity of healthcare leadership still does not reflect and represent the populations that the industry serves. Other industry surveys and research confirm that progress toward healthcare leadership and board diversity has not been close to sufficient.

We also conducted comprehensive surveys in 2006 and 2011. With the 2015 survey, our fourth, it is possible to trace incremental progress in closing the diversity leadership gap in healthcare. However, it is also clear that well-recognized barriers to greater leadership diversity still exist, and that there continue to be challenges in breaking down these barriers across the industry. With progress comes an urgency to renew commitments and priorities towards healthcare leadership diversity. This leadership urgency dovetails with a broader need to improve equity and diversity in healthcare in general — which AHA’s ongoing Equity of Care effort and other initiatives are seeking to address.

In the report that follows, hundreds of survey respondents share their thoughts on the current state of leadership diversity and best practices for enhancing diversity in healthcare organizations. As the industry moves through a period of profound transformation, diverse leadership is more valuable than ever. Organizations must implement new initiatives to reach their diverse and complex communities, connect with increasingly sophisticated healthcare consumers, and compete to recruit the best possible talent. Diversity remains an important objective to many healthcare organizations, but continued commitment is needed to drive progress and continue closing the leadership gap.

James W. Gauss
Senior Partner

Oliver B. Tomlin, III
Senior Partner
Methodology and Participants

In the summer of 2015, an online survey consisting of 42 questions was distributed to a broad range of Witt/Kieffer healthcare executive contacts. The survey included 10 demographic questions, 25 longitudinal questions based on our past surveys, and 7 questions on best practices and resources. In most questions, respondents were asked to rate their agreement with statements based on strongly agree, agree, disagree, and strongly disagree scales. “Agree” in this report always includes both “agree” and “strongly agree” responses. “Disagree” always includes both “disagree” and “strongly disagree” responses. Throughout the survey, diversity was defined as multidimensional with respect to race, ethnicity, national origin, gender, religion, age, marital status, sexual orientation, gender identity and disability.

In addition to outreach to our own network of executives, we contacted leaders of the Asian Healthcare Leaders Association (AHCLA), Association of Hispanic Healthcare Executives (AHHE), Healthcare Businesswomen’s Association (HBA), Institute for Diversity in Health Management (IFD), National Association for Health Services Executives (NAHSE), National Forum for Latino Healthcare Executives (NFLHE), and Rainbow Healthcare Leaders Association (RHLA) to engage their partnership and to share the survey with their memberships. The survey was also promoted through Witt/Kieffer’s social media presence. In all, 311 individuals participated in the online survey with a statistically significant 8.7% response rate.

To gather additional thoughts on diversity leadership, we conducted 23 extensive phone interviews with executives who participated in the online survey. Interview topics included barriers, successful initiatives, and how healthcare organizations’ leaders are committing to enhancing leadership diversity.

Of the 311 survey participants, 55% identified as Caucasian, while 45% identified as racially/ethnically diverse individuals. 31% of survey respondents identified themselves as female and 69% as male.

Of note: 75% of respondents identified themselves as CEOs or other C-suite executives and vice presidents, with the balance including a combination of medical chiefs, administrators, directors and other leaders. 52% of respondents indicated that they have more than 21 years of professional experience, with 17% having 10 or fewer years and 31% having between 11 and 20 years of professional experience.
Are We Closing the Gap?

Compared to 2006 and 2011 survey results, nearly twice as many respondents feel that healthcare organizations have been effective in closing the leadership diversity gap over the previous five years, with 57% of Caucasian respondents and 26% of racially/ethnically diverse respondents agreeing, a significant increase over 28% and 11% agreement in 2011, respectively. We see a similar division in the responses of men and women participating in the 2015 survey, with 48% of male respondents agreeing while only 32% of female respondents feel the same.

While more respondents in every participant group agreed that organizations have been effective in closing the diversity leadership gap when compared to prior surveys, continued disparities between the opinions of majority and minority groups of participants suggest that there is more work to be done to truly close the gap.

Executives participating in our interviews concurred with these findings. As one hospital COO said, “There’s been some modest improvement over the years, over my career, but there are still definitely opportunities to close the gap, particularly in senior leadership positions in healthcare and on boards of hospitals and health institutions.”

A female, African-American executive noted, “I’ve been in healthcare nearly 30 years and at an executive level the last 10 years, and I see across the country that there appear to be more opportunities given to African-American women and men at hospitals, health systems, vendors, consulting firms, and in government. In the last 10 years, there seem to be more people selected but still not enough.”

A Hispanic vice president at an academic medical center observed, “It’s being recognized that [diversity is] a necessary characteristic within the industry and at different institutions. It’s being proven that diversity brings value to the organization. But there’s still much more to create awareness and become part of the culture.”

“I think it’s a societal change, not just in healthcare,” according to a female academic medical center physician executive. “Acceptance of women, LGBT, and minorities has increased tremendously in the past 30 years.”
Why Leadership Diversity Matters

Survey respondents firmly agreed that diversity of leadership adds value to an organization.

Value of diversity leadership

- **Reaching Strategic Goals**: 66% of respondents agreed that diversity recruiting enables an organization to reach its strategic goals. Several interviewees noted the connection between diversity and successful population health initiatives, an important strategic goal for many institutions during this time of industry change. Observed one academic medical center executive, “An institution that seeks to align leadership representation to the community they serve will be in a much better position to be successful in presenting themselves as stewards of health and engagement with population health management.”

- **Successful Decision-Making**: 71% of respondents agreed that cultural differences among executives support successful decision-making. A diverse leadership team can offer multiple unique perspectives. “It gives me a different perspective, from the experiences I’ve had over the years, in providing insight that others might not have,” said an African-American physician executive.

- **Equity of Care**: 72% of respondents agreed that a diverse workforce enhances the equity of care. As one human resources executive said, noting the mutually beneficial connection between equity of care and leadership diversity, “We need to be a provider of culturally competent care to be attractive to the small pool [of diverse candidates] that chooses healthcare as a career and to bring more people into the field.”
Are Leadership Teams Sufficiently Diverse?

Slightly more respondents than in previous surveys feel that minority executives are well-represented today in healthcare organization management teams, and that the diversity of senior management teams reflects patient demographics, compared to 2011. But with less than 20% of respondents overall agreeing in 2015, there is still significant opportunity to improve the diversity of leadership teams. A slight increase in agreement among racially or ethnically diverse participants comes primarily from Hispanic and Asian respondents, who found management teams to be more representative in 2015 than in 2011, with Hispanic participants moving from 9% agreement in 2011 to 10% in 2015 and Asian respondents moving from 10% agreement to 14% in 2015.

African-American respondents were less likely to agree in 2015 than in 2011, with only 2% agreeing in 2015 while 6% agreed in 2011. An African-American physician notes, “I see that in a lot of organizations, leadership does not necessarily represent the community they serve, including clinical leadership, administrative leadership, and boards of directors . . . I think we have a long way to go.”

Minority executives are well-represented today in healthcare management teams.
Do Leadership Teams Represent the Patients They Serve?

The diversity of senior management teams at healthcare organizations reflects their patient demographics.

Similarly, respondents were slightly more likely to agree that the diversity of management teams at healthcare organizations reflects their patient demographics compared to 2011 responses, with approximately one in four participants in agreement (24%). Agreement declined when looking exclusively at the responses from female and racially/ethnically diverse participants, with only 12% of female respondents and 10% of racially/ethnically diverse respondents agreeing.

Interviewees further supported the need for organizational leaders to represent the communities they serve. One health system vice president noted, “Health is personal. When people come to the hospital to get served, if they are diverse, they prefer to be served by people who look like them . . . It becomes a business imperative, for companies to thrive, to diversify their leadership.”

An African-American physician executive observed, “I want the organizational leaders to represent the community that they serve—it gives the community a sense of ownership of the organization; the organization serves the community. To get that diversity we really have to go out and look for it.”
What Barriers Must be Addressed to Enhance Leadership Diversity?

After seeing only modest increases in respondents’ satisfaction with the diversity of healthcare executive teams and healthcare organizations’ efforts to close the leadership diversity gap over the past five years, respondents highlighted numerous barriers to enhancing leadership diversity in healthcare organizations. Caucasian and racially/ethnically diverse respondents differed in identifying perceived barriers to recruiting and retaining diversity candidates, with Caucasian respondents more likely to identify lack of access to candidates, and diverse respondents more likely to identify a lack of commitment from organizational leadership as barriers to success. These responses are consistent with results of the 2006 and 2011 surveys, indicating that further investment in interventions and solutions to reduce these barriers will be necessary.

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<thead>
<tr>
<th>Caucasian respondents agree</th>
<th>Racially/ethnically diverse respondents agree</th>
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<tbody>
<tr>
<td>Lack of access to diverse candidates (83%)</td>
<td>Lack of commitment by top management (85%)</td>
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<tr>
<td>Lack of diverse candidates to promote from within (81%)</td>
<td>Lack of commitment by the board (72%)</td>
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<tr>
<td>Lack of diverse candidates participating in the executive search process (77%)</td>
<td>Individual resistance to placing diverse candidates (64%)</td>
</tr>
<tr>
<td>Lack of commitment by top management (53%)</td>
<td>Organizational resistance to placing diverse candidates (62%)</td>
</tr>
<tr>
<td>Lack of commitment by the board (35%)</td>
<td>Lack of diverse candidates participating in the executive search process (52%)</td>
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A Hispanic academic medical center executive noted, “The biggest barrier is the leadership itself. If leadership does not believe that diversity and inclusion adds value, then it’s not going to be permeating into the culture of the organization.” This executive suggests that executives must understand the business case for diversity as part of their motivation to change.

Another academic medical center leader observed, “Organizational leadership prioritizing diversity is one of the major challenges—not just prioritizing but allocating resources, making greater effort at identifying diverse candidates, and giving those candidates true opportunity.”

An African-American hospital executive described the individual and organizational resistance to hiring and promoting diverse candidates as “favoritism, nepotism, and unconscious bias. Most people hire who they are comfortable with. It’s unconscious that you gravitate toward people who share like values and beliefs with you.”
How Can Organizations Remove These Barriers?

Survey participants agreed on many solutions and best practices for organizations to enhance the diversity of their workforce and to develop, recruit and retain diverse candidates. More than half of all respondents agreed on five key solutions for enhancing the diversity of healthcare organizations, including identifying, hiring and promoting minority executives; communicating the value of cultural differences and creating a culture that values those differences; and seeking employee feedback on diversity initiatives.

<table>
<thead>
<tr>
<th>Leading solutions for diversity success</th>
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<tbody>
<tr>
<td>Promote minorities from within</td>
<td>83%</td>
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<tr>
<td>Hire minority executives for senior management jobs</td>
<td>73%</td>
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<tr>
<td>Communicate the value of cultural differences</td>
<td>70%</td>
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<tr>
<td>Seek out minority candidates from professional organizations</td>
<td>67%</td>
</tr>
<tr>
<td>Seek regular employee input about the organization’s diversity initiatives</td>
<td>52%</td>
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Interviewees noted that organizations must be proactive in developing relationships with diverse organizations and candidates. One health system executive said, “The first thing is attracting the best talent, but you have to cast your net very wide.” This includes “becoming members of organizations where we can tap into the best and brightest diverse candidates. You have to do that in a strategic way and not wait until there is a need.”

Another health system executive observed, “A successful organization . . . has diverse leadership in the pipeline at every step of the way. It’s very tough to have diversity at the top when you don’t have a pipeline.”

A chief diversity officer noted that all executives have a responsibility for creating a culture that values cultural differences. “Majority executives need to speak up for those vulnerable populations” who may not be represented.
When asked about the characteristics of organizations that are effective in diversity recruiting, respondents agreed that these organizations consistently seek a diverse pool of candidates, take their diversity recruiting responsibility seriously, and have a genuine interest in developing diverse teams. Interviewees described the need to develop an inclusive organizational culture to ensure that diverse candidates are welcome and successful at the organization. “When there is a diverse candidate, they’re sought after by many, and we want to make sure that candidate feels welcome and mentored,” said a hospital HR executive.

A health system CEO emphasized the need to support diverse leaders joining their organization. “If you don’t have an infrastructure and support system, it can be very lonely and very intimidating and very disconcerting. If you don’t find a way to support those diverse candidates as they enter your organization, you’ll lose them.”

Interviewees also highlighted the need for support from the organization’s board and CEO to invest in enhancing the diversity of an organization, implement successful initiatives, and become more effective in diversity recruiting. “The individuals in the C-suite are ultimately the ones who drive the culture of diversity and, without their buy-in, it simply won’t happen,” observed an African-American physician executive.

Healthcare organizations are effective in diversity recruiting because they:

- Consistently seek a diverse pool (57%)
- Take diversity recruiting seriously (64%)
- Have a genuine interest (66%)
How Can We Expand the Pool of Candidates?

While 83% of Caucasian respondents felt that lack of access to diverse candidates was a significant barrier to recruiting, retaining and developing diverse leaders, only 50% of racially/ethnically diverse respondents felt the same, as described above. However, Caucasian respondents were more likely to agree that the pool of diverse candidates for leadership positions in healthcare organizations has grown over the past five years, with 72% in agreement, compared to 56% of racially/ethnically diverse respondents.

“The pool of diverse candidates for leadership positions in healthcare organizations has grown over the past five years."

A hospital COO described the need for organizations to adapt their requirements to allow for more diversity in the pool of candidates. “I’ve seen us take more risks to get people in the pipeline,” the executive noted. “I’ve seen us be more purposeful and hold positions open until we have a diverse slate. While we ultimately may not select a diverse candidate, at least we have a fighting chance.”

What best practices have been successful in expanding the pool, and should be continued to further reduce this barrier? More than four out of five respondents (84%) agreed that mentoring programs can help to develop diverse leaders and further enhance the pool of diverse candidates.

An academic medical center executive highlighted his personal commitment to mentoring up-and-coming leaders: “I have a group of younger African-American men [in my organization] that I mentor and we meet monthly, socially, and I give them the opportunity to pick my brain in a comfortable setting.”

Eighty percent of respondents agreed that creating programs and opportunities to expose young people to healthcare careers will also lead to more diversity in the healthcare executive ranks. “We’re reaching out to high schools and middle schools to have students come in who have an interest in healthcare,” said a hospital COO. “I’m hopeful that more hospitals and health systems will create internship programs that will focus on identifying diverse candidates.”

A physician executive echoed that sentiment. “If we can do a better job of reaching younger folks at an earlier stage in their academic pursuits, we’ll have a better outcome,” the respondent said.

Other best practices recommended by respondents included seeking ways to move individuals from college and/or healthcare jobs into hospital administration, creating and expanding internal diversity, and developing ongoing diversity leadership training programs.
A chief medical officer suggests three best practices for developing diverse leaders: “The first would be role models. I feel if people are given the right role models to help them move up in healthcare, it’d be easier for them to do so. Second, development of a robust mentorship program would help increase diversity. Third, I feel diverse candidates are best shown through internships. If more internship opportunities are given to the diverse population, I feel leadership diversity in healthcare can increase.”

**Sharing Best Practices**

When asked where they go for information on best practices in diversity and inclusion, respondents highlighted opportunities to learn from their peers as top resources: 39% of respondents refer to state and local hospital associations as a resource on best practices; 55% utilize membership associations such as AHCLA, AHHE, HBA, IFD, NAHSE, NFLHE, and RHLA and peers at other healthcare organizations as leading sources of information. An African-American hospital executive observed, “I’ve seen the ACHE evolve, NAHSE evolve, the professional associations evolve. I’ve seen them get the attention of the C-suite in healthcare organizations.”

**Value of Search Firms**

Sixty percent of respondents agree that partnering with search firms to identify minority candidates helps healthcare organizations to be effective in recruiting diverse leaders—an increase of 15% when compared to the 2011 survey results. One human resources executive noted, “We’ve worked with several different diversity-focused search firms and with larger, general search firms. The firms we’ve worked with have been respectful of presenting a diverse slate.”

Ultimately, successful recruitment of diverse executives is a partnership between firms and the organizations they serve, ensuring that candidates will thrive in their new organizations. “What I’ve done in successfully identifying candidates is communicating clearly with our HR department and any outside consultants or search firms about our vision and what we are looking for in an executive—not just what we are today but also where we want to be in the future, selling that vision and journey,” said an academic medical center executive.

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<tr>
<th>Best practices to develop diverse leaders</th>
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<tbody>
<tr>
<td>Create mentoring programs</td>
<td>84%</td>
</tr>
<tr>
<td>Create programs and/or opportunities to expose young people to healthcare careers</td>
<td>80%</td>
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<tr>
<td>Seek ways to move individuals from college and/or healthcare jobs to hospital administration</td>
<td>63%</td>
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<tr>
<td>Create/expand internal diversity</td>
<td>61%</td>
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<tr>
<td>Develop ongoing diversity leadership training programs</td>
<td>59%</td>
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The Impact of Chief Diversity Officers

Are chief diversity officers making progress? 58% of CEOs, 64% of chief human resources officers, and 50% of chief diversity officers agree or strongly agree that the number and prominence of chief diversity officers in healthcare organizations has improved over the past five years. A hospital human resources executive described the impact of her organization’s chief diversity officer. “While we’ve had this role in the past, it’s become more purposeful to grow and cultivate a diverse team and an approach to care that is culturally competent.”

An academic medical center executive appreciated the initiatives launched by his organization’s chief diversity officer. “For the few diverse minority administrators, she’s arranged a quarterly luncheon and we meet for lunch for networking,” he stated. “She invited all of the C-suite executives as guests, one at a time, so we can network and ask questions. We’ve had the system CFO, CHRO, and talent acquisition executive. It has given exposure to a lot of executives that haven’t had it before.”

Minority interviewees also mentioned that organizations with chief diversity officers in place are more attractive employers, as the presence of a chief diversity officer is one way to demonstrate the organization’s investment in and commitment to diversity. “One thing that I look at in organizations is their structure,” one Hispanic hospital executive noted. “Do they have diversity and inclusion officers? I look for those titles. In reality it may not reflect the number of diverse employees, but it tells me that this company is interested in doing something about diversity.”

Looking at respondents across all roles, only 41% of minority executives responding agreed that chief diversity officers are becoming more prevalent and more prominent, compared to 65% of Caucasian respondents. As an Asian health system executive noted, “Not many initiatives have taken place in my current organization and that’s because increasing diversity and inclusion is not seen as a priority. Within my last company, I was the chair of the diversity council and was able to have more input on improving diversity and inclusion.”

The number and prominence of chief diversity officers in healthcare organizations has improved over the past five years.

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<tr>
<td>Caucasian Respondents</td>
<td>65%</td>
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<td>Racially/Ethnically Diverse Respondents</td>
<td>41%</td>
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Healthcare Leadership Diversity: On the Horizon

Throughout the survey, many participants were optimistic that renewed commitment from organizations and leadership will improve and eventually close the diversity leadership gap. But they also recognized that it will take time and investment of resources to see the results of initiatives to reach young people and early career candidates, to change organizational culture, and to nurture community relationships.

When asked to share his outlook on leadership diversity in healthcare five years in the future, a physician executive in a large health system said, “I want to be optimistic; I want to believe my organization is committed to it and that I’ve seen it. But it’s an uphill battle for any large organization that’s trying to change course now.”

An executive in an academic medical center was more wary in his response. “Unless something changes dramatically across the industry [in regards to] emphasis from leadership teams,” he said, “we’re not going to see change in five years.”

The immediate future is uncertain, therefore, and “progress” is not guaranteed. This viewpoint is held especially among racial and ethnic minorities, women and other diverse participants that shared opinions for this study.

Over the long term, healthcare diversity would seem to have demographics on its side, suggesting a steady and gradual diversification of people in leadership roles. “Things will have to improve, given the population has changed,” noted a male African-American hospital operations executive.

“It’ll be an organic migration,” said a female African-American health system executive. “The kids now are more women and people of color in all areas, including healthcare administration and healthcare IT. [Greater diversity] will be the norm, so there will be people in positions to be promoted to senior executive levels. Young professionals are more used to seeing women and people of color succeed—it won’t be special for them, it won’t be something new.”

“It’s my role to provide mentorship and direction to those young people,” she added. Indeed, closing healthcare’s leadership gap any time soon will require continued commitment by industry leaders, as well as by associations and major employers. Many of the participants who commented for this study view greater leadership diversity as “inevitable.” Yet there is also consensus that individuals and organizations can influence the pace and direction of change. Thus, there is still a need for urgency in fostering diversity and inclusiveness among healthcare leadership.
In Their Own Words

Interviewees kindly shared their personal experiences as diverse candidates and as leaders in organizations looking to enhance diversity.

“When I’ve been recruited, I look at the diversity of the organization’s leadership. And when I don’t see diversity, I wonder if the organizational culture will be supportive of my thought process and experience. When I see diversity, that encourages me that they encourage thought processes that are diverse and are open to creativity in the organization. And that becomes more welcoming for me.”
– African-American hospital physician executive

“A lot of my success comes from those who went before me, and who ask and expect that we give back to others and keep up the cycle of giving, coaching and mentoring.”
– Hispanic academic medical center executive

“I’m valued for the voice that I hold in circles where there isn’t a lot of representation. I’m part of those circles.”
– Hispanic health system CEO

“I left my previous position when it was clear I would not receive a leadership role no matter what I do. Men with fewer credentials have gotten leadership roles over me.”
– Female physician executive

“It’s lonely at the top. I’ve been the only person of color in the room, so you have to be comfortable with being on your own.”
– Female, African-American technology executive

“I have to fight harder. I have to prove myself every time. Even after many successes, I still don’t feel as credible as my counterpart. I have to work harder to keep proving myself for every single project. Don’t get me wrong, I’m always up for the challenge, I welcome it. But I always wonder, ‘Would this be the same if I was not in that diversity group?’”
– Hispanic hospital executive

“I think of the encounters I have with patients who are somewhat astonished when I tell them I have an executive role here at the organization. It trumps their perceived notion. It has served me well to connect with patients, because experiences may be similar.”
– African-American hospital operations executive

“I’ve probably missed out on opportunities because I presented myself as a diverse candidate. You can walk into a room and they know you’re a black guy, but it’s different when you walk into a room and you’re talking diversity. Some people can interpret that as radical thinking. This is my life’s work—it’s always going to be my job to be asking for diversity.”
– African-American academic medical center executive

“In most board rooms and executive meetings that I sit in, it’s myself and the CEO above me who are the only women in the room and everyone else is a man. I’ve become used to it, as most executive women are, but there’s a camaraderie among the men. It’s a little bit lonelier for us than it is for the men.”
– Female health system executive

“It’s lonely at the top. I’ve been the only person of color in the room, so you have to be comfortable with being on your own.”
– Female, African-American technology executive

“I’ve probably missed out on opportunities because I presented myself as a diverse candidate. You can walk into a room and they know you’re a black guy, but it’s different when you walk into a room and you’re talking diversity. Some people can interpret that as radical thinking. This is my life’s work—it’s always going to be my job to be asking for diversity.”
– African-American academic medical center executive
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