

PROFILE: A minute with Ivette Estrada



**EVP and CEO
Our Lady of
the Resurrection
Medical Center,
Chicago, Illinois**

- Cuban native who moved to the Midwest as a teenager.
- Bachelor's degree from Mount Mary College, Milwaukee, Wisconsin; master's degree from Loyola University in Chicago; and an MBA from Kellogg Graduate School of Management, Northwestern University, Evanston, Illinois.
- Leads Our Lady of the Resurrection Medical Center, a 261-bed facility in Northwest Chicago.
- Spent three years as general manager, hospital system, for Medical Protection System in Buenos Aires, Argentina.

How did you get into health care? Where has your career taken you?

I've been involved since birth. In Cuba, my dad was an OB-GYN who owned a hospital and clinic with two other physicians. Because of Cuba's political situation, I was sent to high school in the U.S., and ultimately completed my education there. After college, fate and the need for a job took me to the Illinois Department of Public Aid-Medical Assistance-No Grant Program (MANG)

office in Chicago. I was the youngest unit supervisor in charge of evaluating applications for medical assistance filed by hospitals on behalf of patients in medical crisis and without insurance. I got to know more than 40 hospitals in the Chicago area in that job ... and completed my first master's degree. After that I took a position with the Metropolitan Chicago Hospital Council to provide consulting services to hospitals, and from there my career – first as director of patient financial services and later as Hospital CEO – took off. After obtaining an MBA, I spent five years in California at Kaiser Permanente, and three years in Argentina working with a for-profit hospital group before returning to my roots in Chicago, as it were, to work for a Catholic community hospital group. My experience in helping hospitals with financial and clinical needs seems very appropriate, since these are problems that face city hospitals nationwide.

Who were your mentors to help you along the way?

My mentors were two wonderful women who selected me and supported me in my first job as CEO—the hospital's medical director and the chairwoman of the board of directors. At the time, the hospital medical director was president of the Chicago Pediatric Society, and the board chairwoman was a township president in a nearby suburb. Different backgrounds, but with a wealth of knowledge regarding managing doctors, nursing staffs, board members and committees, and with a lot of political savvy. They were key to my formation as a CEO. The board chairwoman has died, but the medical director

remains a close friend to this day.

What do you find the most challenging about your current position?

The large number of undocumented immigrants who lack the resources to take care of their health needs, and the declining government reimbursement to care for the poor, the underinsured and the elderly—the main populations of large cities.

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Hobby takes over as IFD president

As its recently hired president, I'm honored by the opportunity to provide leadership for the Institute for Diversity in Health Management (IFD). I look forward to working with IFD's partners – the American Hospital Association, the American College of Healthcare Executives, the National Association of Health Services Executives, the Catholic Health Association of the U.S., and the Association of Hispanic Healthcare Executives – and members to enhance diversity among our nation's hospitals and health care systems, and promote cultural proficiency in patient care.

The IFD board will build upon a solid foundation and develop a three-year strategic plan to help achieve diversity in health care, focused on three areas – changing mindsets, providing opportunities and improving

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Fred Hobby

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capabilities.

We'll work to address contemporary issues such as providing culturally proficient care, easing language barriers and eliminating disparities in health outcomes. And we'll continue to research new products, tools and services to assist IFD members as they seek to increase diversity in their workplace and provide culturally appropriate care to their patients.

These include expanded teleconferences, new internship programs with

INROADS, and partnering with other organizations – such as working with the AHA's Health Forum to co-sponsor an educational track on addressing diversity and health disparities at the



Health Forum Leadership Summit in July in San Diego. We'll give special emphasis this year on our scholarship program, which received a generous gift from the AHA.

IFD's role is to help you – the health care executive and manager – carry out your task of providing culturally profi-

cient care to the patients who seek comfort in your hospital every day of the year. Whether we're refining an existing program, like the Summer Enrichment Program, developing a new program on how to expand diversity in a health care facility, or creating a model for language translation services, the IFD is here, ready to help.

I look forward to working with each of you as together, we carry out IFD's mission of expanding health care leadership opportunities for racially and ethnically diverse individuals, and helping create more culturally proficient health care delivery systems.

Summit features track on diversity, disparities

This year's Health Forum and AHA Leadership Summit 2005, set for July 28-30 in San Diego, features an educational track in partnership with IFD that focuses on addressing diversity and health disparities in our health system.

The track will provide health care executives with new strategies for coping with the growing number of cultural

and social issues confronting health care today. Through the three sessions offered in this educational track, Summit attendees will explore options for addressing clinical disparities and engaging different community groups in health care services planning and delivery.

"Clearly, health care organizations need to focus on achieving diversity in their health care force," said Fred Hobby, IFD president. "The U.S. Census predicts that by 2050, nearly half of our population will be what is traditionally considered a minority – non-white."

Partnering with Health Forum on these educational sessions is one way that IFD is working to bring health care managers the tools they need to increase diversity and provide leadership opportunities for minorities, as well as deliver culturally proficient care, Hobby said.

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– Fred Hobby, IFD president

president of community health development at New York-Presbyterian Hospital, will focus in strategic planning to enhance culturally proficient care. Northwestern Memorial HealthCare President and CEO Gary Mecklenburg will lead the session "Using Patient Race and Ethnicity Information to Improve Quality of Care," which focuses on Northwestern's pilot project in gathering and using patient data to improve quality, using a tool developed by the AHA's Health Research and Educational Trust. The third educational track, "HCA's Diversity Commitment: Plain Talk About the Bottom Line," will

"Planning and Implementing Cultural Proficiency," featuring J. Emilio Carrillo, M.D., MPH, vice

focus on HCA's system efforts at promoting diversity and inclusiveness, and feature John Steele, HCA's senior vice president for human resources; Heather Rohan, CEO of HCAPalms West Hospital in Loxahatchee, FL; and Sylvia Stradi, chief nursing officer at Palms West.

For more information on the Leadership Summit, including registration materials, go to www.healthforum.com.

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What advice do you have for others seeking to improve the diversity of their health care workforce?

- Hire a workforce that is representative of the community that you serve.
- Hire for the future, even if the hospital has to spend money on training the new workforce.
- Court the high schools in the area and promote careers in health-care.
- Invest in education for your employees.
- Work with the community so that they better understand the limits under which the hospital functions.

Florida hospital develops plan for an inclusive workplace

Three years ago, Florida Hospital — part of the Adventist Health System’s network of 17 hospitals in central Florida — commissioned a large, independent audit to assess how well the hospital was applying diversity to its workforce.

Although minority and non-minority employees who were surveyed rated the hospital’s diversity climate well above average, the audit revealed some room for improvement and prompted hospital officials to take a closer look at how best to promote inclusivity in patient care, at the workplace, and in the community.

According to Paul Brantley, M.D., Florida Hospital’s assistant vice president for leadership development, the diversity audit was “really helpful in pointing out some needs for improvement and made us realize that it shouldn’t just be another HR initiative.” For example, the audit revealed that hospital supervisors needed training on how to handle diversity issues and that employees felt the hospital’s rewards and promotions system needed to be implemented more rapidly and in a more evenhanded fashion for all groups.

Using the audit results as a backdrop, the hospital set out to create a strategic plan to emphasize diversity. Fortunately, at the time they were starting to develop their plan, they discovered a tool that helped point them in the right direction: The “Strategies for Leadership: A Diversity and Cultural Proficiency Assessment Tool for Leaders.”

The document, which was developed by AHA, the National Center for Healthcare Leadership, American College of Healthcare Executives, and the Institute for Diversity in Health Management, is a competency tool designed to identify specific strategies for assessing and promoting diversity and cultural proficiency in the health care workforce. The four-part tool includes 1) an assessment checklist designed to identify what organizational diversity and cultural proficiency activities and prac-

tices are in place or need to be implemented; 2) action steps for raising diversity awareness within an organization; 3) case study examples of successful diversity and cultural proficiency programs from other hospitals; and 4) bibliography resources for learning more about diversity and cultural proficiency.

According to Brantley, the competency tool was an excellent way to survey Florida Hospital’s own leadership as they embarked on the creation of a strategic plan. “We wanted to benchmark, and the competency tool provided the perfect opportunity.”

By customizing the wording of the competency tool to better reflect Florida Hospital’s own characteristics, they found some interesting results when polling hospital leadership. For one, it revealed, “most felt we didn’t have a process to address diversity on the hospital’s board or diversity of hospital suppliers.”

“There was no conspiracy to ignore diversity issues in those areas, it just hadn’t risen to our level of awareness,” Brantley said. “The tool was really helpful in prompting awareness and really providing the motivation for change.”

Now, the hospital has created a

three-year strategic plan whose goal is to ensure that both the hospital’s leadership and workforce better represents the community it serves. The plan’s implementation is linked to Florida Hospital’s centennial celebration in 2008.

Currently, the hospital is shopping the plan around to its diversity committee and four specific focus groups comprised of members of different hospital departments and demographics, including Hispanics, Asians, African-derivatives, veterans, disabled persons, and single parents.

According to Louis Preston, Florida Hospital’s assistant director of leadership development and diversity officer, the real challenge is ensuring that all of the hospital’s 15,000 employees buy into the goals of the plan.

“Top level management is aware of what we’re trying to do,” Preston said. “It’s driving the goals of the plan further into the organization and getting it embedded into other groups that is the issue right now.”

Once the plan is formally approved over the next couple of months, the hospital intends to implement: diversity recruitment and succession planning; informal diversity learning modules through department meetings, lunches, and hospital-based cultural networks; and metrics progress reports through its diversity committee.

According to Preston, they also intend to network with organizations outside of Florida Hospital on their diversity practices and have already forged relationships with Disney and Lockheed Martin, two large local employers.

“It’s about leveraging our strengths and embedding diversity throughout the organization,” Preston said. “We want our leaders and staff to think inclusively. We want our employment roster to reflect our community. Most importantly, we want to be sure we’re providing culturally proficient and inclusive care.”

Bridges will continue to follow Florida Hospital’s diversity journey. Look for updates in future Bridges.

Currently, Florida Hospital’s workforce of 15,000 employees is:

76% female,
largely over the age of 50

14% Hispanic

12% African-derivative

9% Asian

The hospital’s surrounding central Florida community is 17 percent Hispanic, 14 percent African-derivative, 3 percent Asian and 0.7 percent Native-American.

From vision to implementation – Instituting your diversity process

By Linda Stokes
President and CEO, PRISM International, Inc.

Scenario: You've made your case for a diversity program and gained senior management support. Vision and mission statements have been published for everyone to read. Now that expectations are raised, it's time to deliver the diversity strategies, framework and tactics that will take you from vision to implementation.

How can you create robust, successful and sustainable efforts? Here are 10 tips.

1. Create the strategy to frame your process.

Make sure your strategy includes the three critical elements: workforce – from caregivers at the bedside to the myriad of employees who maintain the facility; workplace – the culture, policies and procedures that affect the ability to provide care and services in an increasingly diverse society; and the marketplace – the patients and community whom your hospital and health system serve.

In addition to the three legs of your strategy, you will realize a more comprehensive, inclusive and sustainable process by including the following components of 1) increasing representation, 2) understanding, 3) managing and 4) leveraging diversity.

Most organizations spend most of their resources on increasing representation at specific levels and job categories. Unless adequate time and resources are devoted to understanding, managing and leveraging diversity, your organization will be caught in the spin cycle – without learning to understand and work together, new recruits and existing employees will be less productive.

Managing diversity involves assessing the organization's culture and sys-

tems. This component includes identifying any barriers that may prevent success as well as aspects of the culture that enhance the organization's ability to recruit, develop and retain a diverse workforce. You may decide that changes need to be made to various practices and policies, such as employee development, performance management, work/life balance, pay equity, etc., that can be identified through assessments and focus groups. Determine whether the overall culture of the organization – "the way we do things around here" – creates an atmosphere of inclusion or exclusion.

In order to successfully leverage diversity, employees and caregivers should be able to contribute their talents, thoughts, skills and abilities to meet the goals and mission of the organization. When all of these elements are included, the organization can then benefit from the diverse perspectives, backgrounds and experiences that a diverse workforce provides.

2. Link and align strategies and tactics with other functional areas and specific initiatives.

Like marketing, education, community involvement, R&D, accounting and foundation activities, diversity can help accomplish not only bottom line, but, more importantly, patient care goals. Leveraging diversity must be seen as an organizational goal. If diversity is seen as "something else to do," most will never get to it and instead, the organization will be dealing with resistance brought on by the vast amount of work attributed to yet another new program. Aligning the diversity process with quality, patient care, safety and revenue goals and activities provide sustainability and a business focus and purpose.

3. Create critical short- and long-term tactics by conducting a gap analysis, and

comparing the organization's current situation to its vision for the workforce, workplace and position in the marketplace.

The gaps identified should drive tactics. This analysis does not need to take months, but can include a discussion that enables you to explore the effectiveness of the current programs and refine them as necessary.

4. Measure and track the progress you are making in closing the gaps, with reports about every six months on the effectiveness of your plan and activities.

5. Develop a comprehensive communication plan for your overall strategy.

Diversity often is the best-kept secret. Many organizations create a diversity newsletter while others include diversity-related articles in existing communications. The communication plan, however, should consist of more than well-placed articles in the newsletter. Diversity should be part of the annual report, the board of directors' meeting, "town hall" meetings, and marketing and advertising campaigns. Focus on more than "food days" and describe ways that diversity is helping realize the goals of an inclusive workplace and culturally proficient patient care.

6. Develop a structure to support and implement your plan.

Depending on your organization's complexity, consider a diversity manager or chief diversity officer, an executive steering committee and diversity councils with project teams. This ensures enough resources to accomplish the tasks and keeps people at all levels involved in the process.

7. Create a job specific, comprehensive learning strategy for all employees.

While many organizations provide sensitivity or awareness seminars, all employees at every level in the organiza-

tion need new skills and tools for working productively and respectfully in an increasingly diverse workplace. For example, executives need to know how to support and advocate for building a workforce and workplace that meets their vision. In order for executives to gain confidence and competence to talk publicly about diversity with various employee groups, they should be able to articulate the business case and understand their specific roles and responsibilities in supporting the process. Managers must learn to lead diverse teams, and need to be able to interview, motivate, coach, mentor, delegate and communicate across diverse employee groups. And employees must learn to work together productively and respectfully, and know how to contribute to an inclusive workplace that includes caring for patients of different cultures who may speak different languages.

8. Assign accountability and responsibility for meeting the vision and specific tactics to ensure success.

Without accountability and responsi-

bility, the diversity manager will be seen as the sole person responsible for leading the effort and will be depended upon for the overall success of the initiative. Each person within the organization should have ownership and a clearly defined role in how they help meet the needs of a diverse workforce and marketplace

9. Develop a broad definition of diversity and an inclusive tactical focus to acknowledge and engage people across all dimensions of diversity.

10. Include the WIIFM - what's in it for me – factor.

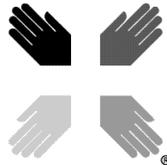
While the case for diversity is made at the corporate level, it often fails to filter down to the department and team level – the front lines. Employees need to know that diversity and inclusion will make their jobs more rewarding, less stressful, and include new ideas and skills. Managers must see the connection between the diversity process and meeting patient care and other performance goals. And executives must

know how the diversity process will assist in meeting all of the overall business objectives – including caring for patients in a culturally appropriate manner.

By developing specific, measurable tactics tied to a comprehensive strategy, you will be able to create a diversity process that enables your staff – from the executive suite to facility management crew, from radiologic technicians to ICU nurses – to work together effectively to meet the needs of patients and the goals of your organization.

PRISM International is helping Florida Hospital implement their diversity process.

For more information, go to www.prism-international.com, or call (888)99-PRISM. PRISM is a full-service provider of practical, innovative and proven consulting services, assessment and measurement systems and training programs. PRISM focuses on diversity, cross-cultural effectiveness, harassment and discrimination prevention, and compliance.



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