



# Bridges

Institute for Diversity in Health Management

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## WHAT'S INSIDE

- ▶ **News to Use** - page 2
- ▶ **Institute Spotlight** - page 6
- ▶ **SEP Concludes** - page 7



## Fred's Corner

By Fred D. Hobby, President and CEO Institute for Diversity in Health Management

It's been a busy summer at the Institute, and it's shaping up to be an even busier fall. I'm very excited to share with you several brand-new initiatives we will be unveiling across the coming months.

### Institute Announces Benchmarking Tool

In July, the Institute, along with The ARAMARK Charitable Fund at the Vanguard Charitable Endowment Program, announced the creation of a new survey tool for hospitals to help them assess and improve their internal diversity management programs. The project will be funded by a grant from The ARAMARK Charitable Fund, and the results will be used to compile a database that will allow health care leaders to compare their organizations' efforts to those of others. The data also will be used to help us honor leaders in the

field of promoting diversity within health care. Read more about it on page 3.

We are very excited about this tool and its potential to help the health care field as a whole improve the diversity of its workforce and its cultural competency. The tool is still in production. Be sure to check in with our Web site for regular updates!

### Introducing the Association of Pan-Asian Healthcare Leaders

I also am pleased to welcome the Association of Pan-Asian Healthcare Leaders to our growing list of affiliates! This new group seeks to increase the representation and professional development of Asian Americans in health care executive management, policy and leadership roles. Read more about them on page 6.

*continued on page 2*

## Save the Date – Leadership and Educational Conference on Diversity!

The Institute for Diversity in Health Management will hold its biennial Leadership and Educational Conference on Diversity – the health care field's premier conference on managing diversity – June 19-20, 2008 in San Antonio, TX. This event – hosted by the Institute and its parent company, the American Hospital Association, with support from our generous sponsors – will feature experts and practitioners in the fields of diversity management, as well as health care disparities. Trustees, senior health care executives, human resource directors, diversity specialists, consultants and others will find valuable resources and tools for effectively managing diversity programs within their organizations.

Please mark your calendars and plan to join us for this important event! Visit [www.diversityconnection.org](http://www.diversityconnection.org) to learn more and watch for further details in the coming months.



## BRIDGES PROFILE

### Tony Armada

President and CEO  
Henry Ford Hospital  
and Health Network  
Detroit, MI



**What influenced your decision to enter health care? What other factors have shaped your career choices along the way?**

My father was a physician and my mother was a pharmacist. Health care and the value of health care providers were very much ingrained in my upbringing. I was primed to go through pre-med classes in school, and I chose medical technology as my undergraduate focus. I then worked as a midnight-shift medical technologist, which gave me a perspective as a hospital employee. I had an opportunity to go to medical school, but I did not choose to do so. Instead, I really wanted to follow my passion to be a servant-leader and really make a difference in serving people and meeting a broader need for health care. At that point, I had an opportunity to speak with the CEO of St. Lawrence Hospital in Lansing, MI, at the time, Sister Mary Janice Belen. She really introduced the whole concept of health care administration to me. I then spoke to various health care leaders at the time and was convinced that health care administration was the path I was going to take. I then went to Xavier University and got my MHA, as well as an MBA, to complement my clinical degree. After my administrative residency at St. Joseph's Hospital as part of the Franciscan Sisters Healthcare Corp. in Illinois, I began my real administrative career in California as an assistant administrator for Charter Medical, which led me to a series of jobs at organizations of all sizes, ending where I am

- ▶ Fellow of the American College of Healthcare Executives
- ▶ Adjunct faculty member of California State University – Northridge, Xavier University and the University of LaVerne for their Master's programs in health care administration
- ▶ Member of the board of directors of the Michigan Healthcare Executive Group and Association, Alliance for Advancing Nonprofit Health Care, and Services for Older Citizens, an east-side senior services organization, City Year Detroit, and Detroit Metropolitan YMCA
- ▶ Master of Business and Health Care Administration, Xavier University
- ▶ Bachelor of Science, Michigan State University

*continued on page 3*

# Where Should Diversity Reside for Maximum Effectiveness?

BY FRED HOBBY & CYNTHIA R. STEWART, DIRECTOR OF DIVERSITY RESOURCES & LANGUAGE SERVICES, COLUMBIA ST. MARY'S HEALTH SYSTEM

One often overlooked consideration in the development of a diversity initiative is where to locate the office of diversity management within the organizational structure.

The position of the diversity champion/practitioner (DP) should be located no more than one person away from the CEO. Ideally, he or she should report directly to the CEO. The reason: An organization's diversity plan needs to align with the vision of the corporate leadership. Without this alignment, initiatives often lack the executive endorsement they need to advance and maintain success.

Many organizations opt to place diversity management in the human resources (HR) department. When diversity management is housed in HR it does not send a message that it is an organizational imperative, and DPs frequently report frustrations resulting from misalignment within the organization's structure and operations.

Although several of the components of a comprehensive diversity initiative should impact workforce issues, programs affecting the patient population—such as cultural competence training—are of equal if not greater importance. This fact not only is lost when diversity management is housed within HR, but makes it more difficult for the DP to

gain support to address patient relations issues.

Since a diversity initiative should be multifaceted and inclusive of a variety of key components, it would be counterproductive to place authority for such work within one of the business units or areas of focus it is designed to impact or develop strategic partnerships with. For example, if the diversity champion reports to the vice president of marketing and there is a need to change marketing strategies in order to reach more diverse populations, the vice president may or may not agree with the need for change. In this situation, from a common-sense standpoint, the DP might abandon this issue in order to avoid conflict with his/her direct boss. Conversely, if the DP reports to someone outside of marketing, he/she might be able to solicit support for the change without fear of reprisal. In addition, if the DP reports to a particular business unit and is viewed as such by the people in the organization, he/she may find it difficult to engage the right people in other units to lead change.

To get the maximum return from diversity initiatives, responsibility should reside where it will get maximum support from the entire organization. The single best location is in a direct reporting line to the CEO. If that is not feasible, the next best placement would be to the chief operating officer or an executive whose scope of responsibility spans the entire organization, inclusive of all strategic planning, operations and functions of the institution.

San Antonio, TX . Experts from health care and the general business community will provide insight on designing a diversity program, recruitment and retention of people of color in health management, succession planning and more. This year, we will also be taking a closer look at the connection between health disparities and workforce diversity. Watch for more details in the com-



### Report outlines available Medicaid and SCHIP reimbursement for language services

The National Health Law Program has released a report, "Medicaid and SCHIP Reimbursement Models for Language Services," outlining the existing state mechanisms for directly reimbursing providers for language services for Medicaid and SCHIP enrollees. All states receive at least 50 percent of incurred costs and some states are eligible for up to 79 percent of costs. Twelve states plus the District of Columbia currently provide reimbursement for language services. A copy of the report is available from [Hablamos Juntos at www.hablamosjuntos.org](http://HablamosJuntos.org).

### Improved pharmacy language services could enhance safety for LEP patients

Nearly half of pharmacists in Milwaukee, WI, cannot convey prescription information effectively to limited English proficiency (LEP) patients, according to a study in the August issue of *Pediatrics*. Researchers from the Medical College of Wisconsin in Milwaukee, and the University of Texas Southwestern Medical Center in Dallas surveyed 128 pharmacies in Milwaukee County about providing non-English language prescription labels, information packets and verbal communication, as well as pharmacy satisfaction with communicating with LEP patients. According to the study, pharmacies' communication with LEP patients may improve by increasing the quality and number of non-English languages in existing computer programs, hiring bilingual staff and using telephone interpreting services when in-person interpreters are unavailable.

### 2008 Barbara Jordan Scholars Health Policy Internship applications available

Applications for the Henry J. Kaiser Family Foundation's Barbara Jordan Health Policy Scholars Program will be available this month. The nine-week, Washington, DC-based program is targeted at college seniors and recent graduates who identify as African American, Hispanic/Latino, American Indian/Alaska Native, Asian or Native Hawaiian and Pacific Islander. Through placement in congressional offices and participation in seminars, scholars will learn about federal legislative procedure and health policy issues. In addition, scholars will have the opportunity to write and present a health policy research paper. The Barbara Jordan Health Policy Scholars Program at Howard University was created to honor the legacy of former Foundation trustee and Congresswoman Barbara Jordan and to expand the pool of students of color interested in the field of health policy. The application deadline is December 14. For more information, visit [www.kff.org](http://www.kff.org).

### Web cast examines disparities in HIV/AIDS care

On August 2, the Kaiser Family Foundation hosted a webcast examining disparities in HIV/AIDS care, particularly in the African-American community. Panelists included Kevin Fen-

*continued on page 3*

## Fred's Corner

*continued from page 1*

### Save the Date – 2008 Conference on Diversity

Finally, mark your calendars for the Institute's 2008 Leadership and Educational Conference on Diversity. The conference will be held June 19-20 in

# Institute Launches Benchmarking Tool to Improve Hospital Diversity

The Institute for Diversity in Health Management in July announced plans to provide a survey tool for hospitals to help them assess and improve their internal diversity management programs. The project will be funded by a grant from The ARAMARK Charitable Fund at the Vanguard Charitable Endowment Program, and the results will be used to compile a database that allows health care organizations to compare their organizations' efforts to those of others. The data also will be used to help the Institute honor leaders in the field of promoting diver-

sity within health care.

"We are very excited that The ARAMARK Charitable Fund at the Vanguard Charitable Endowment Program has enabled us to develop this benchmarking program," said Fred Hobby, Institute president and CEO. "We expect that the type and scope of diversity initiatives underway in our nation's hospitals varies widely. This tool will provide a scorecard that hospitals can use to benchmark and improve their diversity progress."

The Institute will distribute the survey tool to hospitals, then work with

them to assess their performance and benchmark it against other health care organizations. Results will eventually be used to select recipients of the "Diversity in Health Management Award," which seeks to recognize and honor hospitals and health systems committed to embracing all of the components of a full-scale diversity initiative and to expanding leadership opportunities for members of under-represented minority groups.

"ARAMARK Healthcare is commit-

*continued on page 4*

## Bridges Profile

*continued from page 1*

now at Henry Ford. I've worked at every level of health care delivery — whether it's as an administrative resident or a president, at a community hospital or an academic medical center, a not-for-profit or investor-owned hospital, a stand-alone hospital or a multi-hospital system and/or integrated delivery network — I bring all of that diversity and experience to my role as a president and CEO.

## What's the greatest challenge you've faced in your career?

Everyone is going to encounter barriers. If you are in this mindset that you are alone or by yourself, you're wrong. My personal belief is that's a myth. I would advise early- and mid-careerists to seek out and network with others who may have had similar experiences, and reach out to potential coaches or mentors to be able to benefit from their experiences. I have had a lot of challenges in my career, particularly because a lot of my experience has been in turnaround situations where the hospitals were losing money. Each turnaround had its own dynamics and challenges and it was very helpful for me to be able to create a dialogue and reach out to others in the field who had that same type of experience. But more importantly, it kept me from feeling helpless or alone because I had other individuals out there who were willing to help. I have been blessed with mentors where, in challenging times, I'm able to call somebody and reach out. I don't think I'd be in the position I am now without that network. There is no substitute for the mentoring I have received throughout my career and the countless discussions I've had have been worth their weight in gold — steering me in the right direction, giving me a perspective that I may not have thought of, pushing me toward success.

## How can health care embrace the leadership

## imperative to increase diversity among health care managers?

It needs to start from the top. We need to continue to work on creating diverse leadership and expanding leadership capabilities, but we also need to educate today's leaders on the value of diversity and cultural competence. The common denominator of errors is miscommunication and misunderstanding — between caregivers, between caregivers and patients, and patients and families. I believe diversity represents an opportunity to conquer that. A more diverse and culturally competent workforce will help lead to more compassionate and aligned care.

## What advice would you give to racially and ethnically diverse individuals seeking to enter health care administration?

Diversity is valuable to any business, particularly in health care where we deal with personalized care. As the population we serve becomes more diversified, so does the level of understanding, communication and sensitivity needed by hospital leaders and providers which is transferred to the patient care delivery and commitment process. Diversity is a big asset. You have to recognize and understand for yourself that you are different, whether it's culture or color of skin or upbringing, and acknowledge that. But more importantly to reshape that thinking and respect the differences you see in others and yourself and turn that into an advantage as opposed to a weakness.

In addition, I'd encourage them to pursue life-long learning — continue to learn and expand your horizons. I also would advise them to make sure they talk to people and reach out to potential mentors. Your coach or mentor doesn't necessarily need to be the same race as you, but someone who can help you fulfill your career ambitions, further your development, and provide the opportunity for a life-long relationship.

## News to Use

*continued from page 2*

ton, M.D., Ph.D., director of the Centers for Disease Control and Prevention's National Center for HIV/AIDS, Viral Hepatitis, STD and TB prevention; Phil Wilson, executive director of the Black AIDS Institute; and Jennifer Kates, M.A., M.P.A., director of HIV Policy for Kaiser. The webcast can be viewed at [www.kaisernetwork.org](http://www.kaisernetwork.org). A transcript of the session also is available.

## Fact sheets highlight African Americans, Latinos and HIV/AIDS

The Henry J. Kaiser Family Foundation in July released two fact sheets concerning HIV/AIDS within the Latino and African-American communities. The fact sheets, available online at [www.kff.org](http://www.kff.org), highlight key findings from research by the Centers for Disease Control and Prevention, including the prevalence of the disease within each community, access to care, death rate due to AIDS, disease transmission patterns, geographic patterns, testing behavior and each community's concern for HIV/AIDS. The latest data continue to demonstrate that the Latino and African-American communities account for more AIDS cases than any other race/ethnicity in the U.S. Although differences have diminished overtime, both communities fare relatively poorly on several important measures of access to health care and quality and are more likely to postpone medical care.

## Summit to address diversity in California's health care

As part of the first ever California Diversity & Leadership Conference being held Sept. 19-21 at the Westin St. Francis in San Francisco, organizers have planned a Health Care Diversity Summit. The summit will bring together a variety of health care experts to discuss topics including: eliminating health disparities, quality health care, workforce and socioeconomic wellbeing, education gaps and health disparities, workforce diversity and cultural competency. For more information on the conference and summit, visit [www.californiadiversityconference.com](http://www.californiadiversityconference.com)

## ***Institute Launches Benchmarking Tool to Improve Hospital Diversity***

*continued from page 3*

ted to attracting and retaining a diverse workforce that reflects the communities served by our hospital partners,” said John Babiarz, group president, ARA-MARK Healthcare. “We applaud The Institute for Diversity in Health Management’s efforts to raise awareness and promote diversity within health care.”

The tool focuses on four specific areas:

- Strengthening a Diverse Workforce;

- Expanding the Diversity of the Leadership Team;

- Delivering Culturally Proficient Patient Care; and

- Strengthening the Diverse Communities that Hospitals Serve.

The tool is based on research included in “Strategies for Leadership,” a diversity and cultural competency assessment tool the Institute created in

conjunction with the American College of Healthcare Executives, the American Hospital Association and the National Center for Healthcare Leadership. In addition, each question/standard within the survey tool was cross-referenced with similar standards identified by the Magnet nursing program and Joint Commission tools by Florida Hospital in Orlando.

Watch for more information on the Institute’s Web site, [www.diversityconnection.org](http://www.diversityconnection.org), in the coming months.

# **HEALTHCARE EXECUTIVE OPPORTUNITY!**

## **DIRECTOR, MEDICAL AFFAIRS** **Northwestern Memorial Hospital**

Northwestern Memorial Hospital is seeking an experienced healthcare executive to serve as their Director of Medical Affairs. The Director of Medical Affairs has broad responsibility across this academic medical center and serves as the point person within the senior management team and academic department leadership team for all academic and physician issues. This Director has administrative responsibility for medical staff administration including compliance, budgeting, grant administration, physician leadership, clinical program development, GME, faculty recruitment and physician referral network development. Successful candidates will have eight to ten years of healthcare experience preferably in an academic practice plan and academic medical center hospital operations. An MHA or MBA is required.

*Qualified candidates should contact and submit their resume to:*

### **Deedra Hartung**

*Vice President and Practice Leader*

Cejka Search | Executive Search Division

Phone: 800 678 7858 | Email: [dhartung@cejkasearch.com](mailto:dhartung@cejkasearch.com)

# Diversity and Disparities: Parallel Challenges for 21<sup>st</sup> Century Health Care

BY FRED HOBBY AND JANICE L. DREACHSLIN, PH.D.

There continues to be a fair amount of confusion in the health care field about the difference between **diversity** and **disparities**. As a result, the terms are often used interchangeably and inappropriately, leading to strategies directed at addressing one set of concerns that end up focusing on or failing to take into account the other. This makes measuring the success of initiatives difficult at best, and building national platforms for action a confusing proposition.

If the field is not clear on what our priorities should be, it becomes increasingly difficult to win support for change. While most leaders would support the goal of eliminating disparities in medical outcomes, especially among minority patients, there is, at the same time, an apparent reluctance to embrace

strategic diversity management. Unfortunately, without such a commitment to diversity, organizational factors that contribute to disparities will likely remain unchanged. An inclusive professional workforce that reflects the communities being served together with policies and practices to support their success and a shared commitment to culturally and linguistically competent care are essential underpinnings of any sincere effort to eliminate disparities.

For these reasons, and perhaps a few more, Rich Umbdenstock, president and CEO of the American Hospital Association, commissioned a cross-association task force to develop a set of recommendations that AHA could adopt to help hospitals reduce disparities in health care. He also asked that steps be taken to educate the field on the differences between disparities and diversity and explain their relationship to each other. In short, he asked the

task force to bring some clarity to these two concepts.

In simple terms, diversity means difference and has no negative connotations. There is diversity among trees, flowers, cats and dogs and all living things. There is diversity within Christian beliefs, Islamic beliefs and Jewish beliefs. Obviously, there is diversity in thought. And there is diversity in the health care workforce and the patient populations we serve. This diversity is reflected in differences in age, gender, lifestyle, education, religion, marital status, economic status, race, preferred language, weight, ethnicity and much more. Even when the workforce or the patients we care for appear to be a homogeneous group – for example, all white – there will be considerable differences among them.

In short, diversity exists wherever differences exist. Any difference can become a barrier to working effectively as part of a team, especially when these differences characterize a minority of the team members and are not openly acknowledged and leveraged for shared success. It is diversity that makes each person unique. There are no negative implications in this concept. It is this human diversity that needs to be recognized and understood to prevent these differences from becoming barriers.

Disparities, on the other hand, are inequalities. There is a definite negative connotation with this concept. Inequities in treatment, access or outcomes constitute disparities.

There is no doubt that disparities in the delivery of care appear to have a far greater and immediate impact on the medical outcomes of patients, when compared to the impact of diversity issues. A well-documented Institute of Medicine report, *Unequal Treatment*, makes it very clear that minority patients are not provided the same level of access to therapeutic, diagnostic and surgical procedures as the majority population. On the other hand, if we introduce diversity issues such as language differences, which effect the accurate communication of medical information from which patients and caregivers

*continued on page 6*

## HR Solutions, Inc. Joins Institute

The Institute for Diversity in Health Management is pleased to announce that HR Solutions, Inc. has become a member. "We are delighted to have HR Solutions partner with the Institute for Diversity in Health Management," said Institute President Fred Hobby.

"Their continued research into the links between employee engagement and diversity supports the Institute's belief that building and sustaining a diverse health care workplace is of critical importance." HR Solutions, Inc. is a Chicago-based human capital management consulting firm specializing in providing strategic surveys and results-oriented advisory services concerning employee engagement/satisfaction, diversity, customer service and quality. The company represents a growing number of non-hospital members whose mission and services align with those of

the Institute. "Given the clear relationship between employee satisfaction with diversity and engagement, CEOs and general managers who have discounted the importance and value of diversity can no longer afford to do so," said Kevin Sheridan, CEO of HR Solutions, Inc. "We applaud the efforts of the Institute to expand leadership opportunities in health care to attract, retain and develop the best mix of ethnically, culturally and racially diverse employees."



**HR**  
SOLUTIONS  
INTERNATIONAL, INC.



# Association of Pan-Asian Healthcare Leaders

## **Mission Statement:**

*The mission of the APAHL is to increase representation and professional development of Asian Americans in health care executive management, policy and leadership roles.*

*The vision of the APAHL is to be internationally known as the premier organization that serves Asian American health care executives, health policymakers and health care leaders.*

The Institute for Diversity in Health Management is pleased to introduce the Association of Pan-Asian Healthcare Leaders (APAHL), a new affinity group for health care executives who trace their heritage to Asia, including the Indian subcontinent, and the Pacific Islands.

Asian Americans constitute a sizable portion of the U.S. population; however, the number of Asian Americans in health care administration remains relatively low. In 2005, several interested individuals separately approached the Institute about creating an affinity group for those Asian Americans already serving in health care administration. “As luck would have it, I was

riding in an elevator with Fred Hobby not long after he took the helm as president of IFD... we spoke of diversity in health care and I asked if he knew of any Asian American health care organizations that helped develop and mentor future leaders,” explained David Elgarico, associate administrator at HCA, Riverside (CA) Community Hospital. “He was unaware of any and asked if there was one, would I be involved. I responded, ‘I sure would,’ and he asked if I would be interested in creating one. Of course, I said yes.”

Elgarico contacted Bonnie Hanson, also an associate administrator at HCA-Riverside, who had approached the Institute the previous year about starting a group for Asian leaders. With the help of the Institute, they held a brainstorming meeting in conjunction with the annual AHA-Health Forum Leadership Summit in San Diego, CA. The group used the American College of Healthcare Executives’ (ACHE) list of self-identified Asian leaders to target potential members and agreed to meet again in 2006 in Chicago.

At that meeting, the fledgling group began to solidify, identify goals and

work out a structure. The group specifically sought to promote four things:

- Life-long learning.
- Mentoring development.
- Career development.
- Networking.

In 2007, the group formally organized as the APAHL and developed a business plan. The organizers are in the process of codifying the bylaws and will finalize the APAHL’s first board of directors in September. Tony Armada, president and CEO of Henry Ford Hospital and Health Network (see profile on page 1), will serve as the board’s inaugural chair. The group has undertaken a very strategic board search process, ensuring representation across different levels of health care. “Both Bonnie and I are early careerists. We recognize that, if we want this organization to get started right, not only do you have to have a mission and a vision... we have to have more experienced leaders” on the board, Elgarico said, noting that those more “seasoned” leaders have name recognition and the contacts necessary to help the organization be successful. “They know the players that

*continued on page 8*

## **Diversity and Disparities: Parallel Challenges for 21<sup>st</sup> Century Health Care**

*continued from page 5*

make choices; or religious differences, which effect the belief systems and healing processes; or even sexual orientation, which could effect the overall acceptance of a gay or lesbian patient or caregiver and the trust factor that must be present between them, wouldn’t there be increased tendencies for disparities to occur? Perhaps the confusion that now exists between these concepts is warranted. The relationship between diversity and disparities is so intertwined that they are virtually inseparable. One is a consequence of the other, and vice versa.

We don’t believe there is a CEO in the country who would argue against the desire to have a single level of access and care for all patients. There would be little resistance to such a noble cause. Yet, this is equivalent to picking the low hanging fruit. It is politically safe, it is humanitarian, and it is what hospitals should do to maintain the public trust. In other words, it is the right thing to do.

Diversity issues such as language, religious, cultural, gender, race and ethnic differences are not disparities in and of themselves. They are just differences. When they are not understood, valued and appreciated for their impact on the delivery of patient care, the healing process and communication/trust, they become contributors to disparities

and unequal medical outcomes.

Discussions about diversity are the most controversial and uncomfortable to lead. It is difficult to develop meaningful strategies for change because change can be perceived as a threat to the status quo and may be viewed as leading to a loss of privilege or feeling of resentment, guilt, anger or denial.

Diversity continues to be the most elusive challenge in 21st Century health care delivery, and one of the greatest challenges our society as a whole faces. Only through embracing strategic diversity management, can we transform ourselves and our organizations and create a health care environment that is truly conducive to the elimination of disparities.

# Summer Enrichment Program Comes to a Successful Conclusion

The Institute for Diversity in Health Management’s Summer Enrichment Program (SEP) pairs top minority scholars with leading organizations to build the next generation of diverse executives. The SEP provides each participant with real-world work experience, training and mentoring that leverages interns’ education with their professional strengths to advance as effective leaders in health care. This summer, 27 students completed the program.

The cornerstone of the SEP is an internship open to ethnically underrep-

resented first- and second-year health management graduate students. This 12-week (June through August) paid internship program takes place in metropolitan areas around the country and provides participants with an introduction to working in the health care management field. Under the guidance of mentors known as preceptors, students tackle management issues facing health care executives and participate in educational didactic sessions at a local university. Since 1994, more than 500 interns have successfully completed the program.

“This gave me a chance to put a tangible face on the day-to-day operations of positions I aspire to obtain,” said participant Brian Wofford, who spent the summer at Fayetteville VA Medical Center. “The Institute’s conference calls and abundance of resources allowed me to maximize my experience on a plethora of levels. There was literally never a dull moment.”

The Institute thanks all of our 2007 host organizations for their resources, time and dedication, and is pleased to congratulate the following individuals on their completion of the SEP.



Match Organization	Student Name
American College of Healthcare Executives	Anit Makhija
Institute For Diversity in Health Management	Randy Hall
Johns Hopkins University	Jensen Chiu
Main Line Health – Lakenau Hospital	Alana Wright Benton
Main Line Health – Lakenau Hospital	Jonathan Fowler
Roy Lester Schneider Hospital	Kelli Chongasing
Sentara Health System	Ali Rizwan
Sentara Health System	Alton Brooks
South Florida Hospital & Healthcare Association	Andrew Idowu
Thomas Jefferson University	Jayme McDaniel
Triad Hospitals	Jennifer R. Bonds
Triad Hospitals	Marcus T. Smith
Trinity Health	Whitney Davis
Veterans Administration – Boston	Aailyah Eaves-Leanos
Veterans Administration – Fargo	Julie Green
Veterans Administration – Fort Wayne	Marcus Walker
Veterans Administration – Fort Wayne	Maunika Patel
Veterans Administration – Fayetteville	Brian Wofford
Veterans Administration – Heart of Texas	Lori Thibodeaux
Veterans Administration – Heart of Texas	Ashish Patel
Veterans Administration – New Albany	Leslie Rosario
Veterans Administration – Northern California (Sacramento)	Charles Umunna
Veterans Administration – Northern California (Palo Alto)	Ranman Singh
Veterans Administration – Portland	Crystal Juarez-Henderson
Veterans Administration – Providence	Mary Kwan
Veterans Administration – Academic Affiliation Office	Dignya Patel
Veterans Administration – Southeast Network	Nichia McDowald

## **Association of Pan-Asian Healthcare Leaders**

*continued from page 6*

need to be involved in order for this organization to take off,” he explained.

Member recruitment efforts will begin in earnest across the winter and the group plans to hold its first formal meeting in March in conjunction with the annual ACHE convention. The organizers hope to establish an annual event tied to the ACHE conference and are looking to partner with other affinity groups on future projects and career development opportunities. Securing steady funding is also a high priority for the organizers, who hope eventually to provide scholarships to generate more

interest in health care administration careers on the part of Asian Americans, and start a mentoring program.

According to Vincent Lee, regional CEO of the Hawaii Health System Corporation, this kind of group has long been needed. “When I was an ACHE Regent [from 1997-2001], I noticed that I was the only Asian there, and it was very difficult to break in and go any further,” Lee said, adding that he has seen an increase in diversity in more recent years. However, he believes some cultural barriers thwart Asian-American representation in health care administration. “I think in the Asian culture we tend to be more independent business people, you tend to own a business or you become a physician.

Hospital administration doesn’t have that kind of status,” said Lee. “There is not an awareness that running a hospital or health system is like running a company... It is a very honorable pursuit.”

Hanson hopes the APAHL can make a significant contribution, not just for Asian American administrators, but the Asian American community. “Health care in general is such a spider web of contacts of people, and not only those who are of Asian descent, but those who serve the Asian community... I hope that we can get leaders who have this type of passion together to talk about what are some opportunities we have as health care leaders to learn from each other and, at the same time, serve our patients better,” she said.



## **INSTITUTE FOR DIVERSITY in Health Management**

An affiliate of the American Hospital Association

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