

Meet Your Future Leader: *Engaging and Empowering Women to Achieve Success in Health Care*

July 20, 2014



 **ASHHRA**
THE HUMAN SIDE OF HEALTHCARE

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Founded in 1964, ASHHRA is the leading voice for HR professionals in health care - linking people and organizations to leadership practices, best practices to patient outcomes, and outcomes to business results. Headquartered in Chicago, Ill., the society has more than 3,300 members and services the needs of over 40 chapters throughout the United States. For more information about ASHHRA, visit www.ashhra.org.

Vision

By joining together, by raising our skills and by speaking with one voice, we, as ASHHRA members will enhance the well-being of our employees, our health care organizations, and the communities we serve.

- ◆ ***Our purpose:*** To establish the expertise of health care HR through our ability to learn and share knowledge, build relationships, and exemplify excellence.
- ◆ ***Our power:*** To influence and impact the future of the health care workforce and those they serve.
- ◆ ***Our promise:*** To keep in our minds and hearts the passion and commitment we have for our profession.

Mission

ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources administration.

Guiding Principles

Trust People Integrity Leadership
Diversity Collaboration Excellence
Innovation

Value Proposition

We offer high quality and effective resources, educational programs, and networking opportunities to human resources professionals in the health care industry.

The American Society for Healthcare Human Resources Administration (ASHHRA), a personal membership group of the American Hospital Association (AHA), in collaboration with TIAA-CREF, a financial services company and long-standing partner of ASHHRA, held its tenth Thought Leader Forum on Sunday, July 20, 2014, in San Diego, California. ASHHRA Thought Leader Forums provide a means for ASHHRA to gather information, insights and best practices regarding vital health care issues and trends and help its members successfully lead their organizations into the future.

Kevin Nazworth, managing director, Southeast Region and head of the Health Care Market, TIAA-CREF, welcomed thought leader participants to the Forum, which was chaired by Grace Blair Moffitt, ASHHRA's immediate past president. The discussion was moderated by Cindy Fineran, senior consultant with The Walker Company Healthcare Consulting.

A select group of executives working in health care or in roles that have insight into the field participated in the Forum, a two-hour session titled, "Meet Your Future Leaders: Engaging and Empowering Women to Achieve Success in Health Care." These executive women provided insights and perceptions regarding why women are underrepresented in health care leadership, challenges women face in advancing their careers and actions that may be pursued to help women achieve greater success in health care.

This summary is a strategic overview of the discussions, thoughts and insights emanating from this Thought Leader Forum.

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According to the Bureau of Labor Statistics, women comprise nearly 80 percent of the health care workforce,¹ including:²

- 89 percent of nurse practitioners are women
- 36 percent of physicians and surgeons are women
- 65 percent of physician assistants are women
- 54 percent of physical therapists are women
- 87 percent of occupational therapists are women
- 71 percent of medical and health services managers are women
- 95 percent of speech language pathologists are women
- 72 percent of psychologists are women

Despite the considerable presence of women in health care, only 18 percent of women serve as hospital CEOs and only four percent serve as CEOs of other health care companies.³

To discuss the significance of this issue, a panel of ten female executives from health care and related fields was convened. These executives provided their perspectives, insights, experiences and recommendations regarding women in leadership, and shared their perceptions of the benefits and impacts of including women in leadership.

Potential and Aspiration vs. Proven Track Record

In discussing why few women are found in the ranks of leadership, thought leaders observed that women in general don't position themselves for advancement. In making this observation, they noted that research indicates men are often selected for leadership advancement based on their potential, while women are selected for a proven track record. They further noted a confidence factor, indicated by the fact that male leaders tend to apply for jobs they are only 60 percent qualified for while women do not apply unless they feel they are 80 to 100 percent ready for the opportunity.⁴

Thought leaders also pointed to past experiences as potentially contributing to the reluctance of women to aspire to and apply for positions they do not yet feel fully qualified for. They

discussed experiences in which women were brought into positions of leadership to fill a "gender quota." Oftentimes, these women have not been ready for the positions and were subsequently called out when their

performance was not as successful as a male counterpart. Thought leaders observed that these women were brought into positions of leadership for the wrong reasons. Instead, they should have been identified as individuals with talent and potential and been given support and leadership development opportunities prior to assuming leadership positions.

In the course of discussing women's reluctance to apply for jobs "aspirationally," thought leaders also questioned whether women in hiring positions limit potential, regardless of gender, by looking for applicants' proven track records rather than recognizing the leadership potential of individuals and hiring for that potential. To successfully develop future leaders, thought leaders observed that organizations cannot repeat past mistakes; they must make sure there will be the support, mentoring and coaching needed to ensure individuals' successful development as leaders.

Thought leaders believe two things must change: women must build confidence in their potential; and men and women alike must aspire to leadership and be hired equitably not only for their proven experience, but also for their potential.

One thought leader shared the example of a young woman in a large corporation who gained a leadership opportunity because



The board and C-suite must be engaged in solving the problem of talent, addressing the fact that the full potential of the talent pool is not being leveraged when women are not included in leadership.

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she “put herself out there.” She was unafraid to express her aspirations by asking questions of the CEO about his path to leadership and success. She was observed to consistently and confidently demonstrate the qualities of natural leadership as a woman and as a member of “Gen Y.” Despite a lack of management experience, the young woman’s manager took a calculated risk based on her confidence and potential, and offered her a significant leadership opportunity.

It’s Not About Women vs. Men; It’s About Skills, Talent and Equity of Attributes

Thought leaders emphasized the fact that the issue is not about women vs. men. Instead, the real issue and discussions about women in leadership should be focused on business results: what drives those results and what competencies and attributes are needed to achieve those results. They observed that focusing the issue on men vs. women and making it a “one or the other” discussion only serves to alienate both parties. To succeed in today’s transformational environment, thought leaders strongly believe that health care organizations must focus on the leadership talents, attributes and competencies that are critically necessary, and then assess who best brings those skills and abilities. Thought leaders commented that all hospitals and health systems have the same purpose—all are trying to provide better results for patients, communities and leaders. The board and C-suite have a succession planning responsibility to ensure the best candidates are hired by the organization. They must be engaged in solving the problem of talent and addressing the fact that the full potential of the talent

pool is not being leveraged when women are not included in leadership. Organizations must assess their bench strength, and within that process they must assess if they have the right mix of skills, personalities and diversity. As talent needs are identified, the leadership should be asking how needs can be filled with the best talent available, keeping a mix of diversity in mind.

Above all, thought leaders envision a culture in which the differences in talents and attributes between women and men are valued equitably. They observed that health care operates as a system that rewards particular behavioral norms which have historically been of male attributes. The

“There is equity in the differences if we value attributes in a way that we don’t see the women’s space as inferior.”

-Thought Leader

following example was shared with the group, highlighting the influence that current societal norms can have. A woman might prefer to be a collaborative leader in today’s efforts to achieve health care integration, but may question if that attribute will be viewed as a weak or soft leadership trait; and whether she needs to act more competitively to be viewed as a successful leader. Other examples of the influence of societal norms can be found in the recent public service campaign led by Sheryl Sandberg, Facebook Chief Operating Officer and author of the best-selling book “Lean In”, to ban “bossy” as it applies to confident girls and women, in contrast to confident men who are considered to be successful, and in the writings of books such as “Nice Girls Don’t Get the Corner Office,” by Lois P. Frankel, Ph.D.

In a system in which equity is granted to attributes regardless of gender, compassion and caring would not be viewed as weaknesses. In the report “Building a Leadership Team for the Health Care Organization of the Future” developed by the Health Research & Educational Trust (HRET), a health system executive is quoted as stating: “Increasingly, leaders of hospitals or academic medical centers need to make sure the talent is chosen for their overall leadership skills.”⁷ One thought leader voiced her vision of a more evenhanded future, saying that “There is equity in the differences if we value attributes in a way that we don’t see the women’s space as inferior.”



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A Business Case for Great Results

In “Building a Leadership Team for the Health Care Organization of the Future,” the Health Research and Educational Trust (HRET) noted that health care organizations’ ability to implement key strategic priorities requires building new capabilities, and that one of five primary hurdles to achieving those strategic priorities includes organizations’ need for talent and skill sets in key roles. Health care executives interviewed by HRET indicated that they are not only creating new leadership positions, but traditional hospital roles are expanding in scope and becoming more strategic.⁵

Despite the increasing need for leadership talent in the health care field, the recent study *Benchmarking Women’s Leadership in the United States* found that only 25.5 percent of women, on average, occupy the top positions of leadership (CEOs, executives, board members) among medical school faculty, regulatory agencies, and public and private hospitals.⁶ As thought leaders noted when opening their discussion, not including women in leadership means that health care organizations, admittedly in need of talent in key strategic roles, are not taking advantage of half of the workforce or half of the talent pool.

It’s not a business case for “why women,” it’s a business case for great business results. To change the paradigm of women in leadership, thought leaders advised that the first step must be to build awareness. They commented that this is a time of tremendous change, and organizations must do something dramatically different to get the results that are needed today. New talent, skills and attributes are needed to achieve new results. A new paradigm is needed.

Thought leaders also commented on the vast amount of data supporting the fact that when women are included in positions of leadership, business performance delivers greater returns on investment. According to one study, women comprise 25 percent of the leadership among the highest grossing hospitals and medical centers as compared to 18 percent for the industry as a whole. Further, of the ten highest-grossing nonprofit hospitals, women comprise 30 percent of CEOs, 25 percent of board members and 35 percent of executives.⁶ Women bring skills and attributes to leadership that benefit the hospitals and health systems who include them in positions of leadership.

Thought leaders observed that many professionals, and health care boards and executive leadership in particular, are unaware of the data regarding women in

leadership, resulting in little or no focus on the issue at a board level. At the same time, they commented that board leadership is critical to changing the paradigm, and both board and C-suite composition should reflect the diversity of the community. Thought leaders were quick to point out that it’s not about achieving a quota on the board. They commented that building greater gender diversity in board composition and in the C-suite, and more equitably valuing gender attributes, is a catalyst to achieving strong business results.

Valuable first steps include creating awareness of the issues, adopting new perspectives on social norms and attributes, tapping into the whole of the talent pool and building a business case that intentionally focuses on great business results and the emerging talents needed to achieve them.

“Hey, this guy is available!” Thought leaders discussed the need for boards to be intentional about bringing in new talent, beginning by identifying the results the organization should strive for and the competencies and experiences needed to achieve those results, and then seeking out individuals who can best fill those needs. Included in the assessment should be a discussion about the attributes that women can bring to leadership, as well as what men can deliver. Underscoring the conversation was reference by thought leaders to the success of hospitals with greater percentages of women in leadership.

Too often, board succession is about recruitment rather than true succession planning. A common means of recruiting new members is to simply ask for recommendations from current



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board members. The result is a gravitation to the familiar, recruiting friends and business associates that reflect the current board composition. Candidates are often chosen from well-known “heavy hitters” in the business community who may sit on multiple boards instead of thoughtfully and intentionally drawing in individuals with the strengths, leadership qualities, and the time commitment needed to fill identified governance or leadership gaps.

Thought leaders called attention to the fact that the board’s job has changed. It’s a tougher and more rigorous job than in the past, and board members are held to greater levels of accountability. This should be driving organizations to raise the stakes on who serves on the board. Boards need people who ask tough questions and who will push the organization to improve. They also observed that when persons of color lead an organization, the C-suite is typically more diverse in race, ethnicity, and gender.

As health care evolves and new skills, knowledge and experience are needed, thought leaders observed that boards without term limits may face a challenge to refreshing their leadership with the new and different talents needed to succeed in a rapidly changing environment.

Precepting, Mentoring, Coaching and Championing

Thought leaders emphasized their responsibility to mentor other women as leaders, and to share their experiences, strengths and hopes. They commented that it’s not just mentorship, but also sponsorship and coaching. They believe in making leadership development a part of their job. They watch for talent, call attention to potential and help individuals recognize the talent and potential they possess. They are asking women what is holding them back, and why they are not vying for opportunities to advance their leadership. Thought leaders

“With [experience and success] comes a responsibility to mentor other women leaders, to share our experience, strength, and hope, and to help them find the pathway to success.”

-Thought Leader

believe women in leadership have valuable opportunities to help other women find pathways to success, including learning how to network, raising their hands for aspirational

positions, speaking out for their own career advancement and developing leadership skills. This responsibility extends to championing talented women and men, giving them exposure, showcasing their talent and abilities, and promoting them with other leaders. Thought leaders gave recognition to the men in positions of leadership who also seek out talented individuals, ignore gender and invest themselves in emerging leaders, reaping the benefits of great returns for their organizations. Thought leaders observed that helping younger talent achieve success can be the most rewarding of career accomplishments.

At the same time, thought leaders had several cautions. They called attention to the fact that there are differences between preceptorship, mentoring, coaching and sponsoring. Promoting someone also means putting your own reputation on the line. Women in a position to help must be selective, focusing their attention on those who genuinely want and have the talent for leadership, and acknowledging the fact that not everyone wants to be a leader.

Strengthening women’s readiness for leadership. Several thought leaders commented that when seeking candidates for the board or executive leadership, their organizations have had difficulty finding female executives with the level and experience of available male CEOs. This seems particularly true in regions with a number of high profile corporations which have male CEOs. Thought leaders suggested that ASHHRA and others consider developing a formalized leadership development program for women interested in board and executive leadership positions, creating a portfolio of talented women upon which organizations can call. They advised that human resources plays a key role in leadership development.



ERIN O'CONNOR, ESQ.

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Leaders suggested that ASHHRA could consider partnering with other areas within the American Hospital Association in program development.

Thought leaders shared examples of programs their own organizations have implemented to promote women, and men, in leadership, including:

- Emerging Leaders Programs, designed for individuals early in their careers, and Advanced Leaders Programs, designed to ensure the readiness of more experienced leaders for the C-suite;
- Affinity groups with a designated purpose, such as providing guidance for career advancement and leadership development; and
- Physician leadership academies designed to equip physicians with leadership skills.

Finally, thought leaders noted that women themselves have a responsibility to seek out and take advantage of resources that will prepare them for leadership.

Visible and Invisible Support

When asked for their thoughts about work and family balances and conflicts, and whether women are more likely than men to defer their careers, thought leaders recommended that women and men alike think through what is holding them back and whether that barrier is a societal one. They discussed the presence of invisible and visible supports, and what an individual needs in order to move forward to leadership. Thought leaders observed that men have traditionally enjoyed the benefits of invisible support provided by their spouses, a societal norm which has enabled their career advancement. Those same norms have dictated that women, in general, require more visible supports, such as childcare or housekeeping. Thought leaders questioned what organizations can do within their workplaces to make resources and support more equitable, enabling and ensuring that all talent rises.

One thought leader cited a study conducted by Boston College regarding the importance and challenge of creating workplace flexibility. She noted that doing so required determining a

business case and crafting policies. The process also requires individuals to take responsibility for asking “What does it mean if I build more flexibility into my life, into my work life, and who would cover the work? What might it look like?”

Creating workplace flexibility also meant training leaders to be receptive to requests and proposals for flexibility. The process included the identification of a few key variables, including happiness and engagement. The study also assessed improvement in clinical outcomes for work units with greater flexibility.

Employees’ needs for flexibility varies, and may include aging parents, young children or a spouse who travels. Cone Health System, which engaged in the Boston College study, now has a policy which allows employees to ask for flexibility, but requires a well-thought out business case that supports the request. The organization’s leadership training also requires openness to the consideration of flexibility.

Don’t buy into the myths. Thought leaders commented that as mentors, one of the primary messages they as women can offer is not to buy into myths. Citing their own experiences, they believe that women don’t have to sacrifice marriage, other relationships, or their children’s childhoods. The key is hard work and a willingness by both members of a couple to put ego in subservience to the other from time to time and make choices for the benefit of the other person.



MAUREEN O’KEEFFE

“Engaging women as leaders is not so much a change as it is a solution to critical business needs.”
-Thought Leader

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Compensation

Calling attention to the issue of gender discrimination in compensation, thought leaders cited the following statistics: 1) Women working full time in America earn only 77 cents on the dollar earned by their male counterparts; 2) African American women earn 64 cents; and 3) Latina women earn only 56 cents.⁷ They drew attention to the fact that women in health care overall make \$33,000 less than their male counterparts, a 20 percent difference.⁸ For health care CEOs of top-grossing not-for-profit hospitals in 2011, the gap was \$1.5 million with women earning only 57 percent of the compensation paid to their male counterparts.⁶

Thought leaders are concerned that, based on passage of the Equal Pay Act of 1963, many people now believe that equitable compensation exists. This perception needs to be broken. Thought leaders observed that because women now comprise half the workforce, problems of equity may be masked by the number of women in the workplace. However, that very volume should be driving a need for awareness and education about the differences between perception and reality.

Another myth that concerns thought leaders is the perception that women earn less because the fields or positions in which they choose to work pay less. In contrast, data shows that many of the health care fields in which women represent a high percentage of workers, like OB-GYNs, are lucrative.

Thought leaders suggested that men negotiate for better salaries while women tend to simply accept what is offered, a situation not unlike women's reluctance to apply for positions based on aspiration rather than proven track record. Thought leaders pointed to experiences in which women lacked valuable negotiating skills. They also believe that women are often



driven by passion and mission as opposed to money, and tacitly exchange passion and a need for flexibility for equitable compensation.

Thought leaders also expressed concern that women generally rise up through the ranks of an organization, while men are often recruited from outside an organization. Internal caps on annual increases often constrain the chance for compensation earned by employees to match that of external candidates coming into an organization.

Financial

Recognizing that women represent half the workforce and hold 51 percent of the wealth in society, thought leaders observed that women will have trillions of dollars transferred to them over the next few years. A thought leader from the financial services field noted that women have not historically acted on financial matters nor made investment decisions as confidently as men. From her experience, she observed that women want to be well-educated in order to make well-informed and knowledgeable decisions. She commented that once they are well-informed, women respond, take ready action and make critical decisions.

As of 2012, women in health care management:⁸

- Earn 20 percent less than men despite equivalent levels of education and experience, a rate of comparison which has changed little since 1990
- Achieve CEO positions at 50 percent the rate of men, a decline from 63 percent in 2006, but greater than prior years
- Are less likely than men to characterize their organizations as gender equitable (19 percent fewer women than men)

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Other thought leaders echoed similar experiences, relating that highly intelligent, competent physicians, nurses and others who deal with complex sciences daily, think they “can’t do” finance. Thought leaders believe the challenge may be in “speaking the language” of finance. They advise making a foundational understanding of finance a fundamental skill for leadership. The ability to “speak the language of the CFO” is essential and will help enable women seeking positions of leadership to have a place at the table, to be respected for their knowledge of key issues and to ask for and get the resources they need.

Hope for a Generation of Change

Thought leaders are hopeful there will be a “generation of change.” They commented that the MBA they hire today is different than the MBA they hired 20 years ago. They noted that more young men carry responsibilities at home that have traditionally belonged to women, and cited examples of young fathers reporting that they cannot attend early morning meetings because they take their children to daycare, and single fathers are declining or limiting travel for work. Thought leaders also quoted young men who’ve stated “Why wouldn’t she [spouse, girlfriend, sister] want the same things that I do?”

Despite these changes, thought leaders expressed concerns, including the fact that while 50 percent of graduating physicians are women, ten percent are leaving the ranks without establishing practices and a larger percent are working fewer hours.

One thought leader serves on the Girl Scout board. She related that studies by the organization show girls are still opting out of math, science, playing on playgrounds and other opportunities that allow them to develop their leadership talent.

What Impacts Can Discussions About Women in Leadership Have for Women and Their Organizations?

Women represent half of today’s workforce, or half the pool of available talent. But if only 18-20 percent of health care leaders are women, the health care field is missing the benefits of their talents. By their absence, women represent an untapped resource at a time when health care is undergoing a critical transformation.



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Transformation is a time of opportunity. Thought leaders referenced Daniel Pink’s book “A Whole New Mind,” in which Pink makes the argument that “left brain” dominance and the traditional MBA skills cultivated by lawyers, accountants and others, are the skills that have been needed in a more black and white, business-oriented economy. Pink argues that the future will require different skills, those of the “right brain,” including innovation, compassion and meaning.

Thought leaders noted that health care is at the cusp of transformation, and like Pink, they identified a corresponding need for new competencies and attributes they believe are

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Female CEOs made 57 percent of the amount paid to their male counterparts at top-grossing not-for-profit hospitals in 2011.⁶

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necessary to successfully achieve health care's transformation. The skills women bring to leadership are highly suited to transforming health care into the delivery systems being envisioned for the future. Engaging women is not so much a change as it is a solution to critical business needs. Recognizing that the health care field is slow to change and is filled with competing priorities and significant distractions, thought leaders indicate that boards and CEOs should act intentionally and engage collaboratively in conversations about the results the organization must achieve, and the attributes, qualifications and characteristics women can contribute to achieving those results.

Culture Eats Strategy

Thought leaders hope for a reality of greater equity for women in positions of leadership. They strongly believe that women contribute critical and needed skills and attributes that drive greater business success, and can point to evidence in support of their beliefs. Despite their hope, they voiced the need for continued vigilance. They referenced the advances promoted by the feminist movement, which has been followed by a plateau in progress over the past 30 years. This is evidenced in one aspect by the long-standing gap of 18 percent or more in compensation between men and women.⁸

"Women are 50 percent of the talent pool...and when we only represent 18 to 20 percent of the leadership, that means we are missing a huge pool of talent for leadership."

-Thought Leader

Thought leaders predict that one of the most difficult accomplishments in bringing more women into leadership will be changes in culture. Current social norms, how we look at who we are, and what our roles and default behaviors are, are deeply ingrained in the culture of hospitals and health systems. Pushing against this strong cultural presence can be enormously difficult. Thought leaders commented that women have tried hard to fit into the existing culture without success; it's a system based on behavioral norms that accommodate men. To truly achieve success requires a long-term perspective. Changing the norms of a culture will take planning, intentionality, perseverance and above all, a compelling business case. Thought leaders are hopeful that as board composition changes to incorporate physician leadership and to succeed at transformation, there is opportunity to build greater leadership equity for women.

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Thought Leaders' Recommended Actions

For Engaging and Empowering Women to Achieve Success in Health Care

Raise awareness. One of the first steps to change the paradigm of women in leadership is to build awareness of the facts and issues. Well-informed health care organizations will contribute to change. The facts should become a constant or “viral conversation”: women represent half the talent pool, yet only 18 to 20 percent of health care leadership is female; women are compensated less; and yet top-grossing organizations are represented by higher percentages of women in executive leadership.

Build a sound business case. Develop fact-based business cases for changes that will promote greater leadership equity and leverage the whole of the talent pool. Boards and CEOs should act with intent, engaging collaboratively in conversations about the results that must be achieved and the attributes, qualifications and characteristics women can contribute to achieving those results.

Pursue equity. Health care organizations have opportunities to pursue equity on several fronts, including:

- Develop and implement strong succession plans for the board and executive management. Ensure identification of talents and attributes required for organizational success, assess potential gaps in talent and recruit for talent, but keep diversity in mind;
- Promote “mindful hiring,” without a gender distinction of proven experience vs. potential;
- Promote equitable valuation of natural talents rather than societal norms; and
- Assess and promote compensation equity.

Nurture leadership talent. As a successful leader, recognize talented individuals and credit, showcase and promote their potential. Help them to recognize their talent and potential, strengthen their confidence and assist them to aspire to positions and opportunities that will make full use of and benefit from their leadership potential.

Ensure readiness. As an organization, foster the success of individuals with emerging leadership talent, offering programs that provide leadership development, coaching and mentoring to ensure individuals' readiness for positions of organizational leadership and success. Include programs designed for emerging leaders as well as programs geared for C-suite advancement. Leadership development programs should include education, compensation equity, negotiation skills and financial literacy.

Offer resources and support to enable and ensure that all talent rises.

Actions for ASHHRA's consideration:

- **Conduct a CEO roundtable or thought leader forum.** Conduct a CEO roundtable or thought leader forum that includes CEOs for whom engaging and empowering women in the organization's leadership has made a difference. Highlight best practices and showcase data verifying return on investment.
- **Sponsor or develop leadership programs for women.** Consider partnering with the American Organization for Nurse Executives (AONE), the American Hospital Association (AHA), or the Women's Business League of Health Care Executives to develop and/or promote leadership development programs for women.
- **Develop a portfolio of talent.** Develop a portfolio of diverse and talented board and executive candidates. Consider a collaboration with the Women's Business League of Health Care Executives, which is developing women for board positions.
- **Be the catalyst for change.** Consider assuming a stronger role as a catalyst for change. Champion the business case in which achievement of health care transformation is driving the need for new and different results and goals, and requires new talents and skills, which can best be achieved by tapping into the whole of the talent pool.

Thought Leader Forum Participants



Grace Blair Moffitt, CHHR
Thought Leader Chair
ASHHRA Past President
Executive Director, Human Resources
Cone Health
Greensboro, North Carolina

Grace Moffitt, executive director, of Human Resources at Cone Health in Greensboro, North Carolina is currently serving as past president of the ASHHRA Board. Prior to serving on the national ASHHRA Board, she served as president of the North Carolina Healthcare Human Resources Association and President of the Rockingham County Personnel Association.

Grace has received numerous awards in her field such as the ASHHRA Chapter Officer Award for Outstanding Leadership (2005), the ASHHRA Outstanding Chapter Achievement Award (2010), and in her community, the Reidsville Chamber of Commerce award for Community Unity.

Grace has been featured in HR Pulse magazine and frequently speaks to national and local HR groups. She delivered presentations on “Secrets to Unlocking Personal Leadership” at the ASHHRA conference in Austin (2008) and again at that national conference held in Chicago (2009). Grace was a panelist at the 2013 AHA Risk Manager’s Conference in October, speaking on the risks related to health care HR. She has been a featured speaker at her local HRMAG chapter’s monthly meeting discussing performance management and later she was asked to lead a lunch & learn sponsored by a local HR organization. Grace is often sought as a mentor and coach for folks in her health system and externally in her community and her professional affiliations.

Grace is an accomplished HR executive with a CHHR, bringing over 21 years’ experience to her role as HR health care leader in Human Resources at Cone Health. She currently resides in Asheboro, North Carolina.



Maureen O’Keeffe, SPHR, CHHR
ASHHRA President
System VP, Chief HR Officer
Saint Luke’s Health System
Boise, Idaho

Maureen O’Keeffe has worked for St. Luke’s since 1997. She began with St. Luke’s as the director of strategic planning. She held this position for seven years, seeing the organization through significant change and growth. In 2004, she was promoted to her current role.

Prior to joining St. Luke’s, Maureen worked for Mercy Medical Center (director of performance improvement), Hewlett Packard (financial analyst), and JR Simplot Company (strategic planning). In addition, she has taught at the College of Idaho (Human Resources and Organizational Development).

Maureen is active in her community and national affiliates. They have included: ASHHRA board member (American Hospital Association HR Board)- (president 2014), Boston College-Sloan Center, strategy council member, Treasure Valley YMCA, board member, Learning Lab (Adult and Family Literacy)Board of Directors (past president), Meridian Medical Arts Charter High School Board of Directors (past president), Ada County Healthy Community* Healthy Youth Coalition (past Chair), Boise State University Master of Health Administration, Advisory Board member, Boise School Foundation Board member, Genesis Health Clinic for the Underserved, Advisory Board member, and Mayor Bieter’s Transition Team.

Maureen holds a B.B.A. in Aviation Management, an M.B.A., and has received the SPHR and CHHR designations.

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Cone Health
Greensboro, North Carolina

Current Responsibilities: Dr. Cagle serves as the chief medical officer and executive vice president of quality for Cone Health System located in Greensboro, North Carolina. In this role, she leads infection prevention, quality improvement, patient safety, employee safety, and risk, as well as medical affairs. In this role, she has led an interdisciplinary effort to reduce the devastating impact of infections on our patients. She co-coordinates efforts across inpatient and outpatient areas to reduce admissions. She is part of the leadership group leading system-wide implementations of an integrated EMR both in the ambulatory and inpatient setting at Moses Cone Health System. She has been instrumental in the design and

implementation of the Physician Leadership Academy to train physician leaders for Cone Health and the community.

Dr. Cagle previously served as the chief medical officer and senior vice president for medical affairs at Bon Secours Health System's two St. Francis Hospitals in Greenville, South Carolina. Bon Secours Health System made a decision to implement a system-wide Electronic Health Records (EHR) network, giving each patient one record no matter where they were in the system. Dr. Cagle served as the lead executive for the St. Francis Health System when it became the first site for their EHR. The hospitals earned Leapfrog Top Hospital Status in 2009 and 2010.

Prior to her position as CMO and senior VP medical affairs, from 1990-2005, Dr. Cagle was a partner in an OB/GYN practice.

Dr. Cagle graduated from the University of Alabama, magna cum laude, with a bachelor of science. She received her medical degree from the University of Alabama School of Medicine. She conducted her residency in obstetrics/gynecology at Greenville Hospital System, Greenville, South Carolina.

Dr. Cagle is a Six Sigma black belt and has completed training to lead facilitative leadership workshops. She is a member of the State Committee for Implementation of Hospital Acquired Infection Reporting Act and a 2010 winner of the SCHA Lewis W. Blackman Patient Safety Champion Award in the Healthcare Executive category. In early 2014, The National Association of Professional Women named Dr. Cagle the 2013/2014 Professional Woman of the Year, and she is also one of the 2014 Triad Distinguished Women in Business.



Lynn M. Gangone, Ed.D.
Dean, Colorado Women's College
University of Denver
Denver, Colorado

Dr. Lynn M. Gangone is dean of Colorado Women's College and a champion of women's leadership in the new economy. She is often called upon for her expert opinion by organizations like USA Today, The Shriver Report, PBS, TEDxMileHighWomen, TIAA-CREF and others who are interested in empowering women through education and business leadership. She writes on women's leadership development and advancement, and has an upcoming chapter in Women and Leadership in Higher Education (2014) to be published by the International Leadership Association. She serves on the faculty of a number of US-based leadership development institutes, as well as keynotes at various local, national and

international conferences and seminars on women's leadership and the status of women and girls. Colorado Women's College recently published Benchmarking Women's Leadership (BWL) in the United States, 2013 www.womenscollege.edu/bwl; BWL is a US-based study of women's positional leadership and performance across 14 sectors. Lynn is the 2014 Colorado Women's Forum president.

Meet Your Future Leader: Engaging and Empowering Women to Achieve Success in Health Care



Michelle Janney, Ph.D., RN, NEA-BC
AONE Past President
AHA Board Trustee
SVP, Wood-Prince Family Chief Nurse Executive
Northwestern Memorial Hospital
Chicago, Illinois

Dr. Janney serves as Senior Vice President and Wood-Prince Family chief nurse executive at Northwestern Memorial Hospital (NMH) in Chicago, Illinois. The Wood-Prince Family endowment of the Chief Nurse Executive chair is acknowledgement of her significant accomplishments. Under her leadership, NMH received Magnet designation in 2006 and re-designation in 2010. Dr. Janney was named the University of Toledo Alumni of the Year in 2012, received the Nursing Spectrum Excellence

Award for Advancing and Leading the Profession in 2010 and the Power of Nursing Leadership Pinnacle Leader Award in 2007. She has been recognized by The Advisory Board as a "Turnaround Model" for decreasing turnover and vacancy rates, and by Nursing Economic\$ as a "Leader of Nursing Finance."

Dr. Janney received a Bachelor of Science Degree in Nursing from the University of Toledo, a Master of Science Degree in Nursing from the Medical College of Ohio, and a Ph.D. in Administration and Leadership from the University of Toledo. She is a graduate of the Wharton Fellows Program in Management for Nurse Executives at the University of Pennsylvania and the Leadership at the Peak Program at the Center for Creative Leadership and holds membership in Sigma Theta Tau, the international honor society for nursing.

Dr. Janney has published and presented nationally and internationally. She is regarded as an expert in finance and transformational leadership with a strong commitment to mentoring others. She has consulted with nurse leaders in Canada, Australia, Switzerland, Korea, the Netherlands, Turkey and Croatia to advance international nursing leadership. She has participated in a Day of Dialogue with the Mayo Clinic on Delivering Interoperable Health IT; with the American Institute of Architects on Hospital Design of the Next Generation; with the U.S. Army on the National Nursing Shortage; and on advisory boards to develop Northwestern University's Physician Assistant program and the Executive MBA program at West Virginia University. She has served in various national leadership capacities such as member of the Hospital Advisory Committee of The Joint Commission, the Regional Policy Board of the American Hospital Association and the Strategic Planning Committee for the American Organization of Nurse Executives. In 2007, she won the national election to the Board of Directors for the American Organization of Nurse Executives representing Illinois, Indiana, Michigan, Ohio, and Wisconsin. Her recent election as President of the 9,000 member AONE is further affirmation of the respect she holds among her peers.



Catherine McCabe, CEBS
Senior Managing Director, Institutional Business, Field Consulting Group
TIAA-CREF Financial Services
New York, New York

Cathy McCabe is a senior managing director for the Institutional Business division at TIAA-CREF (www.tiaa-cref.org), a Fortune 100 financial services organization and leading provider of asset management and retirement services for the academic, research, medical and cultural fields. Cathy is head of the Field Consulting Group, which is comprised of more than 300 highly-trained, licensed financial consultants focused on improving individuals' financial well-being and retirement readiness. The Group provides advice to individuals about retirement planning, and improves their financial literacy through specialized seminars and workshops serving every life stage. Cathy is an executive sponsor of several TIAA-CREF

financial education programs addressing the unique needs of individuals, such as the US Hispanic-Latino and Woman-to-Woman Financial Empowerment initiatives.

Her career at TIAA-CREF spans more than 25 years, during which she has held increasingly senior roles serving both institutional and individual clients. Previously, as a regional vice president in TIAA-CREF's Client Services organization, Cathy managed a team of Institutional Relationship Managers and Financial Consultants dedicated to advising and guiding retirement/tax-deferred annuity plan administrators and participants and developing and maintaining expert client service relationships. Cathy also served individual clients as the Manager of the Telephone Counseling Center Sales Team. As assistant VP/director of the NYC Regional Office Manhattan Team, she worked with some of New York City's largest and most prestigious hospitals and educational institutions. Prior to TIAA-CREF, Cathy was a member of Price Waterhouse's International Tax Department.

Cathy holds a BA in English from Iona College. As a FINRA registered representative and principal, she holds Series 7, 51, 63, and 24 licenses while maintaining Life, Health and Variable Annuity licenses from the State of New York. Additionally, Cathy has obtained the Certified Employee Benefits Specialist (CEBS) professional designation.

Meet Your Future Leader: Engaging and Empowering Women to Achieve Success in Health Care



Kathy Moe, CAVS
AHVRP President
Director, Volunteer and Guest Services
Unity Point Health/Trinity Regional Medical Center
Fort Dodge, Iowa

Kathy Moe, CAVS (Certified Director of Volunteer Services) is the director of Volunteer and Guest Services at Unity Point Health/Trinity Regional Medical Center in Fort Dodge, Iowa. She has over 24 years of experience in health care volunteerism and health care retail.

Kathy additionally has an extensive retail background owning a small business. She has served on numerous boards including the board of directors and as the president of the Iowa Directors of Volunteer Services. She has served on many committees of the Association of Healthcare Volunteer Resource Professionals (AHVRP) and their board of directors. Kathy is currently the president of AHVRP.

Kathy has served as a speaker, consultant and advocate for customer service, volunteerism and health care retail at numerous national, state and local conferences and meetings.

In her facility, Kathy leads the Employee Engagement team and has supported the Great Place to Work, StrengthsFinders, Character Counts and Patient and Family Advisory Council initiatives. She works extensively with the Auxiliary as their liaison. Most recently, she is a graduate of the UnityPoint Management Leadership Academy.



Erin O'Connor, Esq.
Partner
Cammack Health LLC
New York, New York

Erin O'Connor joined Cammack Health (formerly Cammack LaRhette) in 2004 as a member of the executive team. As a leader in our Accountable Solutions area, Erin has helped evolve our hospital centric services to expand beyond traditional employee benefits by developing strategic partnerships with clients who are migrating to population health management. She works with industry leaders, clients and partners to develop best practices for accountable care.

Key areas of Erin's expertise are organizational development, engagement, and change management. She has developed engagement and communications programs targeting physicians, organizational leadership, and employees. Erin excels at creating and embedding processes to overcome barriers to change. She is currently leading engagements to integrate health and productivity management in several health care systems in the Northeast.

Erin has 25 years of experience in human resources and health care operations. Prior to joining Cammack Health, she was the chief human resources executive at two large health care organizations for over seven years, one of which operated several health plans. She is a graduate of Cornell University's School of Industrial and Labor Relations and Fordham University School of Law.

Meet Your Future Leader: Engaging and Empowering Women to Achieve Success in Health Care



Debbie Rubens, SPHR-CA, CHHR
ASHHRA Vice President
Director, Human Resources
Shriners Hospitals for Children - Northern California
Sacramento, California

Deborah Rubens has over 25 years of experience in human resources, focused in the health care industry. She has worked both in a corporate and facility setting in a variety of different roles. While a human resources generalist, her functional areas of specialty include employee relations, labor relations, recruitment, retention, management development and training, organizational development, worker's compensation, compensation and benefits. During her career, she has been instrumental in several organizational realignments, labor negotiations and a variety of recruitment initiatives in extremely

competitive markets.

Currently Deborah is the director, Human Resources for Shriners Hospitals for Children Northern California (SHCNC), where she oversees all of the functional areas of human resources as well as some administrative responsibilities for the operations of the facility. SHCNC is the largest of the 22 Shriners facilities and in her role as human resources director she serves on several corporate task forces and committees, including chairing the training team, developing and providing leadership training to all hospitals in the system. She has also presented at many national conferences and meetings.

Prior to joining the Shriners system, Deborah was director, Human Resources for Mercy General Hospital, the second largest facility in the Catholic Health Care West (Dignity Health) system. There she coordinated the HR services for a general acute care facility, which included several collective bargaining agreements.

Deborah received her Bachelor of Science degree in Social Work from The Florida State University and her Master of Science degree in Human Resource Management from Nova Southeastern University. She holds the certification of Senior Professional Human Resources from the Society for Human Resource Management (SHRM) as well as California specific certification (SPHR-CA). She is also Certified in Healthcare Human Resources (CHHR) through the American Hospital Association. She serves on the California Hospital Association Political Action Committee Board. Deborah has had many volunteer roles for the American Society for Healthcare Human Resources Administration (ASHHRA) and currently serves as vice president. She is also the past president of the Healthcare Human Resources Association of California (HHRMAC). She is active in many community activities, both locally and nationally, including board member for the Association of Junior Leagues International, board member of Soroptimist of Sacramento, Executive Committee and board member of the Boys and Girls Club of Sacramento and member of the Sacramento Rotary club.



Jill Schwieters
EVP, Global Health Care Leader
Cielo Health Care
Brookfield, Wisconsin

Jill Schwieters, executive vice president, managing director-North America and Global Healthcare Leader for Cielo, is a leading authority on talent transformation strategies that help provider organizations address the challenges facing health care today.

A believer that great talent delivers great care, Jill founded the health care division of Cielo when she joined in 2006. Today, Cielo is the uncontested market leader, serving organizations throughout North America and across the globe.

Prior to joining Cielo, Jill experienced first-hand the issues faced by health care companies when she served as the human resource executive for a major health care system in the Midwest. While there, Jill pioneered organization-wide initiatives that enhanced employee experience, created operational efficiencies and reduced labor costs. She transformed the organization by seeking best practices from outside the industry and then customizing and applying them to the high-touch health care field.

Jill is the Wisconsin network chair for the Young Presidents Organization (YPO), an advisory board member of The Women Business Leaders of the U.S. Health Care Industry Foundation (WBL) and a member of the AHA Coalition Advisory Board. She also participates in other prominent organizations, including AHA, ASHHRA, HFMA and ACHE.

Jill Schwieters's combination of executive HR experience and expertise in innovative talent transformation strategies makes her one of the nation's preeminent thought leaders in talent acquisition for the health care industry. A sought-after public speaker, Jill frequently shares her expertise at conferences, industry events and in the media.

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