EgonZehnder

From Clarity to Courage

Five Leadership Traits and Competencies to Drive Equity in Healthcare

By Marwa Zohdy

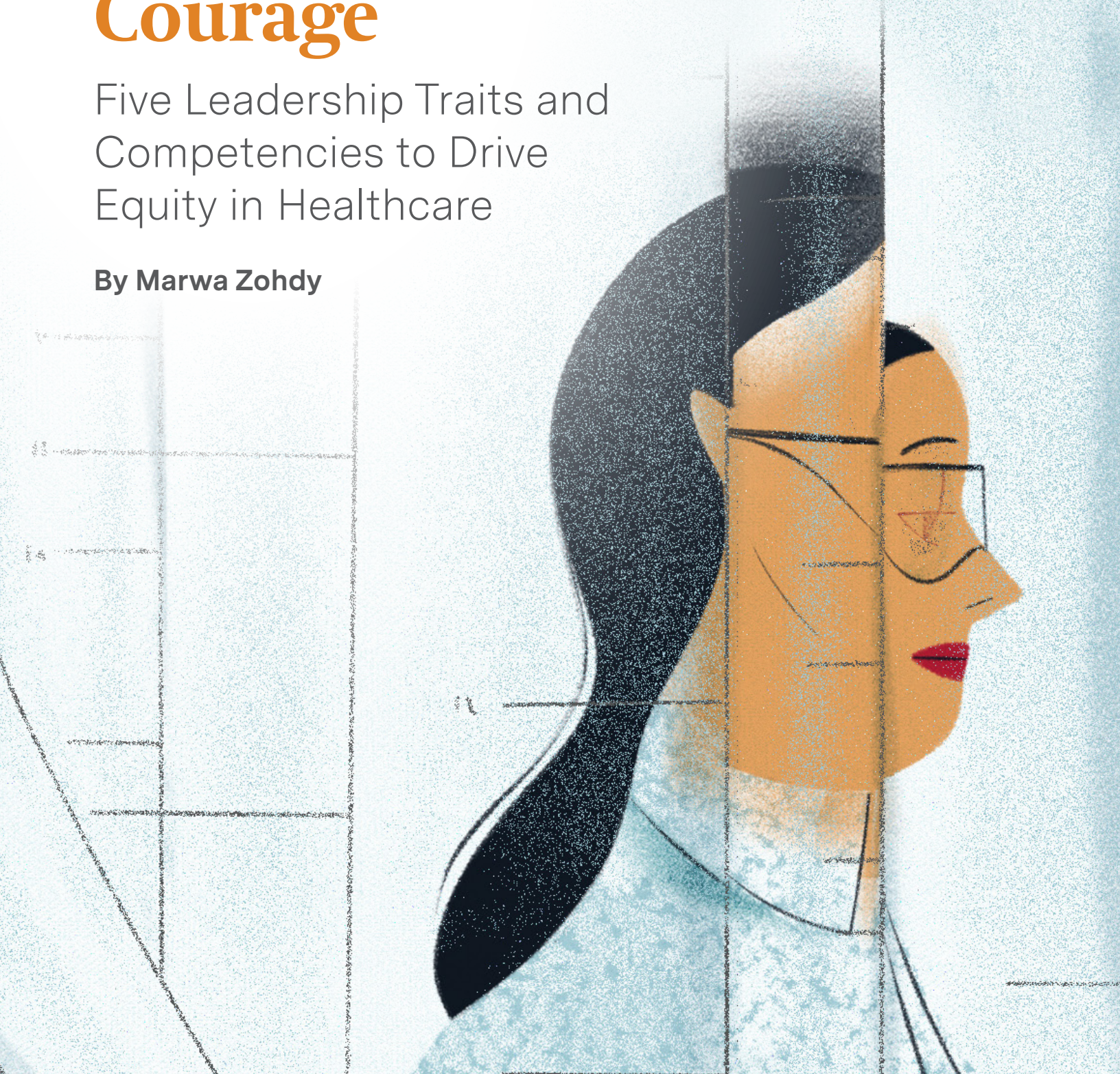

Photo: RUSH Medical Center

Healthcare leaders deeply recognize the industry's shortcomings in delivering equitable patient care. Despite many advances in healthcare in our society, health outcomes vary widely based on race, ethnicity, gender, and socio-economic standing. Racial and ethnic minority groups are more likely to be uninsured and to experience disparities in access to healthcare services than non-Hispanic White individuals, according to the Centers for Disease Control and Prevention, and Black Americans are more likely to die from a range of health conditions than White Americans, including heart disease, stroke, cancer and diabetes, as reported by the Kaiser Family Foundation.

Unlike in other industries, healthcare providers take a public oath to provide care for patients regardless of their circumstances, reflecting the profession's inherent commitment to equity in care delivery. However, in the United States, the healthcare system's inequities have become starkly evident. Leadership is the key to all positive change, so it's up to healthcare leaders to change the system, and this requires specific leadership qualities for success.

In our work with healthcare leaders around the world, we have identified five core capabilities that leaders note are essential to address healthcare disparities:

Strategic vision and execution

A leader focused on health equity must not only be able to develop a clear strategic vision, but must also be able to execute upon this vision: equity should be strategically embedded as a priority within the organization's goals, rather than a "side project." This looks like pursuing both financial sustainability and equity together, and ensuring internal consistency by integrating equity into day-to-day operations. "You need to have a clear link to how equity can help leaders across the organization advance their work," explained Joseph Betancourt, President of the Commonwealth Fund. "I often tap into the patient experience, cost, and value—priorities everyone cares about—and work to show how equity impacts each of those areas."

Equity leaders must also be willing to challenge prevailing myths and ask the right questions to enable the organization to delve deeper into the underlying causes of inequities. It's critical to ask "why" as many times as needed to uncover the root causes. From there, they can develop an inspiring vision that helps elevate the collective ambition of the organization, community stakeholders, and the board. "Imagine having zero inequities as the next step on our journey—we're going to eliminate the death gap, the life expectancy gap," said David Ansell, Senior Vice President for Community Health Equity at RUSH University Medical Center. "In our system, you have to articulate that vision and then connect to people's sense of purpose and why."

This is especially true for board engagement and alignment, where the CEO needs to make the case that health equity initiatives also make good economic sense. "I tell my board that we are investing in the community as seed capital for the future; for example, today's Medicaid patient is tomorrow's commercial patient," explains Thomas Jackiewicz, President of the University of Chicago Health System.

Leaders should also acknowledge that each community has unique needs. The approach to achieving health equity must be tailored to specific contexts, recognizing that a one-size-fits-all playbook does not work. By connecting the dots between various challenges and needs, leaders can develop creative, multi-dimensional solutions that address multiple dimensions of inequity simultaneously. One such example is how the University of Chicago Health System is tackling worker shortages. The organization is recruiting locally from the South Side of Chicago, where there is an estimated 400,000 unemployed people, and is developing community training programs for radiology and respiratory technicians to build long-term career planning support, which addresses workforce, patient and community needs.

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> **David Ansell**
> Senior Vice President for Community Health Equity at RUSH University Medical Center

Inclusive influencing and trust-building

It is not enough to raise the issue of health equity; executives must be able to influence action. Leaders should actively seek out and listen to new and diverse perspectives, inviting individuals with different experiences, expertise and backgrounds to participate in decision-making processes. Additionally, building trusted relationships with community voices is essential for engaging and incorporating them into healthcare decision-making. By dispelling myths and recognizing the capability within communities, leaders can establish authentic partnerships that drive equitable outcomes. This was key in the South Side Health Transformation Initiative, which was co-developed with local safety net hospitals and local Federally Qualified Health Centers (FQHCs) and other clinics, connecting all groups through a single software infrastructure. "We knew our local FQHCs, and safety net hospitals didn't have resources, but we had to exchange medical data," Jackiewicz explains. "So, we built a creative solution to connect core data infrastructure across our systems."

To forge these types of partnerships, trust is key, and leaders must engage both hearts and minds by presenting the moral case for equity alongside the business case, aligning principles with the needs and priorities of different stakeholders.

However, they also must be prepared for potential roadblocks and have plans to address these across stakeholder groups. David Lubarsky, Vice Chancellor of Human Health Sciences and CEO of UC Davis Health, shares an example related to securing contracts to care for Medicaid patients. "I was told it could bankrupt us," he says. "But we created an anchored institutional mission and developed a true partnership with the county that strengthened during the pandemic."

Egon Zehnder's Inclusive Leadership Framework includes core pillars that are exemplified in the perspectives above. Inclusive leaders respond to differences with curiosity and openness, overcome the tendency to gravitate towards others with similar style and motivation, and effectively collaborate with, influence, and develop others who are different from themselves.

> **"When it comes to trust, it's one thing to learn about the communities you're serving; but it's another thing to understand the history of the communities you're serving. I have learned trust is like a glass; once it's shattered, repairing is difficult."**
>
> **Tosan Boyo**
> President of Sutter Health East Bay Market

By dispelling myths and recognizing the capability within communities, leaders can establish authentic partnerships that drive equitable outcomes.

Boards should be asking, What changes have we made in health disparities over specified periods of time?

Tenacity and hyper-focus on results

Healthcare leaders must shift from acknowledging problems to institutionalizing solutions. They should maintain a focus on results and outcomes, holding themselves and their teams accountable accordingly. Boards play a vital role in this accountability by consistently asking for progress made in reducing health disparities. They should be asking, “What changes have we made in health disparities over specified periods of time?” and they should understand what data is being tracked and how.

It’s this data that will drive real work and interventions to achieve measurable change. "We need to approach the health equity issue as a quality improvement issue for leaders,” said Maulik Joshi, President and CEO of Meritus Health. “This should all have a measurable aim, a dedicated team, ongoing testing of interventions, and clear tracking all the way. There’s a difference between hope and actual improvement.”

Leaders must also be sure the success stories are being told. By demonstrating what is possible through tangible improvements, leaders can inspire further action. “At RUSH, we reduced the 50 percent mortality disparity between Black and White women with breast cancer,” Ansell noted. “That gives us optimism to solve what seems to be an intractable problem that in actuality *is* solvable.”

Adaptability and resilience

Leaders must exhibit flexibility and creativity, finding novel solutions to long-standing problems. They should be highly curious, self-aware, open to gaining new knowledge, and willing to grow as individuals. “You can’t believe you have all the answers,” Jackiewicz noted. “If you think you have a playbook, you are deluding yourself. You have to update that playbook constantly.”

Resilience will be especially important when health leaders face resistance to change. “As zleaders, we have to think about the currency for change and then leverage it in this environment,” Betancourt explained. “You have to ask yourself, ‘How can I identify the resistance, and then what is the strategy to get past it?’

Like with other challenges for leaders in healthcare and other industries, the ability to navigate through polarities and paradoxes, such as balancing short-term financial performance with long-term access and quality outcomes, has never been more essential. Leaders should create a culture that embraces complexity and adapts over time. “As a leader, you have to be so much nimbler than before,” Jackiewicz noted. “What's needed today will change by tomorrow.”

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Transparency and courage

Leaders must have the courage to challenge their own organizations and engage in positive, solution-oriented discussions. They should be comfortable talking openly about the current state with clear data, using transparency to measure and report disparities. Taking a “guide with truth” approach to sharing statistics that may at the outset appear to paint a system in a bad light actually helps build trust and enables leaders to address inequities head-on. When the RUSH leadership team embarked on the closing the death gap imperative, it was an eye-opening experience for many in the health industry and spurred a larger community movement.

By shining a light on systems of inequity and making explicit what is often implicit, leaders can drive meaningful change. Their courage to address issues directly is crucial for making a difference and ensuring equity is at the forefront of healthcare transformation.

Addressing equity in healthcare is a long-term commitment for leaders and institutions. It requires time, resources and people who can envision a better future for care and who can inspire others to help bring it to life. By exemplifying these five qualities, healthcare leaders can drive transformative change, foster equitable healthcare systems, and ultimately improve not only health outcomes but the quality of life for all individuals, regardless of their circumstances. “If you understand healthcare as a human right, you’ll realize that improving patient health is greater than just improving their glucose control,” explains Dr. Omar Lateef, CEO of RUSH. “It means you’ll enable improvements in jobs, in housing access opportunities and in food insecurity.”

By shining a light on systems of inequity and making explicit what is often implicit, leaders can drive meaningful change.

Delve deeper

Read our interviews with healthcare leaders

David Ansell
Senior Vice President for Community Health Equity at RUSH University Medical Center and Associate Provost for Community Affairs, Rush University

Joseph Betancourt
President of the Commonwealth Fund

Tosan Boyo
President of Sutter Health East Bay Market

Thomas Jackiewicz
President of the University of Chicago Medical Center

Maulik Joshi
President and CEO of Meritus Health

Omar Lateef
President and CEO of Rush University System for Health and RUSH University Medical Center

David Lubarsky
Vice Chancellor of Human Health Sciences and Chief Executive Officer of UC Davis Health

Connecting ‘Heart and Mind’ to Achieve Health Equity

David Ansell Senior Vice President for Community Health Equity at RUSH University Medical Center and Associate Provost for Community Affairs, Rush University, shares how leaders can inspire action throughout the organization to deliver on health equity goals.

David Ansell
Senior Vice President for Community Health Equity at RUSH University Medical Center and Associate Provost for Community Affairs, Rush University,

Marwa Zohdy
Consultant
Egon Zehnder

Q What are some leadership traits that made leaders successful in healthcare ?

Successful leaders in healthcare need to navigate these complexities and uphold the principles of justice. We take a public oath that sets healthcare apart from other professions, emphasizing the commitment to providing care for all patients, regardless of their background. It does help if you have a true north, a guiding sense of principles around it. Mine is that health is a human right because I believe that.

The healthcare profession requires specific characteristics that promote the idea of justice in healthcare, as our country lacks a universally agreed-upon right to healthcare. The layered finance system and disparities based on race and income have created inherent inequities.

As a leader, you have to put a vision that inspires people. Imagine having zero inequities as the next step on the journey we’ve been on. We’re going to eliminate the death gap, the life expectancy gap. Putting a vision starts with having a personal value system tied to the moral pillar of healthcare: social justice..

> **Putting a vision starts with having a personal value system tied to the moral pillar of healthcare: social justice.**

Q How do you balance fairness and equity as a leader?

As a leader, fairness and equity are recurring issues that need to be addressed. It helps to have a guiding principle, and mine is the belief that health is a human right. To overcome systematic drivers of inequity, we need to shine a light on them. Regardless of the position I hold, I've always been motivated by the idea that everyone should have access to the quality of care I witnessed at RUSH University Medical Center. Leading from an ethical standpoint is crucial, as we strive to ensure fairness and equity in healthcare decision-making.

Q How do you navigate solving for multiple challenges as a healthcare leader?

Effective leadership involves aligning operations and equity leaders, fostering communication, and engaging with department chairs and other stakeholders to ensure a holistic approach. Personally, I also stepped aside as the Chief Medical Officer, but I had Omar [Lateef, CEO of RUSH] behind me.

We changed our mission to focus on improving health, recognizing that addressing underlying issues is essential. Our strategy involved conducting equity assessments when making decisions and striving for fair access to healthcare for all populations.

We're building a multispecialty clinic in Chicago, and there were two locations to choose from—River Forest or Northern Harlem. Our equity assessment found that Northern Harlem had better walkability, better access, and would better serve a diverse population.

Q What is the significance of equity goals in your organization?

Equity goals are crucial across four pillars: community, organization, people (employees and students), and patients. To ensure progress and inclusion, we aim to involve everyone in the strategic planning process. Hosting town halls allows individuals to provide input and actively participate in shaping our equity strategy. We believe that linking HR strategy to equity strategy creates a powerful connection. By setting voluntary equity goals and measuring progress, we can advance our commitment to equity and drive positive change..

Q How do you approach the challenge of tackling systemic inequities?

When faced with the challenge of systemic inequities, it's important to remember a few key sayings that guide me. First, never ask permission to do the right thing, even if "no" is a possible answer. "No" should be seen as a stepping stone on the path to "yes." It's essential to listen to other leaders and conduct cause analyses to identify the root causes of harm and prevent its recurrence. By applying the principles of quality and equity, we can reduce intractable gaps and bring about meaningful change. Optimism and pragmatic hope are vital in overcoming obstacles and creating a more equitable healthcare system.

Q What is the role of leadership alignment in driving equity-focused initiatives?

Leadership alignment is crucial to the success of equity-focused initiatives. It requires charismatic leaders who can articulate a vision and garner support from others, including the board and community members. By connecting

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the heart and mind to the belief that equity is the right thing to pursue, leaders can inspire action and create a shared sense of purpose. It's important to ensure that equity goals are integrated into departmental objectives and engage all stakeholders through town halls and open communication channels. Ultimately, leadership alignment and unwavering commitment drive progress toward achieving equity in healthcare.

Q What is the role of leadership alignment in driving equity-focused initiatives?

There is a huge need for investment and at RUSH, there is great enthusiasm for this work. we have a huge amount of national positive notoriety, to be the first system to do this. It's not irrational hope, it's not blind faith, but it's faith and hope that if we apply ourselves in the same way we did with quality and safety we can reduce intractable gaps. It's optimistic hopeful but pragmatic hope. We didn't eliminate systemic racism, but we apply the principles of quality and equity to improve. That gives us optimism to solve what seems to be an intractable problem, but its actuality solvable.

Optimism is really important, Omar [Lateef, CEO of RUSH] has it. That is why I became a doctor, it's tremendous to work with a leader like Omar who articulates this so well, saying we got to take action. Having leadership alignment around it is tremendous. It's got to be because you believe in your heart and mind that it's the right thing to do. That's what characterizes RUSH and our board.

Embracing Strategy and Adaptation as a Health Leader

Joseph Betancourt President of the Commonwealth Fund, explores how health leaders can drive positive health equity outcomes by anticipating challenges, being strategic and transparent, and establishing measurable goals..

Joseph Betancourt
President of the
Commonwealth Fund

Marwa Zohdy
Consultant
Egon Zehnder

Q What are the critical leadership traits for C-level leaders and boards to impact health equity in their patient populations?

In my 20 years of work in this area, I've found that there are several keys to being successful. First, it's important to have clarity on the leadership role that is accountable for this work. In the past, we had roles that aimed to address health equity, diversity and inclusion, community health and more. We need to be clear about what we mean today by equity, whether it's all-encompassing or specific pieces of the agenda, because the skills needed may differ. For example, the Chief Diversity Officer was previously within HR and now it's evolved. Additionally, some roles are merging.

Second, you need the historic perspective and understand that equity has long been seen as a marginal, not mainstream area of work. Often it was bolted on, but not built in. By this I mean it was managed differently than other key areas in health care, such as quality or patient safety. We spent years making the case that equity is a key part of health care, including quality and safety, among other areas. We explored different angles on how to build it in.

Third, you need to identify points of current pushback. Today, we are facing more outward resistance than ever before on equity. The key factor in my approach is to be a good student of all of health care. To bring equity to any discussion, you need to be respectful of what is on that leader's plate and make it easy for them to see how equity can fit in.

Q Building on those traits, what actions are needed for equity leaders to be highly effective?

Equity leaders need to be strategic, knowing that change and perspective shifts happen at different times in different places. They may need to reframe the core principles of what they want to accomplish for different audiences. For example, the work may be framed differently in blue versus red states, community settings versus C-suite, hospitals versus health plan, for example. Equity is a principle, and many variables shape the message. You need to make the link to how equity can help leaders advance their work.

Some general leadership principles apply, including being a genuine, authentic leader, having strong communications skills and high emotional intelligence, and being transparent and values driven. Building teams and building trust in teams is important for all leaders but even more important in this space. Effective communication is central because people have stereotypes about equity and that can color what they think the role is.

Q Can you share some examples of how being strategic plays out in equity?

You need to understand the currency with whom you are trying to effect change. For example, leading solely with social justice in a red state may not be persuasive enough. I often tap into the patient experience, cost, and value—terms everyone has to care about—and work to show how equity impacts each of those areas.

Q Can you share an example of how you've used change management in your career to effect larger equity transformations?

The biggest example is my time at Massachusetts General Hospital. It began with a hospital President who understood the value of equity in health care and charged me and several other leaders to advance our work in the space back in 2003. My responsibility was to craft the right set of conversations with various leaders. I met with the quality and safety team to talk about how we monitor our care and what dashboards we have for tracking, and I also leveraged the Institute of Medicine report that came out at the time showing that minority Americans had poorer health outcomes compared to white Americans in preventable and treatable conditions. Equity is a key component of quality, and I asked if we could create a disparities dashboard. In that moment, I had to anticipate or examine people's reactions and tailor my conversation appropriately. To be successful, you also need to create a culture that is about improvement, not blame—we want to be part of the solution. Our hard work on equity culminated in receiving the nation's first Equity of Care Award in 2014 from the American Hospital Association for our work in measurement, education, patient access, and experience.

Q How do you embed that culture of improvement across the leaders of your health organization?

You have to do the work of helping them see how equity fits in. My predilection is the cost/quality/value/safety case. You appeal to the mission and vision, values that are about high-quality care—and how our inability to do this for everyone is something we need to be addressing. People get uncomfortable with the blame game, but this is about building better systems. It's more aspirational than punitive.

Of course, this takes time and often multiple campaigns. You have to make it visible to patients, staff, and leaders. It's a large, deliberate process to create this type of culture and you also need to build in accountability.

Q Tell us more about how you build equity into the core of an organization not bolt it on.

It's all about execution. For years, we were heavy on aspiration, and lite on execution. Now we need to be very explicit about what we mean by equity. So, for example, equity in quality of care. Are you measuring it and are you addressing disparities when you see them? It's also about setting goals, timelines, milestones; apportioning the right resources, building a transparency plan, and holding leaders accountable. You have to be deliberate about "we are going to achieve x this year and measure it." You have to get down to basic execution like in all other areas of health care.

Q What about when you face resistance?

There is always resistance—people resist change generally. The first impulse is the sense that one is being blamed for disparities. As leaders, we have to think about the currency for change and leverage it in a targeted way in specific environments. You have to ask yourself, "How can I smoke out the resistance, and then what is the strategy to get past it?" Sometimes it's through conversations and sometimes you create a culture where leaders have to fall in line because there is accountability across the organization. Essentially, you have to identify the resistance, dissect it, and then develop a strategy to overcome it.

An example of this is when I was back at Mass General meeting with the quality and safety team. When I talked about measuring equity, there was concern about how people would respond if we showed our results. I explained that we wouldn't be pointing fingers and that we needed to be transparent about where we were starting from. Then they were worried about the time it would take. I said we'd bring in the resources to help. Then there was pushback about the lack of clarity on the final product, which I said we would work on and iterate on. This was a new area for the team, and they were also worried that doctors might get upset and that it could be a reputational risk to show these disparities. I needed to provide answers to the concerns, and we got through a lot of resistance together. It wasn't resistance of bad intent, but the fear of the unknown.

My style is to engage at a deep level. People appreciate decisions when they feel like they were heard. We try to make the solutions very participatory.

Igniting Passion for Transformative Health Equity Impact

Tosan Boyo President of Sutter Health East Bay Market, explores how leaders can deliver on and build actionable and impactful health equity goals.

Tosan Boyo
President of Sutter Health
East Bay Market

Marwa Zohdy
Consultant
Egon Zehnder

Q What sparked your passion for health equity?

I'm the son of a physician and clinical laboratory scientist. For as long as I can remember my upbringing revolved around health workers, hospitals and clinics. My parents instilled in me that healthcare was sacred and our most vulnerable deserve our best. I walk through the world with the lens of an immigrant, a Black man, health worker and solo-father of a daughter. Health Equity is fundamentally my "True North."

Q Where does health equity fit within the broader vision and strategy for your health system?

At Sutter Health, our Health Equity Pledge is "all patients receive high quality care regardless of their circumstances. We deliver care that meets the unique needs of our communities with a commitment to ensuring access to care and optimal health outcomes for all." We're utilizing Healthy Places Index to understand our opportunities to make an impact by location, we are stratifying our quality metrics to close gaps in outcomes and collecting social determinants of health data so we can proactively support our patients. We want to ensure that no community is being left behind.

Additionally, within the Sutter East Bay Market, we are deepening our partnerships with FQHCs (Federally Qualified Health Centers) to proactively provide the right care, at the right time and at the right place for our most vulnerable patients

> **We want to ensure that no community is being left behind.**

Q How do you align this work with the broader business priorities of the system, such as managing costs?

Our mission is caring for our patients first and our people always. This means we're constantly thinking about how to maximize access for our patients and ensuring our people feel we're the best place to work. Utilizing an equity lens means every patient regardless of language, ethnicity, ability or socioeconomic factors should have a seamless experience accessing our services and every member of our team from the operating room to the kitchen staff feels they are being heard and valued. These efforts improve continuity of care for our patients and reduce turnover within our workforce.

Q What is your proudest accomplishment?

There is so much I am proud of in this work. When I was with San Francisco General Hospital, we were able to get more than 90 percent of all departments to stratify their quality metrics so we could close any gaps in outcomes, which can be very challenging, especially in an academic setting. While I was at John Muir Health, we explicitly made health equity a strategic priority and launched a maternal health initiative to ensure Black mothers delivering at our facility had excellent outcomes with minimal morbidities. In my current role leading Sutter East Bay Market, my dream is for all six hospitals, 15 ambulatory centers and four surgery centers to be destinations of choice for all patients to knowing we'll proactively ensure their care is tailored to their needs no matter their walk through life.

Q What leadership traits are most critical for C-level leaders to impact health equity in their patient populations? is your proudest accomplishment?

There are a few traits that I find indispensable for health equity leaders:

- **Authenticity** is key. It's about choosing to say and do what is best for our patients and understanding the communities we serve. Walking the talk with that philosophy is critical. Everyone is fighting a battle we know nothing about… therefore each and every one of the individual stories of staff, physicians and patients matter. If we ensure our most vulnerable have optimal outcomes, *everyone* benefits.
- **Investing heavily in relationships and trust building**. Actively seeking perspectives beyond the status quo and inviting people with diversity of thought, expertise, and backgrounds to drive decision making is essential, and so is embedding health equity as a priority in partnerships and alignment with external stakeholders. By proactively spending time with community-based organizations, we are helping stakeholders to understand that as a health system, we are not just caregivers but also employers, educators, advocates and pipelines for future skills. We want to be supportive and play a key role not just in times of health crises.
- When it comes to trust, it's one thing to learn about the communities you're serving; but it's another thing to understand the history of the communities you're serving. I have learned trust is like a glass; once it's shattered, repairing is difficult. We have to pick up the pieces, clean up and ensure no one is hurt onward. In my current role, I am very intentional to build trusting relationships with all parts of the community. Ultimately, it's crucial to engage both hearts and minds because perception is often reality.
- Another critical trait is **leading with humility**. I never assume I have the solution; I first and foremost want to work with others to understand the problem we're trying to solve. Jumping to solutions without clarity on the problem is a path to failure.
- **Strategic vision**: The ability to strategically embed health equity in the organization's goals as a priority, not a 'side project.' Healthcare is tied to economic well-being, and health system leaders have a key role in economic development and support.
- **Change leadership**: Specifically, the ability to communicate and reinforce a vision and priorities for health equity at all levels of the organization; empowering leaders at all levels to drive change themselves as well.
- **Innovation**: openness and ability to drive change using technology to scale.

> **If we ensure our most vulnerable have optimal outcomes, everyone benefits.**

Q What is the best example of C-level leadership with a health equity lens that you have seen?

The late Bernard Tyson was incredibly influential to me. He walked the talk to eliminate disparities. His death shook me to my core, shed light on how much of an existential crisis this work is and forced me to think about the world I want to create for my daughter. If we really want to improve the health of our community, eliminating disparities is a necessary priority.

> **If we really want to improve the health of our community, eliminating disparities is a necessary priority.**

Q What's next for health equity and how can C-level leaders prepare?

I'm deeply appreciative that regulatory agencies are investing in health equity and ensuring that disparities are identified. This is a major milestone. I'm thrilled that we as an industry will be tracking social determinants of health. Most health decisions are made beyond the hospital/clinic walls, so this is critical.

My thesis on Artificial Intelligence in healthcare is this – AI could reach a point of proactively identifying and possibly understanding (1) what we don't know that we don't know and (2) how those unknown unknowns can limit our ability to have sustainable impact.

This possibility within the intersection of culture, socioeconomics and healthcare access makes me hopeful. Of course, AI isn't perfect, and it relies on its inputs. We all have inherent biases we are unaware of, so we need to collectively ensure we are providing AI with the best information possible for answers, ideas, algorithms that can help us serve all patients better.

Q If you could envision a dream for the future of health equity, what would it look like?

My first dream is we get to a place where all hospitals, clinics, health plans and life sciences partner to stratify quality metrics, close gaps and share what we learn from the data. This could disrupt health disparities upstream in a significant way. My final dream is this becomes a goal.

Moving Beyond Talking About Equity to Action

Thomas Jackiewicz President of the University of Chicago Medical Center, shares strategies for achieving health equity and building trust in local communities.

Thomas Jackiewicz
President of the University of Chicago Medical Center

Marwa Zohdy
Consultant
Egon Zehnder

Q How do you ensure a health equity solution is impactful in local communities when there isn't a broader playbook to draw from?

Organizations that are anxious to make long overdue progress on equity can make the mistake of searching for a playbook and using approaches that have been successful in other communities. This type of thinking overlooks the unique needs that exist. In the South Side of Chicago, where we operate, the neighborhoods are still ultra-segregated, years after redlining was outlawed. We are solving for many generations of problems and lack of action. Community isolation and a lack of trust and access are longstanding challenges. Sustained and focused effort and resources are needed to make a difference. Our initiatives are pinpointing the specific needs of these communities, such as transportation, access to healthy food and pharmacies and more care provided closer to where people live.

Q There's a lot of conversation about addressing health equity but not much focus on the traits leaders need to be successful in making an impact. What do you think C-Suite and board leaders need to bring to the space?

Number one, you need to be focused and get comfortable talking about the issues and biases. UChicago Medicine has developed educational programs that provide a variety of settings to learn about and discuss equity issues and biases. We have traditional didactic classes, small group discussions and experiential opportunities to help people manage discomfort and become ready to problem solve.

Second, you have to put a lot of energy and action into the issues. There's been willingness to talk about topics that used to be off limits, but that talking has to lead to action. If we don't act, these problems will still exist 100 years from today. The problem is clear—systemic racism. Now we need to tackle it.

Third, you can't do anything to the community. You must work with the community. Ask people what they want and challenge assumptions that might lead you to conclude that problems are unsolvable. Communities may lack the resources to solve these chronic issues, but the ideas and ability to take action are usually present.

Fourth, look at your employee base. Over fifty percent of our employees — and our patients — are people of color. When I started at UChicago Medicine, our leadership team didn't reflect our own population. We focused on promoting women and people of color to leadership roles, with an emphasis on promoting from within. Early in my tenure, a group of Black staff members came to me with the following pitch: "Mentorship is really important in career development, and we realize that White men could be good mentors. We'd like to be paired with White leaders to teach us what it takes to lead." We followed up on that suggestion. The feedback from everybody involved has been incredibly positive. Leadership has a better understanding of frontline challenges, and the mentees say they've appreciated learning about organizational dynamics.

Health equity goals are also incorporated into our leadership incentives. We track promotion opportunities across the organization and look at quality data using an equity lens. While some of the information can be surprising and uncomfortable, such as discovering our hypertension screening percentage was lower among Black patients, we always challenge ourselves to take immediate and aggressive action.

Q How do you inspire employees to think beyond the obvious solution and look for the root causes?

We must think creatively about our future workforce, especially since there are 700,000 underemployed people on the South Side. About 30 percent of our new employees come from the South Side. We know we can't fix everything, but if we recruit here, it means more people can earn a decent living, begin a career trajectory and have access to good tuition benefits. If you come into UChicago Medicine via Environmental Services, you can work your way up, get training at the University of Chicago and be eligible for jobs that can pay $100K a year.

Q When it comes to Medicaid, how do you ensure patients are being treated fairly?

My team has frequently heard me say that we should not make assumptions about Medicaid patients. Often, Medicaid patients are people in transition, like students and people who are in between jobs. If you treat everybody well, whether they are on Medicaid or have commercial or private insurance, they will come to see you throughout their lifetime.

Q How do you build trust?

As the communities surrounding our campus have changed, UChicago Medicine has had a mixed history in how successfully it has responded to these changes. In the late 1980s, our trauma center closed. For communities in the South Side, that meant if someone needed immediate care, they would have to go to the North Side. Under pressure from the community, the leadership team reopened an adult trauma center in 2018. Responding to pressure doesn't build trust. Doing the right thing in the absence of pressure is always the best option.

The good news is that our trauma program is now one of the best in the country. We unfortunately care for a large number of gunshot wound victims, but we have a state-of-the-art trauma program to treat them.

Then it comes down to people. We recruited Brenda Battle in 2012 to run our community program and eventually lead our Urban Health Initiative, which is our community and public health division focused on eliminating health disparities and promoting health equity. Brenda has demonstrated extraordinary passion and provided visionary leadership to advance health and racial equity within UChicago Medicine and as a national DEI advocate. Her basic premise is that we cannot operate a health system with two systems of care – one for the poor and one for the affluent. The relationships she has built through direct dialogue with the community are the reason we have made such significant progress and a high level of trust has been built with community members.

Building trust takes a lot of time and it takes hiring the right people. It pays to invest in your community. We see that over and over again as we fulfill our commitment to being a community-facing health system.

Moving from Hope to Real Impact in Health Equity

Maulik Joshi President and CEO of Meritus Health, discusses the importance of having a quality improvement mindset and advancing as a field to enable better patient outcomes

Maulik Joshi
President and CEO of
Meritus Health

Marwa Zohdy
Consultant
Egon Zehnder

Q What does it take for the C-suite to make an impact in health equity?

The main traits to succeed in health equity are action-orientation and a quality improvement mindset. Equity is a combination of diversity and disparities. You have to be representative of the community. It's to understand diversity and inclusive culture so that people of color, different genders, people of all backgrounds have access to healthcare. It's great for organizations to have a Chief Diversity Officer or a Chief Equity Officer, but you need to work in all components.

Collecting social determinants of health is a major data collection activity. We're systemically collecting and analyzing data; however, data collection can sometimes be an avoidance of doing hard work. We need to consider health equity as a quality improvement issue for leaders.

There's a difference between hope and real improvement. We're lacking quality and discipline as leaders, increasing leadership and governance. Our efforts should all have a measurable aim, a team that performs testing, makes change interventions, and tracks all the way, and we don't.

> **There's a difference between hope and real improvement.**

Q Why isn't healthcare leadership approaching the issue with that quality perspective lens, and what can they do about it?

Leaders need to further develop a quality improvement skillset; it is something we should have as a competency. First, there is still a will issue—racism as an example. If you ask most leaders, it's about money, workforce, health equity, quality, but not with the same level of "passion" as when the George Floyd death happened. Second, there's a lack of will building in some leaders. Third, it's really hard. There aren't a lot of great stories of organizations going from A to B and with a roadmap of "here's how to do it". We need to build that case – like we built patient safety to reduce infections. This won't be that easy because we're building on a long time of inequities; but it doesn't mean we can't have ideas, new and meaningful interventions. The last one is accountability. Are boards holding leaders accountable for quality? Leaders aren't being held to the same level of rigor and frequency for other metrics when it comes to health equity.

There aren't a lot of great stories of organizations going from A to B and with a roadmap of "here's how to do it". We need to build that case – like we built patient safety to reduce infections.

Q So how can boards be asking the right questions to change that?

Fifteen years ago, I interviewed a lot of members, and I believe there's still a level of education and development in governance in this topic, it's an ongoing thing. Sometimes you need to change board members, sometimes you need to change leaders. You need the skillset. Once you establish skillset then you go through the same rigor. We should be asking ourselves, are we interviewing diverse candidates for leadership positions? Is this something we track? It comes back to a quality improvement framework to do this work.

Q Are there any metrics that would be ideal if boards were asking about X, Y, Z?

I'm a firm believer in leadership diversity because it drives change. We have a leadership dashboard, to track the percentage of leaders that are nonwhite. We review it on a monthly basis. We also track that same information for our nursing leadership. We look at the percentage of open leadership positions that have diverse candidates in the final roster of candidates. We also hold unconscious bias training once a year, and we will add an inclusion question to employee pulse surveys too. We publish a health equity report on our website, looking at a dozen quality metrics that allow us to see where disparities are, and we track on a monthly basis where we measure health disparities by race and ethnicity and spoken language. These are just a few of the metrics we focus on.

Q What are the core competencies for people leading in health equity?

Context matters. Having people who understand it is really important. So one is, are leaders from a diverse population in terms of background and lived experiences? Individuals have different backgrounds and experiences to provide them context to do this work. Are they from different educational institutions, that we don't yet have on the team, or are they coming from historically Black colleges and universities (HBCUs)? Then it's relationship building and your expertise.

Q In parallel with that how do you think it will play out on the health equity side? Who is going to take the helm for the outcomes?

Organizations say, 'We're struggling to hire people, let alone to hire a diverse leader, I can't even find a person.' It's going to be a challenge. Equality and patient safety will take ongoing work, science and examples of things that work – and people to try to learn these things.

Q There's still a need to link strategic priorities together – workforce, bottom line. Have you seen leaders tell the story all in one thing?

We have a strategic plan, pretty well baked, and working towards it constantly. One goal is to be a great place to work, and you can't be a great place to work unless you have an inclusive culture. It's all in how you bake it throughout your organization.

Seeing Healthcare as a Human Right

Omar Lateef President and CEO of Rush University System for Health and RUSH University Medical Center, shares how the health system became a pillar for underserved communities in Chicago and is chipping away at the death gap, one better patient outcome at a time.

Omar Lateef
President and CEO of Rush University System for Health and RUSH University Medical Center

Marwa Zohdy
Consultant
Egon Zehnder

Q How can leaders make an impact on health equity?

More than ever, there are buzz phrases leaders are using, and healthcare equity is one of them. But recognizing inequity is only the start; institutionalizing solutions is what we need, putting resources to solve the problems patients face. The role of leaders right now is to spread the word that you have to shift to action instead of words. What's meaningful and what makes an impact? Some of this work comes at a cost, and you need to be transparent about it. If you spend money on a wellness center in a lower-income community, that won't generate the same revenue when compared to a center in an affluent community. You are making decisions, at times, that can't be as financially advantageous for the organization.

Second, leaders need to leave the conversation about characterizing the problem and shift to how to solve it and fund it. It is easier to highlight areas of inequity than to solve areas of inequity. If you just did a paper on different outcomes in colon cancer, that would get published. But if you try to solve that by putting access points in underserviced areas with lower payer mix, it is a different challenge.

Q How do you make the case for the bottom line?

The question is the solution. You'll never make the case financially. It's a burden for institutions. But if you see and understand healthcare as a human right, you'll develop a strategic plan to develop that for your community. You'll realize that improving patient health is greater than just improving their glucose control. It means you'll enable improvements in jobs, in housing access opportunities, and in food insecurity.

Q How do you align stakeholders in viewing healthcare as a human right?

You set the culture in the organization. It's a non-negotiable part of your mission. What we do isn't targeted programs around equity; everything we do should be done from an equity lens. This is an expectation set by the chair of the board, and it's who we are. It can't be an add on.

Q What can health organizations do if they have executives or board members who don't have this mindset?

Any time an organization goes through a strategic planning process, if you do it without stakeholder support it won't work. You have to get buy-in by having conversations, socializing the plan, and build the sense of internal trust. We've done that work at RUSH. Our expectation is so direct that people who don't embrace that vision wouldn't come be part of our culture. People have come to RUSH because they want to be part of this. They get it. We're going to change the death gap, which allows us to live our values more than ever.

> **People have come to RUSH because they want to be part of this. They get it. We're going to change the death gap, which allows us to live our values more than ever.**

Q You talked about internal trust building. How about engaging the community for external trust building and collaboration?

Our team went out in the community, met pastors, local religious communities, civil society organizations such as My Block, My Hood, My City, and people living in the community. We held listening tours with the intent of asking "What is it that you need?" The mindset was, "If we don't deliver, we're done, but if we deliver, we can earn the trust of this community." That work is hard and tiring, and David Ansell, our Senior Vice President for Community Health Equity, did it so he could listen and develop solutions with the community and then be credible in the community by delivering. That was the key to some of the success in the community programs.

Q Can you think of an ideal profile as a leader who does this well?

Healthcare is surrounded by dogma. Historically many people in healthcare have had the mindset of "I'm going increase revenue and cut expenses." A conventional thought-process to manage healthcare won't be needed in the future. We need to understand that as society has changed, a health center has to change. Leaders need to embrace new and innovative approaches to solve issues. We need to be agile institutions and emulate other markets that understood who the other patients were. Leaders must be willing to be innovative, entertain different and new ideas, and keep the focus alive on inequity. Racism is one of the greatest healthcare challenges of our time. If you don't acknowledge that, you can't change it. You can't have different outcomes based on your color anymore. The fact we do is a black eye on this country.

> **Racism is one of the greatest healthcare challenges of our time. If you don't acknowledge that, you can't change it. You can't have different outcomes based on your color anymore.**

Q What are you proudest of in your career?

I'm proud to be a "cog in the wheel" who believes in healthcare as a human right and follows that with tangible actions to decrease the death gap. I'm incredibly proud of being around heroes of healthcare every day. To be part of a team that fought to take healthcare to hundreds of patients during the pandemic. During Covid, it was people that wanted to come, take transfers, wanted to be here for a chance to make an impact. We wanted to get to the homeless population—that is the culture of RUSH. I am proud of being a small part of that culture, to continue and maintain it off of the great people before me.

The Power of Collaboration in Delivering Health Equity

David Lubarsky Vice Chancellor of Human Health Sciences and Chief Executive Officer of UC Davis Health, discusses the power of collaboration and how health equity can bridge social gaps.

David Lubarsky
Vice Chancellor of Human Health Sciences and
Chief Executive Officer of UC Davis Health

Marwa Zohdy
Consultant
Egon Zehnder

Q What do leaders need to bring to the table to be successful in health equity?

You have to lead by example, commit and understand that diversity delivers a higher performing organization. There are many CEOs who still don't believe that. But there's plenty of data showing that organizations perform by incorporating a higher range of ideas and perspectives, not only financially and operationally, but in terms of effectiveness in taking care of the community in health care. The asset [for the organization] is the community.

Diversity also matters because patients want to see doctors and nurses who have backgrounds similar to their own. This leads to more effective prescription medicine and helps in effectively addressing health equity. If a CEO really doesn't believe it, then it isn't a core pillar to make decisions.

It is crucial to have patients and the community advocating for your organization when you're doing the right thing. By prioritizing equity and sustainability, leaders can establish themselves as service providers who genuinely care. This approach garners support not only from patients but also from internal employees, leading to improved business outcomes and reduced turnover rates.

> **Diversity also matters because patients want to see doctors and nurses who have backgrounds similar to their own.**

Q Can you describe your work with Medicaid to address behavioral health needs in foster care children and increase the patient population you serve?

When I arrived, we didn't have a good relationship with state Medicaid leadership. Instead of asking them what they could do for us, I asked them what they needed. By focusing on the needs of foster child programs on Medicaid, we realized the lack of trauma care and the alarming rate of incarceration among these children. We doubled child psychiatrist fellowships at our own cost and worked with the county to establish a clinic that provided proactive care for every foster child. Our goal was to change the approach and improve outcomes, even though it seemed challenging and costly. This is the least thing we could do. We were wrapped in FQHC city funds – they wrapped our costs into their cost and reimbursed through Federal Government to provide the type of medical care every foster child deserves. We opened 26 clinics with FQHC at our cost, no profits, fully under contracts, to drive better healthcare outcomes.

Q Was it difficult to convince stakeholders internally? How did you go about it?

Convincing stakeholders required leading through influence and starting the process of convincing everyone. We didn't have contracts to take care of Medicaid patients initially, and many believed it would bankrupt us. However, by developing true partnerships, such as with the county, we were able to establish formal agreements and expand our services. Helping people and accomplishing mutual goals strengthens relationships and generates support. Even commercial insurance started recognizing and appreciating our organization's efforts, leading to increased business.

Q What is the significance of equity goals in your organization?

Equity goals are crucial across four pillars: community, organization, people (employees and students), and patients. To ensure progress and inclusion, we aim to involve everyone in the strategic planning process. Hosting town halls allows individuals to provide input and actively participate in shaping our equity strategy. We believe that linking HR strategy to equity strategy creates a powerful connection. By setting voluntary equity goals and measuring progress, we can advance our commitment to equity and drive positive change.

Q What other leadership traits are important to drive these initiatives?

Having a truly diverse team is valuable because leaders can't become what they can't see. It is crucial to consider all backgrounds and qualifications during the hiring process, ensuring a transparent and open approach. This includes providing training in implicit bias and involving diverse individuals in search committees. Furthermore, efforts should be made to hire locally from underserved communities and to change job descriptions in ways that eliminate institutionalized barriers, such as degree requirements. Setting explicit goals, implementing apprenticeship programs, and actively engaging with the community are also important aspects of leadership.

It is essential for people to stop viewing programs aimed at equity as handouts. They are not about giving something for nothing but rather providing a helping hand to individuals who want to succeed and be recognized for their skills and hard work. Employees in various roles, from food services to patient safety officers, deserve to be valued for their contributions based on merit rather than stereotypes or biases. By adopting the right attitude, working hard, and dedicating ourselves to inclusivity, we can create a positive and engaged workforce and provide the best care for our patients.

Photo: RUSH Medical Center

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About Egon Zehnder

Egon Zehnder is the world's preeminent leadership advisory firm, inspiring leaders to navigate complex questions with human answers. We help organizations get to the heart of their leadership challenges and offer honest feedback and insights to help leaders realize their true being and purpose.

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