

# Your Hospital Isn't Deliberate About Diversity in Leadership? Meet Antoinette Hardy-Waller, the Woman Out to Change That

By Molly Gamble

**A**ntoinette Hardy-Waller has worked in healthcare for more than 25 years. She's spent time as a nurse, home care business owner, board member for a major national health system, and consultant. Yet of all of her experiences, it is the time and energy she pours into The Leverage Network that she considers "passion work."



"It is really who I am," she says. "Being a black female in not only a white, male-dominated industry but world — the work I do at the Leverage Network is what I've experienced most of my career. Connecting people with the right relationships and opportunities to further their careers and opportunities — I've always done this in an informal way. The Leverage Network has given me a platform to make that work more intentional and deliberate."

Ms. Hardy-Waller founded The Leverage Network in October 2014, and today serves as its CEO. The Chicago-based organization is devoted to advancing African Americans in executive, governance and entrepreneurial roles in healthcare. Although minorities represent more than roughly one-third of patients in U.S. hospitals, minorities comprise only 14 percent of hospital board positions and 11 percent of executive leadership positions, and those numbers significantly decrease when you narrow it to African Americans.

Ms. Hardy-Waller took some time with *Becker's Hospital Review* to discuss her diverse career, the conversation that needs to unfold in hospitals across the country, implicit biases and small wins her organization has celebrated thus far.

*Editor's Note: Responses have been edited lightly for length, style and clarity.*

**Question: You are the champion of several causes and hold numerous roles right now as a professional — vice chair of Catholic Health Initiatives, CEO of the Leverage Network, CEO of Strategic Health Formations. It's impressive! How do you find the time to focus on each and give each job/responsibility your dedication? How has each role brought a different sensibility or understanding to the others?**

**Antoinette Hardy-Waller:** I am doing a lot, but they all marry.

My background is in nursing, and I built my career in post-acute healthcare. I owned two home care companies; the first I built and grew to be the largest proprietary home care company in Chicago and sold it to Columbia/HCA in the mid-90s. My second home care company I started in the early 2000s and sold in 2009 to a private investor group.

In between the two companies I had a consulting company that provided a significant amount of consulting work with hospitals and health systems nationally. I helped them build, integrate, turnaround and in some cases divest of their home care businesses. I started that work a few years after I sold my first company — some hospitals said they jumped into the home care business and didn't know much about

it; they were floundering. It was a great consulting career, and I realized that consulting is what I love.

When I was appointed to the board of Englewood, Colo.-based Catholic Health Initiatives around 2009-10, we were completing our 2020 strategic plan. It encompassed elements of population health, including care coordination, continuity of care and the development of a post acute strategy. CHI was in the process of acquiring a large home care business, and my expertise and experience in that area was timely and valuable for the organization at the time. We continued to build and incorporate population health throughout the several years I've been there; then came discussion about integration of post-acute assets and how we build a strong continuum of care. That went back to not only my work building and growing home care businesses, but significantly to the work I did from a consulting standpoint. During my tenure, CHI significantly grew in size from a \$7 billion to a now \$23 billion integrated Catholic health system.

Strategic Health Transformations is the consulting firm I currently lead. We focus on consulting work similar to my earlier consulting work, around post-acute strategies for health systems, hospitals and home care organizations. That work is done on a per client basis.

The Leverage Network is really my passion work. It is a platform to give back and ensure fair representation of minorities at the highest levels in healthcare organizations across the country. I established TLN in October 2014, but it is something I have built over most of my career. It is really who I am. Being a black female in not only a white, male-dominated industry but world — the work I do at the Leverage Network is what I've experienced most of my career. I've been extremely fortunate to build really strong networks and relationships, and position myself to leverage those relationships, which has afforded me some level of success in my career. Connecting people with the right relationships and opportunities to further their careers — I've always done this in an informal way. The Leverage Network gave me a platform to make that work more intentional and deliberate.

**Q: There is a lot of speculation right now about what 2017 will hold for healthcare. Rather than asking what you think the year holds, I'd love to learn what you hope the year brings. What problem in the industry do you most want to see addressed in the next year?**

**THW:** Now that we have President Trump in place, my hope is he does a good job appreciating and understanding what the ACA has brought to us. We know there is a lot of uncertainty about that right now, especially as the industry was just beginning to get its arms wrapped around what that means for each of us.

What we got out of the election was the obvious need for national dialogue about what it means to be diverse and inclusive — not just in different industries, but in society. The minority is becoming the majority in our country, and when you look at the statistics for healthcare providers — 32 percent of the populations we serve are minorities — we remain so clearly underrepresented in board rooms and senior leadership roles where decisions influence the communities we serve.

Care will continue to move from inpatient settings and hospitals into communities where people live, eat and play. How can you provide quality care if you don't understand the community and community needs? How can you have a positive patient experience if you have nobody on staff who can relate to that patient?

We need to have real conversation about race in this country. I know it's a very uncomfortable conversation — and because it's uncomfortable we have really never gotten to the root of it. The time has really come for us to begin to look deeply at those issues with the goal of changing them within our organizations. It's not just an issue of social justice, but a business imperative.

## "The industry has been talking about diversity in healthcare for more than 20 years, but for the last 20-plus years we continue to demonstrate a lack of wins."

**Q: Most organizations today are committed to diversity and inclusion, and those leaders likely agree with you about the need to connect with their communities. How do they know if they are doing enough?**

**THW:** A lot of organizations have moved forward with ways to begin to address this without having that conversation. Personally, I don't think it's enough for organizations to just sign up for a pledge and I don't think it's enough to just collect data and provide cultural competency training. I think those are great starts and something we can all embrace and do, but in some ways I think it's an escape.

Diversity issues such as language, culture and race aren't disparities but differences. But when they are not understood, valued or appreciated for their impact on patient care and the healing process, they become bigger contributors to disparity and unequal outcomes.

AHA has a pledge for health equity. Many major organizations have signed up for that, which is great. Within their own organizations, they've begun to do things like collect and track better data around the diversity of their communities. They've done a good job with cultural competency training, which really targets front-line workforce or mid-management. What you'll hear is, 'We've made great progress as it relates to diversity in our workforce.' I think many organizations have, but they still leave the senior leadership and board roles unaddressed. That's really where, as we all know, the decisions are made, which influences the care we provide to those communities.

**Q: The Leverage Network advocates for the advancement of African Americans to leadership, governance and entrepreneurial roles in healthcare. In your work, what do you see as the biggest barrier to racial diversity at the top of healthcare organizations?**

**THW:** There are a lot of potential answers to this question. I think it goes to the heart of being able to openly give voice to the problem of implicit bias, which goes back to our whole conversation around race

and race relations. If you want to drill it down to our industry, it's really about implicit bias and where that comes from.

We continue to experience inequities in our organizations as a result of implicit bias. It's subtler than racism, but has the same effects as out-and-out racism. As a result, we continue to get the old adage and excuses of, 'Well, we can't find the right talent. We looked everywhere and we're serious about diversifying, but can't find the skill sets.'

If you look at all organizations, less than 30 percent have identified targets and goals to meet in terms of diversity at the senior-most level. Of organizations tying incentives to that, the number drops even lower. There is not deliberate, intentional work being done to ensure we increase diversity at those levels.

In addition to a lack of commitment, there is still resistance in many organizations against placing diverse candidates in senior leadership roles. There are individuals who are "hiding in plain sight" — they are already in the organizations and communities, just waiting to be believed in and empowered. The key decision makers who can make those [hiring or promotion] decisions are not readily doing that.

**Q: TLN's work must be demanding and requires an unwavering spirit. What are some "small wins" you've seen over the years when it comes to diversity in healthcare that have buoyed your enthusiasm and commitment to the cause?**

**THW:** Because it's been early in our work, one thing that continues to blow me away the most is the impressive and talented group of people who volunteer their time and resources to work closely with me to help change the dynamic. Our board of directors and advisors take a lot of time and resources out of their day-to-day work and have volunteered to leverage their own personal relationships. If we continue to chisel away, grow our networks and have the uncomfortable conversations — only then can we change the conversation.

The first year of the Leverage Network was really spent building our infrastructure and being clear about our mission and vision, so the work has really taken place over the last 12 months.

One of our first board recruits placed is a black female executive who met the desired skill set and talent of a large health system looking to diversify its board. She was just recently inducted and has started her tenure on that board, which is a great win not only for the Leverage Network but for the organization since she has already been such a valuable asset. We were able to place a black physician leader to a board quality and safety committee as well, who has a very strong background in data analytics and quality. For our first healthcare board initiative, which we launched this year, we introduced our first cohort of board candidates, which is comprised of 15 board-ready senior executives. Of those 15, three of them have been appointed to major health systems.

What motivates me is the fact that there has been a lack of wins. The industry has been talking about diversity in healthcare for more than 20 years, but for the last 20-plus years we continue to demonstrate a lack of wins. We are not making progress. That in and of itself encourages me to move forward. There has not been any one organization bold enough to say this is a problem, and we're going to take some deliberate action to change it. The Leverage Network is that organization that will be bold, deliberate and intentional.

This is hard work, but it's what we're out to do. My resolution for 2017 is to continue to build the endurance and strength to sustain this work and "change the dynamic." ■