

African American Leadership Initiative

Learning History

Organizations like ours try to learn from our experiences, both the successful and the not so successful ones. This is a way of assessing our effectiveness and sharing of information. It is an important process for the growth of any organization. In doing so, we have recorded some of our learning process around the concept of a “learning history.”

We went back to the source of the African American Leadership Initiative (AALI) - the people who created it, those who developed the concepts and formed the process for driving it, and those who helped to implement and manage it. We tried to capture and convey the experience and insights of the people involved. The result of this new form of assessment, a “learning history,” is put forth on the pages that follow. We believe that what we have learned will help you to develop and implement a successful African American Leadership Initiative for your community or organization.

We hope that this learning history will help you create your own program. It is designed to give you some benefit of our experience and the confidence to start.

Memorial Health System staff members are more than happy to answer any questions you may have regarding this process. Please feel free to call us at (219) 284-7115.

Phil Newbold

CEO, Memorial Hospital/Health System

In the early 1990's, Memorial Hospital and Health System began a process of reevaluating their role in the community. Memorial committed to looking beyond the hospital walls and in doing so found that non-medical issues such as employment, cultural barriers, habitat, transportation and education, all impact the health status of our community. From this knowledge, a new, broader understanding steadily moved thinking away from the traditional "medical" model to a new kind of comprehensive "health" model. Therefore, the definition of health goes beyond the absence of disease and the traditional medical concept and addresses the underlying factors in quality of life, such as the environment, crime and literacy. Memorial believes that "healthy communities" actively work to improve the health and quality of life of all their residents. This philosophy has since been woven into Memorial Hospital and Health System's mission and vision. Memorial believes that a healthy community is concerned with and addresses, not only medical issues, but the social, family, economic and environmental ones as well. But what about the effect that these factors have within the hospital's walls of Memorial's own employees?

For many, the majority of daily waking hours are spent in the workplace, creating a kind of sub-community: a collection of individuals brought together to accomplish a common goal by utilizing their various skills. While not necessarily operating under a legal system like the greater community, there is certainly a code of conduct and behavior which is governed by the organization's upper administration and management. It could be compared to the first experience that we have as children when we are grouped with individuals who were not our family - school.

The ideal is that, by bringing all of these diverse voices and ideas to one place, not only does the student learn from the figure at the front of the room, but also from one another. Each individual gathering knowledge of cultures and practices outside of their own experience. But what about those students, who owing to placement in the classroom or innate shyness, whose voices were never heard? How is their learning affected? How many times are they brought to the head of the room as examples of exemplary work? What affect does this have on them in the long run? It is the role of the careful and conscientious teacher to be certain that every voice, from the front of the room to the quiet student in the back row, all have equal opportunity.

CALLING THE ROLL- WHO'S ABSENT?

Since the 1970's, Memorial Hospital and Health System has grown from 900 to more than 3000 employees. Memorial's internal community, like the external one they serve, had always been made up of a diverse collection of individuals. As a method of ensuring they were hearing all of the voices, Memorial had made a practice of conducting Employee Satisfaction

Surveys. While the surveys were anonymous, the results were stratified according to racial group. Over a period of years a consistent pattern of dissatisfaction among African Americans came to the surface. Continuously, from then until now, African Americans have made up the largest minority segment of Memorial's workforce.

According to David Sage, Executive Vice President and Chief Operating Officer of Memorial Health System, "When you conduct surveys and find that there is a disparity you need to be prepared to ask why. The organization has to be ready to deal with the issues that arise, it can't be done for show." There is a great danger, for any organization, to begin a serious investigation without a commitment to follow through. Not only does the original problem remain, but the method of gathering information will lose credibility. Employees will begin to wonder why they complete these surveys if nothing ever changes.

In 1990, Memorial Vice President for Human Resources, Virginia Chism, along with David Sage (then Director of Human Resources) made the decision to bring in an outside party to delve into what was at the root of minority dissatisfaction. Memorial chose Bertha King, an independent consultant and expert in organizational development. Bertha was charged with the task of finding a basis from which Memorial could build positive cross-cultural communication in the workplace.

For any organization to survive and thrive in the community they must be able to balance the cultures and backgrounds which people bring to work. While no one is able to eliminate or dictate what goes on in the back of an employee's mind, it is vital to make clear that certain behaviors aren't acceptable in the workplace. How many conflicts arise from workers feeling that there is no common ground for discussion? Do your employees feel like a community or do they feel like a collection of small niches working without connection to one another? Do your employees feel equally appreciated and trusted? Memorial was hoping that Bertha King would be able to help them answer some of these questions.

By 1992 Memorial made the decision to bring Bertha on-board as a full-time member of Memorial's Department of Organization and Development. Bertha began to see a large number of African Americans come to her with problems, concerns and complaints. "I became the unofficial spokesperson," said Bertha, "a change-agent from the minority standpoint." But why Bertha? Memorial Vice President Carl Ellison refers to her as "someone with the will and skill who won't be still." Bertha was not only an expert on the subject of organizational diversity but she had the personal passion and drive to find solutions. Any project or investigation like this needs someone who all employees, from management to support staff, trust based on the person's intelligence, ability and motivation. Until common ground is established this person

must be the one to draw attention to those sitting in the back of the room.

Bertha was also an African American employee within the Memorial system. From her new vantage point she too saw distinct gaps in the organization for people of color. As she began to do research she discovered that out of the 3300 employees working for Memorial Hospital and Health System there was only one African American in a manager's position, one director and one vice president. Conversations with other employees led her to discover that there had been more African Americans working in administrative positions but their positions had been downsized, they had been terminated, they had quit and so on. "I saw people being terminated from potential leadership positions, quitting out of frustration...there were a lot of people feeling that they weren't being promoted, and that they were being treated unfairly. In some instances I knew this was true, but rather than place blame I wanted to see what I could do to make a difference," Bertha recalled.

HOW BIG IS THE BACK ROW?

Unfortunately, Memorial was not alone in this issue. Various experts have identified this distinct lack of representation of minorities in the upper divisions of the health and medical field as another aspect of our national health crisis. A 1998 study by the Chicago-based Institute for Diversity in Health Management revealed that, despite the fact that 20% of health service workers- nurses, secretaries, technicians, computer operators, food service and maintenance workers- nationwide were minorities, they comprised less than one-percent of healthcare presidents and CEOs.

Another 1998 study found the following (again, related to the health care industry):

- ò Minorities with equal education and experience as their white counterparts were still not being equally paid.
- ò Minorities are more likely to start their careers in public health and government agencies than hospitals.
- ò 60% of blacks said that they had been negatively affected by racial/ethnic discrimination and express the least satisfaction with progress made toward career goals.
- ò Minorities reported that while their organizations did target minority groups for recruitment they said their work evaluations were less thorough than those of their white counterparts.

- ò Minorities believed white colleagues didn't share career growth or career-related materials with them.

What is the cause of this disparity?

- ò Racism
- ò Lack of organizational commitment to affirmative action.
- ò A lack of minority leaders and mentors

The lack of minority leaders in health care would become a critical focus as Memorial continued to investigate its own relationship with its employees. Enrollment and graduation of minorities in healthcare administration peaked in 1979 and has declined by almost one-third. Some experts point to the backlash against programs like affirmative action. Many industries felt they were being asked to hire less qualified workers simply because of their color or ethnicity. Other institutions, both professional and academic, began blind policies that captured ethnic information in an anonymous fashion. With all these factors in play, where could these new leaders come from? The answer began to seem obvious: Why couldn't Memorial begin grooming these new leaders from their own internal community?

FIRST BELL

In 1993 Bertha approached her colleagues in Organizational Development with thoughts of creating a group of African American leaders and potential leaders from Memorial's own internal community. As Bertha began to move through the organization's upper administration she found her idea gaining support. Carl Ellison, Memorial's only African American Vice President, Barbara Murphy, the only African American manager, and Hollis Hughes, an African American member of Memorial's Board, came forward as sponsors for the proposed group. The two senior leaders, Phil Newbold, Memorial CEO, and David Sage gave their approval for the group formation.

In June of 1993 the new group, the **African American Leadership Initiative (AALI)**, came together for their first retreat. About 25 individuals, including members of the upper administration who had pledged support, met around the table to discuss the feelings and opinions of Memorial's African American community. What they found was a group that felt undervalued and disrespected. Many felt that they were working twice as hard as their white counterparts and not being rewarded for their commitment to the organization. There were those who felt more closely observed by management and others who watched Caucasian co-workers being sent off to training and classes while their own requests were turned down for

ambiguous budgetary reasons. All of these forces came together to make Memorial's African American employees feel isolated and not vested in the total scheme of the hospital/ health system.

But why an African American group? Weren't there other members of the organization feeling this same sense of dissatisfaction? By establishing this group was Memorial really working towards establishing a healthy and diverse internal community? The answers to these questions would become evident as more discussion took place.

It is important to first establish a working definition of diversity. Diversity is not simply an issue of color or even ethnicity. In its broadest sense, diversity encompasses race, gender, age, ethnicity, marital status, religion, sexual orientation and all of the myriad characteristics that differentiate people from one another. Some institutions, like Harvard Pilgrim Healthcare, had developed their own programs and diversity initiatives. In Harvard Pilgrim Healthcare's case, the organization created Health Triangle, an alliance of more than 200 gay and lesbian employees. At the University of Michigan Medical Center their program promoted establishing understanding between religiously diverse staff members. The development of diversity programs for your own organization is not formulaic. It requires discussion, observation and an understanding of what might be silencing the corners of your own classroom.

In this case, Memorial was working to create a situation where their internal community was an accurate reflection of their external community. The region that Memorial serves, St. Joseph County, has an African American community that is its largest minority population. Lack of representation of this population in the upper administration has wide-reaching impact. One example would be the means by which Memorial was advertising and promoting its various outreach activities. Many members of the African American community do not take a daily newspaper, making the radio, especially stations with a black music format, a better communication tool. These minor but important details make all the difference in building a community where everyone feels welcome and involved. They are also the details that can be overlooked when the decision makers all come from the same cultural background.

The group's first task was to establish a mission and a plan of objectives. Shortly after the first meeting the following mission statement was developed:

African American Leadership Initiative - Memorial Hospital and Health System

Program Mission Statement: To identify, educate, motivate and mentor the African American leadership staff of Memorial Hospital. To provide positive reinforcement, structure and leadership training to enhance the roles of African American leadership staff.

Program Objectives:

Retain our African American leadership staff.

Structure leadership and mentorship training programs.

Consolidate program goals with corporate goals.

Identify cultural diversity and the needs of non-management staff.

Establish an open-door policy and administrative support system to assist in resolving African American personnel issues and enhancing their personal development.

Purpose:

To develop leaders within the Memorial Health System culture from a variety of organizational roles, as well as provide a cultural basis to retain and promote minorities.

To bring together leaders and potential leaders from a broad range of job functions to examine role issues, career needs, barriers and professional opportunities.

To promote and provide educational opportunities for leaders that will enhance their quality of life (i.e. mentoring, resource development).

To assist the organization and other community-based entities in their efforts to improve the quality of life for populations of color in the Michiana community.

To host events that improve networking opportunities fostering improved community relationships.

RAISING HANDS, RAISING VOICES

African American Leadership Initiative (AALI) members began to meet on a monthly basis starting out as a support and discussion group. As Rosalind Alexander, a Memorial staff member and one AALI's initial members puts it, "It gives you a chance to meet with your peers to share your concerns. We understand the ups and downs of our culture." This coming together also served as an opportunity to illustrate the fact that the workers were not alone, despite their feelings of isolation. One visiting speaker, a physician, spoke about the first time he had entered the physician's lounge. "The room went silent and everyone turned and looked. Finally, someone approached me and suggested that I might be in the wrong place. I asked if this was the doctor's lounge. When I was told 'Yes' I introduced myself to him as Dr. Beasley."

At other times AALI serves as a reality check for members. According to Bertha King, "Sometimes the support group is the place where you can be told you need to clean up your act- that you might need to change your attitude. It can't be assumed that every disciplinary action stems from someone being a racist." But how many times are decisions made based on racial assumptions? Here again is an instance where a lack of diversity in managerial or

administrative positions can lead to difficulties. In a study conducted in the early 1990s by the Russel Sage Foundation (epn.org/sage/rstill.html) titled " 'Soft Skills' and Race: An Investigation of Black Men's Employment Problems," researchers Philip Moss and Chris Tilly discovered an alarming trend in hiring practices. Specifically, black men were not being hired for positions based on a cluster of characteristics titled 'soft skills'. These factors, which can be divided into interaction skills and motivation skills, include friendliness, spoken communication skills, enthusiasm, willingness to learn and dependability. What was not being taken into consideration was the outside influences that, in some cases, required certain behaviors of these men.

Statistics show that the majority of individuals living below the poverty line or in "at risk" neighborhoods are minorities. The rules of surviving daily life in many of these communities are not easy to see walking through the door of a human resources office or a workplace. Managers and supervisors interviewed for the study said that they felt intimidated, if not scared, by these employees or potential employees. Does this mean that organizations should change their demeanor to accommodate the behavior of a few individuals? Should administrators be made to feel uncomfortable in their work environment? No. But, what happens when administrators approach these 'soft skill' issues from a standpoint of cultural differences as opposed to a vantage point of fear? How many more individuals will be allowed in the front door and given an opportunity to succeed?

By 1996 AALI began reaching outward into the community by undertaking projects like:

- ò National South African Black Doll Project: Regional coordinator in the collection of Black dolls and monies for deprived youngsters in South Africa, resulting in special recognition from the national Africa Fund Office.
- ò Coordination of a week-long African American blood pressure screening during the Black History Month celebration. One year later this project expanded to include a one-day African American Health Information and Awareness Initiative highlighting diseases affecting targeted populations of color.
- ò Support of the North Central Indiana Comprehensive Sickle Cell Initiative by participating in their screenings throughout St. Joseph, Elkhart and LaPorte counties. Referrals were provided by members to facilitate awareness within inner-city communities.
- ò Riley High School Career Fair: Acted as joint host and participant in the all day event which introduced students to possible careers available in the healthcare field.

Memorial's AALI group also sought opportunities with which to introduce their own members to careers and advancement. Nine members of the group attended the Chicago based 1996 Region V Conference, "Closing the Gap: Progressive Strategies for Improving Health in Communities of Color." The goal of the conference was to explore, discuss and provide responses to cross-cutting health issues that affect minority populations. Some of these individuals had been with Memorial for ten or more years and had never attended a conference out of state. Most importantly it empowered Memorial's attendees with knowledge. Rosalind Alexander, a Memorial employee and one of AALI's members, said, "The conferences are an opportunity to learn about how other communities are doing things, and how we can encourage participation of different levels of employees in a meeting, which you can then bring back to your own community."

This exchange of understanding between Memorial and the outer community is vital to the mission of both AALI and the hospital/ health system as a whole. Bertha King has offered that, "There is a strong need for education within our culture from a holistic sense- 'Why do we need to help THOSE people- people who are different, homeless, unemployed, addicted?'. Hopefully, the members of AALI will now be able to go back to their own communities and share the reasons why it is important."

This goes back to the issue of 'soft skills.' What happens when it is a brother, sister or best friend who is educating about how to arrive at a job interview? How much more receptive is the audience when it is an aunt or uncle teaching the importance of education? By empowering the minority workforce already under their roof, Memorial was providing opportunities for a new group of serious, determined and professional future leaders.

MANY HANDS, MANY VOICES

It was also in 1996 that AALI began its relationship with Saint Joseph's Regional Medical Center's People of Color group. In 1994 Saint Joseph's undertook an assessment of minority concerns, similar to Memorial's. Saint Joseph's was also seeing their population of minority management and administrators dwindle. This led them to the formation of the People of Color Workgroup, now renamed Organization of Diversity Work Group, led by Robert Jones, Organizational Diversity Officer.

Bertha and Robert saw real potential for assisting both their internal and external communities by having their groups work together. As Robert Jones said when discussing the importance of Memorial and Saint Joseph's working together on diversity issues, "The African American community is growing and I think that it's important that we move forward together."

This partnership shows that you can be separate organizations, separate entities and still work together for the best interests of the entire community." One of the major steps that these groups took together was to initiate a regional dinner meeting for African American physicians and dentists. The goal of the dinner was to provide networking as well as progressive healthcare strategies for improving the health of the entire community. This dinner also included African American nurses, pharmacists, and nutritionists.

Most were surprised at the number of African American physicians, dentists and nurses who were working in the Michiana region. Dr. Vincent Knight, who arrived in the region not long before the first dinner commented, "The first dinner was well-done and well attended. It was an opportunity to meet other physicians and to learn what others were working on in the community. Not only does this allow for networking amongst the professionals, but also gives us the ability to direct patients to available programs."

The momentum created from the success of the first dinner has led to two more highly successful events. Memorial and Saint Joseph's Third Annual Dinner in 1999 found members of the general public, state representatives and community leaders asking for tickets to be able to attend. The guest list has swelled from that first dinner and now includes physicians, CEOs and other officials from hospitals and health systems from Michigan and outlying communities. Memorial and Saint Joseph's had developed a simple and highly effective means of breaking down some of the walls which separated and isolated the African American medical community.

Currently, neither the American Hospital Association nor the Volunteer Hospital Association have offices devoted to minority or diversity concerns. According to Carl Ellison, VP Memorial, "I don't have a lot of colleagues or peers of color that I can connect with on a regular basis when I attend a major conference. There may be 2000 people there and I will see fewer than 50 African Americans who will be working in positions similar or higher up than my own. In the struggle for advancement, African Americans who make it further up the ladder tend to feel more isolation."

With isolation a clearly identified issue amongst minority healthcare professionals, an obvious question for organizations wishing to attract these individuals would be, 'How do we create a diverse, supportive and welcoming community?' The decline of the number of minorities in medical schools has created a population of professionals who can virtually choose their own destination. What would make them come to a city like South Bend or a region like Northern Indiana or Southern Michigan as opposed to major cities like Chicago, New York or Los Angeles? As Wally Johnson, Institute for Diversity in Health Management, Chicago, stated, "Organizations that publicize their programs, internships and other opportunities to students from a variety of backgrounds, are the ones who attract the best and most diverse

talent." What would attract medical professionals to South Bend? The assurance that they would become part of a community of culturally diverse and competent peers.

What Memorial and Saint Joseph's decided upon was another collaboration. At the urging of the members of the annual physician's dinner, the hospitals began to develop a directory of African American Health Care Professionals. Completed in 1999, the book's forward, signed by Philip Newbold, President and CEO, Memorial Health System and Robert Beyer, President and CEO, Saint Joseph's Regional Medical Center, states, "To celebrate diversity in an innovative, flexible and ethical way, Memorial Health System and Saint Joseph's Regional Medical Center have collaborated to develop a 1999 African American Healthcare Professionals Directory. We recognize that there is strength in diversity and our employees reflect that we value and respect all people."

Containing some ninety-seven individuals, the book also lists minority programs in St. Joseph County including the Black Nurses Association of St. Joseph County, African American Aids Ministry and the St. Joseph County Minority Health Coalition. The majority of the physician, dentist and pharmacist listings are also accompanied by a photograph, contact information, medical background and board certification. To the excitement of both organizations, the book has generated such great interest that it is already in need of updating and expansion.

The book has meant different things to everyone connected to the project, but most compelling perhaps is the importance attached to it by Carl Ellison. He believes, "The directory is historic, it marks a place in time. The directory is a measurement for the end of a millennium and a benchmark for the community as we go into the future."

For those who concern themselves with issues of diversity, the future is an intriguing prospect. Certain studies point toward the complete elimination of a cultural or ethnic majority in the United States by the end of this next century. In the meantime, AALI is looking for means by which to make itself stronger and increase its impact in both the broader community and Memorial's internal community. Plans are even in place for the addition of a Hispanic Initiative Coordinator who would work with the ever increasing number of Latinos in the hospital/health system's workforce. According to AALI Coordinator Bertha King: "Memorial is on the cutting edge of outreach, not only are we reaching out, but we are creating a 'healthier community' within our organization. I want us to get to a point where we are so culturally competent that we don't need AALI or a Hispanic Initiative. I want Memorial to get to a point where diversity will be woven into our culture."

REARRANGING YOUR OWN CLASSROOM

If your own institution or organization is considering looking at issues of diversity, there are several important points to keep in mind. First and foremost, do not make the mistake of thinking of diversity as solely an ethnic or color issue. Diversity is any factor which differentiates the members of your office, team or community. The success of any venture depends on its ability to listen to the community in which it exists or which it wishes to serve. These differences may stem from issues of race, gender, age, marital status, sexual orientation or religion. Examine your external community and then take a look at your own internal community. As you begin the process remember:

- ò There needs to be a champion, an individual who makes people feel comfortable and whom they, in turn, trust. This person must also possess a passion for the health of the community and an ability to see the project through.
- ò You need the absolute support of management. This is not something which should be started as back room whispers or agendas. Working on issues of diversity in a covert manner only leads to increasing feelings of isolation and dissatisfaction.
- ò You will need honest feedback from your employees. How do they really feel in your organization? This discussion is not always the easiest to begin so start by figuring out the most non-confrontational or intimidating means of communication. Remember that many of these employees are already feeling unqualified to move forward, some will fear that expressing dissatisfaction may result in disciplinary action or termination.
- ò Understand that there will always be those who think that more should be done or who think that things aren't moving quickly enough. While all the voices are important, don't let the naysayers discourage you.
- ò Don't be afraid to start with small changes. Sometimes beginning solutions can be as simple as making sure that all corners of your organization are represented at meetings or at training sessions. However, don't mistake the interim steps for the goal.
- ò Most of all, remember that this is a long process. You are working with ideas and perceptions that have been in play for decades, if not centuries. They cannot be solved in a matter of weeks or with two or three sensitivity training sessions. Everyone involved, from upper administration to part-time and temporary employees, must be prepared to make a long-term commitment to making changes.

MOVING TOWARD THE FRONT

In the meantime, AALI and Memorial leadership are taking many steps to ensure that they are working toward a common goal. Carl Ellison, Memorial VP, is "...looking to begin a National Association of Health Services Executives Chapter (an organization of African American Executives). Companies that really want to help minority executives move forward should encourage them to join professional groups and network with their cultural peers. I am hopeful that during 2000 we will establish a NAHSE chapter and link AALI to a national organization."

In fact, from January of 1998 to March of 1999, Carl served as a loaned executive to run the Institute for Diversity in Health Management in Chicago, Illinois. As he stated, "Health leaders want to see progress in this area. Memorial wants to see advancement in this field. If Memorial was not committed as an organization why would Phil Newbold [Memorial CEO and President] loan one of his executives for more than a year to a national program for the advancement of minorities?"

Memorial's program has also earned a 1999 Best Practices commendation from the Indiana Civil Rights Commission. The award specifically focused on a diversity training component developed to address cultural sensitivity issues about why people of color, specifically from at-risk families, are not accessing health care and social services. Since its implementation the program has reached more than 500 participants from social service, health care and criminal justice agencies who have taken part in the sessions. In addition to intense discussions concerning African American cultural difference, identification of factors which perpetuate unhealthy lifestyles and working toward improving rapport between service providers and high-risk individuals; the training included two videos featuring African American, Hispanic and Caucasian females giving a "real life" look at the world of young inner-city mothers who depend on public services.

This is not to say that the AALI does not have some internal struggles. Some members still feel undervalued, others feel that their movement forward would be better accomplished in a more aggressive manner and there are still those who do not feel that Memorial's upper administration is actually listening to their concerns. The slow pace of change is difficult for many to swallow, especially if they've been in the system for a long time. Incremental changes, while vital for a positive growth process, are often difficult to detect. Moreover, if these concerns occupy and influence your daily existence, it is extraordinarily difficult to view the big picture.

Some would like to see AALI take on more of an outreach role working with and educating the African American community about health concerns and opportunities. This

would require more managers and directors to release more of their employees (during the work day) on a regular basis. However, the overriding mission of the hospital does not always allow for this. Connections to a national organization like NAHSE and to local groups like Saint Joseph's group would increase the ability of AALI to become a hub for expanded outreach activities.

The placement of diverse individuals, both ethnic and cultural, in positions of management and mentorship is also on Memorial's horizon. Minorities who are entering the medical field have virtually unlimited opportunities and options. What Memorial must develop is a system whereby these individuals are attracted to the organization because of its outstanding work in diversity or groom individuals from within the system and promote them to positions of leadership. Not only would the system benefit from the fresh vision these individuals offer, but it would be creating a dedicated and loyal professional workforce.

All involved acknowledge that there is much work still to be done. AALI and diversity specialists are simply building blocks, not solutions. There will always be those who do not feel that enough is being done, that energies need to be focused in other directions. Memorial has taken the important step of starting the discussion and the inclusion of their entire class, and with their voices, the entire community.

As a compliment to and result of the work of AALI, Memorial hired Barbara Stern, an independent diversity consultant from Harvard Pilgrim Healthcare (Boston, Massachusetts), to help answer several questions about Memorial's commitment to diversity. According to Carl Ellison, "This should be a corporate movement to recognize and respond to the needs of all of our staff and customers in ways that are specific to the needs and desires of all those constituents groups. In order to do this we must ask ourselves: Where are we now?, Where do we want to be?, and, How do we get there?"

To help find the answers to these questions, Memorial leadership appointed a task force to put together Memorial's 2000 Corporate Goals and Objectives. Memorial's goal within the Improved Quality of Work Life section included the following:

GOAL: Create a work environment that promotes the dignity of each individual, the appreciation of diversity, the spirit of team work and life long learning that assists all people to reach their potential.

OBJECTIVES: Make progress towards achieving a workforce composition that reflects the diversity of the community.



Profile Memorial's workforce composition and compare to composition of

the local labor market to obtain baseline information by April 30, 2000.



Develop and implement a system to monitor hiring, promotion, discharge, discipline practices within the organization by December 31, 2000.



Develop a plan to work with local and national organizations to increase the pool of available minority candidates by September 30, 2000.



Develop and disseminate a code of conduct describing appropriate treatment of all staff and patients by June 30, 2000.

The tasks set out in the 2000 Goals and Objectives will not only enhance the work of AALI but it will substantiate many of their claims. The information gathered through the workforce composition profile will help Memorial analyze current patterns. This analysis will enable Memorial to develop and implement a systemic approach to achieving a workforce composition that will reflect the diversity of the community.