Addressing Health Disparities: Can Black Women in Leadership be a Solution?

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Abstract

The American College of Healthcare Executives suggests that the role of a healthcare executive in the community is to increase access to needed care, address social issues that contribute to health disparities and work to improve the community (Healthcare Executives' Responsibility to Their Communities, 2021). Black women are underrepresented in every field; therefore, it is no surprise that they have a small presence in leadership positions in healthcare.

A literature review was conducted including dissertations, news articles, and journals from Google Scholar and ProQuest. In addition, some literature included accounts of Black women who held leadership roles in healthcare where barriers to advancement and their overall experiences in their field were discussed.

Leadership that is reflective of the patient population has a greater impact on the care that is delivered. The research also looked at the five major health systems which provide healthcare for most of North Carolina and found that a Black woman led only one.

To resolve this problem, recommendations include increasing funding for scholarships and grants that target Black women, creating mentorship programs for Black women in entry and mid-level positions, and expanding opportunities for internships and experiential learning while achieving advanced degrees.

Introduction

Healthcare is the cornerstone of society for multiple reasons. It allows everyone to receive treatment and disease diagnosis while providing a better quality of life. The American College of Healthcare Executives suggests that the role of a healthcare executive in the community is to increase access to needed care, address social issues that contribute to health

disparities, and work to improve the community (Healthcare Executives' Responsibility to Their Communities, 2021). Black Women are underrepresented in every field; therefore, it is no surprise that they have a small presence in leadership positions in healthcare.

A 2011 survey by the Institute for Diversity in Health Management highlighted patients' demographics and the leadership of 924 hospitals in the United States. The survey noted that the percentage of patients who identified as Black was 12%. However, those who held positions on the hospital board and C-suite who identified as Black represented only 6% and 7%, respectively. Compared to those who identified as White, while 71% of patients identify as White, 86% of hospital board members and 86% of C-suite positions were held by individuals who identify as White (Management, 2012). Organizations that promote diversity and inclusion are very successful and create an environment where the community's needs are better understood and met.

Background

A lack of advancement opportunities and willing mentors serve as barriers for Black women who aspire to hold positions on hospital boards or C-suites. Due to the health disparities minority groups face, especially Blacks, there is a need for diverse voices in the boardroom. In healthcare, it is up to the board to decide how to define diversity in an organization and whether it is a priority for them (Gauss & Jessamy, 2007).

Historically, Blacks have faced numerous obstacles from the government. Looking back at the end of World War II, Black soldiers returning from Europe expected to be treated equally after risking their lives for the United States of America. Instead, they came back and faced Jim Crow laws that prevented them from purchasing homes and creating generational wealth. Unlike

their White counterparts, they could not purchase homes in healthy environments, get jobs that paid a fair wage, and obtain a decent education. In regard to education, the G.I. Bill was created for soldiers to get free education, but Black soldiers were not given the chance to take advantage of this, even after their valiant service to this country (Newsreel, 2015). In general, people who were educated had more opportunities presented to them, which increased their earning potential. According to Healthy North Carolina 2030, structural racism is the root cause behind health disparities in populations of color, which include public policies, institutional practices, and social norms (Donohoe, 2021). These systemic inequities created significant economic and health gaps between White and Black families. They created a society where White men were at the top, and Black people were at the bottom (Newsreel, 2015). In the 21st century, racial and gender inequity should not continue as a significant issue. Unfortunately, it continues today.

In 2019, 87.2 percent of Non-Hispanic Blacks earned at least a high school diploma, while 93.3 percent of the Non-Hispanic White population did the same. 36.9 percent of Non-Hispanic Whites earned a bachelor's degree or higher but only 22.6 percent of Non-Hispanic Blacks received a bachelor's degree or higher. There is a larger number of Black women that have earned at least a bachelor's degree than Black men (25.0 percent compared with 19.7 percent). In contrast, among Non-Hispanic Whites, a higher proportion of women than men had earned a bachelor's degree or higher (37.3 percent and 36.5 percent, respectively). 8.6 percent of Non-Hispanic Blacks have a graduate or advanced professional degree, compared to 14.3 percent of the Non-Hispanic White population ("Black/African American - the Office of Minority Health," 2019).

According to the Census Bureau, in 2019, the average Non-Hispanic Black median household income was $43,771 compared to $71,664 for Non-Hispanic White households. In

2019, the U.S. Census Bureau reported that 21.2 percent of Non-Hispanic Blacks lived at the poverty level compared to 9.0 percent of Non-Hispanic Whites. In 2019, the unemployment rate for Non-Hispanic Blacks was twice that of Non-Hispanic Whites (7.7 percent and 3.7 percent, respectively). ("Black/African American - the Office of Minority Health," 2019)

There is a genuine need for more diverse voices in these positions of decision-making in healthcare. However, unfortunately, some people may fail to realize that the effects of the issue of structural racism are still felt today and is part of why there are few Black women in leadership positions.

According to the U.S. Department of Health and Human Services Office of Minority Health, in 2019, 40.6 million people in the United States were Non-Hispanic Black, representing 12.8 percent of the total population. Blacks are the second largest minority population in the United States, following the Hispanic/Latino population. In 2019, most Non-Hispanic Blacks lived in the South (58.7 percent of the Black U.S. population), while 35.8 percent of the Non-Hispanic White population lived in the South. The ten states with the largest Non-Hispanic Black population in 2019 were Texas, Georgia, Florida, New York, North Carolina, California, Maryland, Illinois, Virginia, and Louisiana. ("Black/African American - the Office of Minority Health," 2019)

Currently, Blacks need greater access to healthcare. It may be that there are not many decision-makers that look like them. However, only a few Blacks hold leadership positions in hospitals or healthcare settings. After looking at the demographic of those holding the most hazardous healthcare jobs, the majority are Black females. In a study conducted by Shelby Livingston between 2011 and 2015, minority representation in hospital leadership boards, chief executive officers, executive leadership positions, and mid-level management remained under

20%. This percentage consists of all minority groups; therefore, we can conclude that the percentage of Blacks in these positions is lower; thus, the percentage of Black women is even much lower (Livingston, 2018).

The progression of Black women in management to executive positions has encountered a significant snag as racism still stands in their way of reaching the next level. If the number of Black women achieving educational degrees has increased, why are they still being held back from reaching executive positions in healthcare (Holder, Jackson, & Ponterotto, 2015)? According to a case study, some White men have advanced in their careers because of "social group promotion." The term for this is the "ole' boys club," which has been the norm in the United States for decades. Few studies have been done analyzing the effects of having few Black women in leadership positions in healthcare. However, the studies provided much-needed insight into the reasons for the lack of Black women in leadership positions and how this issue can be resolved. A few personal accounts were considered as part of one study.

Methodology

A literature review that included dissertations, news articles, and journals from sources such as Google Scholar and ProQuest was used to inform this question. Some literature included accounts of Black women who held leadership roles in healthcare where barriers to advancement and their overall experiences in their field were discussed.

The following keywords were used: minority women in healthcare administration, minority women in the c-suite in healthcare in the U.S., minority women in hospital administration, and minority women in senior leadership in hospital administration. The initial search using the phrase "Minority Women in Leadership in the Health Sector" found 665,000

Google Scholar articles and 7 PubMed articles. The second search, which used a more specific search phrase, "Minority Women in Leadership in Healthcare, "found 256,000 articles on Google Scholar and 117,000 articles on PubMed. The search phrase was refined to "Minority Women in the C-Suite in Hospital Administration in the United States" this search produced 3,560 articles on Google Scholar and 0 articles on PubMed. The outcomes reflected came from 7 peer-reviewed journal articles from Google Scholar.

Findings

The literature review was used to determine the educational, economic, health, and professional challenges Blacks faced nationwide as compared to those faced by Blacks living in N.C. This provided a background on the current problems and helped frame the research.

Donohoe (2021) found that families with lower incomes have a higher likelihood of living in areas with poor-quality schools, which leaves fewer resources to send their children to college. This problem is reflected in the data reported by the 2018 North Carolina Health Equity Report, which indicated that 20.3% of Blacks had a bachelor's degree in North Carolina compared to 30.4% of Whites (figure 2). In addition, when we examined the poverty rates, Blacks fared worse than Whites in all age categories. These findings emphasize the need to increase the number of scholarships targeted to increasing postsecondary education for Blacks, particularly women.

Figure 2. *. Social and Economic Well-Being

SOCIAL AND ECONOMIC WELL-BEING

Subject	Subcategory	Total	White	African American		American Indian		Hispanic/Latinx		Other	
		%/Rate	%/Rate	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio	%/Rate	Disparity Ratio
Education	High School Graduation Rate, 2016-2017 [6]	86.5	89.2	83.8	1.1	84.3	1.1	80.5	1.1	93.6	1.0
	Adults 25+ with High School Diploma or GED, 2016 [7]	87.3	89.3	84.7	1.1	75.7	1.2	59.5	1.5	87.0	1.0
	Adults 25+ with Bachelor's Degree, 2016 [7]	30.4	33.2	20.3	1.6	13.9	2.4	14.8	2.2	57.1	0.6
Employment	Unemployed, 2016 [7]	3.8	3.0	6.1	2.0	5.4	1.8	4.4	1.5	3.7	1.2
Income	Median Household Income, 2016 [7]	$50,584	$55,656	$36,014	1.5	$38,002	1.5	$39,388	1.4	$80,381	0.7
Poverty Rate	All Ages	15.4	12.0	23.5	2.0	25.5	2.1	27.3	2.3	11.9	1.0
	Children <18 Years, 2016 [7]	21.7	15.8	33.8	2.1	33.4	2.1	35.8	2.3	10.9	0.7
	Elderly 65+ Years, 2016 [7]	9.4	7.7	16.6	2.2	16.9	2.2	21.4	2.8	6.6	0.9
Housing	Living in a Home They Own, 2016 [7]	64.2	71.2	43.9	1.6	63.5	1.1	43.0	1.7	61.1	1.2
Disability Status	Disability, 2016 [7]	13.8	14.0	15.4	1.1	16.5	1.2	6.8	0.5	5.1	0.4

■ Green indicates a group is faring better than the referent group
■ Red indicates a group is faring worse than the referent group
□ White indicates there is no significant difference between the referent and comparison group

*Figure 2 was taken from the North Carolina Health Equity Report 2018.

According to Census Bureau projections, the 2020 life expectancy at birth for Blacks is 77.0 years, with 79.8 years for women and 74.0 years for men. For Non-Hispanic Whites, the projected life expectancy is 80.6 years, with 82.7 years for women and 78.4 years for men. The death rate for Blacks from cardiovascular disease, cancer, HIV, or homicide is generally higher than Whites ("Black/African American - the Office of Minority Health," 2019). According to the Healthy North Carolina 2030 Report, Blacks are over twice as likely than Whites to die from kidney disease and diabetes (Donohoe, 2021). Looking at the morbidity rates for Blacks in NC and nationwide, we found that they were affected at a greater rate with kidney disease, cardiovascular disease, cancer, HIV, and homicide. These numbers emphasize the need for more targeted health interventions that members of the Black community will trust.

Racial discrimination and bias stand in the way of increasing diversity in the C-suite. According to expert opinion, health outcomes are generally better when the workplace reflects the diversity of its patients because it fosters trust, compliance, and the ability to effectively design healthcare plans, while also toning down bias (Livingston, 2018). Sullivan argues that having an

understanding of the population that will be served is important in healthcare delivery, as it will affect patient outcomes (Camp-Fry, 2021).

Antoinette Hardy-Walker, the CEO of The Leverage Network, says disparities can be tackled by putting more minorities in the boardroom. The mission of The Leverage Network is to train Black professionals for executive positions and help network in the field. In 2015, the American Hospital Association created the #123forEquity campaign with the goal of eliminating healthcare disparities. Part of this campaign was increasing diversity in leadership and governance (Livingston, 2018). Research shows that men are more favorable to being hired and promoted than women. Furthermore, White men have a higher chance of viewing women and minorities as being less qualified for executive leadership. When the demographic of the most impactful decision-makers are diverse, there is a greater level of sensitivity and cultural awareness, which will impact the delivery of care, especially to populations that are facing the worst health outcomes (Camp-Fry, 2021).

The research also looked at the six major health systems which provide healthcare for most of North Carolina and found that only one was led by a Black woman.

Figure 3. The six major Healthcare systems in N.C.

Healthcare system	Race and Gender of CEO	Number of Employees	Number of Hospitals and Clinics in the system
UNC Health	White, Male	30,000	13 hospitals 900 clinics

Duke Health	African American, Male	20,000	3 hospitals 200 clinics
Wake Med Health	White, Male	12,000	3 hospitals 80 physician practices
Cone Health	White, Female	~13,000	5 hospitals 200 clinics
Hoke Healthcare	African American, Female	Not available	8 medical facilities Clinics throughout the region
Atrium Health	African American, Male	70.000	Not available

The research uncovered that the North Carolina Healthcare Association had created a diverse pipeline with the launch of Diverse Healthcare Leaders Mentorship Program in 2019. This new program connects current leaders who want to share their knowledge and experience with outstanding leaders in underserved communities. This program encompasses professional development, mentorship, and networking, all of which are tools that are essential to navigating corporate America (North Carolina Healthcare Association, 2019).

Discussion

There is a need for more Black women in leadership roles in healthcare. Solid and diverse voices on every side will significantly improve the healthcare field and its impact on the communities it serves. Having more Black women will also help build trust in the healthcare

system for members of the Black community who harbor a deep mistrust. The perception of mistrust from the Black community is primarily caused by their previous experiences with the healthcare system (Kennedy, 2017). Research studies such as the Tuskegee Syphilis Study and here in North Carolina, as well as in 20 other states, the eugenics program deepen this mistrust. Eugenics was a commonly accepted means of protecting society from the offspring (and therefore equally suspect) of those individuals deemed inferior or dangerous – the poor, the disabled, the mentally ill, criminals, and people of color. (Ko, L. 2016)

Very little has changed since the start of the American Hospital Association #123forEquity campaign, furthermore, having a presence in leadership has proved to be a challenge for some Black women.

A recent study by Brandy Florence gave the perspective of different Black women holding middle management positions in healthcare administration. Each woman interviewed had experienced a challenge or barrier to advancement in the field and felt they needed to identify those barriers. Some women who participated in the study did not view every barrier as a negative but as a means for improvement.

On the other hand, there are negative barriers that Black women experience, such as stereotypes of being the "mad Black woman" or the "independent Black woman." These negative stereotypes put Black women in a difficult position when advocating for themselves. Because of these stereotypes, Black women are often viewed as aggressive, angry, not being a team player, and combative. In one account, a woman advocated for herself and others but did not receive the promotion. Another woman interviewed experienced isolation for being one of the only Black women in the workplace and having her every move questioned while being asked to do more

(Florence, 2020). In addition, the work that Black women perform does not amount to the pay they receive, as they earn 13% less than White women (Slayton-Robinson, 2017).

White men are most likely to hold the highest positions in executive leadership and on the board of directors and make up the majority of those leadership positions. Throughout history, White men have led every field, from business to science to politics. This finding was concerning as the majority of current decision-makers are White men. Since Black people face the worst health outcomes, there should be people in leadership that are advocating for policies that improve the health of these vulnerable populations. The 20th century brought about affirmative action, which legally outlawed discrimination on the basis of sex and race but was most beneficial to White women. White women may face obstacles because of their gender, but their race does not pose an obstacle. With affirmative action, White women were given a seat at the table; however, they were not given the same level of respect as White men in similar positions. The #MeToo movement highlighted the inappropriate treatment of women by their male superiors.

Black women face more significant health disparities than other racial and ethnic groups. Though there are multiple health disparities that Black women face, the Black maternal mortality rate has, unfortunately, recently come to the attention of the mainstream in the United States due to the birth experience of legendary tennis player Serena Williams. Serena spoke about her experience delivering her baby girl and noted that her medical team did not listen to her concerns or pay attention to her medical history. Her requests for additional medical tests were ignored. The result of this was a challenging birth experience and a longer recovery. Serena's experience with childbirth highlights that Black women still face health disparities, no matter what socioeconomic status or level of fame they achieve (Lockhart, 2018). Often in healthcare, it

appears that Black women are being ignored whether they are a patient, a doctor, a nurse, or members of other healthcare fields.

To resolve the lack of Black women in leadership positions in healthcare, it will take a significant effort from the top down. The small number of Black women healthcare executives who have reached the C-suite voiced their opinions on diversity in healthcare leadership. However, the pandemic has strengthened the need for diversity in this field. A challenge encountered with this research was the dynamic change of the pandemic. Based on the role that race played in health outcomes during the pandemic, published research would strengthen the need for vigorous intervention regarding who are the ultimate decision-makers. In order to understand the nature of this dilemma, interviews of Black women in healthcare leadership should be conducted to gain their perspective on holding their position of power before, during, and after the COVID-19 pandemic.

Recommendations

A practical approach is needed to diversify the executive leadership team in healthcare. Diversification will require intense intervention from the top of the field. One approach is to first start by examining who currently holds executive positions. The following recommendations would help increase the number of Black women in leadership positions in healthcare:

1. **Create mentorship programs that help Black women navigate the progression of their careers.**

Education is an essential asset to advancement in any field. Holding a Master's degree or higher is the standard in the healthcare field. With Black women among the most educated demographic groups in the United States, there should be more representation in leadership positions. Creating

mentorship programs in major healthcare systems will create a pipeline of qualified and experienced Black women who will be ready to assume leadership positions.

1. **Increase scholarships/grants to target Black women furthering their education in healthcare administration, business, and other related fields.**

The cost of higher education usually excludes many underprivileged and minority women from pursuing a higher education, which would help them obtain the advanced degrees needed for executive positions. Offering more scholarships and grants targeted to Black women interested in a leadership position in a healthcare setting will help increase those able to obtain an advanced degree in healthcare administration, business, and other related fields.

1. **Provide opportunities to gain experience in healthcare administration while completing your education through internships and other experiential learning.**

The most valuable assets an individual can bring to an organization are education and experience. Hands-on training through internships targeted at Black women in healthcare settings would allow college students to gain valuable on-the-job experience and build their professional network.

Conclusion

There is a dire need for more Black women to become healthcare leaders. The population is gradually shifting with a growth in the overall minority population. Increasing diverse voices in leadership will better equip healthcare systems and organizations to prioritize healthcare dollars and allocate them toward issues that impact the overall health of the communities they serve. When innovation comes up in healthcare, it is often a new technological advancement. However, innovation can happen in all aspects of the field, including a shift in those holding

leadership positions. Shifting the lens to focus on bringing up a new demographic of leaders is a valid form of modern innovation. An action that can be taken is implementing programs and practices that eliminate barriers to the advancement of Black women. A proposed policy recommendation is introducing mentorship programs that target Black women in entry and middle-level management seeking to advance their careers to senior and C-suite level positions.

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