The Role of the Chief Diversity Officer in Academic Health Centers

November 2012

Learn
Serve
Lead

Acknowledgements

Table of Contents

Foreword

In recent years we have witnessed growing appreciation for diversity and inclusion as strategic assets in academic medicine. Earnest efforts to build a diverse and inclusive organizational culture pay dividends of increased institutional effectiveness.

In response, many medical schools and teaching hospitals are strengthening their approach to diversity and inclusion by lifting these efforts into the C-suite, creating chief diversity officer (CDO) positions. This expansion of the roles and responsibilities of strategic diversity leaders is essential to fully activate the value of diversity and inclusion for institutional excellence.

Within this environment of change, there is a need for clarity on the CDO's scope of work, reporting relationships, and ideal qualifications. Recognizing that need, the AAMC (Association of American Medical Colleges) and the American Hospital Association's Institute for Diversity in Health Management (AHA-IFD) partnered to commission this report, convening the first-ever forum on CDOs in academic medicine and acute care hospitals.

This resource builds on the research of executive search firm Witt/Kieffer on the compensation and responsibilities of diversity leaders in health care. The value of this report stems from the panel of experts assembled to outline the purview of CDOs in medical schools, community-based hospitals, teaching hospitals, and the requisite competencies needed by all.
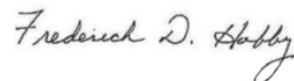
What we heard confirmed anecdotal evidence that diversity leaders in academic medicine are charged with broad responsibilities across multiple dimensions, which differ based on the needs and structure of the institution. Some institutions view health care quality and equity as the CDO's domain, while others design the position as a primarily academic or business function. Assigned functions range from leadership and faculty development to student affairs and from community engagement to human resources.

While the scope of work is flexible, certain aspects are universal: The CDO portfolio must be clearly defined, matched to experience, and aligned effectively with relevant offices and initiatives. To be effective, a diversity leader requires appropriate positioning, resources, staff, and influence to impact the trajectory of the organization. In turn, the skills, background, and demonstrated competencies of a potential CDO must be commensurate with an executive-level charge.

We have come to learn that diversity and inclusion are strategic aims which require dynamic, ongoing leadership. In that sense, the CDO joins a line of other new C-level executives helping organizations adapt to rapidly changing competitive realities. Diversity and inclusion are not something to achieve and forget, but goals to attain and maintain. This primer represents the latest intelligence on how to craft this important role.

Marc A. Nivet, Ed.D.
Chief Diversity Officer
Association of
American Medical Colleges

Frederick D. Hobby, MA, CDM
President & CEO
Institute for Diversity in Health Management
American Hospital Association

Introduction

Now more than ever leaders in academic medicine are searching for ways to "reframe the narrative" of diversity and embrace a "strategic diversity leadership" approach to selecting students, educating and training culturally competent and diverse physicians, engaging in culturally relevant research, and providing quality health care to *all* their patients.[1] In response to this changing reality, an increasing number of leaders are developing chief diversity officer (CDO) roles to elevate diversity as a strategic priority for their organizations.[2] All too often, leaders are faced with the challenge of creating these roles with little or no guidance. In response to this challenge, the AAMC (Association of American Medical Colleges) and the American Hospital Association Institute for Diversity in Health Management (AHA-IFD) commissioned this monograph for leaders in academic medicine looking to design and implement effective CDO roles in their organizations.

The CDO Forum: Meeting Overview

This monograph grew out of a daylong meeting in January 2012 hosted by the AAMC in partnership with the AHA-IFD. Dr. Christopher Metzler, Senior Associate Dean at Georgetown University School of Continuing Studies, moderated the meeting of CDOs, higher education leaders, and national experts dedicated to exploring the cultural, organizational, and leadership dynamics associated with advancing issues of diversity, equity, and inclusion in academic medicine. Dr. Damon A. Williams, Vice Provost, Chief Diversity Officer, and member of the faculty at the University of Wisconsin-Madison, provided remarks designed to frame the discussion of the CDO role.

A total of 16 meeting attendees, six from medical schools and 10 from teaching hospitals, participated in a series of round-table discussions centered on the role of CDOs in academic medicine (Appendix 1). Topics included defining the CDO role across the many different organizations that constitute the complex and multidimensional nature of academic medicine, defining key competencies associated with the CDO leadership role in health care organizations generally, and exploring various themes of organizational design, including administrative roles, salary concerns, and how diversity and inclusion efforts differ between a medical school and a hospital/health care system. These discussions were recorded.

Complementary Interviews & Discussions

The CDO Forum was complemented by a series of 10 interviews with participants from the meeting and others with expertise about the CDO role in academic medicine. Several questions guided these discussions including: "What are the key competencies of leading as an effective CDO in academic medicine?"; "If you were going to design an optimal

---

1   See Nivet, M. (2011). *Commentary: Diversity 3.0: A Necessary Systems Upgrade.* Academic Medicine, Vol. 86, No. 12. December 2011.

2   See Dexter, B. (2010). *The chief diversity officer today: Diversity gets down to business.* Chicago, IL: Heidrick & Struggles. Metzler, C. (2008). *Defining key emerging competencies of the chief diversity officer (CDO): Historical, analytical, and situational perspectives of a promising leadership role and its organizational significance.* Ithaca, New York: Cornell University. Williams, D. & Wade-Golden, K. (2008). *The Chief diversity officer: A primer for college and university presidents.* Washington, DC: American Council of Education (ACE). Williams, D. & Wade-Golden, K. (Press). The Chief diversity officer: Strategy, structure, and change management. Fairfax, VA: Stylus Publishing Press. Witt/Kieffer (2011). Chief diversity officers assume larger leadership role. Philadelphia, PA: Witt/Keiffer.

CDO role, what would that role entail?"; "What are some of the key challenges associated with leading as a CDO in academic medicine and health care in general?"

These additional interviews allowed for a more robust understanding of key themes noted in the CDO Forum, as well as a connection to the overall literature about the role of CDOs in higher education and the corporate sector generally. Additional reading on the CDO role is included in Appendix A to provide a platform for greater exploration among leaders interested in designing and optimizing the CDO role in their organization.

Monograph Overview

This monograph is organized into four major sections:

- The first section outlines key themes that emerged in discussions and interviews regarding the CDO role in academic medicine.

- The second section provides an overview of key competency areas associated with the CDO role in academic medicine.

- The third section provides a checklist for assisting with designing the CDO role.

- The fourth section addresses CDO compensation data.

The monograph concludes with several recommendations for deans and health center CEOs designed to support leaders in their efforts to create substantive CDO roles in academic medicine.

Section 1: Summary of Major Themes from the CDO Forum and Interviews

CDO Forum participants were organized into facilitated discussion groups regarding the CDO role in academic medicine. The following is a summary of key themes cited by the participants in the forum and interviews conducted in consultation with this monograph. These themes highlight complexities and challenges associated with the CDO role in academic medicine as well as their broad-spanning responsibilities in academic medicine. Themes associated with CDO competencies are highlighted in the next section to provide a clear treatment of the multidimensional aspects of leadership required to serve as a CDO in academic medicine.

Complexity & Challenges Associated with the CDO Role in Academic Medicine

Forum and interview participants highlighted the complexities and challenges that often surround the CDO role in academic medicine. There was universal acknowledgment that each CDO role may look radically different depending upon the organization's overall diversity goals, the commitment level of senior leadership to developing a meaningful CDO position, and acceptance of the business case for diversity as part of the discussion of health care and health care reform nationally.

In a poll of officers participating in the CDO Forum, each of the participants had different titles, responsibilities, backgrounds, reporting relationships, budgets, and staff/units that they supervised. These realities highlight the emerging nature of the CDO role in academic medicine, and a need for clarifying guidance that can assist deans, presidents, and health system CEOs in the development of high caliber CDO roles to support the mission and overall delivery of their organization's diversity, inclusion, and health care equity priorities.

Some of the major points that emerged in the discussion regarding the complexities and challenges associated with the CDO role included, but were not limited to:

1. The CDO role is not a one-size fits all position. The role has to be calibrated to match the organization's goals, history, culture, and priorities. It may look different depending upon the context of whether it's located in a medical school, hospital, or an integrated academic health center. This idea was often summarized as whether the role would have a health care, academic, or recruitment/procurement/business administrative focus.

2. Some CDOs have no staff, while others lead a department, and still others lead a division that may include numerous units and numerous staff members. (**See Exhibit 1.**) The lack of a clear portfolio of staff and direct reporting units can create challenges for the CDO unless these dynamics are addressed in the form of committees, taskforces, working groups, dual reporting relationships, and clarity regarding the way that the CDO is expected to collaborate, supervise, or partner with other leaders.

3. Regardless of the size of their staff or divisional portfolios, CDOs emphasized the importance of working collaboratively across the organization to build alliances,

develop strategic partnerships, and engage internal and external partners to accomplish diversity, equity, and inclusion goals.

4. Some of the most well positioned CDOs are able to influence hundreds within their organizations through a combination of diversity committees and counsels, employee resource groups (stratified in terms of race, gender, LGBT, and other identity profiles), dual reporting relationships, and accountability systems.

5. Some CDOs have hybrid responsibilities that may include a focus on diversity management and other areas of administrative priority such as human resources, training and leadership development, community engagement, student affairs, and others.

6. CDOs have varying titles and levels of rank that run the gamut from vice president, to dean, associate dean, executive director, and/or special assistant. Indeed, the use of the CDO nomenclature is far from universal as some officers may not even have CDO as part of their formal administrative title.

The lack of a standard definition and infrastructure for the CDO role was identified as a major impediment to advancing the role universally, and is something that must be addressed if the role is to be fully activated as a strategic asset for more organizations hoping to accomplish their diversity, equity, and inclusion goals. Moreover, it was noted that many positions are symbolic with little positioning, resources, staff, or ability to influence the reality of their organizations. Contributors to this perspective especially highlighted the importance of serving in the president's, dean's, or CEO's senior leadership team as critical to their visibility and ability to influence other officers and the leadership trajectory of the organization.

A major challenge associated with the CDO role was a lack of understanding of how to qualify and quantify the impact of the position on their organization's bottom line. While forum participants were clear in their need to address this challenge, it was tempered by the realization that CDOs cannot be singularly responsible for affecting the diversity process and outcomes, and that many must be assessed to determine the impact of an organization's diversity and inclusion efforts, not just the CDO.

Officers emphasized the entrepreneurial and creative nature of their job and the need to have the support, freedom, and resources necessary to develop new initiatives to help their organization innovate around issues of diversity and inclusion. Successful CDOs require resources that they can use to build new alliances, create partnerships, and sway

Exhibit 1. CDO Leadership & Duties Overview

Supervising Leadership	Integrative Leadership
What areas might the CDO supervise?	*What types of committees and groups might the CDO chair or participate in?*
• Affirmative Action, Equity, and Compliance Offices	• Admissions Review Committees
• Community Relations Offices	• Community Advisory Counsels
• Diversity Pipeline Development Programs (pre-college, undergraduate, graduate, fellowships)	• Consultants (external/internal)
• Health Equity Research Centers	• Curriculum Reform Committees
• Language Service Units	• Diversity Councils
• Learning, Training, & Intergroup Relations Programs	• Diversity Liaisons/Leaders
• Minority/Multicultural Student Affairs	• Diversity Trainers
• Workforce Development Offices & Initiatives	• Employee Resource/Affinity Groups
• Human Resources	• Executive Recruitment Companies
• Population Health Initiatives	• Quality Care Committees
	• Workforce Planning Committees

Exhibit 2. Examples of CDO Duties

- Coaching senior leadership around diversity and inclusion issues
- Cultural competency training for organizational members
- Developing diversity metrics and processes to assess diversity, equity, and inclusion efforts
- Diversity and inclusion strategy development
- Diversity communication to internal and external constituents
- Enforcing EEO & compliance efforts
- Infusing diversity into the academic and clinical experience of students
- Integration of diversity and inclusion efforts with patient care, quality, and safety
- Language service initiatives
- Making the case for diversity for internal and external constituents
- Recruitment and outreach to diverse communities of potential students, faculty, and staff
- Strategic partnerships with community organizations, higher education, government, and others
- Supplier diversity and development efforts

behavior. In the words of one officer, "You need more than sweat equity to get the job done, and having resources is a key part of that equation along with the support of senior leadership."

Officers emphasized that while their roles might be designed to play a role in human resources issues, they were not, in most instances, human resources officers. Moreover, officers were clear that they should not report to human resources, but rather serve in a senior leadership role that has boundary-spanning responsibilities that may touch human resources, academic affairs, curriculum and instruction, and other areas.

Broad-Spanning Leadership Role of Chief Diversity Officers

Forum and interview participants agreed that the CDO role in academic medicine is broad and multi-dimensional. Just as each position looks different structurally, the CDO role also varies in terms of operational priorities. This was apparent throughout the discussion as officers discussed a number of different priorities that included a focus on both classic and contemporary issues associated with the ever-evolving nature of diversity and inclusion work in the 21st century, and how it varies depending upon the academic medical context within which an officer operates.

As **Exhibit 2** indicates, officers discussed the complexity of their work in building community relationships, infusing cultural diversity into the clinical experience, recruiting diverse students, diversity training, and building diverse linguistic and cultural capabilities into their hospitals and organizational systems. Analyses of these revealed six overall areas of priority that frame the work of the CDOs. They are:

- Academic diversity engagement
- Supplier diversity and business development
- Community engagement and partnerships
- Creating a climate of inclusion and support
- Affirmative action and compliance
- Addressing disparities in care and outcomes within the patient experience

Academic Diversity Engagement
Officers located in medical schools and colleges often focused their work on issues of academic diversity, particularly as it relates to increasing the diversity of the faculty and student bodies of their organizations, diversifying the learning experience of students, and promoting health equity research. This area also includes a focus on embedding cultural issues into the classroom and clinical experience of students, and promoting health equity research. Indeed, some officers' areas of supervision were already focused

into one of these domains within their organization, leading health equity research centers, minority student affairs offices, and institutional and grant programs dedicated to expanding the pipeline of diverse students going to medical school and the health professions broadly.

Supplier Diversity and Business Development

Officers working in hospitals and broad-spanning health care systems often prioritize the importance of sourcing diverse vendors for their organizations operating diversity procurement programs. These programs focus on expanding the number of certified minority, women, and other diverse business relationships that may have contracts with their organization. While not a priority of many officers located in medical schools and colleges, supplier diversity and business development were critical issues for officers operating in the more corporate sector of the academic medicine arena.

Community Engagement

Officers were involved with a number of community engagement efforts that allowed them to expand the reach of their organizations into diverse communities. Some major initiatives included community health fairs, health equity campaigns, K-12 partnership programs, faith-based community partnerships, and other efforts designed to create a deeper relationship between their organization and diverse communities in their area. Some initiatives focused on bringing health care providers, graduate students, and researchers into diverse communities, while other efforts focused on inviting community members to visit the medical school, hospital, or health center. The focus of these efforts is governed by educational outreach and health care goals of the sponsoring organization.

Creating a Climate of Inclusion and Support

A number of officers talked of the important work that they lead in creating inclusive and supportive work and learning environments. Common efforts included the development of one-time workshops, ongoing leadership development credentialing programs, and other efforts designed to enhance the diversity and inclusion abilities of clinicians, faculty, graduate students, and employees within their respective organizations. It is important to note that officers mentioned that it is particularly difficult to create learning platforms for clinicians and faculty members who may struggle to understand the value added benefit to their primary role as physicians, researchers, and educators. Officers also touted the importance of supporting affinity groups of minorities, women, and members of the LGBT community as a way to engage in the needs, priorities, and challenges of these groups.

Affirmative Action and Compliance

While affirmative action and compliance is a less dominant narrative of diversity and inclusion efforts in most organizational sectors, a number of officers talked of the need to keep their organizations compliant with the *Office of Federal Contract Compliance Programs (OFCCP), the Office of Civil Rights (OCR), and relevant employment, admissions, and financial aid case law regarding issues of diversity and inclusion. While not a major component of our discussion, a number of CDO roles are rooted in legacy diversity positions with Equal Employment Opportunity (EEO) roots. Officers focused in this area emphasize diversifying the workforce of their organizations, and working towards the elimination of sexual harassment, discrimination, and prejudicial behavior.*

Addressing Disparities in the Patient Experience

At the core of the leadership tasks provided by CDOs is improving the patient experience, which includes concepts of quality, safety, and effective communication. It also concerns reducing inequities in all aspects of organizational functions including such practices as promoting patient access, staff recruitment, employment, and satisfaction.

Section 2: CDO Competencies in Academic Medicine

Leadership competencies serve as the foundation for performing a particular job or role within any organization. Understanding the type of competencies required by a CDO is key to choosing someone who has the potential to be successful in this very complex and demanding leadership role. Officers that participated in the daylong forum and in follow-up interviews were clear that the CDO role in academic medicine is complex, requiring a number of competencies not typically associated with serving as an affirmative action, equal employment opportunity officer, or even a multicultural student development specialist.

Seven Essential Competency Areas

Exhibit 3 presents seven essential competency areas for leading as CDO. These competencies emerged from discussions at the CDO Forum, interviews with officers in academic medicine, and a review of the relevant literature in these areas. The specific traits column of **Exhibit 3** is based on data from the CDO Forum.

Chief diversity officers must have: Chief diversity officers must have: strategic vision and executive acumen, change management expertise and will, political savvy, persuasive communication abilities, the ability to navigate the culture of academic medicine, the ability to innovate and generate new ideas and approaches to leading change, and cultural intelligence and technical mastery of diversity and inclusion strategy in academic medicine. While an individual may be stronger in selected domains, each of these qualities is critical to long-term success in the role.

Strategic Vision and Executive Acumen
CDOs must understand the core mission of their organization and possess a firm grasp of academic medicine, exhibiting the same kind of leadership and administrative skills as deans, health center CEOs, and other executive leaders. This means having strategic insights into the big-picture challenges facing academic medical centers, the overall direction of the health care industry, and how issues of diversity, equity, and inclusion fit into this picture. In addition to having a firm grasp of academic medicine, CDOs must accept the premise that all health care is local. CDOs must have a thorough understanding of hospital operations and the prevailing business culture and hierarchical arrangements of silos and informal leaders. It is not enough to simply understand niche marketing strategies, race and ethnic relations, cross-cultural communication, and motivational terminology. Health care delivery and hospitals specifically are the most complex institutions in our society characterized by diverse stakeholders who are often not aligned. A lack experience and exposure to the complete health care environment decreases the potential for effectiveness and success.

Change Management Expertise & Will
CDOs are best defined as "change management specialists" because of the importance they must place on strategies designed to intentionally move the culture of their organizations. As a result, CDOs collaboratively develop new strategies, plans, initiatives, accountability systems, and partnerships that make diversity a high-level priority, however an organization's diversity goals may be defined. Beyond their technical acumen for leading change, the best CDOs have great will, allowing them to overcome setbacks and organizational resistance while continuing to encourage their organization to move forward.

Exhibit 3. Seven CDO Competency Areas

Competency	Description	Characteristics	Specific Traits
Strategic Vision & Executive Acumen	The CDO must have intimate understanding of his or her organization's core mission and the ability to understand the big-picture issues facing health care and academic medicine specifically.	• Perspective regarding the shifting identity of today's patient, the realities of ethnic and racial health disparities, and their implications for health care • Perspective regarding shifting hospital standards of care, national health care reform, and the evolution of medical school accreditation standards and their implication for health care • Ability to cultivate a vision, strategic plan, and engage others based on the strategic landscape of academic medicine that informs every other aspect of the competency model	Analytical ability Ethical decision making Financial understanding Fundraising skills Intellectual acumen Manage teams Multi-tasking Problem solving Resilience Strategist Succession planning Visionary perspective
Change Management Expertise & Will	The ability to engage stakeholders in change efforts that are incremental or transformational, leveraging evidenced-based practice, data, and a focus on achieving results even in the face of obstacles.	• Ability to build a collaborative vision for change • Skills to develop and implement diversity plans and strategies • Ability to manage the change journey as a process of building systems, capacity, and new behavior • Focus on change goals even in the face of resistance • Focus on change that is both incremental and transformative	Ability to execute Monitor, facilitate, develop accountable techniques Operates with a sense of urgency Outcomes-driven Systems thinking orientation Total Quality Management expertise
Political Savvy	The ability to leverage a political style of leadership that aligns the interests of multiple stakeholders using a team-centered approach that is always mindful of competing interests and the need to create alignment.	• Ability to understand the political challenges of diversity • Ability to align the competing interests of multiple parties • Ability to use conflict, negotiation, and coalition-building techniques to accomplish change	Building strategic alliances Conflict resolution Decisiveness Establish credibility Lobbying skills Negotiation skills Tact Political expertise Resolution development

Competency	Description	Characteristics	Specific Traits
Persuasive Communicator & Framer of Information	The ability to speak and write in a clear and concise manner that frames diversity as fundamental to organizational excellence, inspiring others, aligning the organizations and the community's interests, and at times leveraging diverse language skills.	• Ability to communicate persuasively in written and verbal forms • Ability to leverage the diversity 3.0 narrative of why diversity is relevant and critical in the 21st century • Ability to leverage the language of academic medicine and the health care industry in general • Ability to inspire others and inspire them to action • Diverse language skills and abilities	Ability to communicate effectively Coaching senior leaders Communicate across differences Communicate the value of diversity Communicate with majority culture Influence without authority Multi-lingual Translate messages
Ability to Navigate the Culture of Academic Medicine	The ability to successfully navigate the hierarchy, tradition, competitiveness, and at times, the exclusionary culture of academic medicine.	• Diversity and health equity expertise • Ability to navigate the culture of higher education generally • Ability to navigate the culture of the health care industry • Ability to navigate the medical school and hospital culture specifically	Knowledge of medical school culture Knowledge of hospital culture Connecting diversity and inclusion with the clinical experience
Innovators DNA	Because the field of strategic diversity leadership is still evolving and change always takes place in a particular organizational context, the CDO must possess the DNA of an innovator.	• Ability to associate across contexts • Ability to question their organization around issues of diversity • Ability to observe and define new ways of doing things • Ability to network and learn from others • Focus on experimenting and trying new ideas to spark change	Entrepreneurial spirit Risk-taker Experimentation New initiatives
Cultural Intelligence & Technical Mastery of Diversity & Inclusion Strategy	The CDO's must have a high degree of cultural intelligence and technical mastery of diversity and inclusion strategy in academic medicine.	• Knowledge of the cultures of diverse groups • Savvy ability to lead cross-cultural groups • Technical mastery of recruitment and retention of diverse students, faculty, and staff • Technical mastery of diversity and intergroup relations • Technical mastery of how to infuse diversity into curriculum and clinical experiences • Technical mastery of diversity procurement	Adult learning theory Inclusive mindset Openness to difference Self-awareness Social conscience Strategic sourcing of diverse talent Curriculum change Sourcing diverse vendors Building diversity talent pipelines

Source: Adapted from Williams & Wade-Golden (In Press).

Political Savvy

CDOs are politically savvy as their effectiveness is often determined by their ability to navigate competing priorities, subversive political agendas, and provide incentives that encourage partnerships and alignment. They must possess an ability and willingness to find win-win solutions when contentious circumstances arise, know how to build consensus, accrue buy-in, and work through competing interests. One of the CDO's greatest skills is measuring each situation to determine when it is appropriate to engage in conflict, negotiation, or coalition building to move the diversity and inclusion agenda forward.

Persuasive Communication Abilities

Given that much of their work will be accomplished through lateral coordination, CDOs must have the ability to cross boundaries, fluidly adapting language and styles to different audiences. The best officers have a dynamic personality, highly evolved relational abilities, and a consensus-oriented leadership style even if they supervise many staff. It is essential that these officers have the ability to "frame" and "reframe" organizational reality from a number of different diversity and organizational perspectives. CDOs in academic medicine will spend a considerable amount of time framing diversity as a strategic priority of their organizations. The officers must be clear and persuasive in their presentation, reports, statements to the media, and interpersonal interactions.

Ability to Navigate the Culture of Academic Medicine

CDOs must be able to navigate the complex and multidimensional culture of academic medicine. Academic medicine exists at the intersection of the health care reality of hospitals, the academic culture of medical schools, and the corporate culture of both. This means understanding not only the culture of tenure and promotion, but faulty dynamics that characterize the minority pipeline into medical school. It also means understanding the increasing pressure hospitals face to illustrate how cultural linguistic training adds value, lessens risk, and increases the quality of care provided within the hospital. CDOs must possess a healthy understanding of this complexity and an ability to operate in both worlds, seamlessly moving from classroom to board room, and from clinical setting to community event.

An Innovators DNA[3]

Because their role is highly change-management focused, CDOs must be innovators. They can never be satisfied with the status quo, although there may be times when they are not able to move their organizations in new directions. They must be masters of "searching and reapplying" successful ideas in the service of diversity and inclusion. Piloting new or reframed initiatives is key to accelerating the process of change. This is a very valuable skill for CDOs because many will face resistance. Piloting or experimenting with new approaches allows CDOs to develop a rationale, or business case, for a new initiative. It allows leaders that must be involved in a particular project to test the waters on a promising effort without the fear of being locked into the effort forever. Experimentation is key to gaining buy-in and overcoming resistance to change because it allows the CDO to prove a concept that they believe will ultimately enhance their organization's ability to accomplish diversity-themed change.

---

3   See Dyer, J., Gregerson, H., and Christensen, C. (2011). *The Innovators DNA: Mastering the Five Skills of Disruptive Innovation*. Boston, MA: Harvard Business School Publishing.

Cultural Intelligence and Technical Mastery of Diversity and Inclusion Strategy

The final competency is that CDOs must have a high degree of cultural intelligence and technical mastery of diversity and inclusion strategy in academic medicine. Officers must have a strong grasp of the diversity dynamics of different groups as a part of their core knowledge base. As an extension of this competency, officers must understand best practice techniques for engaging issues of diversity and inclusion in academic medicine. Generally, this means understanding the challenges of diversifying the health professions, creating inclusion initiatives in medical schools and hospital cultures (where leaders "don't have time to participate"), diversity-themed procurement initiatives, building multicultural affinity organizations and diversity counsels to support diverse communities, infusing diversity into the clinical training experience of residents and others, fostering a context for research and community engagement that centers on eliminating health disparities between diverse groups, along with other diversity-themed activities designed to enhance the culture of inclusion in their organization.

Section 3: A Checklist for Developing the CDO Role

A clear theme of many participants' comments during the CDO meeting and in conversations with other officers was that many well-intentioned leaders in medical schools, hospitals, and health care centers often do not know what questions to ask when developing the CDO role, despite their wish to strengthen the diversity, equity, and inclusion efforts of their organizations. According to one chief diversity officer:

> *"I would rather them not fund a position than to create one that is doomed for failure or is simply a figurehead position. It's got to be a real position with stature and authority to move things forward. The CDO should not exist in isolation and needs to have the resources necessary to partner and be a player with the other department heads and vice presidents."*

When developing CDO roles in academic medicine and community-based hospitals, leaders should be guided by a series of questions that allow a strategically effective role to emerge. These questions include, but are not limited to:

1. What is the reporting structure to and from the CDO?

2. What are the CDO priorities? What areas will the CDO lead -- students, faculty, staff, curriculum, committees, or community issues?

3. What resources will the CDO have access to and manage?

4. Will the CDO have responsibility for community outreach and engagement as it relates to health equity issues?

5. How will the CDO influence institutional/hospital and recruitment policies?

6. Will the CDO supervise cultural and linguistic services, diversity procurement initiatives, health equity research centers, multicultural/minority affairs offices, or work with these areas through committees, task forces, etc.?

7. How should the CDO partner with human resources?

8. Should the person have a terminal degree? Tenure? What degrees are most relevant to the domains for which the CDO will have responsibility?

9. What are the most relevant preparatory experiences for a new CDO?

10. Should the CDO have a clinical, teaching, or administrative background? Or a combination of the three?

These and other questions are central to developing a meaningful CDO position and informed a number of the discussions held by officers that participated in the CDO Forum and interviews.

Section 4: CDO Compensation

A common question that is often raised when hiring a new CDO is "How much compensation is required?" There is no easy answer to this question as CDO salaries should be determined by several factors that must be considered dynamically and within a particular organizational context. This context must involve an understanding of the specific organizational salary structure, market dynamics, personal salary, and leadership credentials, as well as national trend data in the field of strategic diversity leadership.

Indeed, in these austere times, the question of CDO salary is more important now than ever, as executive compensation has become such a hot-button topic in higher education.[4] While not necessarily on the national radar in the same way as presidential compensation, CDO compensation, particularly at public institutions, is always the subject of intense scrutiny. Nonetheless, compensation should be set at competitive levels as these leaders bring a unique set of leadership competencies to their work and operate at executive levels of their organizations. Attracting and retaining that type of talent requires competitive levels of compensation as dictated by the marketplace to hire someone capable of leading in the new paradigm of diversity's importance across sectors and industries.

Currently, there is a dearth of research around CDO compensation, particularly CDOs in the health professions. What can be stated definitively is that CDOs are members of an organization's executive staff and should be compensated accordingly. When creating the position of CDO, the president or CEO should look at the salaries being earned by the executive level team and set the CDO salary at a competitive level. Given that executives' salaries vary between institutions, a salary that is targeted at being competitive with the rest of the executive team is most likely to interest a candidate capable of filling this role. While little research is available in this domain, we have included an analysis of the existing data sources in Appendix B. Unfortunately, these data provide limited information to accurately guide CDO salaries in the health professions as they were primarily gathered from CDOs serving in other higher education settings or the private sector.

Data limitations did not allow for more in-depth analyses of key variables that inevitably drive compensation among CDOs. As we have alluded to here, organizational size, rank, administrative duties, relevant experience, education, scholarly credentials, clinical background, and other factors all play a role in determining the compensation of CDOs and other executives. Indeed, it is often the cumulative effect of multiple factors that ultimately defines the reality of an individual job and the resulting compensation. While these data is far from perfect, they hopefully will prove helpful to leaders as they work to create compensation packages for top talent they wish to recruit and retain within their organizations.

---

4   See Stripling, J. and Fuller, A. (2012). Presidential pay is still a potent political target: One public system struggles to recruit the best amid scrutiny. The Chronicle of Higher Education. Downloaded from: http://chronicle.com/article/Presidents-Pay-Remains-Target/131914/, May 21, 2012.

Conclusion & Recommendations For Leaders

This monograph was developed to help leaders at all levels in designing effective CDO roles, as it presents definitions, frameworks, and critical principles. In the end, it offers helpful insights to organizational decision-makers confronted with decisions about how to create, structure, evolve, and staff the CDO role. It takes up the challenge of further professionalizing the role, clearly articulating the competencies required, and reviewing some of the complexities associated with successful design and performance of the CDO role.

The most forward-thinking leaders will not only create a new diversity leadership role, but also make a number of structural changes that embolden how this officer is empowered to provide collaborative leadership organization-wide. (**See Exhibit 6** for an example of several recommendations that emerged during this project.) They will recognize that simply appointing a new officer is not enough; as the goal is to develop new capacity that significantly raises the bar regarding what is possible organizationally around issues of diversity, equity, and inclusion. If chief executives and deans in academic medicine want CDOs to play a key role advancing their organization's strategic plan for diversity and inclusion, they have to create the type of environment that will allow that to happen. The role cannot be a symbolic figurehead with no resources, portfolio, or material ability to collaboratively lead change within their medical school, hospital, or health center.

Exhibit 6. Final Recommendations for Effective Chief Diversity Officers

- When developing or reframing your chief diversity officer (CDO) role, conduct an internal audit of current diversity capabilities and priorities to establish a plan for how various offices, units, and initiatives might fit together in the same leadership portfolio as part of a collaborative partnership between the CDO and other leaders, or as members of a committee or taskforce.

- Consider developing the CDO role in such a way that the position can influence the most critical diversity issues like curriculum reform, recruiting, retaining and hiring diverse faculty, establishing community partnerships, establishing a diverse vendor program, enhancing the quality of care within the hospital, and further diversifying the senior leadership team and governance structures.

- Position the CDO in the dean's, president's, or CEO's leadership cabinet, allowing the officer to have visibility and opportunities for engagement with the school, college, health center, and/or the hospital's most senior leadership team.

- Provide the CDO with sufficient financial resources to build partnerships, spark new initiatives, and work creatively with internal and external stakeholders to advance issues of diversity, equity, and inclusion.

- Hire leaders who possess the competencies and skills required to serve as a CDO, balancing the presence of a particular set of leadership skills and competencies against the desire to hire someone who may bring great clinical experience to the role of CDO, but may be a neophyte to the process of leading broad-scale organizational change.

- When hiring a new CDO, ensure that everyone on the senior leadership team has a clear understanding of the new officer's role and priorities, particularly if it is a newly designed or reframed position.

- Empower the CDO to lead with the reflective voice of the dean, president, or CEO as a way of strengthening their effectiveness within the organization.

- Develop a transition plan to help the new officer get off to a fast start, building strong collaborative ties and learning about critical operational issues involving the new CDO.

Strategic diversity leadership cannot exist as a silo that is only relevant to the CDO; rather, it must be central to strategic planning and the big-picture vision for the organization as a whole. As a result, partnerships, accountability, senior leadership commitment, financial incentives, and coordinating structures must be established that centralize the CDO as a coordinating, boundary-spanning role that enables a stronger diversity commitment and infrastructure to emerge over time. However, as the elevation of the CDO role occurs, it requires a commitment from the top. It is essential for a CEO or dean to set the tone for the role's importance. Many institutions talk about having a commitment to diversity, but many may not have an explicit commitment from senior leadership to make diversity a true strategic priority. That commitment must also include the financial backing to support the CDO and other leaders in their efforts to develop a range of diversity initiatives. These initiatives may include creating a culture of diversity and inclusion, advancing health equity research, encouraging community engagement, and facilitating student and faculty recruitment and retention efforts. The full range of opportunities are too numerous to include here.

Appendix A: Additional Reading on the Role of the CDO

Arnold, J., & Kowalski-Braun, M. (2012). The Journey to an Inaugural Chief Diversity Officer: Preparation, Implementation and Beyond. *Innovative Higher Education*, **37(1), 27-36.**

In this article, we discuss the necessary components for successfully creating and implementing a chief diversity officer (CDO) position within a four-year public institution. We explore information about critical stages of the process such as the creation of the position, the recruitment process, and compatibility with the institution's mission. Our research emphasizes the need for modeling intercultural competence at all stages of the process. We underscore the significance of infusing institutional values into a position that is meaningful to all constituencies. We suggest ways of keeping the politics, structures, and culture of readers' own institutions at the forefront of the planning and implementation process.

Dreachslin, J. L., PhD., & Hobby, F. (2008). Racial and ethnic disparities: Why diversity leadership matters. *Journal of Healthcare Management, 53***(1), 8-13.**

Minimizing racial and ethnic disparities requires not only culturally competent clinicians, but also leaders who create an organizational context in which cultural competence is enabled, cultivated, and reinforced. Without effective diversity leadership, even the most culturally competent clinicians will not be able to perform to their full potential. This article focuses on the role of diversity leadership in decreasing disparities in the process and outcome of care at the health care provider or institutional level. Given the right infrastructure, clinicians who are motivated to deliver culturally and linguistically competent care are empowered and enabled to do so. Disparities can be reduced through the focused and dedicated action of leaders and organizations that excel in the context of diversity. By engaging in specific actions to enable, cultivate, and reinforce cultural and linguistic competence, diversity leaders can do their part to reduce racial and ethnic disparities in the process and outcome of care.

Metzler, C. (2008). *Defining key emerging competencies of the chief diversity officer (CDO): Historical, analytical, and situational perspectives of a promising leadership role and its organizational significance.* **Ithaca, New York: Cornell University.**

This report is grounded in a series of meetings, focus groups, and a national survey of diversity professionals in the corporate sector. The report discusses key insights gleaned from a 2006 meeting of CDOs at Cornell University that led to the launch of a national survey by the Survey Research Institute at Cornell. Generally, the report discusses the historic evolution of diversity professional roles in organizational life, key challenges in the field of strategic diversity leadership, competencies associated with the role of the CDO in the corporate sector, and the future of the CDO role as a profession.

Some key findings include the need to broadly communicate the historical context of Affirmative Action (AA), Equal Employment Opportunity (EEO), diversity, and inclusion as related, but distinctive areas of diversity practice that the modern CDO must understand and deploy in their practice. The author also notes that the CDOs must be located in the "C-Suite" of their organization, reporting to the same officer as other members of the "C-Suite" if they are going to be effective as leaders. The CDO must have a depth-of-industry competence regarding the core-business of their company, regardless of whether they work in package goods, retail, fast food, technology, energy,

or any other industry. Other competency areas include: entrepreneurial orientation to leveraging diversity to build the business, results-driven focus on accomplishing diversity goals, commitment to focusing on aligning diversity with the mission, vision, and goals of the company, savvy ability to build partnerships, expertise leading change, and an understanding of how to lead others in the pursuit of the organization's diversity and business goals. Finally, the CDO must have the know-how to engage diversity issues from a domestic and global context, in terms of the many broad dimensions of diversity at the individual, interpersonal, and organizational levels.

Williams, D. and Wade-Golden, K. (2008). *The Chief Diversity Officer: A Primer for College and University Presidents.* **Washington, DC: American Council of Education (ACE).**

The authors used data from the *National Study of Chief Diversity Officers in Higher Education* to outline the role of CDOs and the three key archetypes of vertical structure associated with more than 110 CDOs at colleges and universities. The researchers identified three primary models of vertical structure including the collaborative officer, unit, and portfolio divisional models. While each of these models is characterized by a high degree of institution-wide collaboration, they are distinguished by varying degrees of human and financial resources.

The collaborative officer model features a half-time or full-time CDO role with little or no staff beyond shared administrative support personnel, students, and other part-time staff. The unit model is characterized by the presence of a full-time CDO role, full-time administrative support personnel, diversity specialist's roles (e.g. diversity trainers, researchers, etc), other diversity officers (e.g. assistant vice provost for diversity), and technical staff that help to deliver the office's mission (e.g. graphic designer, Web designer, etc). The portfolio divisional model is also characterized by a full-time CDO role that may be complemented by the various aspects of the unit model, but also includes a number of direct reporting units that comprise a divisional portfolio. Some units that were found in the divisional model include retention and pipeline units, research centers and institutes, ethnic, gender, and women's studies areas, community outreach units, training and intergroup relations offices, international affairs areas, multicultural and minority affairs offices, cultural centers, affirmative action and equity units, and campus-wide student service units. The monograph concludes with several recommendations for creating presidents to support CDOs on college and university campuses.

Williams, D. and Wade-Golden, K. (press). *The Chief Diversity Officer: Strategy, Structure, and Change Management.* **Fairfax, VA: Stylist Publishing Press.**

In this expansive treatment of the CDO role, the authors leverage data from a national study of more than 3,000 colleges and universities that yielded nearly 800 usable surveys, more than 200 hours of audio recorded interviews with CDOs, and site-visits to institutions across the country. Across nine chapters, the book defines the CDO role and key competencies, presents a comprehensive design system for developing high caliber roles, the Chief Diversity Officer Development Framework (CDODF), and compares the institutional diversity capabilities of CDO and non-CDO organizations in terms of diversity planning, accountability, faculty diversification, and other areas of priority associated with building strategic diversity leadership capacity. Largely, CDO institutions have much more advanced strategic diversity leadership competence, as they were more

likely to have diversity plans, institution-wide accountability systems, individual merit-based accountability systems, diversity-infused missions, and other areas of capacity.

The authors also takes a deep dive into the key issues most discussed as impediments to successfully leading as a CDO by focusing on the challenges of rank, supervision, direct reporting lines, insufficient budgets, organizational realignment, and the need to supervise other diversity offices, units, and initiatives that exist organization-wide. The authors end with a chapter focusing on developing a CDO transition framework and recommendations for getting off to a fast start as a new CDO. The book concludes with the first meta-comparison of the CDO role in higher education and the corporate sector, leveraging primary and secondary analyses of data from multiple studies conducted on the CDO role in recent years. Points of comparison include a demographic comparison of officers in terms of race, gender, and educational background, compensation packages, organizational rank, historical background of the roles, and key areas of strategic priorities and importance.

Witt/Kieffer. 2011. Chief Diversity Officers Assume Larger Leadership Role.

The increase in CDO searches, as well as the changing nature of the role, especially among private colleges and universities, led us to seek feedback from professionals in the field on the nature and structure of the position, tenure, skills and experience required for success. In March 2011 Witt/Kieffer conducted a national survey of over 1,800 CDOs. Ninety-four individuals responded, representing a five percent response rate. Respondents represented both public and private institutions. The responses provide a baseline of data regarding these positions, including what institutions can expect to see as they seek talented, skilled, experienced professionals to fill these important senior leadership roles.

**Witt/Kieffer. 2011. Building the Business Case. Healthcare Diversity Leadership:
A National Survey Report.**

In 1998 Witt/Kieffer conducted a national survey on Diversity in Health Care Leadership to determine advances in and barriers to recruiting and retaining women and minority leaders. The survey included racial and ethnic minorities. Both majority and minority survey respondents agreed that having a diverse senior management team is important to their organization's goals and objectives. Yet there was considerable divergence of opinion about why few people of color had reached the executive suite. To determine how far the health care industry has come — or has yet to go — Witt/Kieffer conducted a follow-up survey on Advancing Diversity Leadership in Health Care in the summer of 2006. This report is the result of a follow-up survey conducted in 2011 to determine how perceptions of diversity have changed.

Appendix B: A National Picture of CDO Compensation

To paint a picture of the compensation landscape among (CDOs) in higher education and the corporate sector, we examined data from multiple studies conducted over the last five years. **Exhibit 4** presents data from three surveys[5] that provide a picture of the CDO salary landscape in 2005, 2008, and 2011. The Diversity Best Practices (2005) survey captured data from 177 CDOs working in the private sector. The national survey of CDOs by Williams and Wade-Golden (2008) (n=110), and Witt/Kieffer (2011) (n=88), captured data on the CDO role in higher education. Secondary analyses of these data allowed for an interesting comparison across sectors and years that contribute uniquely to this discussion of the CDO role in academic medicine. While a detailed salary study of strategic diversity professionals in academic medicine is necessary, these data provide some preliminary context for understanding the basic patterns of CDO compensation for calibrating salaries both internally and nationally.

The range of compensation varies considerably between corporate and higher education CDOs. Every corporate officer received base compensations in excess of $150,000 per year with more than 70 percent reporting annual income levels above $200,000; many also received a bonus not included in these data. By comparison, higher education CDOs were compensated at lower salaries. Only 31 percent (2007) and 33 percent (2008) reported receiving more than $150,000 in annual compensation, and 14 percent received salaries above $200,000 (**Exhibit 4**).

These salary trends are consistent with the general pattern of higher salaries in the private sector and come as no surprise as a comparison of presidents, chief operating officers, and chief information officers would inevitably yield similar results (Bloomberg Business Week, 2012). At the same time, we offer these data as a way for leaders to calibrate salaries for CDOs operating in the more corporate academic medical context, where the salaries may trend higher. This inclusion is important, as many health center presidents and deans are often the best compensated at their institutions (CUPA-HR, 2011).

These data illustrate that CDO salaries in higher education have been incredibly stable over the last five years, reflecting the importance of diversity in higher

Exhibit 4. Higher education corporate CDO salary comparison data 2005, 2007, and 2011
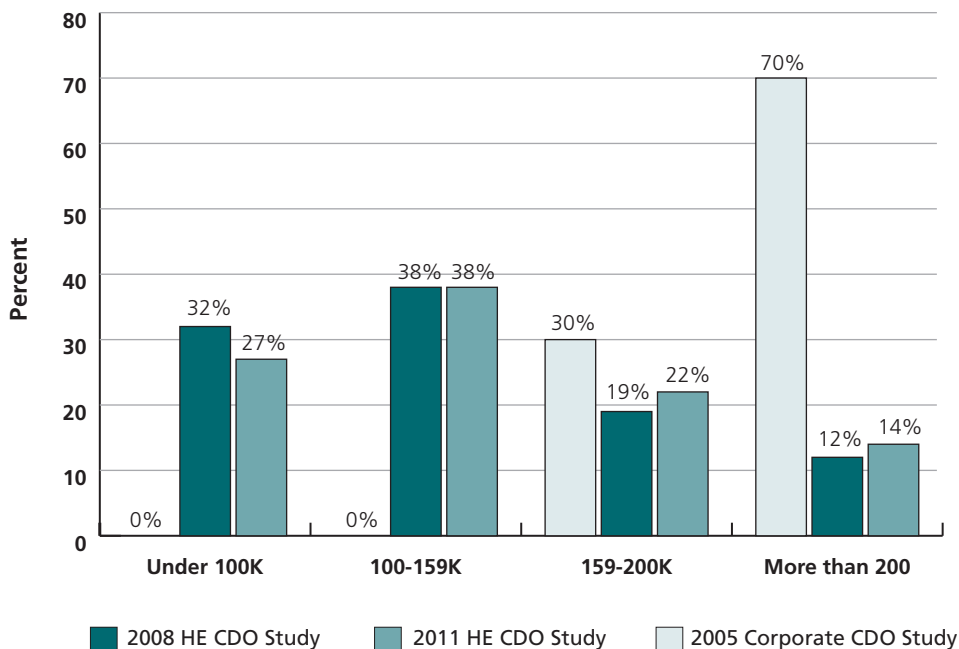
Source: Diversity Best Practices (2005); Williams & Wade-Golden (2008); Witt/Kieffer (2011)

---

5   Diversity Best Practices (2005). *The Chief diversity officer report.* Washington, DC: Diversity Best practices Inc. Williams, D. & Wade-Golden, K. (2008). *The Chief diversity officer: A primer for college and university presidents.* Washington, DC: American Council of Education (ACE). Witt Kieffer (2011). Chief diversity officers assume larger leadership role. Philadelphia, PA: Witt Keiffer.

Exhibit 5. VP rank CDO salaries in 2008 and 2011
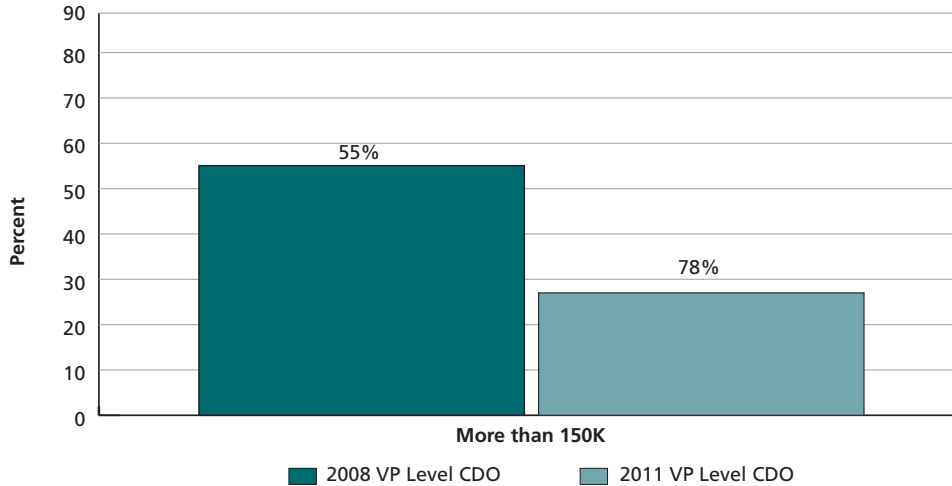
Source: Williams & Wade-Golden (2008); Witt/Kieffer (2011).

education. Overall, 68 percent of higher education CDOs had salaries above $100,000 in 2007, with 74 percent reporting salaries at this level in 2011 (**Exhibit 5**).

Senior Executive CDO Compensation

If we restrict our analyses to those higher education officers operating at the vice president, vice chancellor, and vice provost levels (VP), we find that these officers were compensated at an even higher level than their peers at lower levels of rank, with this trend deepening in recent years. Among the 33 percent of officers at the VP level in 2008, 55 percent made more than $150,000. In the 2011 survey, 78 percent made more than $150,000.

Appendix C: List of Participants

Antoine Andrews
Director, Diversity & Inclusion
Gap, Inc.
2 Folsom St.
San Francisco, CA 94105

Kevin Antoine, J.D.
Chief Diversity Officer
Assistant Vice President of Diversity and Inclusion
State Univ. of NY Downstate Medical Center
College of Medicine
440 Lennox Road
Brooklyn, New York 11203

Brenda Battle
Director, Center for Diversity and Cultural Competence
Barnes-Jewish Hospital
1 Barnes-Jewish Hospital Plaza
Mailstop 90-72-427
St. Louis, MO 63110-1003

Cheryl Bevel
Vice President, Diversity
Saint Luke's Health System
10920 Elm Avenue
Kansas City, MO 64134

Wayne Boatwright, CDM
Vice President, Cultural Diversity
Meridian Health
1430 Route 34
Neptune, NJ 07753-6807

VeLois Bowers
VP, Diversity and Inclusion
CHRISTUS Health
2707 North Loop West
Houston, TX 77008

Lisa M. Coleman, Ph.D.
Chief Diversity Officer & Special Assistant to the President
Harvard University
Holyoke Center 935
1350 Massachusetts Avenue
Cambridge, MA 02138

Rosa M. Colon-Kolacko, Ph.D., MBA
Senior Vice President System Learning
Chief Diversity Officer
Executive Director, Learning Institute
Christiana Care Health System
4755 Ogletown-Stanton Road
Newark, DE 19718

Antoinette Green, MA, PHR
Vice President, Office of Diversity & Inclusion
Trinity Health
34605 Twelve Mile Road
Farmington Hills, MI 48331-3221

William Harvey, Ph.D.
Dean, North Carolina A&T School of Education
Proctor Hall - 105 Hodgin Hall
1601 East Market Street
Greensboro, NC 27411

Gertrude F. Jones
VP, Community Relations
Lifespan Corporate Services
Coro Building
167 Point St., Suite 1c
Providence, RI 02903

J. Renee Navarro, Pharm.D., M.D.
Vice Chancellor, Diversity and Outreach
University of California, San Francisco
3333 California St.
Suite S-16
San Francisco, CA 64143

Donnie J. Perkins
Vice President for Diversity & Inclusion
University Hospitals Case Medical Center
11100 Euclid Avenue
Lakeside Suite 1020, Mail Stop: BSH 7057
Cleveland, OH 44106

Deborah L. Plummer, Ph.D.
Associate Vice Chancellor
Diversity and Equal Opportunity Office
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655

Joan Reede, M.D., MPH, MBA
Dean, Diversity and Community Partnership
Harvard Medical School
164 Longwood Ave, Rm 210
Boston, MA 02115

Juana Slade, CDM, CCF
Director, Diversity and Language Services
AnMed Health
800 North Fant Street
Anderson, SC 29621

Cynthia Stewart
Director of Diversity Resources & Language Services
Columbia St Mary's Health System
2320 North Lake Drive
Milwaukee WI 53211

Oliver Tomlin
Vice President, Education, Not-for-profit and Healthcare Practices
Witt/Kieffer
1600 Arch Street, Suite 918
Philadelphia, PA 19103

FACILITATOR
Christopher Metzler, Ph.D.
Senior Associate Dean
Georgetown University
School of Continuing Studies
3307 M St NW, Suite 202
Washington, DC 20057

STAFF PARTICIPANTS
Juan Amador
Group Program Leader
Group on Diversity and Inclusion
Association of American Medical Colleges

Craig Blassingame
Consultant
Institute for Diversity in Health Management

Larry Callahan
Senior Director of New Initiatives
Academic Affairs
Association of American Medical Colleges

Laura Castillo-Page, Ph.D.
Senior Director
Diversity Policy and Programs and
Organizational Capacity Building Portfolio
Association of American Medical Colleges

Gwen Garrison, Ph.D.
Director of Policy, Research
and Knowledge Development
Association of American Medical Colleges

Fred Hobby, MA, CDM
President and CEO
Institute for Diversity in Health Management

Lily May Johnson, M.S.
Manager, Constituent Diversity Services
Association of American Medical Colleges

Marc Nivet, Ed.D.
Chief Diversity Officer
Association of American Medical Colleges

Norma Poll-Hunter, Ph.D.
Director of Human Capital
Association of American Medical Colleges

Tiffani St. Cloud
Lead Program Management Specialist
Association of American Medical Colleges