Community Health Centers and the Development of Women Leaders: What Can the Rest of Public Health Learn?

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Presenter Disclosures

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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

"No relationships to disclose"

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Background

- **History of Community Health Centers (CHCs)**
  - In 1964, the Economic Opportunity Act launched the Community Action Plan, which provided funding for the first CHCs.
  - CHCs provide quality, accessible health care services to the indigent, regardless of ethnicity and/or gender.
  - CHCs are unique health care organizations because they were designed to help women, minorities and groups of individuals not sufficiently represented in the health care area to serve in upper managerial positions. [1]

[1] U.S. Public Health Service, Bureau of Health Care Delivery and Assistance. (1991). *Program expectations for Community and Migrant Health Centers.* Bethesda, MD. USPHS.

Purpose

The **purpose/research questions**:

- To examine personal and professional strategies that helped female CHC CEOs become successful in health care administration.
- To discover organizational strategies used to eradicate barriers to help females achieve executive positions.
- To determine personal strategies CHC CEOs use to overcome barriers to achieve leadership positions.

Objective

- To describe the various interpersonal and organizational factors that facilitate the advancement of women into Community Health Center Leadership.
- To analyze the extent to which these factors can be applied in other areas of public health.

Problem

- Glass Ceiling [1]
- Women and minorities -glass ceiling. [2]
- Inequity [3]
- Equal Pay Act in 1963 [1]
- A study conducted in 2007 found that **females earn 78 cents for every dollar that males earn**. [2]
- Thomas Dolan, American College of Healthcare Executives President, **in 2006 females earned less in wages than their male counterparts, showing no improvement five years prior to 2006.**[3]

[1] Gathers, D. (2003). Diversity management: an imperative for healthcare organizations. *Hospital Topics, 81(3)*, 14-20.

[2] Giganti, E. (Nov. – Dec. 2002). Breaking through the ceiling at CHI. *Health Progress, 83(6)*, 9, 59.

[3] Weil, P.A. (Nov. – Dec. 2009). A racial/ethnic comparison of career attainments in healthcare management. *Healthcare Executive*, 22-31.

[1] National Women's History Project. (2002). *Timeline of legal history of women in the United States*. Retrieved November 4, 2008, from http://www.legacy98.org/timeline.html

[2] U. S. Census Bureau. (2007). Facts for features. Retrieved April 20, 2009, from http://www.census.gov/PressRelease/www/releases/archives/facts_for_features_special_editions/006232.html

[3] Kirchheimer, B. (April 16, 2007). A woman's place in ... healthcare, as Modern Healthcare's top 25 women connote explosive growth in the number of female executives in C suites.

Literature Review
Strategies to Mentors

- Little to no information on female CHC CEO strategies
- Challenges for women getting mentors:
  - *role identification,*
  - *social similarity, and*
  - *cross-gender mentoring* relationships. [3] [4]
- Many mentoring relationships were fostered through *informal relationships* in the agency.
- *Formal mentoring programs* [1]
- *Informal mentorship*
- Recommended organizational strategies to promote mentoring

[1] Walsh, A. M. & Borkowski, S. C. (1999 a). Cross-gender mentoring and career development in health care industry. *Health Care Management Review, 24(3),* 7-17.

Literature Review
Strategies to Mentors and Succession Planning

- Recruitment, Retention, Interns, Successors (National Health Service Corps) [1]
- Succession planning, a pipeline of competent leaders [2]
- The document, Information Bulletin #13, was part of a NACHC Governance Series entitled: Succession Planning for the Future of Your Health Center's Leadership. The following points best summarize the bulletin.
- Implementation of succession planning in a CHC
- Key point: succession planning for the executive director/CEO, managers, clinicians, and the Board of Directors. [3]

[1] Craigie, F. C. & Hobbs, R. F. (2004). Exploring the organizational culture of exemplary Community Health Center. *Family Medicine, 36 (10),* 733-738.

[2] Squazzo, J.D. (Nov.-Dec.2009). Comprehensive development strategies ensure continued success. *Healthcare Executive,* 9-20.

[3] National Association of Community Health Centers, Inc. (October 2006). Succession planning for the future of your health center's leadership (Information Bulletin# 13). Bethesda, MD: The Health Resources and Services Administration, Bureau of Primary Health Care.

Hypotheses

- Hypothesis 1: *Strategies to overcome barriers to the advancement of women to leadership roles in CHCs* had been better implemented than in other health care entities.
- Hypothesis 2: Women in Community Health Centers were more likely to receive mentorship than men.
- Hypothesis 3: Among CHC executives, men and women responded differently with respect to questions about *gender equity*.

Methodology

- Study Design: Used surveys and interviews to compare results of female and male CHC CEOs to female and male executive directors of other healthcare entities.
- Population: **Out of 1232 CHC CEOs** (572 male executives and **660 female executives**), 273 CHC CEOs responded from a 16-state population.
- Distributed a gender survey electronically to 294 male and female CHC CEOs; 21 were returned/opted out; however, **n=85**.
- Interviewed four female and four male executive directors of CHCs via telephone.

Population– CHC Participants

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Key = Population/CHC Participants are denoted by a blue star.

Data Collection – Survey

- Contacted ACHE - Dr. Peter Weil, ACHE Research Division Vice President, granted permission for minor revisions to be made to the 2006 ACHE 25 question gender survey.
- Shortened and pre-tested the survey.
- Contacted executive directors of Primary Care Associations in each state to obtain the contact information for CHC CEOs.
- Selected chi-square test, Fisher's Exact test, and independent sample t-test.[1]
- Gender survey had the following:
  - Likert scales
  - Yes/no questions, and
  - Demographic/multiple choice questions.
- Looked at statistical analysis where p-value $\leq .05$ to find out whether female and male CHC CEOs respond differently.
- Used Survey Monkey to tabulate results for the Likert-scale and generate graphs used to interpret data.
- Used SPSS 18 for further analysis.
- Used descriptive statistics to calculate the mean, mode, and standard deviation.
- Tested the hypotheses.

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[1] Norman, G. R. and Streiner, D. L. (2003). Pretty darned quick statistics. Hamilton Ontario: B C Decker, Inc.

Data Collection – Interviews

- Conducted thirty-minute telephone interviews (semi-structured).
- Interviewed four male and four female CHC CEOs out of 273 to gain each of their perspectives and to compare whether perspectives are similar or different based on gender.
- Used Kvale's (1996) seven stages of an interview investigation to thoroughly design, conduct, and report the research findings: thematizing, designing, interviewing, transcribing, analyzing, verifying, and reporting.[1]
- Took notes of any observations of the CHC CEOs' actions heard during the interviews.

[1] Kvale, Steinar. (1996). Interviews: an introduction to qualitative research interviewing. Thousand Oaks California: Sage Publications.

Data Collection – Interviews

- Used a digital recorder and written notes.
- Shared notes with the CHC CEOs to ensure accuracy.
- Transcribed the interviews, and later, emailed data transcription to the CHC CEO to review, and sent back corrections to ensure accuracy.
- Triangulation – used digital recorder, interviews, and notes to ensure validity.[1] Health professional discussed/reviewed transcripts before analyzing. [2]
- Looked for common themes, and coded (categorized) information; assigned colors to themes.
- Survey Limitations
- Interview Limitations

[1] Wolcott, H. (1994). Transforming qualitative data: description, analysis, and interpretation. Thousand Oaks California: Sage Publications.

[2] Bogdan, R. & Bilden, S. (2003). Qualitative research in education: an introduction to theory and methods. Needam, MA: Allyn and Bacon.

Results

- To test Hypothesis 1, comparisons were drawn between the 2006 ACHE Gender Survey for health care executives and the modified version of the ACHE Gender Survey for CHC CEOs.
- ACHE Affiliates were selected to complete the 2006 ACHE Survey, N=837 (449 females and 388 males).
- CHC CEOS completed the 2011 modified gender survey, N=85 (59 females and 26 males).

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Results

To test Hypothesis 1, comparisons were drawn between the 2006 ACHE Gender Survey for health care executives and the modified version of the ACHE Gender Survey for CHC CEOs.

Results	2006 ACHE Gender Survey	Modified 2011 ACHE Gender Survey	Statistical Results
Supervisors in Current Organization Have Served as Informal Mentors	83% women 80% men	47% women 56% men	p=0.00 and 0.00 --There were more supervisors serving as informal mentors in other health care entities than in CHCs. --Both male and female executives in other health care entities perceived that supervisors in their current organizations had served as informal mentors while female and male CHC CEOs did not view that as many of their supervisors within their organizations had served as informal mentors. --Statistical significant relationship --Null hypothesis is rejected.

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Results

To test Hypothesis 2, the respondents' results from the modified ACHE 2011 survey were reviewed to prove/disprove if women in CHCs are more likely to receive **mentorship** than men.

Results	Modified 2011 ACHE Gender Survey	Statistical Results
Personal Strategies CHC CEOs Use to Overcome Barriers to Attain Leadership Positions – Total Number of Mentors (Mentor Index: combination of formal and informal mentors)	1.88 mean for women 3.50 mean for men	p=.095 --Although the findings implied that on the average, males reported having more mentors than females, there was --No statistically significant relationship --Null hypothesis is not rejected.
Formal Mentorship	**Formal Mentors: .7778 mean for women**, .7143 mean for men **Female Formal Mentors: 1.0667 mean for women**, .3333 mean for men **Male Formal Mentors:** .2308 mean for women, **1.0000 mean for men**	**Formal Mentors:** p = .921 **Female Formal Mentors:** p = .448 **Male Formal Mentors:** p = .141 --No statistically significant relationships --The null hypothesis is not rejected.

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Results

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Results	Modified 2011 ACHE Gender Survey	Statistical Results
Informal Mentorship	**Informal Mentors:** 1.4118 mean for women, **2.6667 mean for men** **Female Informal Mentors: 1.0667 mean for women**, .3333 mean for men **Male Informal Mentors:** .2308 mean for women, **1.0000 mean for men**	**Informal Mentors:** p=.049 --Mean of females was lower than the mean of the males. Literature and telephone interview responses supported the idea that women were the primary caregivers in the household = limited time. --Statistically significant relationship --Null hypothesis is rejected. **Female Informal Mentors:** p = .516 **Male Informal Mentors:** p = .628 --On the avg., women reported having more female informal mentors, and men reported having slightly more male informal mentors than women. Mentors were drawn to same-sex mentees due to the fear of accusations with opposite-sex colleagues. --No statistically significant relationships --Null hypothesis is not rejected.

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Results	Modified 2011 ACHE Gender Survey	Statistical Results
Are Senior Executives Evaluated in Part on Mentoring Women	**58%women** 33% men **were not being evaluated in part on mentoring women.**	p = .176 --Findings suggested a slightly higher percent of females compared to males reported that senior executives were not encouraged to mentor women. More females in comparison to males reported that senior executives were not being evaluated in part on mentoring women. --No statistically significant relationships --Null hypothesis is not rejected.

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Results

To test Hypothesis 3, several chi-square tests were calculated due to the use of nominal data (Male/Female) and ordinal data (strongly agree to strongly disagree). Respondents were asked if executives at their CHC have a track record hiring/promoting employees, regardless of gender and about gender equity.

Results	Modified 2011 ACHE Gender Survey	Statistical Results
CHC CEOs Have a Track Record of Hiring Employees Regardless of Gender (Strongly Agree)	74% women 77% men	p = .377 --**The findings implied that males and females shared the same perception regarding hiring practices of gender equity in CHCs.** --No statistically significant relationship --The null hypothesis is not rejected.
CHC CEOs Have a Track Record of Promoting Employees Regardless of Gender (Strongly Agree)	73% women 76% men	p =.867 --**Findings implied that male and female CHC CEOs had similar perceptions regarding promotion within CHCs regardless of gender.** --No statistically significant relationship --The null hypothesis is not rejected.

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Results

To test Hypothesis 3, several chi-square tests were calculated due to the use of nominal data (Male/Female) and ordinal data (strongly agree to strongly disagree). Respondents were asked if executives at their CHC have a track record hiring/promoting employees, regardless of gender and about gender equity and if a formal succession planning is being implemented.

Results	Modified 2011 ACHE Gender Survey	Statistical Results
CHC CEOs Think There Is Gender Equity (Overall) in Their Organizations (Strongly Agree)	69%women 73% men	p = .860 --**Findings implied that male and female CHC CEOs had similar perceptions regarding promotion within CHCs regardless of gender.** --No statistically significant relationship --Null hypothesis is not rejected.
Formal Succession Planning: Implemented, Being Considered, Not In Effect	46% women **55% men reported that formal succession planning was being considered in their CHCs.**	p=.786 --**Succession planning may have served as an initial method used to promote those employees with leadership capabilities to an executive position within the organization.** --No statistically significant relationship --Null hypothesis is not rejected.

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Telephone Interview Results

- *Succession Plan Policy.* During the interviews,
  - Succession planning can serve as a strategy for women to overcome the barrier of not attaining leadership positions. The following is an excerpt from the interviews.
  - Interview Participants 1, 2, 3, 4, 5, 7, and 8 stated that they did not have a candidate selection plan for succession.
  - Interview Participants 1, 4, 5, 6, 7, and 8 had succession plans for the CEO position.
- *CFO.* During the interviews,
  - Interview Participants 1, 2, 3, 4, 6, and 7 did not have a succession plan for the Chief Financial Officers (CFOs) position.
  - According to Interview Participant 2, " "It is not easy to obtain the CFO's fiscal knowledge."
  - According to Interview Participant 4, "We have only had the current CFO for three years; this is the second CFO in 35 years.
- *Mentors.* During the interviews,
  - Participants 3, 4, 5, 6, 7, and 8 reported that they had more male mentors than female mentors.
  - According to Participants 5 & 6, "Yes, it has been awkward for me getting opposite-sex mentors due to the cross-gender discrimination due to accusations associated with opposite sex and/or age differences."
  - Participant 4 stated, "Women were not in the position to mentor me but gave me advice regarding education. Most of my mentors were male."

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Implications

- *Barrier: Work-family Imbalance*
- Although there was a struggle for CHC CEOs to manage both demands successfully;
  - a good support system,
  - delegation of duties to staff members, or
  - being single may have served as strategies for both male and female CHC CEOs to overcome this barrier.
- The majority of female CHC CEOs did not encounter the metaphorical glass ceiling, so women were not prevented from attaining leadership positions.
- More female CHC CEOs than male CHC CEOs had formal succession plans in their CHCs.
- The female CHC CEOs were ensuring that if they were to become unable to serve in their roles, then, their CHCs' leadership would continue.
- In addition, a slightly higher percentage of males than females reported that their CHCs were considering developing a formal succession plan.

Implications

- More male CHC CEOs reported being somewhat satisfied with the availability of mentors/coaches than female CHC CEOs.
- In CHCs, on average, more men reported having informal mentors than women. [1, 2, 3]
- An implication was that the literature and interview responses supported the idea that because women are the primary caregivers, they do not have as much time to socialize to form informal mentorships. [4]
- Similar percentages of men and women reported that they find that their executives hired/promoted regardless of gender.
- Both men and women agreed that they had gender equity in their CHCs.
- On average, female CHC CEOs reported having more formal mentors than male CHC CEOs.
- The results may imply that CHCs were ensuring that women were embraced in the workplace by arranging formal mentorships.
- According to this study's interview participants, the majority stated that their CHCs had succession plans in place for CEOs.

[1] Eiser, B. J. A. & Morahan, P. (2006). Fixing the system breaking the glass ceiling in health care. *Leadership in Action, 26 (4),* 8-13.

[2] Reinhold, B. (2005). Smashing glass ceilings: why women still find it tough to advance to the executive suite. *Journal of Organizational Excellence,* 43-55.

[3] Squazzo, J.D. (Nov. Dec.2009). Comprehensive development strategies ensure continued success. *Healthcare Executive,* 9-20.

[4] Weil, P.A., and Zimmerman, M. (2007). Narrowing the gender gap in healthcare management. *Healthcare Executive 16 (6)* 12-17.

Conclusions

- According to the majority of the interview participants in this study, CHCs did not have a glass ceiling.
- CHC Strategies to Prepare the Next Female Leaders
- Personal CHC CEO Strategies
- CHCs serve as a safety net to render care to the underserved as well as foster a workforce in health care work environment that is infused with gender equity.

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