

Paving the way for diversity

Pioneer Michellene Davis seeks to ensure equal footing for all executives

A C-Suite Conversation with

Michellene Davis

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Michellene Davis has had a history-making career thus far, and she is keenly aware of that. She has broken barriers as a woman and as an African-American. She currently serves as the executive vice president and chief corporate affairs officer for RWJBarnabas Health in New Jersey, after stints as a public defender, New Jersey state treasurer, leader of the state lottery and chief policy counsel to the New Jersey governor. But she remains wary of the over-the-top kudos that come with pioneering achievements.

“The only reason it’s relevant to note the fact that I’m a ‘first’ is because of the need to ensure that I’m not the last,” she says. “If you are the first walking into a space,

you have to ask yourself why that is. I have worked very hard and have been very blessed, but I’m certain that there were many talented women and many talented people of color who came before me, but organizations were not ready to welcome their brilliance into their space.”

Commitment to diversity creates better efficiency, solutions and decision-making – and is more profitable as well. That was the conclusion of a recent study by researchers at North Carolina State University and Portland State University, and it is the reason we have been committed to sponsoring the Top 25 Minority Executives in Healthcare for many years (for which Davis was recently honored). It is the right thing to do.

“To ensure that diversity in leadership is a best practice requires a solid commitment and direction of resources to provide opportunity for growth and development across the system,” says RWJBarnabas Health President & CEO Barry H. Ostrowsky. “With our system’s strategy of inclusion, we are working to ensure that our leadership reflects the diversity of our communities, beginning with Board membership and C-suites. As a result, we are benefitting from the wealth of thought, experiences, and values.”

Ostrowsky says Davis is crucial to that work.

“Michellene is a trailblazer. She has defined expectations for her role in our System. She is building her vision and creating new pathways for RWJBarnabas Health to explore in the realm of social impact, policy, and health equity.”

Behavioral health a major issue

The last eight years at RWJBarnabas Health make Davis feel like she’s come full circle, she says, back to roots that were planted as a trial lawyer.

“When I was doing criminal defense, I was literally arguing public policy issues in my brief and in my opening and closing statements,” she says. “I’d argue that, ‘If we had universal healthcare, my client wouldn’t be here.’”

Her clients didn’t have the resources to find an exit from the criminal justice system like some wealthy entertainers she saw pass through the courthouse on similar charges. And thus, the seeds were planted for Davis to tackle social determinants in healthcare in a major way.

Many of the people she defended, she says, “were people who truly suffered from either behavioral health or critical health

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issues. If they had had professional treatment, they may have made different life decisions.

“By and large, I encountered lots of good people who made what they thought was the only choice they had left. And a lot of that came from the cards that life had dealt them.”

Leadership in change management

Fast-forward a couple decades, and Davis now is leading the charge at RWJBarnabas Health to achieve equity in healthcare, and the health system is moving upstream into the community to battle social

determinants of health in a way that few U.S. providers are.

It's the system's Social Impact and Community Investment Department, and it is attempting to deal with the fact that much of a person's health has little to do

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EXECUTIVE'S TOOLKIT: Making way for women leaders

The struggle for gender parity at the top of corporate America will be conquered one organization at a time, and it promises to be a long wait. There are currently 24 women CEOs at Fortune 500 companies, down from 32 just a year ago, a drop of 25 percent.

But the future is diverse. We experience that reality every day as both a statistical fact and an operational imperative. A diversity of thought and experiences produces better outcomes. And the numbers back that up.

All of this, naturally, leads to a better bottom line as well. The Peterson Institute for International Economics analyzed 22,000 publicly traded companies. It concluded that companies with women executives simply performed better financially. McKinsey's data indicates that \$28 trillion could be added to the global economy if women played an equal role to men in their organizations.

And a study by the National Center for Women & Information Technology showed that gender-diverse organizations don't just create better profits; they also “demonstrate superior team dynamics and productivity.”

Does that sound like how

you'd like your organization to be run? Michellene Davis is one of many executives working toward outcomes like that.

“One of our flagship hospitals – Saint Barnabas Medical Center – just celebrated its 151st anniversary. We grew our system out of that hospital,” Davis says. “When our CEO named me the first woman EVP in 151 years, it begged the question: Why is that? And what could we do to ensure I wasn't the last?”

So, Davis, who is president of the Executive Women of New Jersey, worked to create the Women's Leadership Alliance Forum at RWJBarnabas Health, though she has since passed the baton to other women leaders.

“When you don't have a formalized approach to building women leaders, you don't have an internally recognized pool of talent that can be ready for stretch assignments or one that is known to top leaders when they are looking for a project champion for a new project.”

Davis and others put together a program of mentorship, coaching and sponsorship for women that has begun to right-size the organization's leadership. At the

very first event, they invited 200 women to participate and 199 showed up. (The other one was on an anniversary trip to Europe with her husband.)

The work continues. Today, any time a job is posted internally, the slate of candidates must include women. And Davis was asked to be at the side of New Jersey Gov. Phil Murphy when he signed a bill mandating equal pay for women, a move she applauded.

“Gender is also a social determinant of health,” Davis says. “In Newark, N.J., a majority minority community, more than 60 percent of households are headed by women. In New Jersey, the pay equity gap is that white women make 82 cents to every dollar a white male makes; for women of color, that translates to 64 cents for African American women and 43 cents for Latinas.

“Coupling this high rate of single-headed households with pay inequity alone evidences that it is difficult for me to lead an organization in addressing the social determinants of health when we don't acknowledge this is one of the reasons we have transgenerational poverty in the communities we serve.”

with the actual healthcare he or she receives. It has more to do with where they are born, live, learn, work, play, worship and age.

RWJBarnabas Health's efforts in this regard recently attracted the attention of the *Wall Street Journal*, which documented its efforts to keep its dollars in the community by buying from local women and minority-owned businesses, hiring more residents and pouring \$5 million into a Newark venture capital-backed project to back local technology startups.

Change management has clearly been a priority at RWJBarnabas Health in this ambitious effort. Organizations must have clearly defined protocols and strategies to encourage buy-in. At the core, leaders must be able to answer and execute on four levels:

1. How ready is my team for change?
2. What is our strategy and rationale for change?
3. How will we manage these transitions?
4. How do we ensure our culture and our leaders are aligned?

Davis is candid in acknowledging that winning over some of her fellow administrators has taken time and effort.

"To some of them, this was nonsensical at first," she says. "I'd say, 'Listen, I know we're in a group purchasing organization, but I need you to stop buying from folks in Michigan and buy from this local company we're helping this entrepreneur to start.'"

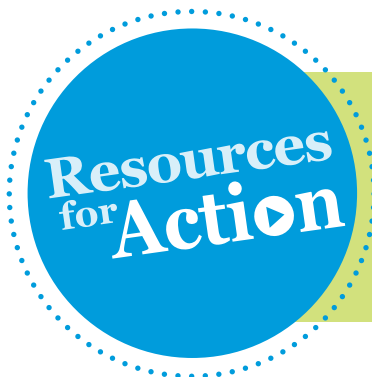
"If in fact we want to see healthier communities, then we need to be in the community – not as teacher or lecturer – but as co-learners in partnership with our community members."

As part of the new initiative, Newark Beth Israel Medical Center is the first and only hospital in the state to have a greenhouse. NBI

is also the state's only hospital to serve as a SNAP (formerly known as food stamps) vendor. The health system tore down a house in the neighborhood to make room for the garden but were surprised when local residents didn't buy their produce there. It turned out they couldn't afford it. Hence, the changes to make the healthy food available via SNAP.

Nuance is important, says Davis, who says RWJBarnabas discovered a population of employed residents who didn't qualify for SNAP but still had difficulty affording the produce. The health system has worked with them to offer the vegetables at a reduced rate.

"What's important is right-sizing your thinking and working with our community members," she says. "We need to acknowledge that they are the experts, not us. These individuals live in these environments, and we're not utilizing their knowledge." MPI



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