

Community Engagement and Social Responsibility

Tony Carter^{1*} and Demissew Diro Ejara²

¹Department of Management, College of Business, University of New Haven, USA

²Associate Professor of Finance, College of Business, University of New Haven, USA

*Corresponding author: Tony Carter, Department of Management, College of Business, University of New Haven, USA, Tel: 203-932-7346; E-mail: TCarter@newhaven.edu

Received date: Aug 21, 2014; Accepted date: Nov 11, 2014; Published date: Nov 22, 2014

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Abstract

Besides the social and economic benefits of increasing minority employment and supporting minority-owned businesses, hospitals can make a positive difference by bringing true diversity to urban hospital board structures. These boards of directors, now underrepresented by the minority populations of their communities, have the power and influence to determine the priorities of their institutions. Hospitals often are the largest employers in their communities and, as such, have the social responsibility of serving their communities in an equitable manner. This work primarily focuses on the data collected and analyzed regarding minority representation in the following areas: hospital governance; administrative and professional employment opportunities at the hospitals; and hospital purchasing practices.

Keywords: Community engagement; Economic development; Competitiveness; Social responsibility; Management practice

Introduction

The combination of the traditional economic disparities that minorities face with the volatile economy make today's world a worse place for getting ahead in a world of diminishing resources. This is why it is so important to face these problems head-on and to make sure communities understand today's difficult problems when it comes to jobs and the economy. Very deliberate outreach efforts need to be made in order to connect minority populations, to available resources [1]. Mentor programs have proven to be an excellent way to develop hands-on knowledge of the problems that confront them and of strategies for overcoming obstacles in organizations. Workshops and mentoring run by economic experts who present tangible steps young people can take to get on a path toward success. These grassroots outreach partnerships that already are successfully underway present a good model for the creation of other collaborations among educators, nonprofit organizations and the business community to expose communities to resources that are not generally available to them [2].

The following data is a review of opportunities to improve the state of minorities in the State of Connecticut. It looks at the tremendous opportunities acute care hospitals can play in improving the employment rate of minorities and in providing opportunities for minority-owned businesses that provide services and products that hospitals purchase. If hospitals employed minorities and contracted with minorities at a level that is representative of the make-up of the population of their surrounding communities, it would have an enormously positive economic impact on Connecticut's impoverished urban centers.

Methods

The survey items requested to obtain survey data from 's hospitals. The survey instrument contains questions on business practices (purchasing, media/advertising and economic reciprocity (allocation of hospital resources). The survey instrument was distributed to 30 acute-care hospitals in . Upon return, paper copies of the surveys were given. The workforce data was entered into a Microsoft Excel spreadsheet and cleaned by manual inspection. Missing and inconsistent data were reported, which requested clarification from the respondent hospitals. Microsoft Excel was used to create bar graphs as requested for presentation of the results. The population of the city in which each hospital is located was used as the reference population. Population characteristics were obtained from the 2010 US Census. While patient populations are generally examined using primary and secondary service areas using the widely accepted Dartmouth Atlas of Health Care delineations, specifically chose to compare hospital workforce demographics with the demographics of the city in which the hospital resides. The rationale for this decision is that neighborhoods immediately surrounding the hospitals are likely hospital employee pools. The hospital was the unit of analysis. The proportion of African Americans for each job category was examined. African Americans were considered underrepresented if there was more than a three percent difference between the general population and the job category and overrepresented if they comprised greater than three percent more than the general population.

Limitations

Several limitations to this analysis that should be noted, such as, not all hospitals provided all of the requested information and some hospitals did not provide information on some job categories or the numbers provided had to be excluded due to apparent errors in reporting. Some hospitals provided workforce demographic data in other formats that could not be compared to the categories. Second, lack of clarity in the descriptions of the various ethnic groups in the survey instrument may have led hospitals to categorize their

employees differently by race/ethnicity. Reporting of African American employees appeared clear such that confidence can be placed in these analyses. However, further investigations may consider inclusion of data on other underrepresented groups as well.

Results

Purchasing Practices

It was important to identify the amount of hospital spending budgets for goods and services compared with the amount of spending actually done with African American vendor owners. The disparity between these two determinants was striking. The amount of budgeted spending ranged between several hundred million dollars (\$000's million- \$1 million) to one to five million dollars on the low end of the range. This is in contrast to the actual spending range of tens of thousands of dollars to on thousand dollars or no spending with African American vendors/business owners (Figure 1).

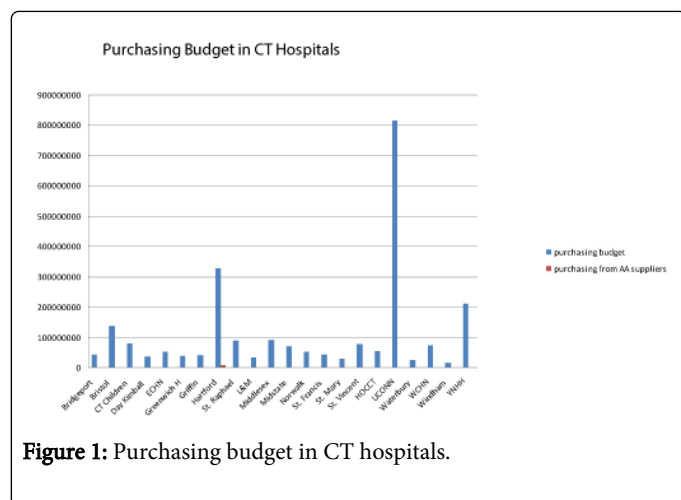


Figure 1: Purchasing budget in CT hospitals.

In fall, 2013, 25 surveys were collected and during the data collection period 4 hospitals merged into 2 health systems and each returned one survey covering the partner hospitals, resulting in 28 eligible institutions. In addition, 3 hospitals did not return the survey during the data collection period. This resulted in a response rate of 89.3%.

Media advertising expenditures

A similar development was indicated with the marked disparity between the amount of hospital actual media advertising expenditures and what was spent with African American media advertising firms. The media advertising hospital expenditures were between five million dollars to thirty thousand dollars, while they only spent eight thousand to one thousand dollars with African American media advertising firms. There also was marked disparity between the amount of total expenditures on hospitals' media advertising and what was spent with African American media advertising firms. The total media advertising expenditures for hospitals were between \$30,000 and \$5 million, while hospitals only spent between \$1,000 and \$8,000 with African American media advertising firms (Figure 2).

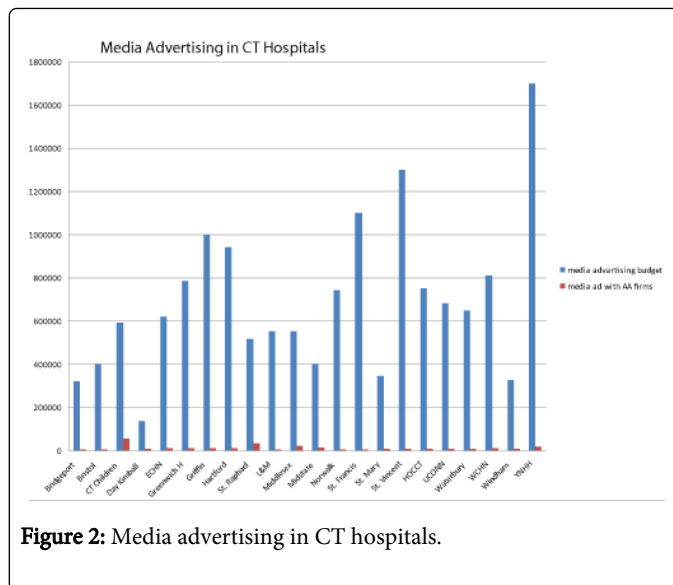


Figure 2: Media advertising in CT hospitals.

The proportion of African Americans in the total workforce of each hospital was compared with the proportion of African Americans in the city surrounding that hospital. Most hospitals (48%) were not representative of the overall city population. However, 40% were within the three percentage point range of the general population and are considered representative. And three hospital workforces (12%) did exceed the African American representation in the general population by more than three percent. It should be noted that two of those cities have African American populations under 5%, indicating that they may be drawing staff from other communities. None of the seven hospitals located in 's three largest cities were representative of those surrounding populations, which are over 30% African American.

The amount of hospital spending budgets for goods and services was compared with the amount of spending actually done with African American vendors and business owners. The disparity between these two determinants was striking. The amount of total budgeted spending ranged between \$1 million and several hundred million dollars. This is in contrast to the actual spending range of several thousands of dollars to little or no spending with African American vendors and business owners.

Viewed at the macro level, this data reveals an astonishing lack of minority representation among board of directors/trustees, professional staff and vendors. In some cases, there are no affirmative action plans in place. This makes it clear that in most instances Connecticut's hospitals do not employ minorities in numbers that are representative of the population served by the hospitals. Obviously, this is not good. But, from a positive perspective, it means that hospitals have a huge opportunity to favorably impact minority communities across the state by simply creating more equitable hiring, purchasing and governance practices at all levels.

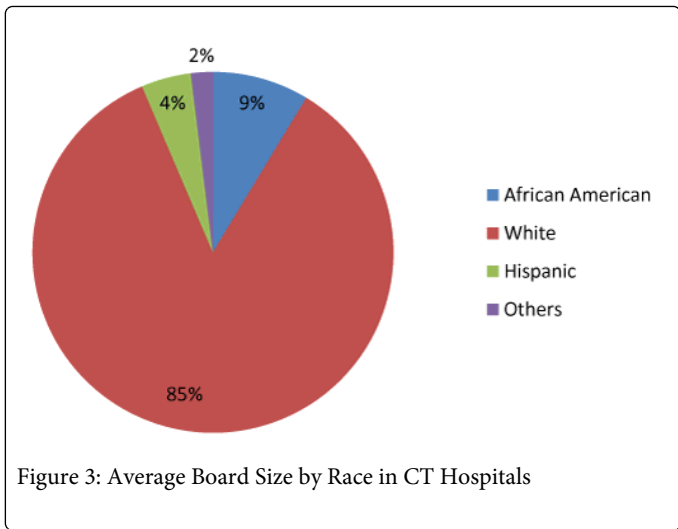


Figure 3: Average Board Size by Race in CT Hospitals

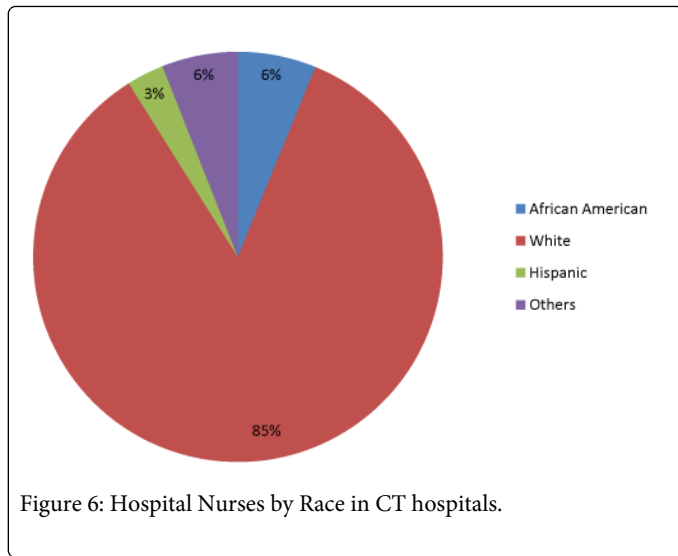


Figure 6: Hospital Nurses by Race in CT hospitals.

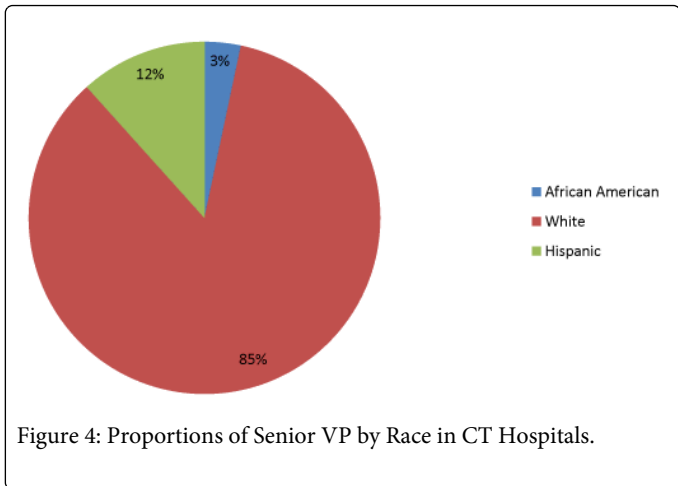


Figure 4: Proportions of Senior VP by Race in CT Hospitals.

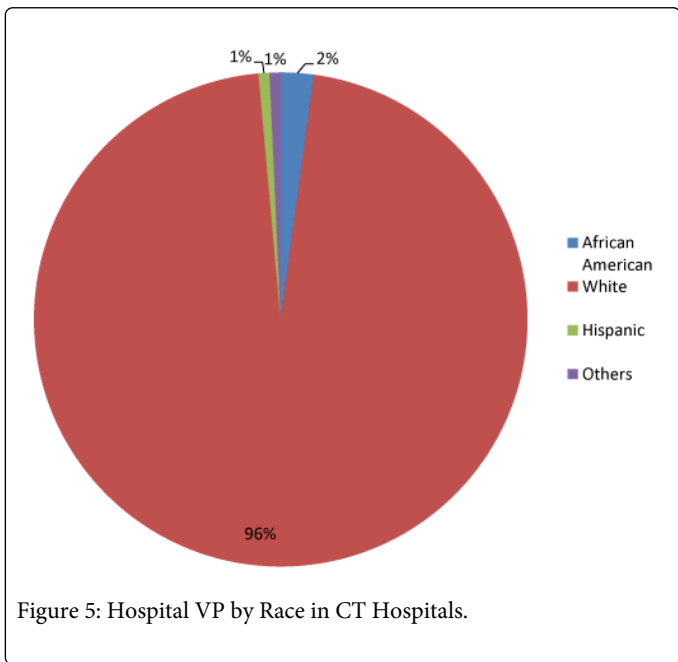


Figure 5: Hospital VP by Race in CT Hospitals.

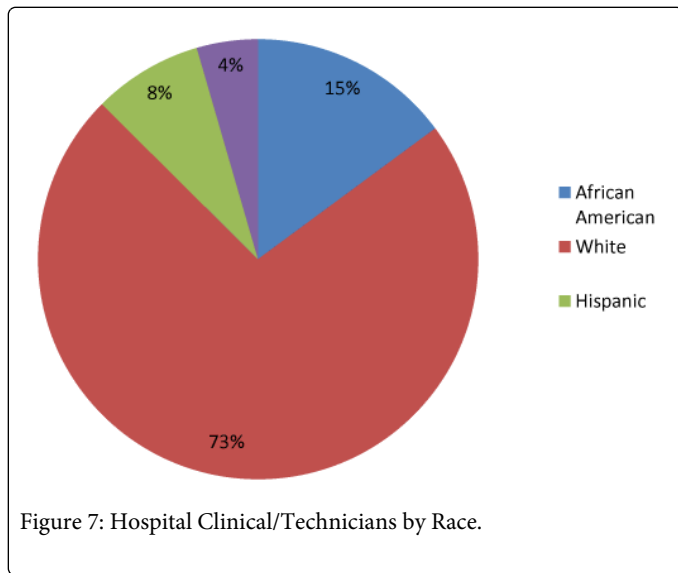


Figure 7: Hospital Clinical/Technicians by Race.

This data objectively illustrates that there is room for improvement for all institutions across the state. It is important to continue monitoring similar data for improvements and to become engaged in developing specific strategies to influence an increase in the representation of minorities at Connecticut's hospitals. Many of Connecticut's hospitals are in urban areas with high concentration of minorities and often with few economic opportunities. It is imperative that Connecticut Hospitals partner and develop programs, practices and policies that increase minority representation at all levels of the local workforce. The analysis here mostly focused on the overall allocation of hospital purchases of goods and services in comparison to the amount allocated to African American vendors and business owners (Figures 3-11).

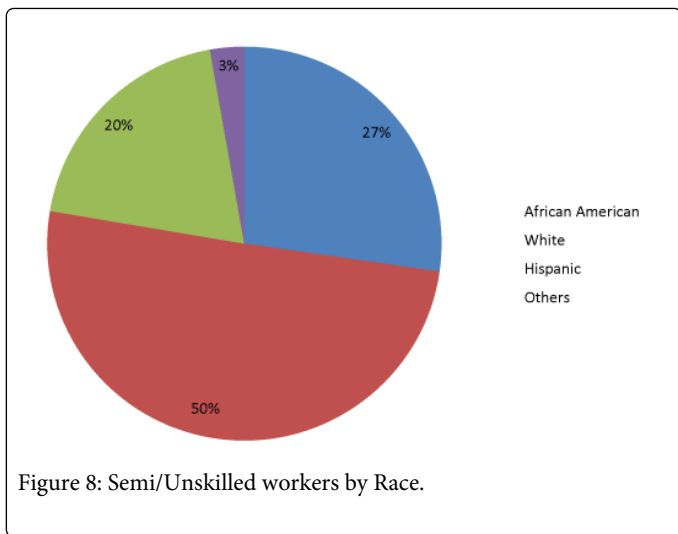


Figure 8: Semi/Unskilled workers by Race.

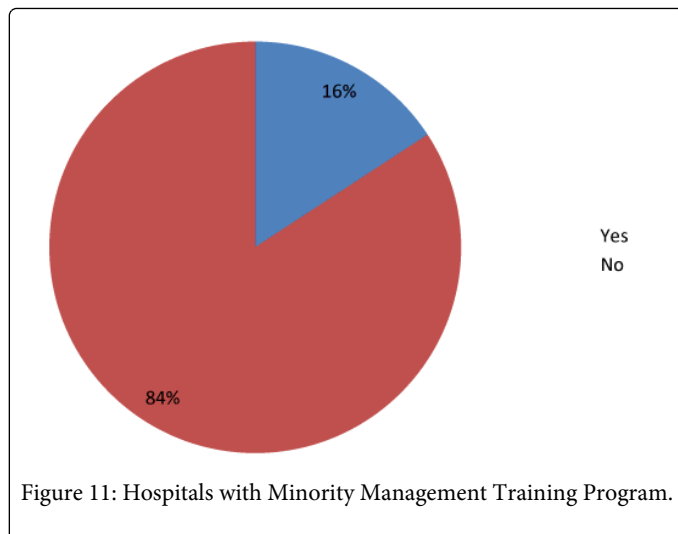


Figure 11: Hospitals with Minority Management Training Program.

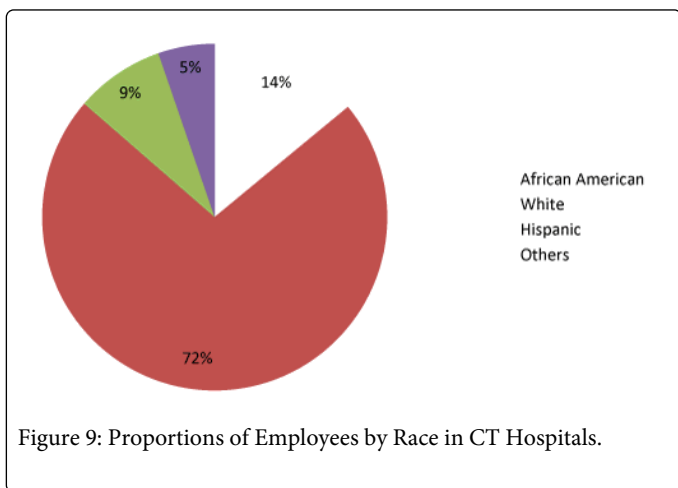


Figure 9: Proportions of Employees by Race in CT Hospitals.

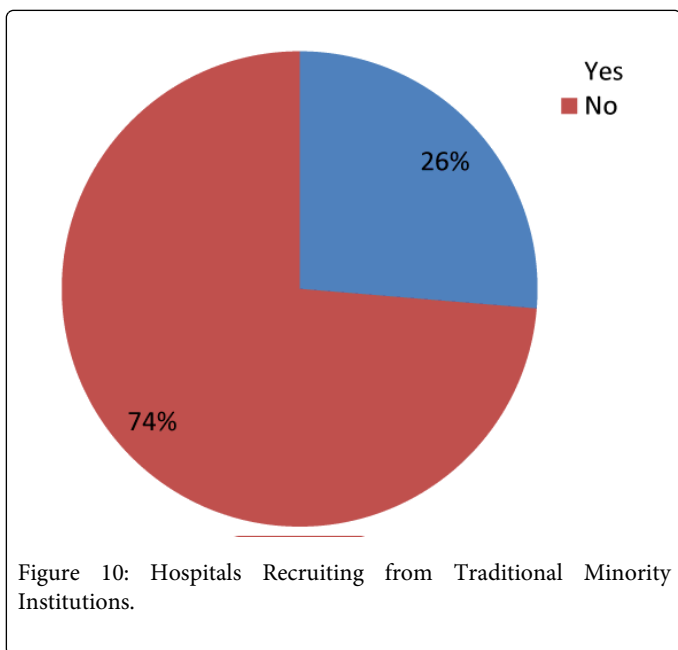


Figure 10: Hospitals Recruiting from Traditional Minority Institutions.

The analysis reveal similar findings; African Americans are under represented in the workforce of Connecticut’s hospitals, underrepresented as providers of goods and services to the hospitals in comparison to the general population, and underrepresented as recipients of philanthropic funds. While few of the hospitals that participated in the survey responded to specific questions regarding philanthropic giving for African Americans and Hispanics, the survey indicated that Connecticut Hospitals provided \$40 million to charities overall in 2013. Only \$100,000 of this was for minority giving. Among those hospitals that responded to the survey’s specific questions about philanthropy for African Americans and Hispanics, only \$12,000 was allocated for African American giving and \$10,000 for Hispanic giving.

Board of directors

It was interesting to examine the demographics of the hospitals’ boards of directors. Six Connecticut hospitals have boards of directors with African American population exceeding their general populations and three have no African American representation at all. Board sizes ranged from 10-32 members; African American representation ranged from 0-3 members. As a percent of total board membership, African American representation ranged from 0-20%, with the majority of hospitals’ boards comprised of 5-10% African American members. From November 2012 to October 2013, 25 surveys were collected. During the data collection period 4 hospitals merged into 2 health systems and each returned one survey covering the partner hospitals, resulting in 28 eligible institutions. In addition, 3 hospitals did not return the survey during the data collection period. This resulted in a response rate of 89.3%. The proportion of African Americans in the total workforce of each hospital was compared with the proportion of African Americans in the city surrounding that hospital. Most hospitals (48%) were not representative of the overall city population. However, 40% were within the three percentage point range of the general population and are considered representative. And three hospital workforces (12%) did exceed the African American representation in the general population by more than three percent. It should be noted that two of those cities have African American populations under 5%, indicating that they may be drawing staff from other communities. Notably none of the seven hospitals located in Connecticut’s three largest cities were representative of those surrounding populations, which are 30% African American. This

series of analysis reveals that African Americans are underrepresented in Connecticut's healthcare workforce compared with their representation in the general population. Further, African Americans are concentrated at the clerical/technical, semi/unskilled, and "other" position level. Also, the proportion of African Americans in mid-level positions, such as directors, nurses and other professionals, was unexpectedly low given the relatively large number of such positions at each hospital. African Americans were also underrepresented in C-level positions, including the Board of Directors, CEO, COO, Senior Vice Presidents, and Presidents.

An historical overview

Some urban community based organizations, such as the NAACP, are concerned about issues on economic development and job opportunities. The national NAACP was founded in 1909 and has since become the oldest, largest and most widely recognized grassroots-based civil rights entity in the country [3]. Its nearly 500,000 members and supporters in the United States and around the world serve as their communities' premier advocates for civil rights, equal opportunity and civic engagement.

Formed in large part in response to the continuing horrific practice of lynching's, re-enslavement and to race riots the NAACP has fought ever since for the political, educational, social, and economic equality of minorities and for the elimination of racial prejudice. With a strong emphasis on local organizing, the NAACP established branch office in cities across the country.

Some of the NAACP's most significant national accomplishments include:

- Drastically decreasing the incidences of lynching in its first 30 years of existence and marginalizing the Ku Klux Klan by creating widespread public opposition to it.
- Successfully blocking the appointment of a segregationist judge to the U.S. Supreme Court by President Hoover in the 1930s.
- Influencing President Franklin D Roosevelt to establish the Fair Employment Practices Committee in 1941 to ensure that thousands of jobs were opened to black workers.
- Winning the court victory of *Brown v. Board of Education* in 1954 outlawing segregation in public schools.
- Helping the NAACP's Washington D.C. bureau advance integration of the armed forces in 1948 and pass the Civil Rights Acts of 1957, 1964, and 1968 as well as the Voting Rights Act of 1965.
- Successfully advocating in 1991 for the development of the Civil Rights Restoration Act and in 2002, the Help America Vote Act.
- Helping to reduce the disparity in sentencing individuals caught with crack cocaine versus powder cocaine in cooperation with the U.S. Attorney General in 2012.

The NAACP believes that black, brown and non-minority leaders must forge a broader, more comprehensive metropolitan approach that creates equity along the continuum of suburban and urban neighborhoods. Those who seek social justice and equity must take accountability for implementing community development and planning initiatives that are inclusive of all children, all families and all neighborhoods. New approaches are essential to bridge the stark divides in education, housing, health and safety, economic opportunity and civic engagement that separate contiguous neighborhoods within the same metropolitan area [4].

Trends

Looking at results from the National Assessment of Educational Progress every two years going back to 2003, there has been little to no change in reading proficiency levels. In fact, the "achievement gap" between low-income and non-low income students in Connecticut has only grown from 35 percentage points in 2003 to 40 points today. Considering minority and low-income students together, across all subjects tested, Connecticut has the largest "achievement gap" in the United States. These trends are unacceptable, and the metropolitan areas will be at a major economic disadvantage if these disparities continue to exist [5]. Test scores in 3rd and 4th grade very strongly predict students' chances of graduating from high school, and of obtaining a college degree. According to a recent national study students who do not read proficiently by 3rd grade are four times less likely to graduate than their peers who do read proficiently. Students who do not read proficiently, and who are living in lower-income families are 13 times less likely to graduate. These test scores are closely linked to the broader social issues presented in this report, because they are often a reflection of children's educational, health care, and family experiences during the years between birth and 3rd grade.

Some solutions to consider

Extending the availability of high-quality early childhood experiences to all children should be done so that low-income children are fully prepared to learn by the time they reach kindergarten. Coalitions working to ensure that the economic well-being of women and young children, and the elimination of racial and ethnic disparities in child care and health care access, are treated as local and statewide priorities. Reducing the high proportion of students missing twenty or more days of school by deploying additional support for families and students in the early grades should also be a goal. Students who miss a significant part of the school year are more likely to fall behind their peers. Also, leveling the playing field within early childhood centers and elementary schools so that students of all backgrounds are likely to be reading at goal level by the time that they reach 3rd or 4th grade and implement wrap-around services for low-income parents and children, including programs designed to combat "summer reading loss." Illustrating the challenges faced by low-income communities should consider the fact that library use drops off significantly when libraries are located more than six blocks from the house of a low-income child, versus 2 miles for a middle-class child. Taking aggressive steps to encourage families to become active in early childhood centers and schools, to read to their children, to provide positive educational opportunities throughout the entire year, and to choose strong community leaders who will hold themselves accountable for correcting these disparities are also critical actions to follow [6].

To increase access to the Internet for all families, regardless of their economic status will be important. For example, a large scale survey of the entire Greater New Haven region in Fall 2013 found while only 2% of families with children with incomes of more than \$50,000 did not have access to a computer with high speed internet at home, a full 22% of families with children with incomes of less than \$50,000 lacked internet access, an 11 fold disparity.

Students who drop out of high school are much more likely to be unemployed. They also receive \$500,000 less in earnings over their lifetime than their counterparts who receive at least a diploma.

Nationally in 2009, those with no high school diploma earned an average of \$19,500 per year, while those completing high school earned an average of \$27,400. In recent decades, black men who dropped out of high school have been 11 times more likely to be incarcerated in their lifetime than black men who attended at least one year of college. Raising the graduation rate of males by just five percent would save the United States over five billion dollars in crime-related costs alone.

Solutions requiring broad community support

It is important to raise 3rd and 4th grade reading test scores, which very strongly predict outcomes. As students who are not reading proficiently reach high school, and the course material gets progressively more difficult, many are discouraged in classes as they realize they are falling even farther behind their peers. Promoting access to jobs by improving workforce education, local contracting and purchasing programs throughout the metropolitan regions will be useful. Communities must see that a meaningful share of these programs are openly competitive for the areas that are most likely to face unemployment, particularly young adults who live within lower-income neighborhoods. Many communities receive billions of dollars in Federal and State grants each year for projects such as the repair of local highways and the expansion of research infrastructure. Managing diversity, multicultural teams, residents and professionals means seeing that these funding streams have a more widespread impact on job creation within minority and lower-income communities [7].

Conclusion

This series of analysis reveals that African Americans are underrepresented in Connecticut's healthcare workforce, purchasing activity and media advertising involvement, compared with their representation in the general population. The data included here should serve as a call to action. The way business is being conducted by Connecticut hospitals must change and Connecticut must not accept the current reality in which, for example, only \$200,000 of the more than \$10 billion of procurement funds expended by Connecticut hospitals went to African American businesses in the period covered by this report. These realities, combined with the shortage of African Americans on hospital governance boards, in senior management positions and as recipients of philanthropic funds, explains the

healthcare gap in the U.S. Hospital leaders and policy makers, statewide power broker, elected officials and regulators in Connecticut need to step up to the plate and address these issues head-on. If they do not, these huge disparities will remain and will continue to limit opportunities and negatively impact the social and economic well-being of the communities where hospitals in Connecticut are located. The successful development of small businesses can further address regional and inner city concerns and address economic development through the generation of employment opportunities for residents, development of from a customer base of non-residential clientele that pass through the heavily trafficked areas that surround the vicinity, and empower residents to pursue small business development opportunities [8].

Developing a pool of African-American entrepreneurs who seek new or existing business opportunities is a key to economic development. These businesses can take advantage of the realization by workers that they will not work for one employer for most of their careers. A better career choice might be to go into their own businesses and depend on their own skills rather than depend on the security of a large organization [9].

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