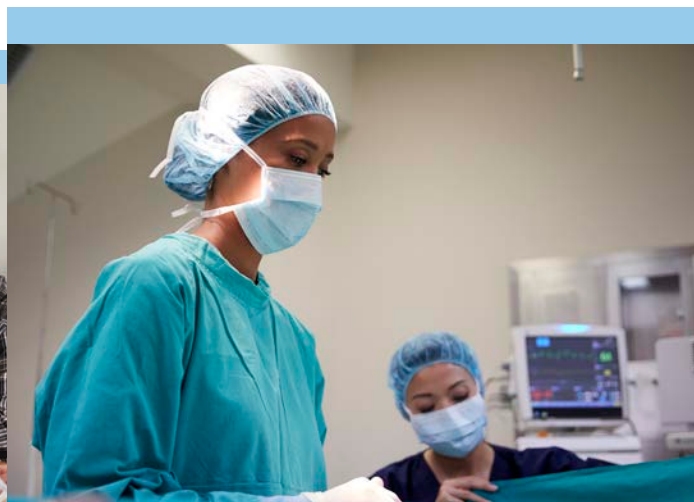


# THE GENDER GAP IN NONPROFIT BOARDROOMS

The 2019 Census of Women Board Members  
of the 50 Largest Medical and Educational  
Institutions in Greater Philadelphia

A joint project of La Salle University; The Nonprofit Center at La Salle University's School of Business,  
and The Women's Nonprofit Leadership Initiative



**WOMEN'S NONPROFIT  
LEADERSHIP INITIATIVE**



## La Salle University

**La Salle University** was established in 1863 through the legacy of St. John Baptist de La Salle and the Brothers of the Christian Schools teaching order, which St. La Salle founded in 1680. La Salle University is an academic community shaped by traditional Catholic and Lasallian principles and has been consistently recognized for providing a holistic and practical education that produces strong outcomes. In 2019, *Money* ranked La Salle as #23 on its list of “Most Transformative Colleges” in the country. *Forbes*, *U.S. News & World Report*, *The Wall Street Journal/Times Higher Education*, *Money*, and *The Princeton Review* have consistently cited La Salle on lists including “Best Colleges” and “Best Value Colleges” nationwide.

## The Nonprofit Center

**The Nonprofit Center at La Salle University, School of Business** helps strengthen nonprofit organizations throughout the Philadelphia region and beyond so they can better serve their constituents. Through educational programs, board development, training and consulting services and an information and referral network, the Center’s team of experts works with thousands of organizations to enhance their ability to govern, manage and perform more effectively in a competitive environment. Founded in 1981, the Nonprofit Center has educated 35,000 nonprofit professionals and completed some 3000 consulting projects. Visit the website at [lasallenonprofitcenter.org/](http://lasallenonprofitcenter.org/)

## The Women’s Nonprofit Leadership Initiative

**The Women’s Nonprofit Leadership Initiative (WNLI)** is a group of more than a dozen Philadelphia area women leaders in the nonprofit sector that has been meeting and working on the nonprofit diversity issue since 2012, with particular emphasis on the region’s major health care and higher education institutions. The group was established by the late Dr. Happy Fernandez, former president of Moore College of Art, member of Philadelphia City Council, and former professor at Temple University. It has engaged with board leaders and women board members of nonprofit institutions to increase diversity on these boards. Its volunteer members have also worked both independently and in cooperation with Philadelphia’s Forum of Executive Women to make available reliable information about women’s representation in the leadership ranks of Greater Philadelphia’s nonprofit sector. Visit the website at [WNLI.org](http://WNLI.org)



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# Introduction: Colleen Hanycz, Ph.D., President, La Salle University

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My interest in women's roles in leadership has existed throughout my career—from being a practicing attorney to an educator to ultimately a University President, including at the only women's college in Canada. In my current role as President at La Salle University, I am in the enviable position of being able to support and promote women in various leadership roles and to share that message with today's students, on their way to becoming tomorrow's leaders. This daily opportunity is certainly one of the parts of my job that I love the most.

Much has been said and written about the role of women on boards. In my time in university leadership in Canada, I had the opportunity to be involved in various governmental and non-governmental attempts to understand the significant value being lost when governing bodies did not include meaningful female representation, and my previous interest in this area has been intensified since my arrival to Philadelphia. Known nationally for our 'eds and meds', Philadelphia is a leader in healthcare and higher education, hosting dozens of institutions that play a direct and critical role in shaping America's future well-being. If, in fact, these institutions of health care and education play such a key role in this region, how are we doing with board diversity? I was not alone in my interest in this question and was grateful to be approached by the Women's Nonprofit Leadership Initiative, a brain trust of remarkable leaders from across the

profit and nonprofit world. And, as they say, the rest is history.

We were able to bring together an expanded group of women academics from La Salle, including from our Nonprofit Center, positioning us very well to undertake this study. We see this work as the first step in raising awareness around the current state of women's engagement in the governance of this region's top universities, colleges and health care systems, so that meaningful steps can be taken to move toward greater gender representation that will enrich these institutions and their capacity to make the best possible decisions for those whom they serve.

To anyone who believes in the power of women as leaders and the advantages that a diverse group of minds can bring to solving any problem, the data here are sobering. We are not currently where we need to be in bringing the best possible resources to our governance tables, a fact that is even more troubling when we assess the signs of our times and recognize how challenging the forces are in these sectors. There are external and internal factors that continue to add complexity to the management and governance of these institutions and, in order to succeed, all of our leaders need to be working together with the best possible resources to navigate disruption.



I call upon my fellow presidents and CEOs, along with the regional board leadership in the health and higher educational sectors, to take a close look at this data. Are we ensuring that our cabinets and boards are equipped as well as they could be to grapple with what faces us, individually and collectively? Could we do more to ensure that we have diverse voices around our tables who will bring a more representative approach to answering the big questions of the day? If not, what is our plan?

I am very proud of the work done here by my gifted colleagues at La Salle University, and look forward to the next steps in this journey towards enhancing our governance and management.



# Setting the Stage: The Women's Nonprofit Leadership Initiative

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Higher education and health care institutions (meds and eds) play an outsized role in this region. During recent decades, they count among the few growing parts of Philadelphia's economy. Ten of the 20 largest employers in the region are nonprofit meds and eds according to Select Greater Philadelphia.<sup>1</sup> Their workforce contributions are particularly valuable because they create jobs at many different skill and education levels – including doctors, professors, administrators, technicians, skilled tradespeople, maintenance workers, etc. In addition, they bolster the region's economy by large purchases

of office supplies, lab equipment, food, and professional services.

The impacts of these important institutions, however, extend beyond the economy. These are corporations whose primary purpose is not to produce or sell goods or generate profits for shareholders, but to enhance the lives of patients whose health they improve and students whose minds they train. They change individual lives in ways that have indirect impacts on families and the larger community. Board members of meds and eds institutions have considerable power in shaping institutional, educational

and health care policies and practices. To succeed at their mission, these institutional leaders must understand the populations they serve, including the diversity of life experiences and outlooks they represent.

Women comprise more than 56% of students on college campuses as of 2017<sup>2</sup> and “women make 80 percent of buying and usage decisions and are 65 percent of the workforce” in health care.<sup>3</sup> So the impact on women (and girls) of the decisions made by meds and eds boards is significant. We often hear that women outnumber men both as employees and volunteers

1 Select Greater Philadelphia Council, “Top Employers in the Greater Philadelphia Region,” <https://selectgreaterphl.com/documents/leading-employers/>

2 Jon Marcus, “Why Men Are the New College Minority,” *The Atlantic*, August 8, 2017.

3 Stone, T., Miller, B., Southerian, E., & Raun, A. (2019). *Women in Healthcare Leadership 2019*. Oliver Wyman. <https://www.oliverwyman.com/our-expertise/insights/2019/jan/women-in-healthcare-leadership.html>

in America's nonprofit sector. Yet that pattern is not reflected in boardrooms—particularly in the largest, most powerful nonprofits—the meds and eds.

In the for-profit world, years of research and reports have highlighted the under-representation of women on governing boards of major corporations nationally and in numerous regions, including Philadelphia, where the Forum of Executive Women annually tracks the presence of women on company boards. That scrutiny has attracted significant media attention and prompted a variety of initiatives pressing for change. Similar research on the large nonprofits is rare and has begun to appear only recently. A Boston women's leadership organization—The Boston Club—pioneered research and reporting on gender diversity in for-profit corporations in the Boston area in the 1990s and began reporting on large nonprofits in 2013. Starting in 2014 and for the next two years, WNLI worked with the Forum of Executive Women in

order to include, for the first time, in the Forum's annual status report on women corporate leaders in the Philadelphia area, some of the area's major nonprofit meds and eds. Using a sample of fewer than 20 in each category, the Forum and PwC, its research partner for the reports, found that in 2014 women represented 29% of the board members of the colleges and universities and 26% of the health care boards, dropping to 24% in 2016.

After the Forum ceased reporting on nonprofits in 2017, the WNLI began looking for a partner to produce a report focusing solely on the large nonprofit meds and eds, believing that they deserved their own report and hoping to increase the number of meds and eds included. Numbers of these nonprofits significantly exceed the revenues of the for-profit companies included in the Forum report and also exceed them in number of employees. So we believe they deserve to be spotlighted. Stakeholders in the

nonprofit meds and eds should be motivated by the same interest that motivates for-profit shareholders—the evidence showing that board diversity benefits corporations by improving governing processes, and bringing important varied perspectives to decision-making and improving outcomes.

We are extremely lucky to have found partners at La Salle University's Nonprofit Center who embrace the need for closer examination of the diversity on the boards of our region's major nonprofit institutions, and who have invested their time and talent to collect the data and produce this report. We especially want to acknowledge the leadership and support of La Salle President Dr. Colleen Hanycz and the fine work of La Salle Professor Dr. Elizabeth Paulin, who analyzed the data, and especially Dr. Laura Otten, the Executive Director of the Nonprofit Center who led the team of La Salle researchers.





# Executive Summary

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This research launches the first of what will be a triennial census of women on the governing boards of the 25 largest 501(c)(3) health care institutions and the 25 largest 501(c)(3) institutions of higher education in the Greater Philadelphia region<sup>4</sup>, as measured by annual revenue reported by GuideStar (now Candid), as of February 2018. With this research, and the attendant advocacy efforts that will follow, we aim to encourage these 50 premiere nonprofit organizations, as well as *all* nonprofits in the region, regardless of budget and mission, to move to a gender and racial balance that is reflective of their constituencies and the larger communities of which they are a part.

Using publicly available information, and, when necessary, personal knowledge and tenacity, data were collected on the gender and racial composition of each board and the gender of the Chairs of each board. To help interpret the data, we relied on a minimum goal of 30% gender diversity, with an ultimate goal of parity, used and popularized by The Thirty Percent Coalition and the 30% Club, and supported by the Pennsylvania House of Representatives. Among the key findings of this research are:

- There is a gender gap in the boardrooms of many of the region's largest and most powerful nonprofit health care and educational institutions (meds

and eds). On average the 25 meds boards fell below the minimum goal of 30%; women comprised only 28% of those boards, with a low of 14% to a high of 62%. The eds barely exceeded the minimum, recording an average women's representation of 33%, with a low of 8% to a high of 91%.

- Twelve of each set of boards met or exceeded the desired goal of 30% female members. Doylestown Hospital well exceeded parity; as did four education boards—Bryn Mawr College, Immaculata, Cabrini, and Arcadia. In each category, the four institutions with the greatest female representation were started by women or women's religious orders.
- Only a minority of the 50 boards were chaired by women: six (24%) of the 25 health care boards and five (20%) of the 25 higher education boards.
- The meds and eds boards had the same low percentage of people of color: 13%. And both were more likely to have men of color (7% for meds and 8% for eds) on their boards than women of color (6% and 5%, respectively).

In a region that is majority female, with substantial communities of color in many parts of the region, our data

reveal that too many boards of the major meds and eds of our region are deficient if they wish their boards to be reflective of the constituency they serve and to ensure that the needs and concerns for all members of that constituency are considered and reflected in board decisions.

We call on board leaders—board chairs, and chairs of governance committees—and chief executives/presidents, to assess their current board diversity and, if their boards are not diverse, to determine the steps needed to change those numbers. We also encourage stakeholders—those who have an interest in or are affected by the decisions of these institutions—to pay attention to the make-up of these boards and, where necessary, to use their collective power and influence to encourage change.

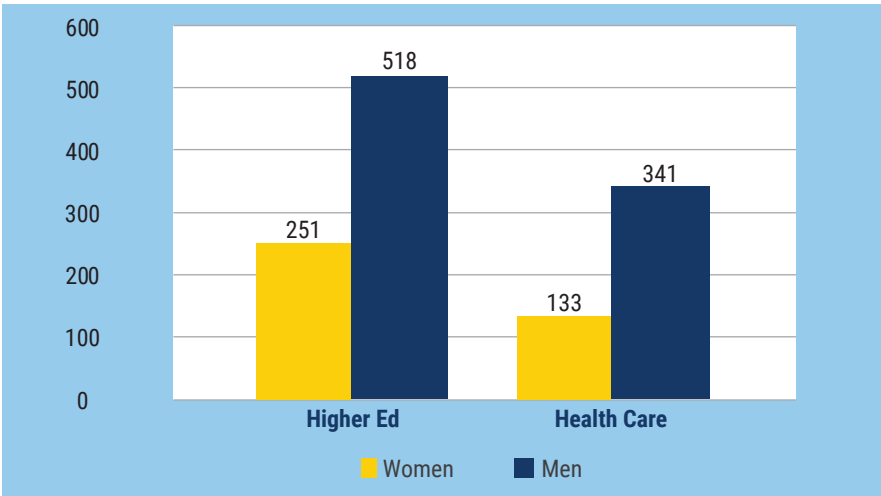
<sup>4</sup> It is the plan that in subsequent years this Census will expand to include a more accurate reflection of the racial composition of these boards and a more precise determination of gender identification that is aligned with 21<sup>st</sup> century gender categories.

# The Census Results

Overall, women have a slightly stronger presence on the boards of institutions of higher education than on boards of health care organizations. One third (33%, n=251) of the 769 board members of institutions of higher education were women, compared to 28% women (n=133) among the 474 board members on health care boards.

While it is true that the university boards in this study tended to operate with a larger size board than health care boards (averaging 31 members versus 19, respectively), that did not give them a proportionately greater share of women on their boards.

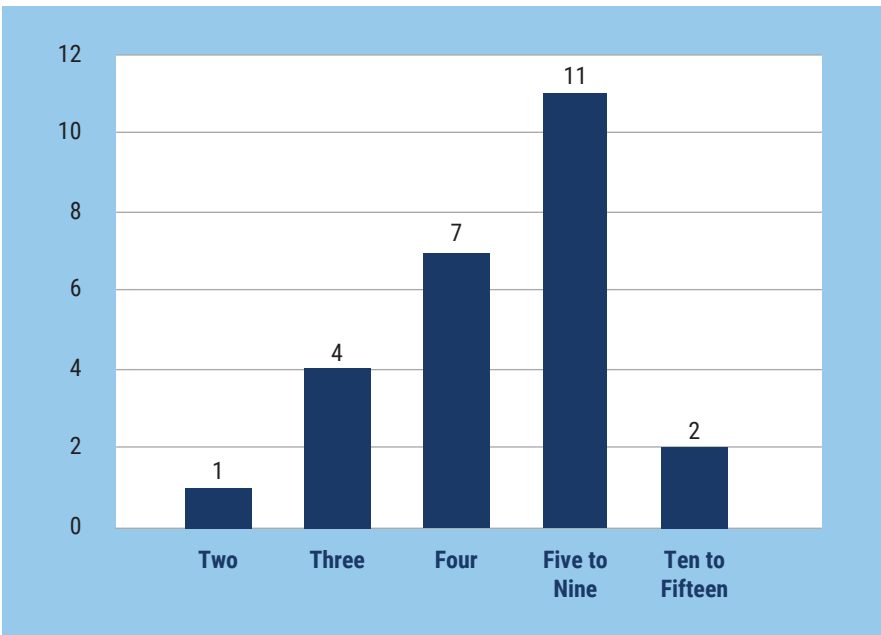
**CHART 1:**  
HEALTH CARE AND HIGHER EDUCATION BOARD MEMBERS BY GENDER



## HEALTH CARE

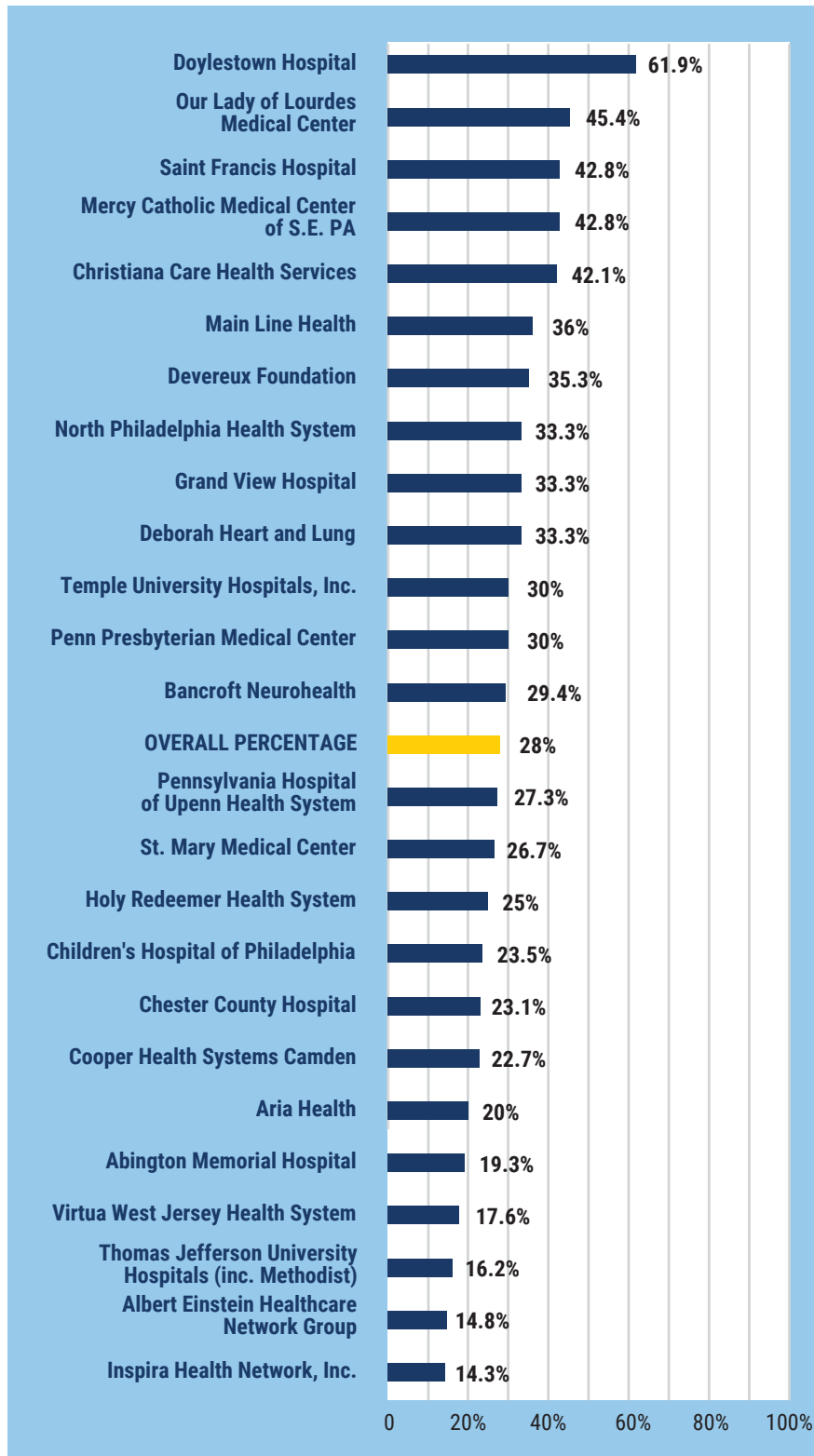
Looking only at women on the health care boards, female representation ranged from as few as two women to as many as 13. (See Chart 2.)

**CHART 2:**  
HEALTH CARE BOARDS BY NUMBER OF WOMEN ON THE BOARD





**CHART 3: PERCENTAGE OF WOMEN  
ON HEALTH CARE BOARDS**



As Chart 3 reveals, female representation on health care boards ranged from a low of 14.3% (Inspira Health) to a high of 61.9% (Doylestown Hospital). (See Table 1 for an alphabetical listing of all health care organizations.) The average for all 25 meds boards was 28%.

Is there a “right” percentage of women on a board to receive the benefits that such diversity brings? In 2010, the organization known as 2020 Women on Boards set the goal of having 20% of the boards of for-profit companies be women by 2020; that goal has been met. Others have suggested that the goal should be between one-third and parity. We have opted to take the lead of The Thirty Percent Coalition and the 30% Club, who look to 30% as a minimum for for-profit boards, and the Pennsylvania House of Representatives, which passed a resolution<sup>5</sup> urging both for-profit and nonprofit boards to reach a 30% minimum by 2020.

**TABLE 1: HEALTH CARE:  
TOTAL BOARD SEATS AND BY GENDER**

Institution <sup>6</sup> in Alpha Order	Board Seats			Female Chair
	Men	Women	Total	
Abington Memorial Hospital	46	11	57	
Albert Einstein Health care Network Group	23	4	27	
Aria Health	20	5	25	
Bancroft Neurohealth	12	5	17	
Chester County Hospital	10	3	13	
Children's Hospital of Philadelphia	13	4	17	
Christiana Care Health Services	11	8	19	X
Cooper Health Systems Camden	17	5	22	
Deborah Heart and Lung	8	4	12	X
Devereux Foundation	11	6	17	
Doylestown Hospital	8	13	21	X
Grand View Hospital	8	4	12	
Holy Redeemer Health System	12	4	16	
Inspira Health Network, Inc.	12	2	14	
Main Line Health	16	9	25	X
Mercy Catholic Medical Center of S.E. PA	8	6	14	
North Philadelphia Health System	8	4	12	X
Our Lady of Lourdes Medical Center	6	5	11	X
Penn Presbyterian Medical Center	7	3	10	
Pennsylvania Hospital (of UPenn Health System)	8	3	11	
Saint Francis Hospital	8	6	14	
St. Mary Medical Center	11	4	15	
Temple University Hospitals, Inc.	14	6	20	
Thomas Jefferson University Hospitals (incl. Methodist)	31	6	37	
Virtua West Jersey Health System	14	3	17	
<b>OVERALL TOTAL</b>	<b>341</b>	<b>133</b>	<b>474</b>	<b>6</b>

Twelve of the health care boards (48%) hit or exceeded the 30% minimum, with one, Doylestown Hospital (at 61.9%), well exceeding parity. Four other organizations surpassed the 40% mark: women made up 45.5% of the board of Our Lady of Lourdes Medical Center, comprised 42.9% of the boards of Saint Francis Hospital and Mercy Catholic Medical Center of South Eastern Pennsylvania, and were 42.1% of the board of Christiana Care Health Services.



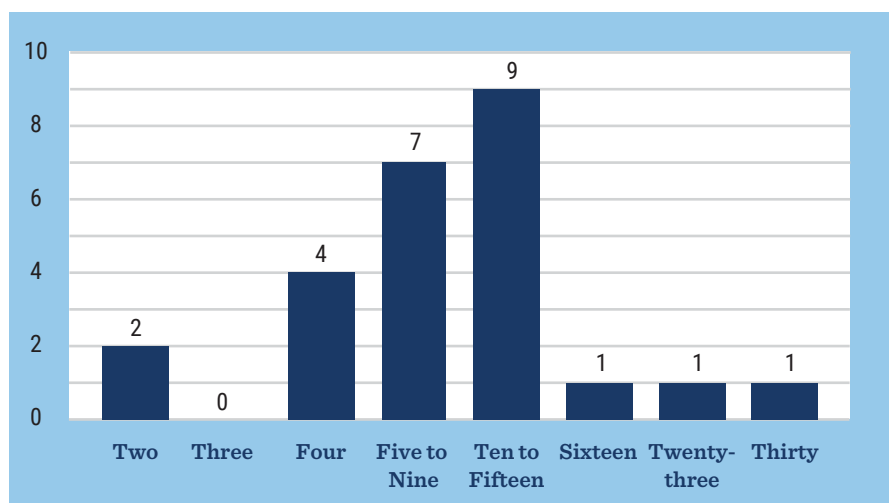
<sup>6</sup> The University of Pennsylvania Health System (Penn Medicine) is a hospital network owned and operated by the Trustees of the University of Pennsylvania. Thus, it is not included in this research.



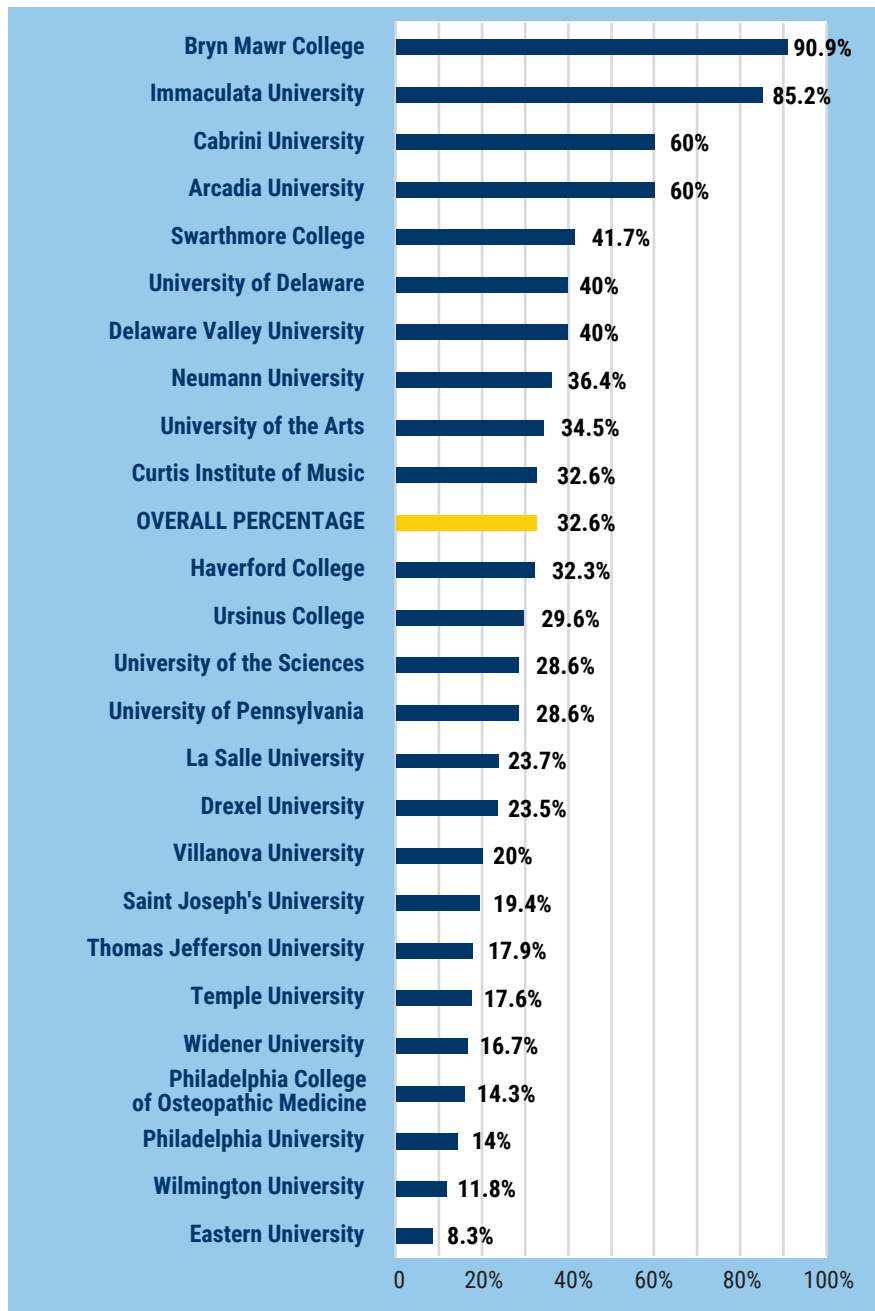
## HIGHER EDUCATION

The total number of women on boards of higher education ranged from a low of 2 (8.3% and 11.8%) to a high of 30 (90.9%) (see Chart 4). (See Table 2 for a listing of all higher education organizations in alpha order).

**CHART 4: HIGHER EDUCATION BOARDS BY NUMBER OF WOMEN ON THE BOARD**



**CHART 5: PERCENTAGE OF WOMEN ON HIGHER EDUCATION BOARDS**



As Chart 5 indicates, the average percentage of women on boards of higher education was 32.6%, slightly surpassing the 30% goal. Twelve (48%) of the boards of higher ed exceeded the 30% mark. (See Chart 5 for the percentage of women on the twenty-five higher education boards; Table 2 presents the schools in alpha order.)

Four of the higher education boards surpassed the goal of gender parity: Bryn Mawr College was 90.9% female, Immaculata was 85.2% women and Cabrini and Arcadia were both 60% women.

There appears to be a pattern shared by both health care and higher education organizations as to where women show up on boards in greater numbers. Of the five health care organizations with the greatest percentage of women (ranging from 42% to 62% of the board), four of them were started by women or women's religious orders. Doylestown Hospital, ranking number one with almost 62% (n=13) of its board being female, was founded in 1923 by and continues to be owned and operated by a women's club. Our Lady of Lourdes Hospital and St. Francis Hospital, ranking second and third with the greatest percentage of women, were founded by the Sisters of St. Francis, while Mercy Catholic Medical Center of Southeast Pennsylvania was founded by the Sisters of Mercy. Only Christiana Hospital, fifth among the top five boards with the greatest percentage of women, was not founded by women.

A similar phenomenon appears with the top five boards of higher education institutions having the greatest percentage of female members. Bryn Mawr College, a women's college, tops the list; 91% (n=30) of its board members were women. Immaculata University, number two on the list (85%, n=23), was founded by nuns, the Servants of the Immaculate Heart of Mary, and Cabrini University, number three on the list (60%, n=15), was founded by the Missionary Sisters of the Sacred Heart of Jesus. What is now Arcadia University, fourth on the list (but tied with Cabrini at 60%), was founded in 1853 as Beaver Female Seminary; men were only allowed to enroll between 1872 and 1907, and then again starting in 1972. The last on the list of the top five, Swarthmore College (42%, n=15), was among the first colleges to enroll women.



**TABLE 2: HIGHER EDUCATION:  
TOTAL BOARD SEATS AND BY GENDER**

Institution in Alpha Order	Board Seats			Female Chair
	Men	Women	Total	
Arcadia University	8	12	20	X
Bryn Mawr College	3	30	33	X
Cabrini University	10	15	25	
Curtis Institute of Music	29	14	43	
Delaware Valley University	15	10	25	
Drexel University	39	12	51	
Eastern University	22	2	24	
Haverford College	21	10	31	
Immaculata University	4	23	27	
La Salle University	29	9	38	
Neumann University	14	8	22	X
Philadelphia College of Osteopathic Medicine	21	4	25	
Philadelphia University	24	4	28	X
Saint Joseph's University	29	7	36	
Swarthmore College	21	15	36	
Temple University	28	6	34	
Thomas Jefferson University	32	7	39	
University of Delaware	18	12	30	
University of Pennsylvania	40	16	56	
University of the Arts	19	10	29	
University of the Sciences	10	4	14	
Ursinus College	19	8	27	X
Villanova University	28	7	35	
Widener University	20	4	24	
Wilmington University	15	2	17	
<b>OVERALL TOTAL</b>	<b>518</b>	<b>251</b>	<b>769</b>	<b>5</b>

It is definitely noteworthy, though should not come as a surprise, that organizations founded by and/or for women would be more likely to have a greater percentage of women on their boards. For example, it is a common practice, if not a requirement, that educational institutions select at least

some alumni/ae as board members and for religiously-founded institutions to appoint members of their order to the board. Such practices and/or institutional rules could naturally skew the gender composition of a board.

Another practice that could influence gender balance on a board is when a single person serves on multiple boards. It is very common that an individual who sits on one nonprofit board also sits on at least one other nonprofit board. It is also a common practice for one board member to bring to Board B an individual s/he met while serving on Board A. We wondered if either of these practices was operating here and might explain why men comprised the majority of the boards of most of these institutions.

That, however, was not the case. The 50 organizations studied had a total of 1243 board seats (474 seats on health care boards and 769 seats on higher education boards). Among all these institutions and seats, only 22 people held seats on two boards, and no one person sat on more than two boards. Thus, less than 4% of all the seats on these 50 boards was occupied by someone holding a seat on the board of another one of these med schools. The positive aspect of this situation is that it should provide greater opportunities to achieve board diversity.

# BOARD CHAIRS

Just over one fifth (22%) of all 50 boards were chaired by a woman. Only six (24%) health care boards were chaired by women, one better than the five (20%) education boards that were chaired by women (See Chart 6). On nine (81.8%) of those 11 boards that were chaired by women, female members occupied at least one-third of all board seats.

Table 3 shows the 11 organizations in both categories that had women Chairs.

What is interesting here is the question of whether there is a relationship between the percentage of women on a board and the likelihood that there would be a woman chair. Of the six medical boards that had a women chair, three—Doylestown, Our Lady of Lourdes and Christiana—were also on the list of the top five health care organizations with the greatest percentage of female board members, ranking 1, 2 and 5, respectively; two of them, Doylestown and Our Lady of Lourdes, were founded by women, as previously noted. A third institution of the six with a female chair was also founded by a woman: Deborah Heart and Lung Center was founded by Dora Moness Shapiro. Thus, half of the health care organizations with a female Chair have a history of the involvement of strong female leaders.

This pattern is found again with the institutions of higher education. Two of the five boards of higher education with a female chair—Bryn Mawr and Arcadia—were also on the list of the five boards of higher education with the greatest percentage of women

CHART 6: PERCENTAGE OF WOMEN BOARD CHAIRS

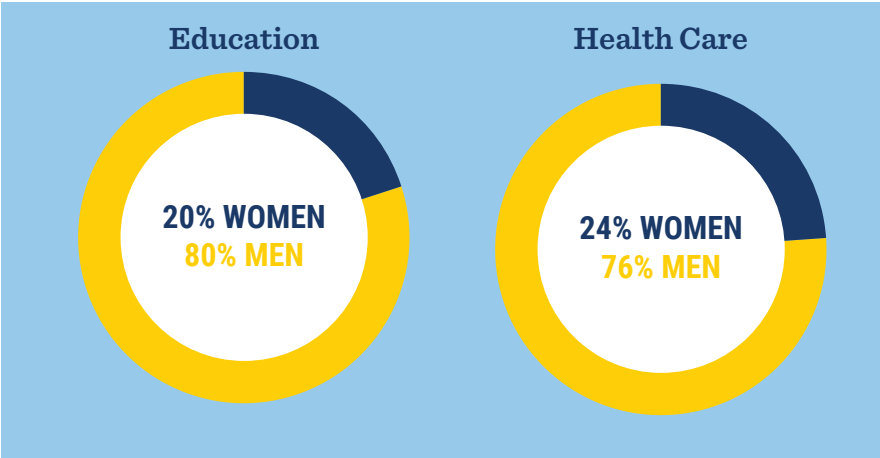


TABLE 3: INSTITUTIONS WITH A FEMALE CHAIR

Health Care	Board Seats			Female Chair
	Men	Women	Total	
Main Line Health	16	9	25	X
Doylestown Hospital	8	13	21	X
Christiana Care Health Services	11	8	19	X
Deborah Heart and Lung	8	4	12	X
North Philadelphia Health System	8	4	12	X
Our Lady of Lourdes Medical Center	6	5	11	X
TOTAL				6

Higher Education	Board Seats			Female Chair
	Men	Women	Total	
Bryn Mawr College	3	30	33	X
Philadelphia University	24	4	28	X
Ursinus College	19	8	27	X
Neumann University	14	8	22	X
Arcadia University	8	12	20	X
TOTAL				5

members, ranking 1 and 4, respectively. Three of the five schools of higher education with a female Chair were founded by women for women—Bryn

Mawr and Arcadia, as previously discussed, and Neumann, which was founded for female students by the Sisters of St. Francis of Philadelphia.

# MAKING COMPARISONS

We would expect the meds and eds in this study to include a higher proportion of women on their governing boards than we find among for-profit companies, since females play disproportionate roles as nonprofit staff members, volunteers and students, including medical students. Research, however, has shown that the larger the budget of nonprofit institutions, the smaller the percentage of women on their boards, so it is worth asking how large institutions in the nonprofit and for-profit sectors compare with one another. The data about for-profit companies published annually by Philadelphia's Forum of Executive Women showed that in 2018, the boards of the 25 largest for-profit companies (measured by annual revenues) had 24% women.<sup>7</sup>

In comparison, the boards of the 25 largest health care institutions covered in our study included 28% women, while the boards of the higher eds filled 33% of their seats with women. As noted earlier in this report, however, the boards of meds and eds which had been founded specifically by and for women included unusually high percentages of women. If we exclude those women's institutions from the calculation, we find that in the remaining meds, women held 25% of the board seats, while the percentage for the eds was 26%. Without the female-founded institutions, the

proportion of women holding seats on our region's major meds and eds hardly differs from the proportion of women on the boards of our largest for-profit companies.

Philadelphians often compare this region with the Greater Boston area, since both contain major concentrations of meds and eds. The Boston Club reported in 2019 that women hold 26% of the seats on the boards of 25 largest nonprofit health care institutions in Massachusetts—almost the same percentage as we found in Greater Philadelphia. Massachusetts' largest higher eds, however, have significantly more women trustees than their Philadelphia counterparts. After eliminating the women's schools from the count, we

found that women occupied 35% of seats on the boards of Massachusetts' largest higher eds, compared to only 26% in Philadelphia.<sup>8</sup>

By conducting this research, sharing the results and educating all as to the importance of diversity, in particular for our purposes, gender diversity, on nonprofit boards, we look to future iterations of this research to chart the progress the sector is making. Table 4 provides the summary starting point by which we will measure the progress health care and higher education boards make in the arena of gender diversification.

**TABLE 4: HEALTH CARE AND HIGHER EDUCATION BOARDS SNAPSHOT, 2019**

	Health Care	Higher Education
<b>Total number of board members</b>	474	769
<b>Average size board</b>	19	31
<b>% female</b>	28%	33%
<b># with female chair</b>	6	5
<b># of organizations with females making up at least 30% of the board</b>	12 (out of 25)	12 (out of 25)
<b># of organizations that are 50% or more female</b>	1	4

7 We calculated this percentage using data provided by the Philadelphia Forum of Executive Women in their publication, Women in Leadership 2018. <https://foew.com/>

8 We calculated the percentages of women on the boards of the largest meds and eds in Massachusetts using data provided by The Boston Club and Simmons University in Opportunities Abound: Intentionality Needed: the 2019 Census of Women Directors and Chief Executives of Massachusetts Largest Nonprofit Organizations. [https://www.thebostonclub.com/wp-content/uploads/2019/04/OPPORTUNITIESABOUT\\_TheBostonClub2019NonprofitBoardCensus.pdf](https://www.thebostonclub.com/wp-content/uploads/2019/04/OPPORTUNITIESABOUT_TheBostonClub2019NonprofitBoardCensus.pdf)

# RACIAL DIVERSITY

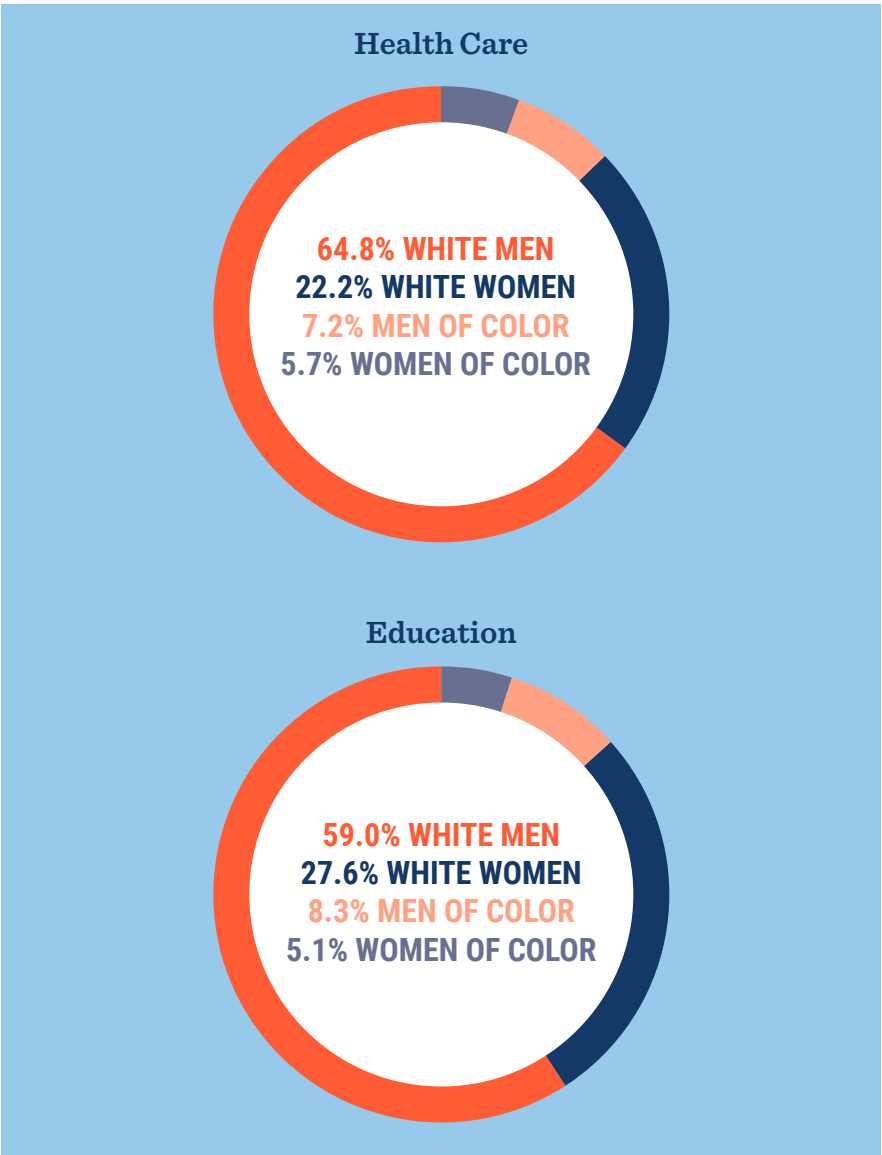
The primary focus of this study was gender, not racial diversity. Yet, recognizing that diversity on many different continua is an important element for every board dynamic, we collected data on board members' race whenever possible. In collecting this data, we recognize, and apologize for, the limitations of our methods. Board members were categorized as "white" or "people of color," based on first-hand knowledge of an individual or publicly available information.

As Table 5 shows, the boards of both health care and higher education organizations continue to be dominated by white men (65% and 59%, respectively), with men of color contributing just a small percentage to the dominance of men on boards (7.2% of health care boards, 8.3% of higher education boards). An even smaller percentage of board members are women of color, with a mere 5.7% and 5.1% of health care boards and higher education boards, respectively, being women of color. A long-recognized best practice in nonprofit governance says that a board should be reflective of the constituency it serves and wants to serve. As boards work to achieve greater gender diversity, equal attention must be applied to achieving racial diversity.

**TABLE 5: BOARD MEMBERS BY RACE AND SEX**

	Health Care	Education
Women of Color	5.7%	5.1%
Men of Color	7.2%	8.3%
White Women	22.2%	27.6%
White Men	64.8%	59.0%
<b>TOTAL SEATS</b>	<b>475*</b>	<b>769</b>

*\*Three Board Members are of unknown race and thus not included in the calculations of percentages.*







## Conclusion

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As the first of what we hope will be a triennial look at the gender and racial composition of the boards of the 25 largest health care and 25 largest higher education nonprofits in our region, this research establishes the starting point. In a region that is majority female and substantially people of color, our data reveal that too many of these organizations are deficient if they wish their boards to be reflective of the constituency they serve. Our region does not want for highly qualified women board

candidates of all races to help in this process, so a lack of options cannot be used as an excuse or explanation going forward. Rather, a board culture must first value the benefits of diversification; second, ensure receptivity to the differences that such diversity will bring; and, then, third, be willing to do the work that may force people beyond their normal spheres of influence to find and woo their future colleagues.

As organizations create more diverse boards, they must do a better job of showcasing their boards of directors, making it easy to learn not just who is on the board but what each of those board members brings, in terms of diversity of demographics, skills, and other important attributes that help to create strong, healthy boards.

# CALL TO ACTION FROM THE WOMEN'S NONPROFIT LEADERSHIP INITIATIVE

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Our goal in partnering on this report is to raise consciousness and engender action.

**We call on nonprofit institutions** to make it easier for the public to find lists of board members, to determine how diverse their boards are, and to understand how those boards recruit and choose their members.

**We call on board leaders**—board chairs, and chairs of nominating/governance committees—and chief executives/presidents, to assess their current board diversity and, if their boards are not diverse, to determine the steps needed to change those numbers and exercise the leadership necessary to generate measurable change.

Nonprofits have no shareholders to whom governing boards are accountable. Thus, nonprofit governing boards have not faced the same demands that shareholders have pressed upon for-profit corporate boards to include more women and people of color. Yet, if nonprofit institutions have no shareholders, they unquestionably have stakeholders—that is, members of the community with a shared stake in the success of these critical community institutions.



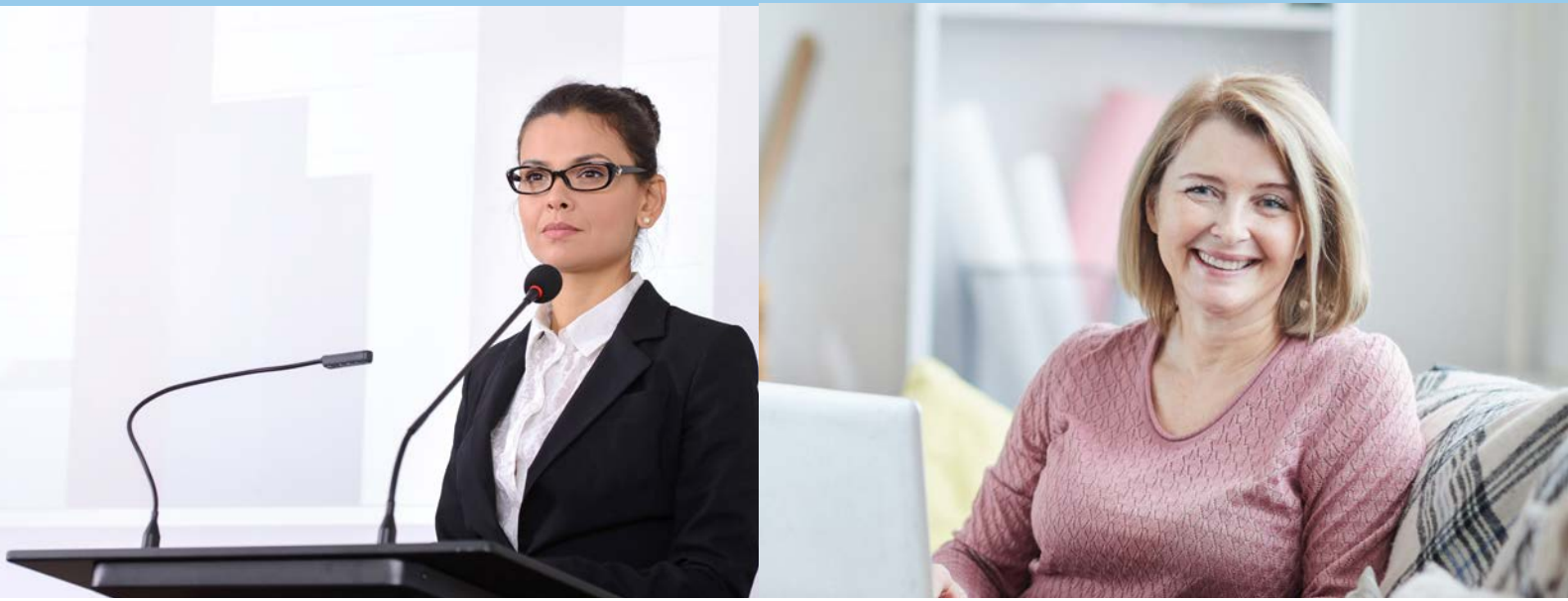
**We call on the following groups of stakeholders** to pay attention to the makeup of the boards and to understand how board members are chosen.

- **Alumni/ae, Students, Faculty and other University Employees**—Do you know who your trustees are and how the board replenishes its ranks?
- **Patients, doctors, nurses, and other hospital employees and medical students**—Do you know who sits on the hospital or health system governing board and how well the board composition reflects the community you serve?
- **Community organizations, especially in the fields of health and education**—Do you know whether the governing boards of Philadelphia med schools are representative of the people you serve?

- **Foundations and individual donors**—Do you ask about the gender and race/ethnicity of the board members deciding how these institutions are using the money you are investing?

- **Journalists and media professionals**—Do you inform the public about who governs these critical institutions and to what degree they are representative of the people they serve?

Armed with that kind of information, **we call on all stakeholders to pursue organized efforts and use your influence to speed the change in board diversity.** Stakeholders must challenge boards to re-examine and change practices that fail to yield diverse governing bodies. Boards that reflect the social realities of the region their institutions serve will help these nonprofit med schools fulfill their missions and better serve *all* stakeholders.



## Methodology

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The subjects of this study are the 25 largest 501(c)(3) health care institutions<sup>9</sup> and the 25 largest, 501(c)(3) institutions of higher education in the Greater Philadelphia region, as measured by annual revenue reported by GuideStar (now Candid), as of February 2018. Annual revenue for health care institutions ranged from a low of approximately \$107.5 million to \$2.2 billion; for institutions of higher education the range was \$68.6 million to a high of approximately \$13.1 billion. To be included in the study, institutions had to be designated as 501(c)(3) organizations by the federal government and had to maintain their own governing board even if they were affiliated with another institution.

During the summer of 2018, five faculty members from La Salle University collected the name and gender for every board member of these health care and higher educational organizations; in addition, they collected the gender of the board chair. The primary source of data was each institution's website, which generally provided the list of names of the members of its board of directors. Some websites provided pictures of their board members, while most simply had a list of names, professional titles and affiliations. Others merely listed names with no titles; and a few did not even list the names of board members. When pictures were not provided, data collectors combed the web, looking to the websites of board members' places

of employment, news stories and other publicly available sources in order to determine the sex of each individual. When these resources did not provide unquestionable determination of this, we depended on personal knowledge. Any remaining questions were given to members of The Women's Nonprofit Leadership Initiative (WNLI) who then used their personal networks to fill in the remaining blanks.

A parallel effort was made to determine the racial identity of each board member, again relying on publicly available information and personal knowledge. In the end, we used the gross categories of "people of color" and "white".

<sup>9</sup> The University of Pennsylvania Health System/Penn Medicine is a hospital network owned and operated by the Trustees of the University of Pennsylvania. Thus, it is not included in this research.





We are fully aware of the limitations of identifying a person's gender and race on the basis of publicly available information, as we are of the limitations of using a binary categorization of gender and race. For the next iteration of this research, we hope to have developed a manageable process to allow us to provide a more accurate and comprehensive method for determining gender and racial identification of all board members.

The greatest challenge in this process, however, was identifying the actual board membership of those medical institutions that are attached to an institution of higher education, such as Temple University Hospital, Jefferson University Hospitals, and Pennsylvania Hospital and Penn Presbyterian. Through diligence and personal connections, members of WNLI were able to identify the governing board of each of those institutions in question, determining whether it operated under the governing board of its university or had its own independent governing board. A similar challenge was identifying the ultimate composition of boards of institutions that had experienced a series of mergers; these questions, too, were resolved through tenacity and personal

contacts. It was not until late fall 2018, however, that these final pieces of information were confirmed.

Due to the length of time it took to finalize the data for all of the boards and their members, we decided that an update was necessary. In February 2019, Emily Dabas, a La Salle undergraduate student assistant, rechecked all of the data, revisiting the websites of each medical facility and education institution and updating the data where necessary. Individuals who were no longer on a board as of February 2019 were removed from the data, and any newcomers to a board were added. These data were re-checked by Elizabeth Paulin, Professor of Economics, La Salle University, who was the statistician running the analysis of this data. As a result, we have a 99% confidence level in the accuracy of our data as of February 2019.



# Acknowledgments

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This work was truly a collaborative effort of many dedicated women, all of whom made this report possible.

## Researchers

These La Salle University faculty were involved in collecting and analyzing the data.

**Katie Dunleavy, Ph.D.**, Graduate Director,  
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**Lynn Miller, Ph.D.**, Chair and Professor of Management  
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**Laura Otten, Ph.D.**, Executive Director, The Nonprofit Center;  
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**Elizabeth (Beth) Paulin, Ph.D.**<sup>10</sup>, Associate Professor,  
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In addition, Emily R. Dabas, La Salle University, Class of 2021,  
International Relations; Economics; Leadership and Global  
Understanding, assisted in the data collection in the winter of  
2019.

## La Salle University Women on Boards Committee

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**Katie Dunleavy, Ph.D.**, Graduate Director, Associate  
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## Nonprofit Women's Leadership Initiative

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**Linda Munich**, Former Vice President of Public Affairs  
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**Bonnie Raines**, Board member and former Policy Associate,  
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**Jane Scaccetti**, Shareholder and CEO, Drucker & Scaccetti;  
Trustee Temple and Salus Universities  
**Leslie Stiles**, Board President of the Pennsylvania Conference  
for Women

10 In addition to collecting data, Dr. Paulin did all of the data analysis.



## Suggested Resources

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## WOMEN'S NONPROFIT LEADERSHIP INITIATIVE