**WOMEN’S NONPROFIT LEADERSHIP INITIATIVE (WNLI)**

**WNLI supports the racial diversity discussion and need for change that has been brought to the forefront of our nation’s social consciousness. As our name suggests, our organization focuses particularly on gender diversity, including women of color, in the leadership of higher education and healthcare (eds and meds).**

**Women, particularly women of color, are significantly underrepresented on the boards of nonprofit eds and meds. We believe:**

>Gender and racial diversity of boards improves governance and produces better outcomes.

>Equity starts at the top. Women should be full participants in the governance of meds and eds.

**Reasons to include more women on boards of eds and meds**

As they navigate an uncertain future, eds and meds need leaders who will become more intentional about strategies that ensure more equitable and sustainable institutions. It is time to make sure that those who govern the big eds and meds more nearly represent the populations they serve. Going forward boards need greater diversity of gender, race/ethnicity, socio-economic status, gender identity, ability/disability and age.

Leaders in business and government, backed by substantial research, believe board diversity has positive results and corporate boards that are totally or predominantly male and white are less effective than diverse boards. These leaders include Business Roundtable, The Conference Board, Credit Suisse, McKinsey, institutional shareholders such as Black Rock, Vanguard, and State Street, and state governments (California legislation and Pennsylvania and other state resolutions).

Boards of major nonprofits reap benefits similar to those acknowledged by for-profit corporate sector leaders. A 2020 national study – *Increasing Gender Diversity on the Boards of Nonprofit Eds and Meds: How and Why to Do It* (<https://www.wnli.org/studies>) is based on interviews with 59 female board members (31% were women of color) and female and male board leaders (CEOs and board chairs) and highlights these specific arguments for gender diversity:

*Improved Governance*

* Women, like men, bring professional experience, expertise and skills to boards. Taking full advantage of that talent pool vastly increases the number and variety of potential qualified board members.
* Racially diverse women, as well as men of color, bring different life experiences and perspectives to the table. Inclusion of different points of view facilitates discussion of a broader range of options and solutions and mitigates the risk of “group-think.”
* Women tend to consider a variety of data to weigh the risks involved. They want to consider and discuss all possible alternatives, providing a balance to men’s tendencies to adopt the “good-enough” alternative more quickly.
* Women work to enhance communication and collaboration on boards.

*Improved institutional effectiveness in serving consumers (students and patients)*

* Women raise important issues related to stakeholders: consumers (students and patients) and employees. They are more focused than men on the effects of decisions on people.
* In the eds women pay more attention to student life and well-being and, in the meds, to patient satisfaction and safety.
* Women tend to remind boards of the differing impacts that issues and decisions may have on stakeholders of different groups. This should make boards more responsive to the increasing diversity of students, families, and staff.