

Spelman dialogues

# How diverse talent can improve health outcomes

December 2024



Demographic shifts, changing norms around work-life balance, financial volatility, and artificial intelligence are just some of the forces reshaping the workplace and workforce today. When it comes to talent acquisition, retention, and development, corporate leaders are implementing novel approaches to achieve competitive success and business survival.

In partnership with Spelman College, Tapestry Networks convened [Reimagining the Future of Talent](#) to launch a multigenerational dialogue on talent issues. Held on Spelman's Atlanta campus during [National HBCU Week](#), the forum brought together leaders from over 40 organizations. Top corporate executives and board members engaged with academic leaders, faculty, and students from Spelman College, Morehouse College, Morehouse School of Medicine, Georgetown University, and Brown University. The conversation covered topics such as the changing employee-employer relationship and the emergence of market-disrupting technologies. The group considered talent in the healthcare sector in a detailed case study.

*For a list of meeting participants, see appendix (page 7).*

*This Tapestry brief builds on the Spelman healthcare session and related conversations and research, highlighting the following topics: <sup>1</sup>*

[The healthcare sector faces a talent crisis](#)

[Diverse talent can help drive better health outcomes](#)

[Organizations are implementing initiative to train and retain diverse talent](#)

[Spelman participants commit to continuing and expanding the conversation](#)

## The healthcare sector faces a talent crisis

Severe labor shortages across many healthcare professions have been well documented. Practitioners at all levels are leaving the sector, and entry rates are low. Analysts predict that by 2031 the US will need roughly 800,000 nurses, 62,000 specialty physicians, 38,000 pharmacists, and 36,000 dentists.<sup>2</sup> These shortages coincide with greater healthcare needs in an aging US population burdened with chronic diseases and worsening mental health.<sup>3</sup>

Nonpatient-facing areas of healthcare face similar workforce challenges. Insurers are broadening their mandate to *“focus on preventative health and intervene more upstream in the lives of patients,”* but they face fierce competition for talent across *“a broad scope of expertise, including marketing, technology, accounting, public policy, and public health.”* Medical technology companies are having trouble establishing and accessing *“training pipelines to create the different kinds of skills that we need”* as they look to advance new diagnostic tools in the market.

In government, the needs are equally critical: *“75% of those 30 and under have left public health and health departments over the last two years,”* said a participant with public health experience. Beth Cameron, senior adviser at the Pandemic Center of the Brown University School of Public Health, noted these talent gaps extend to the top levels: *“We need our future leaders, including those who will someday sit in the Situation Room at the White House, to be ready to lean forward faster to solve health issues and the catastrophic risks facing our nation. Right now, we don’t have the pathways we need to facilitate access to those skills for the next generation.”*

*“75% of those 30 and under have left public health and health departments over the last two years.”*

## Diverse talent can help to drive better health outcomes

Participants from multiple healthcare disciplines said that diverse talent sources and inclusive pathways toward organizational leadership are critical to closing the gaps in every part of the sector. Corporate diversity, equity, and inclusion programs have gone through cycles of growth and rollback over the last 10 years, but US demographic and market realities mean that diversity remains essential in healthcare: *“If the goal is to improve patient health and you look at the numbers on health disparities for people of color, you don’t have a choice on whether diversity matters.”*

Leaders believe that health inequities can be more effectively addressed through diverse

talent. Dr. Valerie Montgomery Rice, president and CEO of the Morehouse School of Medicine (MSM), cited data to support this view: *“Who we educate and train, and how we educate and train, matters. Studies show that when we have diverse providers in underrepresented counties, there is a decrease in emergency room visits, an increase in preventive health services, and positive economic benefits for the community.”* Studies have shown improved patient compliance and satisfaction scores when care is provided by a diverse team, outcomes of immense importance at a time of distrust and dissatisfaction in healthcare.<sup>4</sup> With a representative workforce, an organization can cultivate strong connections with local communities and bring about change. One board member said, *“We built a partnership with the Divine Nine—a group of nine African American fraternities and sororities that support the Black community—by going chapter to chapter with our teams. Now, we can combine our data and technology expertise with their strong community bonds to set up clinics, get blood pressure checks done, and work to address disparities.”*

Leaders also described how a diverse workforce could help tackle complex and long-standing issues such as clinical trial diversity. Underrepresentation in clinical trials for race, ethnicity, and gender has been linked to worse outcomes in many conditions, including maternal health, cardiovascular and autoimmune diseases, and autism.<sup>5</sup> Such disparities in gender alone are predicted to cost the US economy at least \$28 billion annually.<sup>6</sup> In response, the Food and Drug Administration recently issued draft guidance for more inclusive trial enrollment.<sup>7</sup> But board members and executives noted that even regulatory guidance may be insufficient to increase trial participation: *“There’s a huge and horrible past for Black people in healthcare. What we need is to change perceptions and build trust, and to do that you need to have Black people all along the way, people who can make decisions with a complete understanding of the dynamics at play. For trials, that includes scientific benches at pharmaceutical companies.”*

## Organizations are implementing initiatives to train and retain diverse talent

Corporate leaders in the healthcare sector have launched multiple initiatives to address talent diversity issues. Participants described action on multiple fronts.

### Increasing access to education

For underrepresented and historically disadvantaged communities, leaders emphasized the importance of consistent and high-quality education opportunities in K–12. Organizations are expanding their partnerships with local schools to *“help with reading and math programs”* and to provide necessary resources such as *“mentoring programs to ensure children have exposure to career role models.”* New coalitions such as [HealthFORCE](#) are convening diverse stakeholders to better inform educational

programs and processes. A healthcare company board member spoke of her successful work to change the narrative on education within a community: *“In my hometown, STEM [science, technology, engineering, and mathematics] education used to be reserved only for ‘gifted’ children. A lot of kids are not given a chance and, as a result, are unaware of their potential. We worked to change that paradigm and provided STEM to over 200 children. Now, for the first time, the district’s schools no longer have a failing grade.”*

*“A lot of kids are not given a chance and, as a result, are unaware of their potential.”*

An executive noted that at undergraduate and graduate levels, the most significant talent bottleneck is in faculty, not students: *“For nursing, it turns out that there’s a shortage in the number of teachers at schools, not in the number of nursing school applicants.”* In 2023, nursing schools declined over 65,000 qualified applications, in part due to close to 2,000 full-time faculty vacancies nationwide.<sup>8</sup> To address this gap, organizations are collaborating to bolster the educational infrastructure. For example, MSM is working with the not-for-profit health system CommonSpirit to *“build 10 regional medical campuses across the country,”* and other health systems, such as Kaiser Permanente and Mass General Brigham, are making similar efforts. For nonpatient-facing careers, pharmaceutical companies and others in the private sector are partnering with the public sector to invest resources into *“people who know how to educate scientific talent.”*

Several leaders said that as technology continues to evolve and market demands continue to change, corporations will need to partner with educational institutions to develop new healthcare-related workforce skills. A director said, *“Healthcare students today must learn about artificial intelligence, robotic procedures, rapidly advancing imaging modalities, and many other emerging topics. Teaming companies with relevant expertise together with schools should ensure students have the necessary capabilities.”*

## Addressing the cost of medical education

The average debt for medical school and related costs now stands at over \$200,000—a significant deterrent to those considering clinical careers.<sup>9</sup> A student said, *“Gen Z faces more economic burdens than previous generations and has significant financial fears about continuing education.”* Dr. Montgomery Rice shared how MSM is tackling this problem, especially for students with economic disadvantages: *“The average household income for a US medical student is \$180k, but for Morehouse School of Medicine students, the average household income is \$100k. We work hard to reduce the financial strain for all our students—including those in nursing and public health programs—with a goal of not having any student be more than \$100k in debt. To do that, we have avoided*

*raising tuition for 15 years. We also have established strong partnerships with large companies and philanthropies—for instance, we used Michael Bloomberg’s donations to provide more scholarships and bring down student debt.”*

## Retaining talent with mission-oriented values

While increasing access and reducing the cost of high-quality healthcare education are critical, organizations must also ensure that employees are given the opportunity to thrive in the workplace. One professor said, *“Our students are well prepared for what the world is calling for. The question is this: is the world ready for what they can offer?”* At times, it can be difficult for employees from diverse backgrounds to thrive if they are *“are unable to be their authentic selves at work.”*

New professionals in the workforce want to work for organizations that clearly articulate and live purposes, ethics, and values that align with the professionals’ own.<sup>10</sup> Leaders and students noted that *“cultivating the interest of employees to enable change in their communities”* may help with employee satisfaction and retention. For instance, medical device companies are tracking and addressing diseases at the local level to reduce disparities. One positive effect of this work is that it helps employees stay connected with the organizational mission: *“We know disease prevalence for specific ZIP codes—we use that data to inform health systems and help them to mobilize and act. Connecting the disparities to the treatment enables our employees to be change makers, which is something many people are looking for.”* One board member also expressed the importance of working for a company that could have a direct impact on communities they are close to: *“The first question I asked was, ‘Is the organization doing anything in Type 2 diabetes?’ If it wasn’t addressing such a prevalent disease amongst Black people, I wasn’t interested in being in the room.”* MSM champions this focused-care approach with a curriculum that deeply engages students with local counties. *“As we educate for the state, we’ve seen 65% of graduates come back to practice in Georgia and serve in areas of need,”* Dr. Rice said.

## Spelman participants commit to continuing and expanding the conversation

The US is a trailblazer in medical innovation, particularly in emerging fields such as personalized medicine and diagnostic artificial intelligence technologies. However, it spends a greater proportion of its GDP on healthcare than other high-income countries and continues to rank poorly in access, equity, and health outcomes.<sup>11</sup> Stakeholders from across the healthcare sector believe that a diverse workforce is crucial to addressing the nation’s healthcare shortcomings. One executive said, *“Surveys show that 75% of Americans say that the healthcare system is not working for them. This is a significant challenge and a significant opportunity. A talented and diverse workforce is an*

*asset that can't be ignored."*

Coming out of the Spelman meeting, leaders were eager to continue the dialogue on diverse talent in healthcare and to share best practices across organizations in an even more inclusive manner. One participant said, *"We should expand the conversation to include recent graduates and early-career professionals, creating safe spaces for them to share their experiences. Their fresh perspectives can provide real-time insights into how the data and talent strategies are working in current corporate environments."*



[Tapestry Networks](#) brings world-class leaders together to tackle complex challenges and promote positive change through the power of connected thinking.



[Spelman College](#), a global leader in the education of women of African descent, is dedicated to academic excellence in the liberal arts and sciences and the intellectual, creative, ethical and leadership development of its students. For 18 years, Spelman has been number 1 in the *US News and World Report* ranking of historically Black colleges and universities. Its 2,100 students come from 43 US states and 11 countries.

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## Appendix 1: Participants

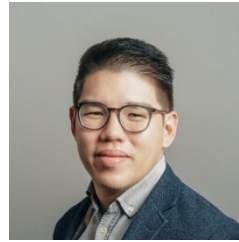
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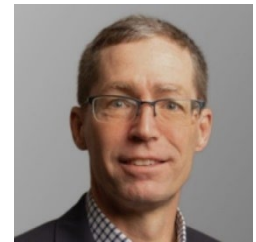
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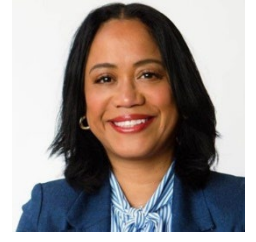
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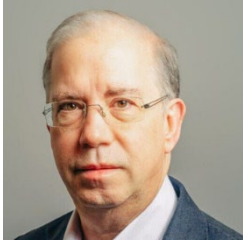
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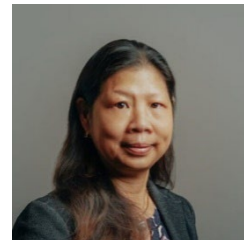
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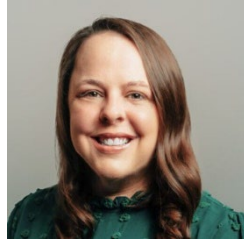


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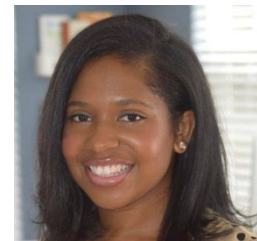
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## Endnotes

- <sup>1</sup> This brief reflects the network's use of a modified version of the Chatham House Rule whereby names of participants and their affiliations are a matter of public record, but comments are not attributed to individuals or organizations. Some participants have permitted their remarks to be attributed.
- <sup>2</sup> Brandon Carrus et al, "[How Health Systems and Educators Can Work to Close the Talent Gap.](#)" McKinsey & Company, September 29, 2023.
- <sup>3</sup> John Ansah and Chi-Tsun Chiu, "[Projecting the Chronic Disease Burden among the Adult Population in the United States Using a Multi-State Population Model.](#)" *Frontiers in Public Health* 10 (January 12, 2023), 1082183.
- <sup>4</sup> Luis Gomez and Patrick Bernet, "[Diversity Improves Performance and Outcomes.](#)" *Journal of the National Medical Association* 111, no. 4 (August 2019), 383–392.
- <sup>5</sup> Kate Whiting, "[Women's Health Gap: 6 Conditions That Highlight Gender Inequality in Healthcare.](#)" World Economic Forum, October 2024; Erin Michos et al., "[Improving the Enrollment of Women and Racially/Ethnically Diverse Populations in Cardiovascular Clinical Trials: An ASPC Practice Statement.](#)" *American Journal of Preventative Cardiology* 8 (August 2021), 100250
- <sup>6</sup> "[New Report Outlines Effects of Heart Health Gap for 60 Million Women in US Living with Cardiovascular Disease.](#)" McKinsey Health Institute, June 25, 2024.
- <sup>7</sup> US Food & Drug Administration, "[FDA Guidance Provides New Details on Diversity Action Plans Required for Certain Clinical Studies.](#)" News Release, June 26, 2024.
- <sup>8</sup> "[Fact Sheet: Nursing Shortage.](#)" American Association of Colleges of Nursing, May 2024.
- <sup>9</sup> Brendan Murphy, "[Medical Student Financial FAQ: Insight on Loan Forgiveness, Repayment.](#)" American Medical Association, June 3, 2024.
- <sup>10</sup> Julia Dhar, "[Gen Z: They Highly Value 'Values,' But It's No Dealbreaker.](#)" *Forbes*, October 2, 2024.
- <sup>11</sup> David Blumenthal et al, "[Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System.](#)" Commonwealth Fund, September 19, 2024.