

# **THE COMBUSTION CHRONICLES**

**Episode 97**

## **BREAKING BARRIERS FOR HEALTHCARE LEADERS**

**September 13, 2023**

**Shawn Nason**  
Host

**Arianne Dowdell**  
Guest

**Shawn** [00:00:01] Welcome to the ninth season of The Combustion Chronicles podcast, where bold leaders combine with big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO of OFFOR Health and founder of MOFI. This season is all about amplifying the voices of badass women leaders in the healthcare industry who are influencing change by thinking big, putting people first and not being okay with the status quo. Experience matters, culture matters, and revenue matters. That's why it's time to unite, to ignite a people-first business revolution, especially in industries that affect all of us like health care.

Arianne Dowdell is Vice President and Chief Diversity Equity and Inclusion Officer at Houston Methodist Hospital in Houston, Texas, where she is responsible for leading the vision for unparalleled safety, quality service and innovation by stewarding systemwide CEI strategy, implementation and development through key partnerships. Prior to Houston Methodist, Arianne worked in higher education, where she held leadership positions at Syracuse University, Virginia Commonwealth University, and Rockefeller University. She served as both communications director and president of the National Association of Black Automotive Suppliers. As a former attorney and previously practised as a labor and employment lawyer in Detroit, Michigan, welcome to The Combustion Chronicles Arianne.

**Arianne** [00:01:44] Good afternoon, Shawn. Thanks so much for having me. I appreciate it.

**Shawn** [00:01:49] Absolutely. Wow. So you've lived in different parts of the country.

**Arianne** [00:01:54] Yes.

**Shawn** [00:01:55] And have had an impactful career that has evolved over time. I love it because I've had one of those, like I'm in my fifth career moment of my life. So what's been the driving force for you Arianne that has kept you moving forward in your career in so many different industries, in so many different positions that now you work in probably one of the hardest industries there are moving initiatives that, as we know, are so powerful to the organization.

**Arianne** [00:02:25] I'm on my 5th career too. It feels like I started my career actually in television, which is all that I thought I would do forever. And so I've always wanted to tell the stories of people. And my every career I've had has always been centered around people. And so, you know, as I've gotten older and become a mother and a caregiver for two parents as they've aged, I think that my desire and my passion for representing people and telling that story has just evolved in a different kind of way. I've never chased the title in my life. It's always just been about making sure that, you know, people feel like they're heard and they're seen. And that's, you know, been through TV, through practicing law, representing students. Right now I'm in health care. And so it's kind of come full circle. But I think sometimes my biggest driving focus is the days that I'm really tired and wonder if I'm making an impact. Right. And then that kind of motivates me more to get up the next morning and keep doing what it is that I get to do every day, which I'm really blessed to be able to do.

**Shawn** [00:03:26] But I love it. I was a musician so kind of like TV. I was a musician, came to health care, actually went to higher Ed and came back to health care.

**Arianne** [00:03:35] So I understand, right?

**Shawn** [00:03:38] I understand. And there's a reason that I left higher ed and we can discuss that over drinks that are much later in our life, really. I mean, we've just talked about it. You've had such a fantastic array of roles throughout your career. How did working in all these roles prepare you for working in the DEI space, which is still such I'm going to say this and it may sound wrong, but it's not. Metron So many organizations do DEI to check the box, particularly in health care. I have seen this a lot and you're in one of the biggest, most well-known hospital systems in our country, Houston Methodist Hospital. What has prepared you for this and why DEI?

**Arianne** [00:04:26] Yeah, so when I lived in Detroit back in the late nineties, early 2000, when I represented automotive suppliers, it was supplier diversity at that point, right? But it was a different form of DEI. So for me, this work has been going on for a really long time. But as you mentioned earlier, I've lived around the country in different places. I've had an opportunity to reach and be around students of different economic backgrounds and educational backgrounds. I've had an opportunity to represent clients and

so I think all these different facets, different people of different genders, different ages, religions, etc., have helped me really prepare for this role. But I'll also say that living on the East Coast primarily and then in the Midwest and now down in the South, I experience a lot of moving around and seeing what's so important to people. Really, a lot of it is dependent on where you live and what surrounds you in your community has helped me a lot. And so I feel like that is all really prepared. And I had a parent who worked in health care for many years, so I always understood the inner workings of H.R. And health care. And so bringing all those things together, I think was preparation for what it is that I do now every day which is representing and listening to people. And at the end of the day, everyone's needs are kind of the same, right? People want to be heard and they want to be seen and they want to feel valued, whether you're the employee. Or if you're the patient coming into the hospital. We all have the same common needs and so on. In all the different roles that I've had, my role is never to impose my values and my beliefs, but it's to make sure that others feel like they have an opportunity to do so in a safe space where it makes sense. And so it's kind of been like stair steps for me building up over the years that have prepared me. And with 30,000 plus over employee, you know, employees here at Houston Methodist, that's all thankfully gotten me ready for this job.

**Shawn** [00:06:20] And I love that you reference back to your supplier Diversity days. I'm Native American, so Morphe, my consulting group is a minority-owned, certified, minority-owned business. And the company that I actually am CEO of today offer health is minority owned. So I appreciate your supplier diversity. And now I even appreciate more than the space that you're in. So what's been your biggest surprise for AHA in transitioning into the DEA space, especially in health care?

**Arianne** [00:06:53] Yeah, you know, there's been a lot of surprises. I'm not going to act like I knew everything that was going to happen because I wouldn't be honest. I'm not going to tell you a story. Shawn So there's been a lot of surprises. There's a couple. I think the first is overall in health care in general, I think we're behind the mark on DEI and what that means and a full understanding of the impact in health care compared to, say, higher ed, which you said you're familiar with, that it's been around in higher ed for

such a long time. And so there's a different understanding of the way it's worked in higher ed is different. But I was definitely surprised, starting in health care, about how much of a learning curve there would be for people, not myself. So much of what it means to have a DEI program in a hospital, what it means for employees, what it means for patients. But I will say the one thing that I've been really excited about is that it's been received so well here at Houston Methodist, despite the fact that it's still fairly new. We have something called I care values here. And so we live by these core values where it's about integrity and respect and accountability and compassion, excellence. And so it's been nice to be able to intertwine those pieces. And as we talk about these, so like that foundation was already here, but there's definitely been a bit of a learning curve for people to understand why this department exists. So overall, I think that's been my biggest surprise because I thought where people would know what the D, the E and the I mean, in full context, Right. And that's still happening here where we're explaining it every single day just for people to understand it at its core.

**Shawn** [00:08:26] Yeah. Because I think there's this misconception in health care that DEI is really around race, but it's so much more than that. And I loved it and I can't wait to hear more and how you're doing it in this space because I think it is so true. Health care so far behind. And again, a lot of organizations have checked the box, but still not have made the initial really the transformation. And and we talk a lot about and I talk a lot about mindsets. It's shift, right? And it's a mindset shift when you move into the DEI space. So in so many ways, as I've got to know you and watch you from afar, we're really kindred spirits when it comes to thought leadership, and especially when we're invited to speak at conferences. I typically like to blow shit up and tell people when I speak at a conference and challenge people. So when you're on the speaking circuit and you're only allowed a short amount of time to present, which is really hard for me or honest about that one, what to focus on on your presentation, then when you're talking about this.

**Arianne** [00:09:41] You know, I really try to focus on what our successes have been. I think it's easy to talk about what you want to do and talk about hypotheticals. But I look at our team here and I focus on what are our successes, what is it that we've accomplished in less than three years that I've had this team pull together? And then I talk

about where we're going, right? I don't talk about all the things that we want to do. I talk about what it is that we've done, what it is, the impact that we're making internally as well as externally. Because I think if you don't do that, it does seem like you're checking a box. And that's the one thing that I will personally never do that I don't believe in doing. And so I need to make sure that that is clearly reflected when I'm out speaking to people that this is what we have done and where we're going. And we're not just checking a box, but what we're doing is here to make a lasting change That's really, really important to me. So, you know, I talk about our \$25 million grants. I talk about the impact we're having in the community. I talk about the work that we're doing on health equity, the dashboards we've created, so those that like data understand what those data sets mean, how they go to our CEOs, right? How we utilize that data I don't talk about. Hiring quotas. I don't talk about those kinds of things. I talk about mentoring how we scholars have scholarships for young minorities, students that come here and underrepresented groups. Those are the things that matter. Those are the things that are actually going to move the needle. At the end of the day, where when I'm not here anymore and nobody says the AEI, the lasting impact. Right. Is still going to be there. So that's when I don't have a lot of time. That's my focus. What are the successes that we've made here at Houston Methodist?

**Shawn** [00:11:18] I hope our listeners are listening to these nuggets and gems that you are dropping along the way around this and your philosophy and really your mindset around it.

**OFFOR Health** [00:11:29] A nice smile can be pleasing if you can get the dental care to help create one. Medicaid kids don't always have a lot to smile about. It's challenging for them to see a dentist OFFOR Health was started to increase access to health care for people who don't have it offers smile and business partners dental practices to get these kids seen faster smiling these three person care team that brings hospital grade anesthesia to the dental offices so those kids can be on their way to getting the smiles most of us may take for granted. OFFOR Health, creating connections, improving lives, care you deserve. Learn more and [offorhealth.com](http://offorhealth.com). That's. O. F. F. O. R.

**Shawn** [00:12:15] So when you're interacting with audiences, when you're speaking at these conferences, give me the one or two questions that you get asked the most.

**Arianne** [00:12:24] Sure. How many people do you have on your team? What are your resources? What is your reporting structure? Who do you report to and how engaged is your board? Those are always the top questions that I get.

**Shawn** [00:12:36] Okay, so let's run through those real fast. All right.

**Arianne** [00:12:39] Your team of ten people on the team, our product is about 20.

**Shawn** [00:12:43] Okay. I always need more people. Is your reporting structure?

**Arianne** [00:12:47] I report directly to the president of this hospital. Dr. Mark Boone.

**Shawn** [00:12:51] I hope you hear that. Leaders that listen to this that shows how important initiative is to where it reports to. Just going to say drop that a little bit. So and so and a huge shout out to your president who has showed how valuable this is by your past. Yes. And the third, I just lost. What was the third one?

**Arianne** [00:13:13] Oh.

**Shawn** [00:13:13] How is your board around?

**Arianne** [00:13:14] This board is completely committed to this. We actually have a DEI subcommittee of our board of directors that I report out to monthly. They actually go through any trainings we have. They see every single thing that my department does before it goes out and take it back to our larger board. And then I present to each of our community hospital boards as well, so that they remain engaged in the work that it is that we do. Wow. Well, commitment is a lot of work, but let me tell you, it's worth it, John. It's worth them engaged.

**Shawn** [00:13:43] That's so, so powerful. Love it. And so we have this little saying and we've talked that we're in our ninth season here about being maverick-minded and hu

man-obsessed. Right. And we're I feel like we're a little bit more kindred, even more if putting people first and meeting people where they are. I talk about this a lot, that if you get the human experience right, you'll get the numbers that you need, right? So if you're doing a Venn diagram of the healthcare industry and DEA initiative, it seems like the overlapping section would be people. But how do you connect with humans to improve health care and make it more diverse, equitable and inclusive?

**Arianne** [00:14:29] Absolutely. People are at the center of that Venn diagram. When I picture it in my mind, the focus are people. It doesn't matter if you're the employee, the patient or somebody that every person walking the street has the potential to become a patient to me here at Houston Methodist. And so that's just my mindset. But we connect through storytelling. It's not enough for me to stand in front of people and say, this is what we should do, this is what we need to do. But instead we take those stories from our patients and from our employees that speak to what is the heart of DEI. How did we help a patient? How did an employee that had a reaction and an interaction, excuse me, with a patient that maybe was racially charged or gender-related or ethnically charged, How do we connect with our patients and our employees to make sure that they're valued and heard? That's really how we connect with people in this setting, and we do it through other programs that we have, and it tends to work here really well. We also do it by communicating out to people all internal and external through our communications channels. We do lots of videos and so that storytelling piece has kind of been that nugget. I firmly believe that our team kind of just lays that foundation for Here's what we need to do. But our best advocates are the people that tell those stories and then go out around the hospital to talk about what this means in the broader sense on a day-to-day basis.

**Shawn** [00:15:53] And the power of storytelling. I don't understand why we don't do that better in health care. I'm just concerned.

**Arianne** [00:15:59] It's not me, right? It's not me standing in front of them saying, Here's what you should do. It's somebody else telling that same impactful story and how it may have touched them, how it may have touched a patient in a different way. And at the end



of the day, what we do is put the patient at the center of everything we do every day, whether you're clinical or non-clinical. That's why we're all here. And so storytelling can do wonders that can do wonders.

**Shawn** [00:16:23] And I love it. I actually just I wrote an email very recently to the associates that offer health that said, I want to stop using the terminology clinical and non-clinical because we are all part of the care team and we are all here to make that patient's experience the best that it can be. And I think we've done our stuff an injustice in the industry to say, although the clinical people, these are not people not much different than higher ed Right. Like these are these are the faculty and these are the administration and administrative people and, you know, very separate. So once we get this diverse voice right in the conversation and we talk about this in a book that two very dear friends of mine brought with me, Michael Harper and Robin Glasgow, who was in this season as well. And we get this. Voices in the conversation about proven health care. Right. How do we make sure that these diverse voices are still listened to and heard? Because you can get them to the table, but it doesn't mean the people listen to it.

**Arianne** [00:17:30] Yeah, I think there's a couple of different ways. It's something I think about often. Accountability, right? It starts with accountability. And I think that we have to keep checking in and holding people accountable. It's not enough to just let people speak and then have no accountability for our leaders, but for us here in health care, You know, we have to look at patient outcomes. We have to listen to people. We have to wave that flag when that accountability piece is failing. But then I also think we have to take a step back. When we think about health care and look at our communities and see if our communities are beginning to thrive. And so I think oftentimes in any sector that we're in, we focus on just that sector. And so we need to realize that while we may be in the business of helping folks feel better, we have to understand the importance of economic empowerment, right? Healthy eating, all these different areas and organizations need to start coming together more that way because that's where that accountability piece is really going to make a change overall in health care. When we have those voices at the table to understand the needs and the wants of the people in our community. And so I think that's really how we're going to make sure that the diverse voices are being heard as to be accountable, begin to work together and start working

outside of our silos in the community to improve all aspects of people's lives. I don't think we can do just one thing by ourselves. I think we truly have to work together and hold each other accountable.

**Shawn** [00:18:59] Again, some great gems and nuggets for our listeners. I hope they're listening to that. So as I mentioned, you know, this season is about amazing women leaders and health care. And we also added something a little different this season that I'm absolutely loving because the mind power that comes from all of our guests this season, it's this two minute drill that we're going to do and we're going to edit. And for our listeners, you know, we use a methodology and a mindset around human centered design. Some of it call, some people call it design thinking that's a whole nother conversation. But in this methodology, we use statements around how might we? That's part to me of a DEI thing as well. How might we collaborate in, move problems forward? And so before we jump into the last questions of the day, I want to take 2 minutes and I got my phone and I'm getting sit for 2 minutes and I'm going to read. How might we statement to you, Ariane and I want you to just start ideation around it. I may jump in, I may sit and listen, but I want to hear from your heart and, you know, blow things up, have your magic wand. Don't allow any constraints on this, but just to really ideate around this. So are you ready for this?

**Ariane** [00:20:21] I think so. I'm ready.

**Shawn** [00:20:24] All right. All right. So here we go. Okay. Might we involve more people of color in healthcare leadership roles?

**Ariane** [00:20:35] Go for so many years. And this is my idea that folks, including myself, have been given a limit on how far we can soar. So how might we get more people involved? Is to allow people to soar to their fullest potential. So what does that look like? To me, that looks like educating youth, That looks like providing opportunities within the health care system for young generations and people early in their careers to see folks that look like me in these positions. How might we change this is to tell people to stop being so scared to have somebody that doesn't look like them sitting in the C-suite. And if they are to own it for a change and know that it's okay to be scared, but it's going to

change, how might we change this? Start really explaining to people and requiring them to understand what the diva in the eye means. Because I could change what those letters are at any given point in time, and I still would be saying the same thing. We might do a better job if we all take some time and give back. I'm obsessed with giving back. I'm obsessed with mentoring people, and I firmly believe if every single person was required to carry somebody on their shoulders, it would be a different picture for leadership and health care. But that's my How might we? I said.

**Shawn** [00:21:53] So I want to add to that. How might we? It's not just bring the seat to the table, and I've heard this before, but you prepare the table, let someone else prepare the table different than what we're used to, right? That's when you break the glass ceiling. That's when you break. Systemic racism, everything that we're talking about here. Wow. I love it. And now my my little thing just talking about it. Awesome. All right. Well, we have come to this point where we do these things called the combustion questions. So three randomly selected questions given to me by my iRobot name, Michael. And I am just reading them for the very first time when I read them to you. So are you ready for your combustion questions?

**Arianne** [00:22:46] Yes. This is nerve-wracking. Shopping. Yes.

**Shawn** [00:22:49] Awesome. All right. Mushroom question number one.

**Arianne** [00:22:52] Okay.

**Shawn** [00:22:52] If you won the lottery, what would you do first?

**Arianne** [00:22:55] I've had this plan since I was a teenager. I would actually take a rundown hotel, and rebuild it. Allow the homeless to live in there for six months to a year and then own several fast food chains to allow them to begin to earn money to set aside for full housing and employment opportunities. That's a given. I know what I would do. I started the first day I won.

**Shawn** [00:23:18] The second Mike Drop moment. Like, how do you even.

**Arianne** [00:23:20] Have the high school?

**Shawn** [00:23:22] And like, I'm like. Okay. Yeah. Yeah.

**Arianne** [00:23:26] Sometimes I'm not. Yeah.

**Shawn** [00:23:29] Awesome. Okay, Question number two. Would you rather go to a sporting event, a concert or a movie?

**Arianne** [00:23:36] I would actually go to a sporting event where there was somebody as the opening act so I could get a two-in-one. I try to go to concerts whenever I can, but I used to commentate sports in college and so that is where my career began. And so, yeah, let's go. NFL's season. I'm excited.

**Shawn** [00:23:51] Oh, you're getting ready. All right. All right. All right. Great. All right. Question number three. What do you think about magazines?

**Arianne** [00:24:00] I missed them. There is a power to the written word. There's a power to visual interpretation and telling stories. And I hate the fact that there's not those magazines to sit and hold on to. My mother used to hold on to jet magazines growing up and like, save them because she wanted to go back and look at them. I am a fan of visuals and the written word. Again, I'm all about storytelling. If I could do it all day long, I would.

**Shawn** [00:24:26] Okay. And I haven't done this yet. I don't think this season. What's the one piece of advice that you would give to women wanting to move into health care leadership and into the executive role?

**Arianne** [00:24:39] Know your worth. know, you're enough and know that no matter what you do, you're never going to please anyone. But if you live with integrity and have values, you'll always sleep well at night, even on your hardest days. I never leave work worrying that I'm not being true to myself and honest with everyone that I'm with. And I think if you do that and you live your life, whether it's in leadership or not, in an authentic manner, it's okay if everyone doesn't like you, but everyone will respect you. And that's what I pray happens when I leave this Earth that I will be known as somebody who's respected for the work that I do every single day.

**Shawn** [00:25:23] That's Nugget. You left us. Best nugget you left us so very. Arianne, I'm assuming if people want to follow you on LinkedIn, that's the best place they can see your thought leadership there. I know I follow you and I love having you part of my community there. So thank you. And there's not even enough words, I don't think, for what these last 20-something minutes have been. But thank you. Stay safe. Be well. And I can't wait till we talk again.

**Arianne** [00:25:51] Thank you for having me, Shawn. This has been fun. I feel like I can loosen up now. The stress of the questions is over, but thank you so much for having me. I really do appreciate it.

**Shawn** [00:26:01] Thanks so much for listening to this episode of The Combustion Chronicles. If you've enjoyed this episode, please take a few minutes to subscribe, rate and review. Remember that I'm always looking to meet more big-thinking mavericks, so let's keep the conversation going by connecting on LinkedIn. If you want to discover more about human-obsessed, maverick-minded leadership, go to [Mofi.co](https://mofi.co) or go to [experience evangelist dot com](https://experienceevangelist.com). To learn more about my mission to challenge leaders to blow up outdated, siloed systems and rebuild them with an aligned human-first approach. You can also learn more about OFFOR Health's commitment to reimagining outdated healthcare models at [offorhealth.com](https://offorhealth.com). As always, stay safe, be well, and keep blowing shit up.