



OUR MISSION

The Leverage Network (TLN) is dedicated solely to promoting the advancement of Blacks in Governance and healthcare services with a goal to increase the representation of Black leaders holding seats on the boards of healthcare organizations across all sectors of the industry.

OUR VISION

The Leverage Network is the preeminent organization for the advancement of Blacks in the boardrooms of healthcare organizations across this nation.

OUR CORE VALUES

INFLUENCE • EMPOWER • CHANGE

CORPORATE OBJECTIVES

- To be recognized as a reputable resource for the promotion and advancement of Blacks in governance and board roles in the healthcare industry;
- To increase the number of board seats held by Black executives on healthcare boards nationally;
- To increase the number of Blacks serving in executive leadership roles within the healthcare industry (c-suite and two levels down); and
- Elimination of health disparities in communities of color by ensuring equitable representation of Blacks on healthcare boards and in senior leadership roles.

TLN EXECUTIVE LEADERSHIP COMMITTEE

President/CEO Antoinette Hardy-Waller The Leverage Network

Chair Caretha Coleman President Coleman Consulting

DIRECTORS

Alfreda Bradley-Coar, JD

Principal

The Bradley Coar Group, LLC

Eric Conley SVP, COO Froedtert Hospital

John Daniels Chair Emeritus Quarles & Brady

Michael Loiacano *Partner* Heidrick & Struggles

LaRue Martin, Jr.

Community Relations

UPS

Amber Walsh
Partner
McGuireWoods, LLP

Ramon Gregory, Former SVP Cardinal Health

VALUE PROPOSITION

ENHANCE YOUR VALUE TO YOUR COMMUNITY

- As an Individual member you will be recognized as a reputable resource for the promotion and advancement of Blacks in governance and board roles in the healthcare industry
- · As an Individual member you align with TLN's mission and values to have a demonstrative commitment to inclusion through participation in TLN's advanced programming related to diversity in healthcare
- As an Individual member you have made a decision to impact health disparities in communities served by ensuring a diverse board
- Enhance organizational performance by ensuring diversity of thought, perspectives and experiences
- Alignment with values and corporate social responsibility to create bio health environmental protection that looks out for the wellbeing of the community and civil society specifically for communities of color both now and in the future
- Enhanced insights to diverse customers and environments
- Impact health disparities and inequities for communities and people of color

INDIVIDUAL MEMBER BELIEFS TO IMPACT HEALTHCARE

- A consciousness that a diverse board is more reflective of the base of constituents
- A belief that a diverse boardroom helps address complex health disparities
- A consciousness that a diverse board can help healthcare organizations adapt to an ever-changing healthcare environment
- An understanding that boards with a diverse membership have a breadth of personal experience better equipped to handle emerging challenges related global bio security

MEMBERSHIP OVERVIEW

The Leverage Network's purpose is twofold:

- 1. To 'ready' members for board opportunities across all sectors of the healthcare industry; and
- 2. To influence the board selection process and increase healthcare organizations' board diversity

Individual membership demonstrates the importance of board diversity and supports the business case for improved organizational performance. Membership also supports the human case, that by ensuring board diversity that better represents customers, patients and populations served we can impact health disparities and inequities especially in communities and populations of color.

MEMBERSHIP TYPES & FEES

- Individual Membership 1 year commitment
 - \$1,500/year
- Cohort Participation Six (6) month curriculum
 - \$500 additional fee





INDIVIDUAL MEMBERSHIP BENEFITS

Annual Individual Membership Fee:

\$1,500

- Ability to participate in a unique experience through the Healthcare Board Initiative (HcBI) – Power of 3 program to become 'board ready'
- Access to TLN member-only information such as webinars, presentations, and executive directory through the through the 'member's only' platform
- Increased awareness and visibility through intentional networking opportunities from TLN networking events
- · Receive special member rate for TLN conferences and summits
- Access to be selected through a pipeline of executives who are actively promoted for board opportunities
- An unparalleled opportunity to share experiences and challenges with industry leaders and colleagues through the 'member's only' platform



HEALTHCARE BOARD INITIATIVE (HCBI)

COHORT BENEFITS

Cohort Participation - Additional Fee:

\$500

- Enhance your individual membership to become 'board ready' through a unique programming experience of the Healthcare Board Initiative – Power of 3 program which includes:
 - Access to select Healthcare Board Initiative (HcBI) sessions
 - · Participate in select Webinars conducted by HcBI partners
 - One on One networking with participating Cohort members

COHORT CRITERIA

- Over 20 years of demonstrated achievement in executive management Senior level role within organization (C-Suite/SVP)
- Possess intelligence, education, experience to make significant contribution to governance
- Possess personal attributes and interpersonal skills that contribute to sound working relationships
- Industry expertise to govern in a transformational environment:
 - Finance/Business/Accounting
 - Healthcare/Life Sciences
 - Government/Education
 - Technology/Communications
 - Consumer Services
- Functional expertise in:
 - Finance
 - Operations
 - Legal
 - Human Capital
 - Data Analytics/Technology
 - Risk/Insurance
 - Marketing/Strategy
- Minimum Education level: Bachelor's Degree, Master's or PhD preferred
- Previous or Current Corporate or Non-Profit Board Experience
- Diverse (African American)
- TLN Membership

INDIVIDUAL MEMBERSHIP TERMS OF ENGAGEMENT

- Individual Membership is effective upon signature of the Membership Application Form.
- Individual Memberships are automatically renewed annually on anniversary date of membership.
- TLN Individual Membership fees are due upon signing.
- Demonstrated achievement in career field/organization
- Senior level role within organization (C-Suite/SVP or equivalent)
- Education, experience and competencies to make significant contribution to governance
- Personal attributes and interpersonal skills that contribute to sound working relationships
- Expertise ideal to govern in a transformational environment include but are not limited to:
 - · Finance/Business Accounting
 - Strategic Planning/Visioning
 - Technology/Data Analytics
 - · Insurance/Payor Strategy/Managed Care
 - Mergers/Acquisitions
 - Black/African American



INDIVIDUAL MEMBERSHIP

HAVE YOU PREVIOUSLY BEEN A MEMBER OF TLN? O YES O NO				DATE/	/
PREFIX	NAME			SUFFIX	
WORK INFORMATION	ON				
O MAKE THIS MY P	PRIMARY ADDRESS FOR	CORRESPON	IDENCE		
PREFERRED METH	OD OF COMMUNICATION	I: O EMAIL O	FAX O PHON	E O MAIL	
ORGANIZATION					
TITLE					
ADDRESS					
CITY		STATE		ZIP	
PHONE	FAX		EMAIL		
PERSONAL INFORM	MATION				
O MAKE THIS MY I	PRIMARY ADDRESS FOR	CORRESPO	NDENCE		
PREFERRED METH	OD OF COMMUNICATION	I: O EMAIL O	FAX O PHON	E O MAIL	
HOME ADDRESS					
CITY		STATE		ZIP	
PHONE	FAX		EMAIL		
EDUCATIONAL EXP	PERIENCE				
LIST ALL ACADEMIC	DEGREES EARNED.				
UNDERGRADUATE	COLLEGE/UNIVERSITY _				
MAJOR SUBJECT_				DEGREE (ABBREV.)	
GRADUATE COLLEC	GE/UNIVERSITY				
MAJOR SUBJECT_				DEGREE (ABBREV.)	
DOCTORAL COLLEC	GE/UNIVERSITY				
MAJOR SUBJECT_				DEGREE (ABBREV.)	

PROFESSIONAL EXPERIENCE

BEGINNING WITH YOUR MOST RECENT PLACE OF EMPLOYMENT PRIOR TO YOUR CURRENT POSITION. LIST ALL PREVIOUS POSITIONS INHEALTH CARE (UP TO TWO POSITIONS). INCLUDE RESIDENCIES, FELLOWSHIPS, AND INTERNSHIPS. CITY ______ STATE/PROVINCE _____ TITLE______DURATION: MONTH/YEAR _____/____TO _____/____ ORGANIZATION _____ CITY STATE/PROVINCE TITLE______DURATION: MONTH/YEAR _____/____ TO _____/____ OTHER PROFESSIONAL AFFILIATIONS LIST OTHER AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS, INCLUDING ANY OFFICES HELD WITHIN EACH ORGANIZATION. ORGANIZATION _____ OFFICES HELD____ ORGANIZATION OFFICES HELD ORGANIZATION _____OFFICES HELD_____OFFICES HELD_____ ORGANIZATION ______OFFICES HELD **DUES** INDIVIDUAL: \$1.500 PER YEAR COHORT PARTICIPATION: \$500 (ADDITIONAL FEE) METHOD OF PAYMENT: (MAKE CHECK, MONEY ORDER PAYABLE TO THE LEVERAGE NETWORK INC.) [] CHECK ENCLOSED [] MONEY ORDER [] AMEX [] VISA [] MASTERCARD _____ EXPIRATION DATE _____ CARD NUMBER _____ CVC _____NAME AS IT APPEARS ON CARD ____ BILLING ADDRESS CITY ______ STATE ____ ZIP ____

PHONE _____EMAIL ____

CARDHOLDER'S SIGNATURE _____



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