

Diversity and Disparities

A Benchmarking Study of U.S. Hospitals in 2015



**INSTITUTE FOR DIVERSITY
in Health Management**

An affiliate of the American Hospital Association

HRET

HEALTH RESEARCH &
EDUCATIONAL TRUST
In Partnership with AHA

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About the Survey

- **In 2015, the Institute for Diversity in Health Management**, an affiliate of the American Hospital Association (AHA), commissioned the AHA's Health Research & Educational Trust (HRET) to conduct a national survey of hospitals and health systems to quantify the actions that they are taking to reduce health care disparities and promote diversity in leadership and governance.
- **Data for this project were collected through a national survey** mailed to the CEOs of 6,338 U.S. registered hospitals at the time of the survey.
- **The response rate was 17.1%**, with the sample generally representative of all hospitals.
- **Hospitals completed the survey in 2015.**
- **Minorities represent a reported 32% of patients** in hospitals that responded to the survey, and 37% of the U.S. population, according to other national surveys.
- **All data are self-reported.**



Executive Summary

- **Hospitals and health systems** have a great opportunity to improve the health of the individuals and communities they serve by eliminating health care disparities through:
 - Increasing the collection and use of race, ethnicity and language preference (REAL) data;
 - Increasing cultural competency training; and
 - Increasing diversity in leadership and governance.
- **The survey results** show that, overall, much more work needs to be done to eliminate health care disparities, but hospitals are making progress on important areas that will lead to more equitable care.



Executive Summary

- **The survey provides a snapshot** of some common strategies used to improve the quality of care that hospitals provide to all patients.
- **The survey provides data** to help the health care field focus attention on areas that will have the most impact and establish a benchmark to gauge hospitals' progress in the coming years.
- **The AHA last year launched its #123forEquity Pledge to Act Campaign** to Eliminate Health Care Disparities. Through the campaign, AHA is providing resources and sharing best practices to help hospital and health systems on their efforts. For more on the campaign, see page 31.



Major Findings: Collection and Use of Data

The collection and use of patient demographic data is an important building block to identify areas of strength and opportunities for improvement in providing the highest quality of care for all patients.

- Hospitals are actively collecting patient demographic data — **98%** on race, **95%** on ethnicity and **94%** on primary language.
- There were significant increases in the use of race, ethnicity, primary language and gender data to identify gaps in care (average **increase of 10 percentage points** since 2013).
- **Hospitals have made substantial progress** in using data on readmissions, clinical quality indicators and other areas to identify disparities in treatment and outcome, but more work remains.



Major Findings: Cultural Competence

Cultural competency training for employees helps prepare them to address the unique cultural and linguistic factors affecting the patients they care for, ensuring individualized care based upon patient needs.

- About **80%** of hospitals educate all clinical staff on cultural competence training topics during orientation.
- **79%** offer continuing education opportunities on cultural competency.
- About **40%** of hospitals have guidelines for incorporating cultural and linguistic competencies into operations (this represents a more than **8 percentage point** increase since 2013).
- About **55%** of hospitals include cultural competency metrics in their strategic plans.



Major Findings: Leadership and Governance

A leadership and governance team that reflects the community it serves helps ensure that the community's voice and perspective is heard. It also encourages decision-making that is conducive to best care practices.

- **Hospitals have made little progress** in increasing the diversity of their leadership teams and governing boards:
 - The percentage of minorities on boards in 2015 was **14%** – the same as 2013
 - Minorities in executive leadership positions was **11%** in 2015, a 1 percentage point decrease from 2013.
- **Hospitals continue to make some progress** in increasing diversity in their first- and mid-level management positions – **19%** in 2015 – up **4 percentage points** since 2011.



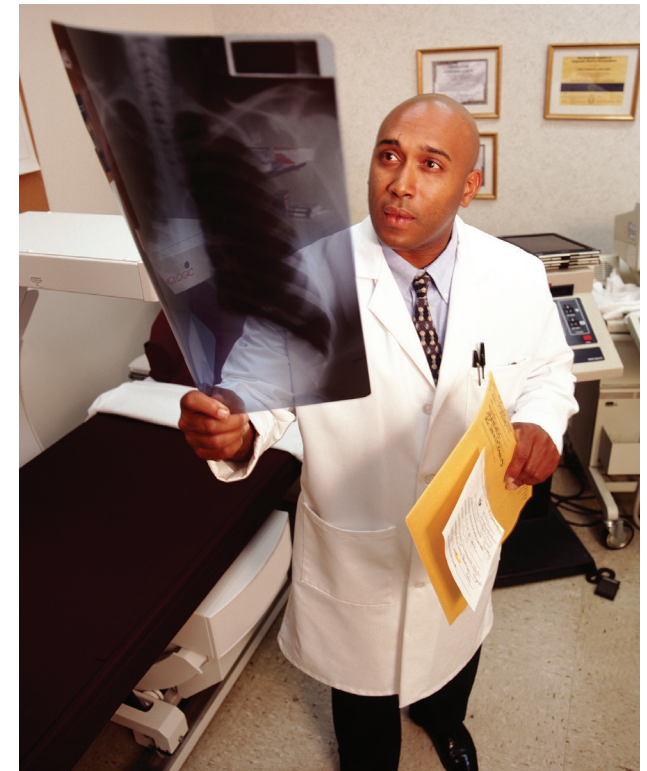
Collection and Use of REAL Data

■ Overall, hospitals are actively collecting patient demographic data, including data on:

- Race (98%)
- Ethnicity (95%)
- Gender (99%)
- Primary language (94%)
- Religion (77%)
- Disability status (72%)
- Sexual orientation (16%)
- Veteran status (57%)
- Gender identity (40%)
- Socioeconomic status (28%)

■ Use of REAL data to benchmark gaps in care is increasing, but more needs to be done:

- Race (45%)
- Ethnicity (40%)
- Gender (45%)
- Primary language (38%)
- Religion (13%)
- Disability status (14%)
- Sexual orientation (5%)
- Veteran status (10%)
- Gender identity (7%)
- Socioeconomic status (17%)



Collection and Use of REAL Data

Overall, modest progress was made in the *collection* of patient demographic data at first patient encounter.

	2011	2013	2015
Race	94%	97%	98%
Ethnicity	87%	94%	95%
Primary language	90%	95%	94%
Gender	Not collected in survey	99%	99%
Religion	88%	88%	77%
Disability status	70%	71%	72%
Sexual orientation	19%	19%	16%
Gender identity	Not collected in survey	Not collected in survey	40%
Veteran status	51%	51%	57%
Socioeconomic status	Not collected in survey	Not collected in survey	28%



Data Used to Benchmark Gaps in Care

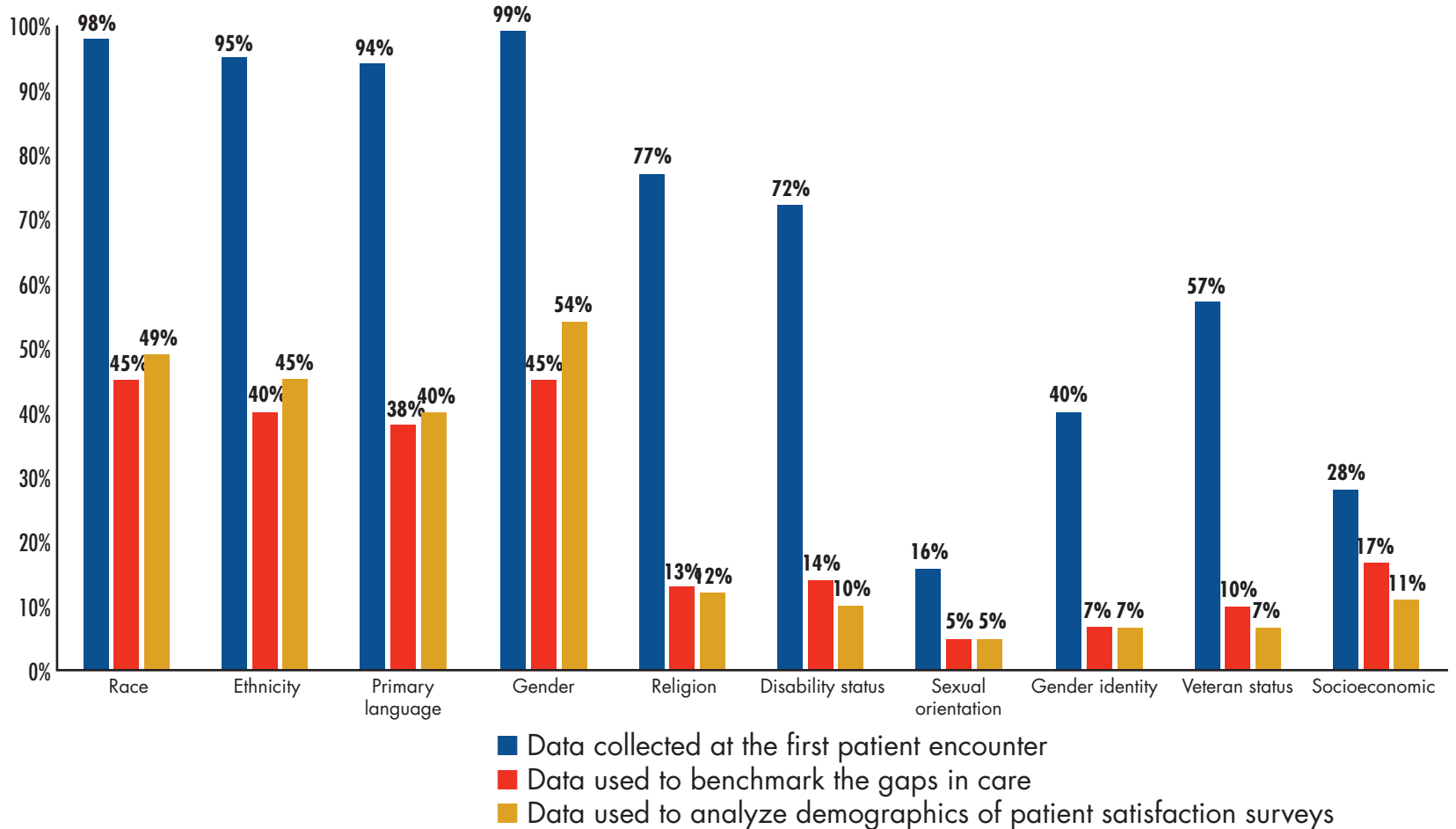
Progress was made in using some REAL data to identify gaps in care.

	2011	2013	2015
Race	26%	30%	45%
Ethnicity	25%	29%	40%
Primary language	28%	28%	38%
Gender	Not collected in survey	32%	45%
Religion	15%	15%	13%
Disability status	17%	19%	14%
Sexual orientation	6%	7%	5%
Gender identity	Not collected in survey	Not collected in survey	7%
Veteran status	10%	13%	10%
Socioeconomic status	Not collected in survey	Not collected in survey	17%



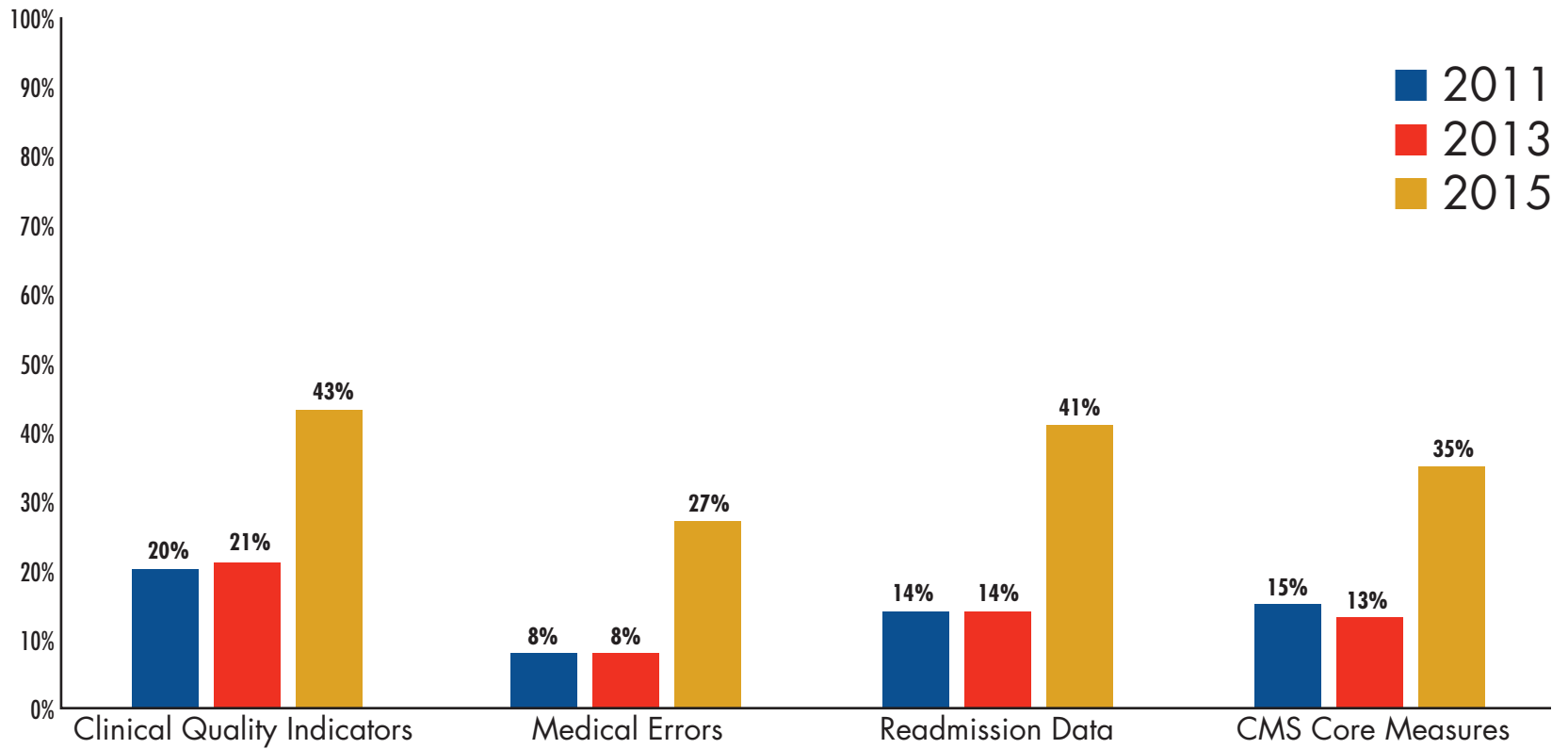
Collection and Use of REAL Data

2015 patient data was more commonly collected than used, and used more to assess satisfaction than outcomes



Collection and Use of REAL Data

Hospitals have made substantial progress using data to identify disparities in treatment and/or outcomes between racial or ethnic groups, but more work remains



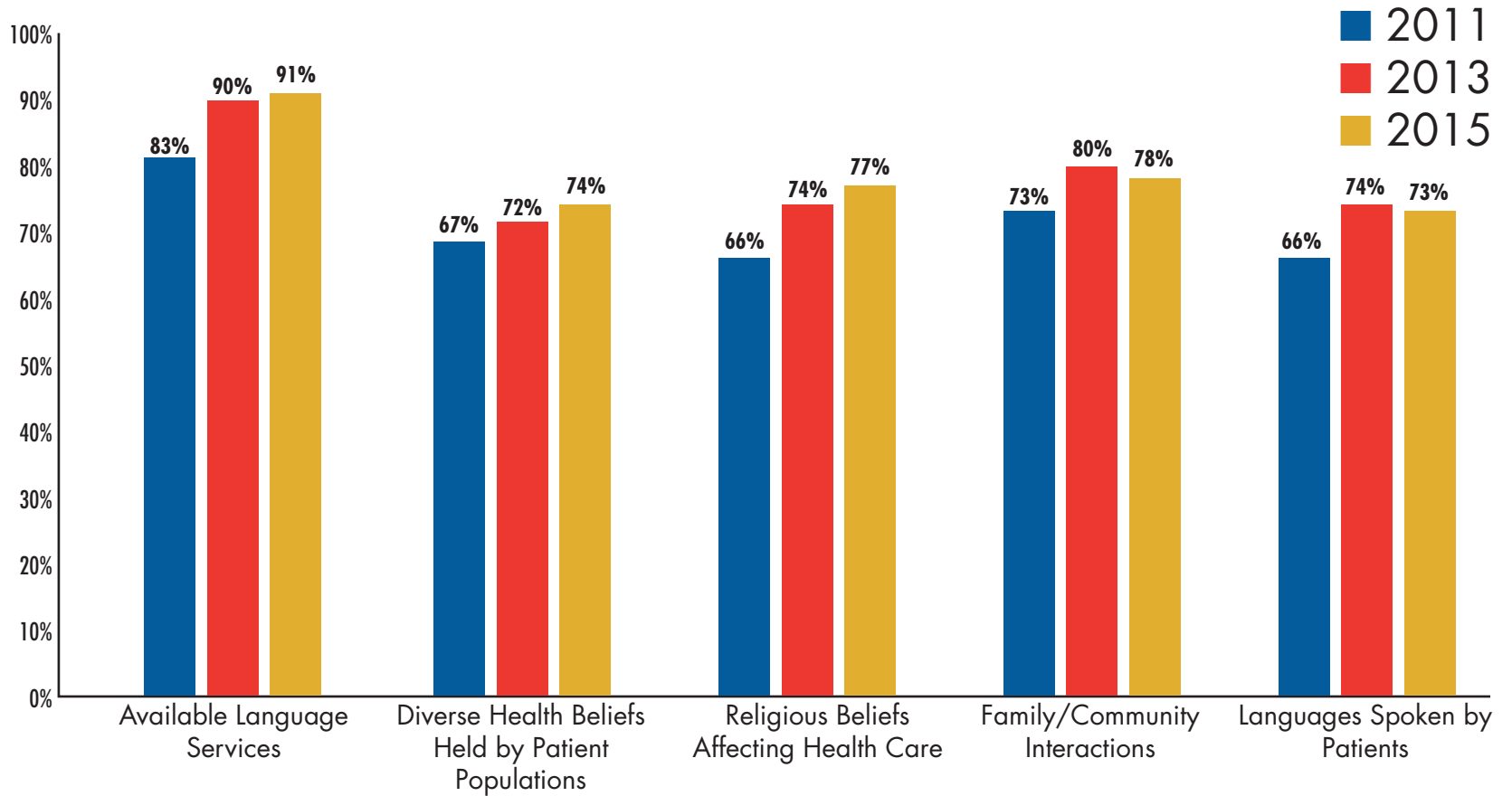
Cultural Competence Commitment

- **79% of hospitals educate all clinical staff** during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities.
- **79% of hospitals cover cultural competency** issues for their employees through continuing education efforts throughout the year.
- **40% of hospitals have guidelines** for incorporating cultural/linguistic competence into operations in their strategic plans (this is the first year this question was asked).



Cultural Competency Training

Some expansions in cultural content areas were addressed during hospital orientation



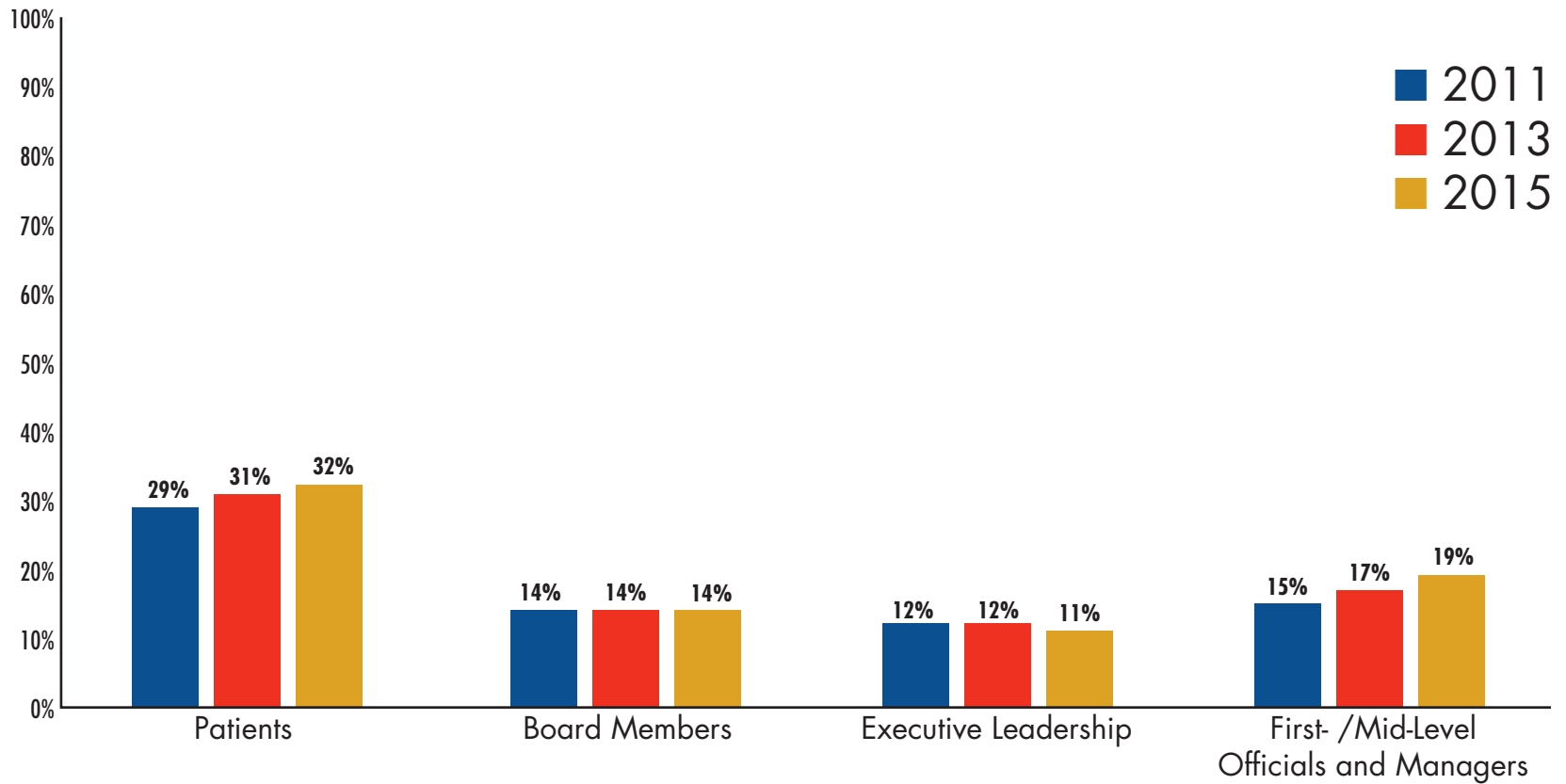
Leadership and Governance

- **Although minorities represent 32% of patients in hospitals that responded to the survey and 37% of the U.S. population according to other national surveys, they comprise only:**
 - 14% of hospital board members;
 - 11% of executive leadership positions; and
 - 19% of first- and mid-level managers.



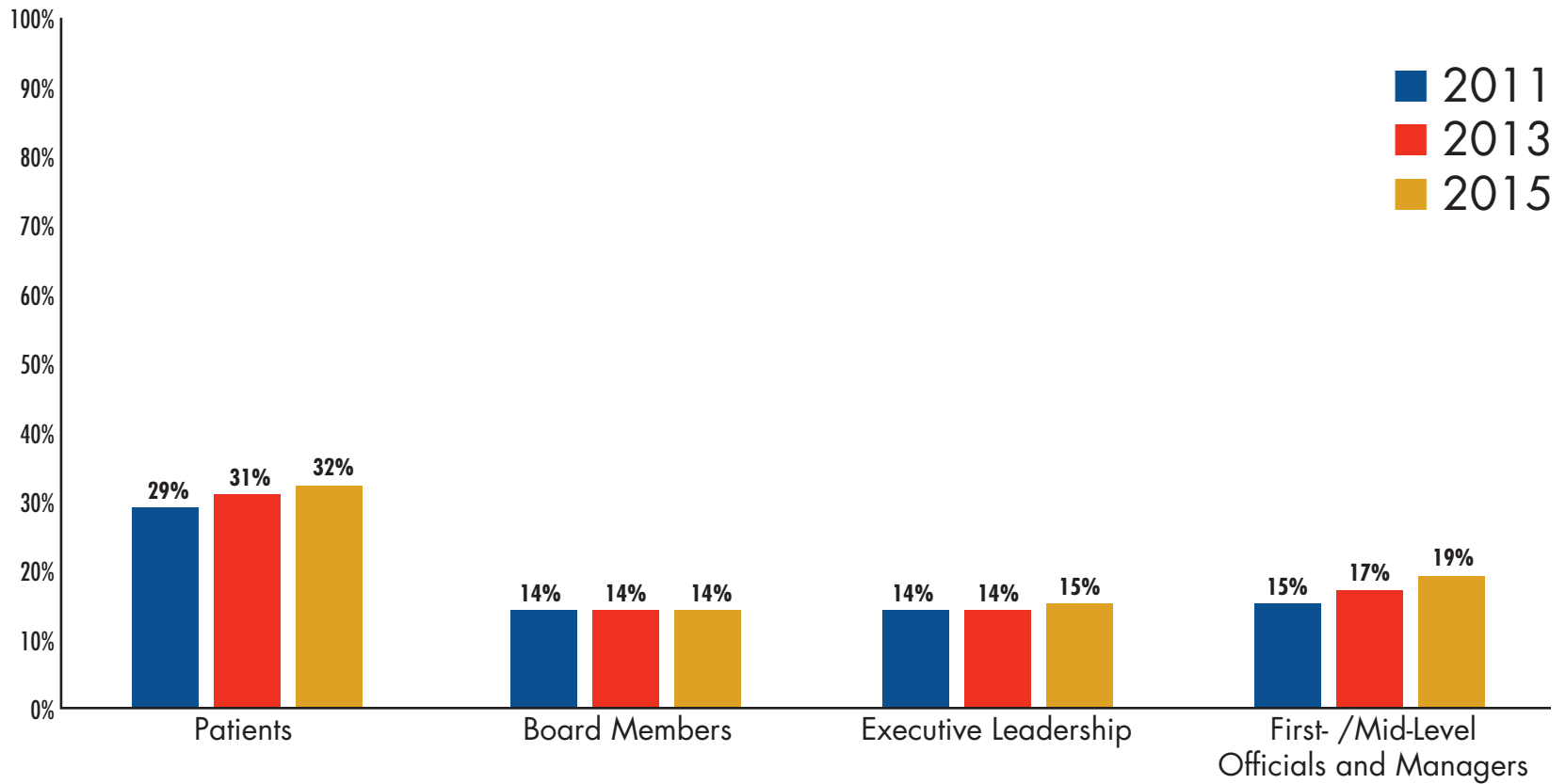
Leadership and Governance

Minority representation in responding hospitals

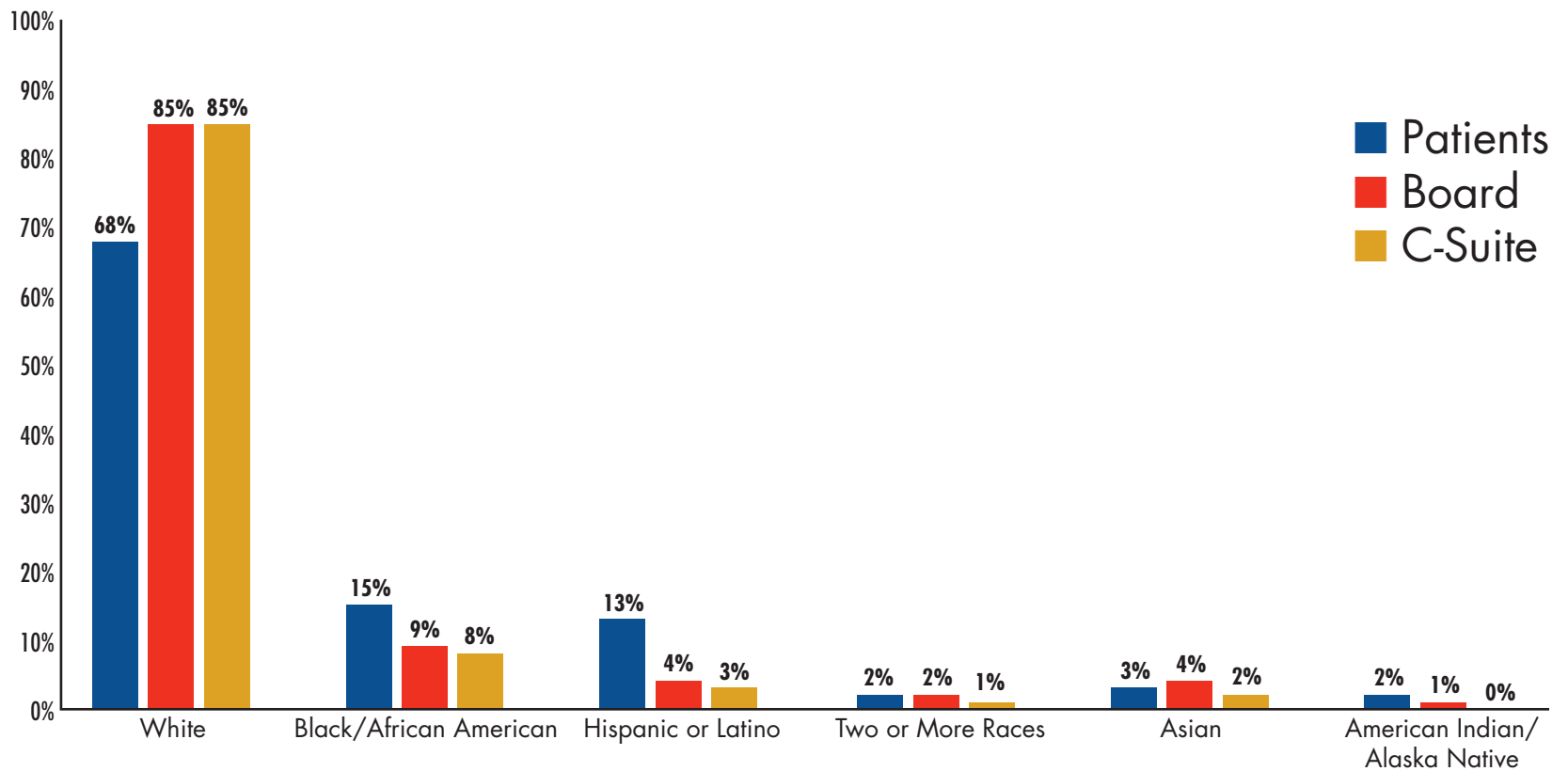


Leadership and Governance

Minority representation in responding hospitals (Executive leadership percentage includes chief diversity officers).

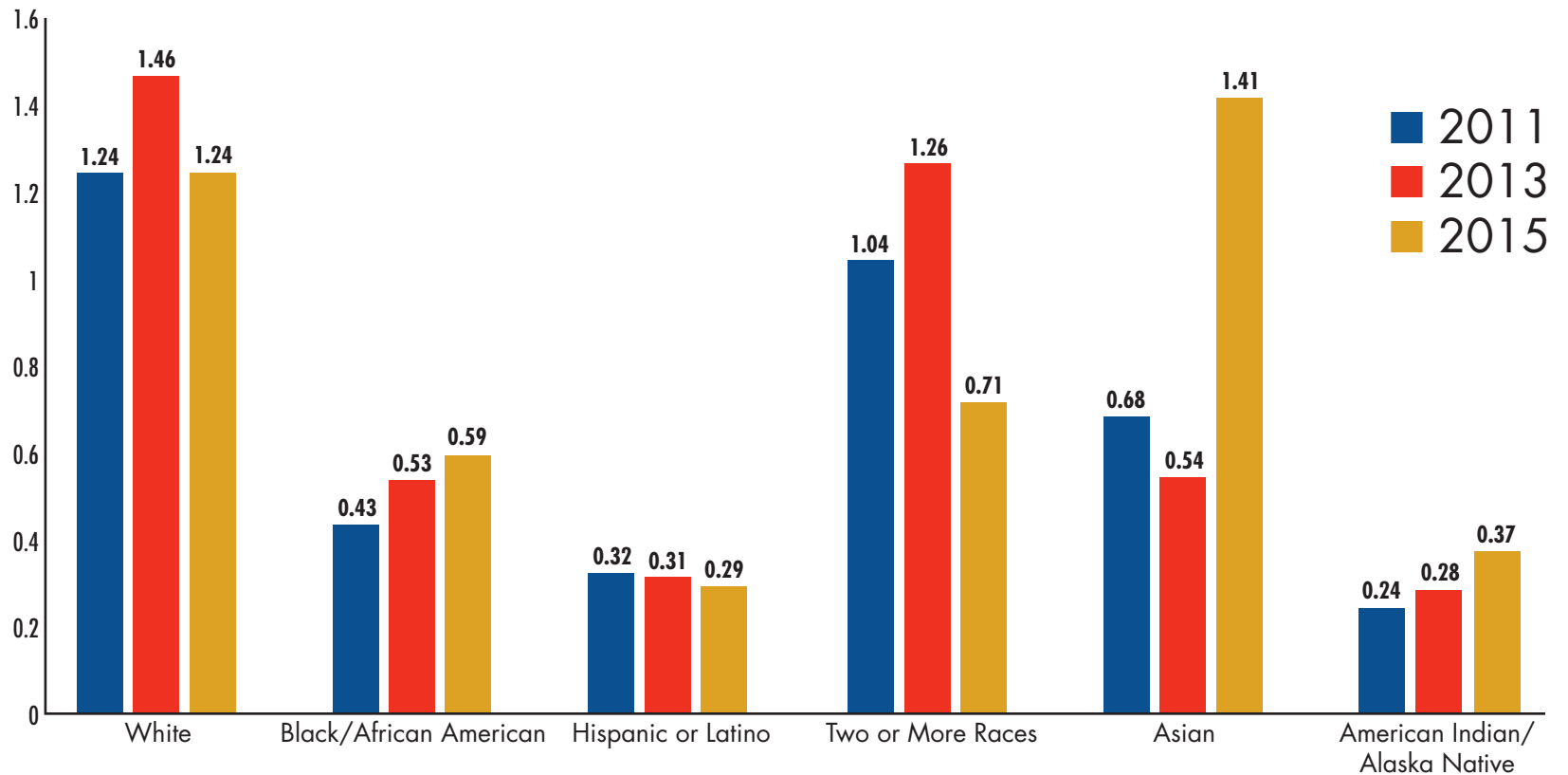


Minorities represented on hospital boards and executive leadership positions

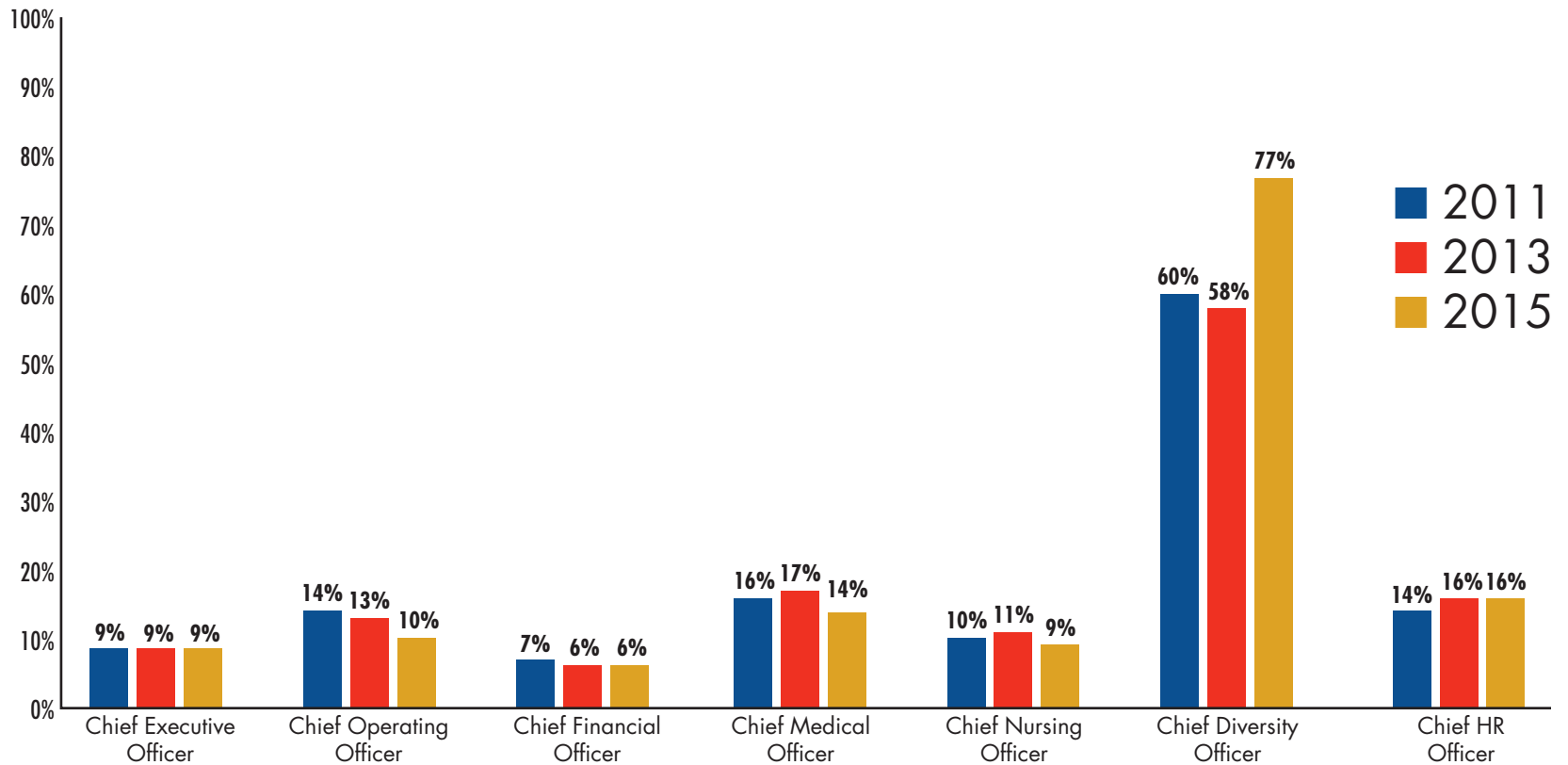


Leadership and Governance

Ratio of board representation to patient population (a group is underrepresented if the value is less than one.)



Minority representation in executive leadership positions

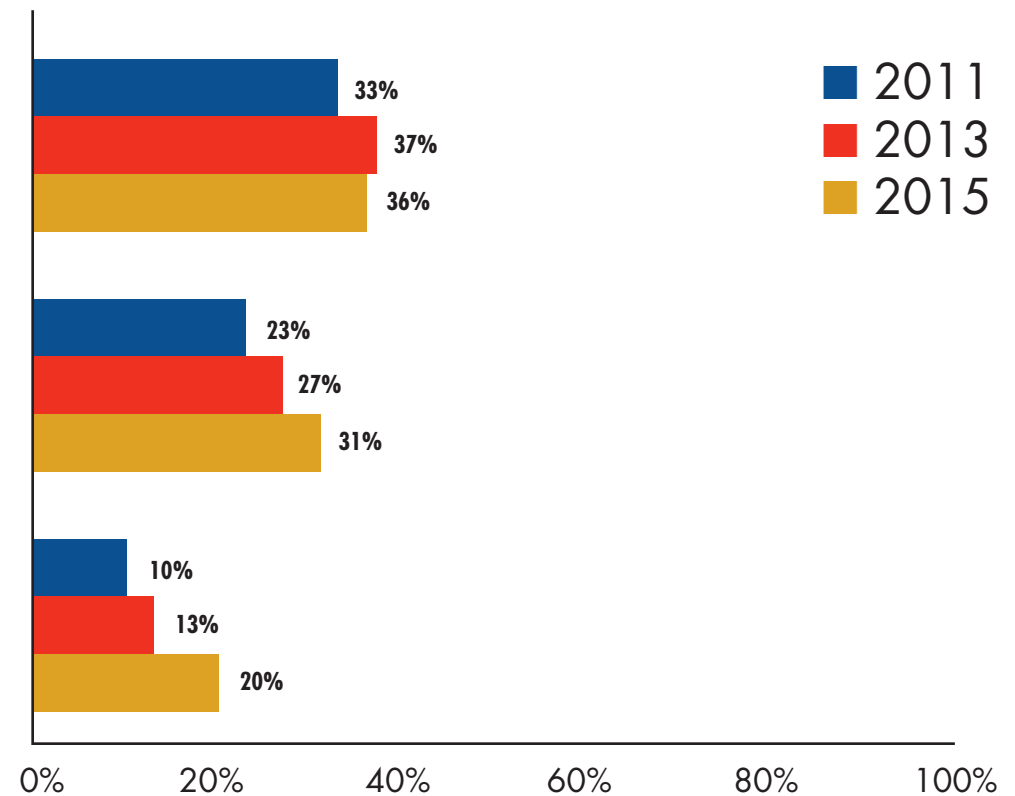


Hospitals' leadership goals

Governing board has goals for diversity within its membership that reflects diversity of hospital's patient population.

Documented plan to increase number of ethnically, culturally and racially diverse executives on the senior leadership team.

Executive compensation tied to diversity goals.



Supplier Diversity Activities

Promoting supplier diversity is a key strategy for investing in the health and equity of a hospital's community. This year was the first survey to assess hospital supplier diversity activities.

Key findings:

- **33%** of hospitals reported that they track supplier diversity on an annual basis.
- **28%** of hospitals report that they publish supplier diversity activities such as goals, outreach or spending numbers or percentages.



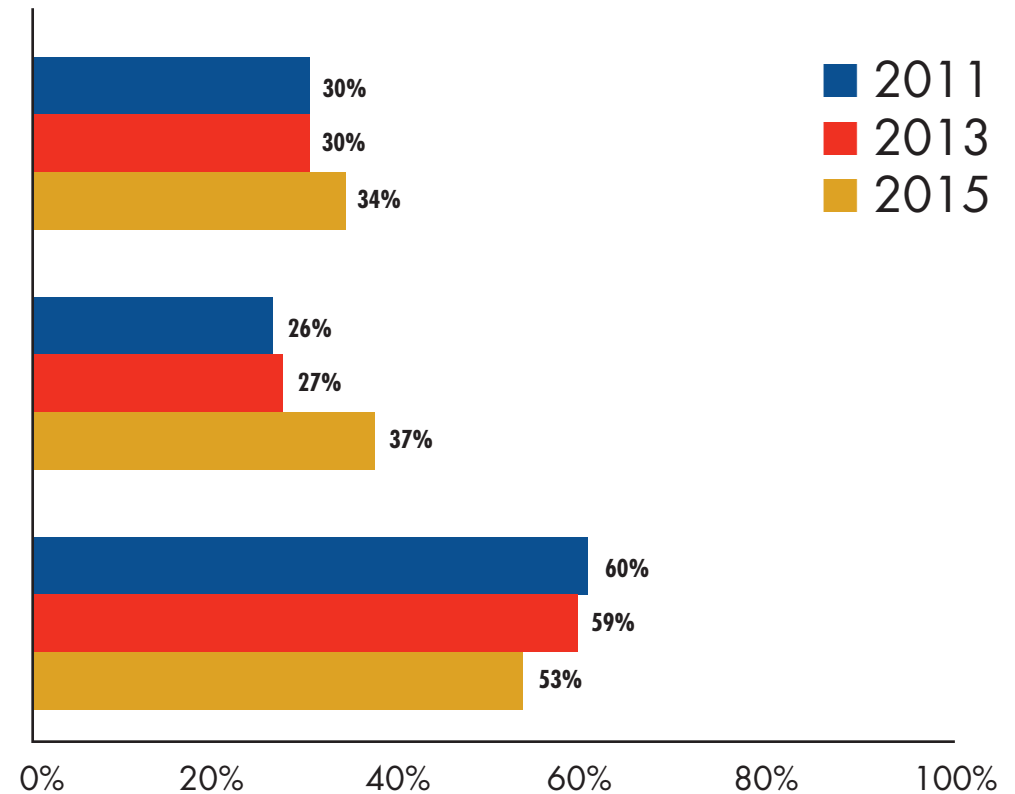
Appendix A: Data Utilization

Hospitals' use of data to address health care disparities

Information about the percent of clinical staff trained in culturally and linguistically appropriate care.

Information about variations in clinical management of preventable and chronic diseases.

Information about the supply and demand for language services.

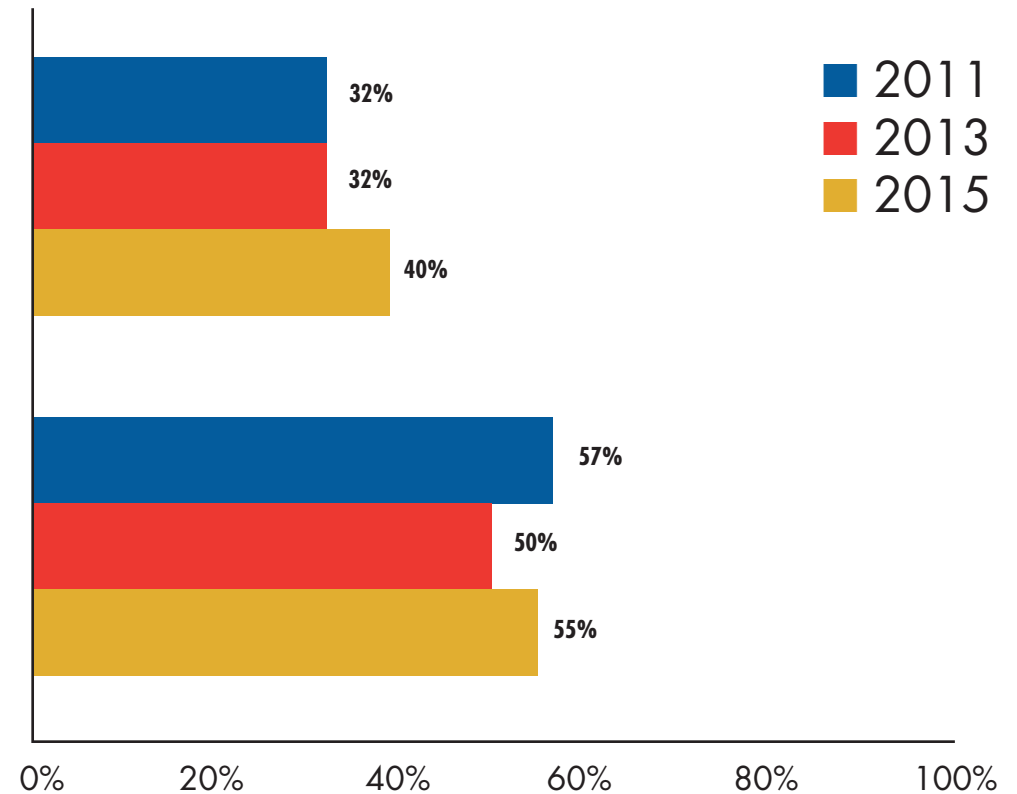


Appendix B: Strategic Goals

Inclusion of goals within hospitals' strategic plans

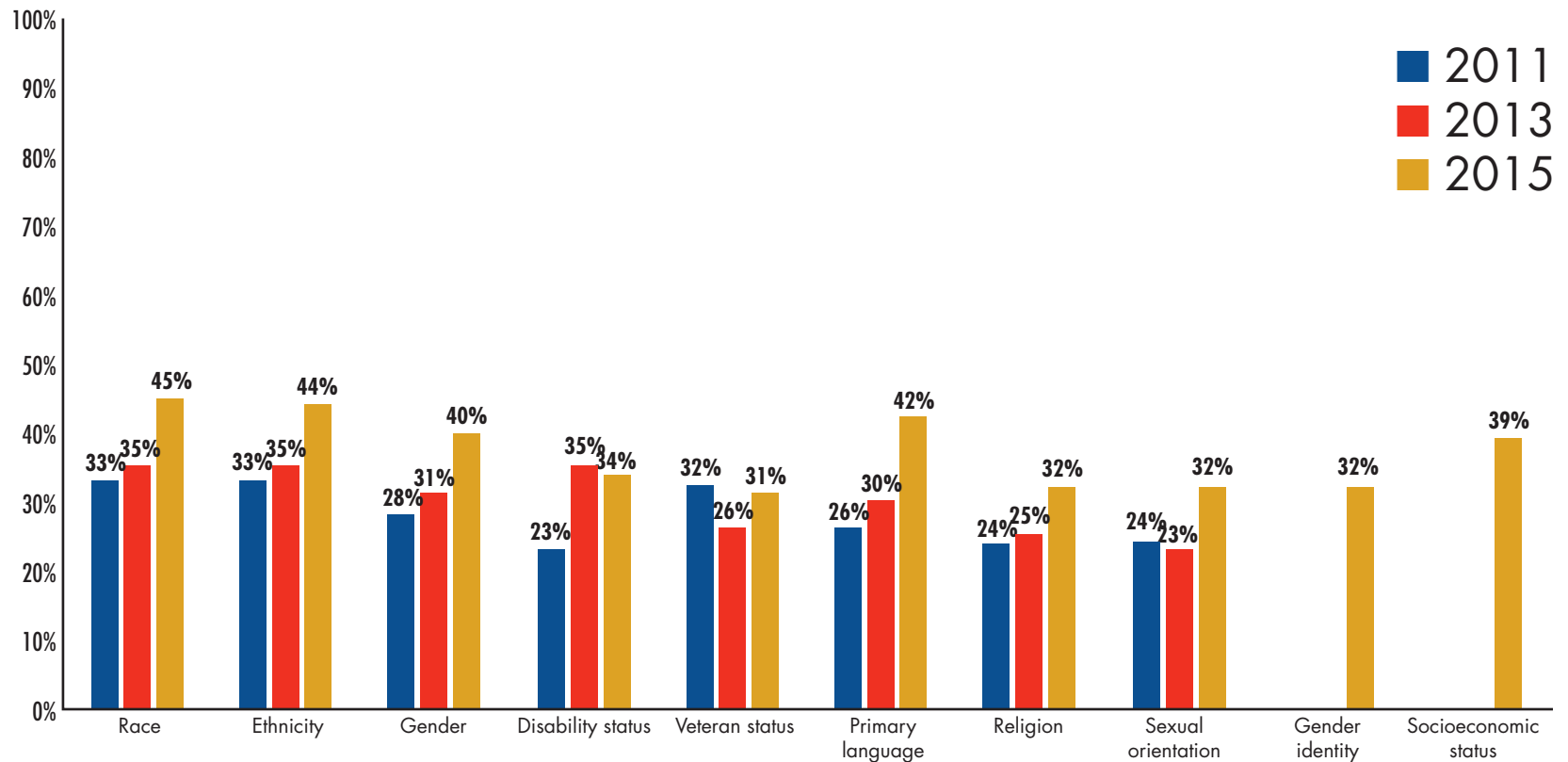
Guidelines for incorporating cultural and linguistic competences into operations.

Improving quality of care for ethnically, culturally, and linguistically diverse patient populations.



Appendix C: Strategic Goals

Goal to reduce disparities according to patient characteristics

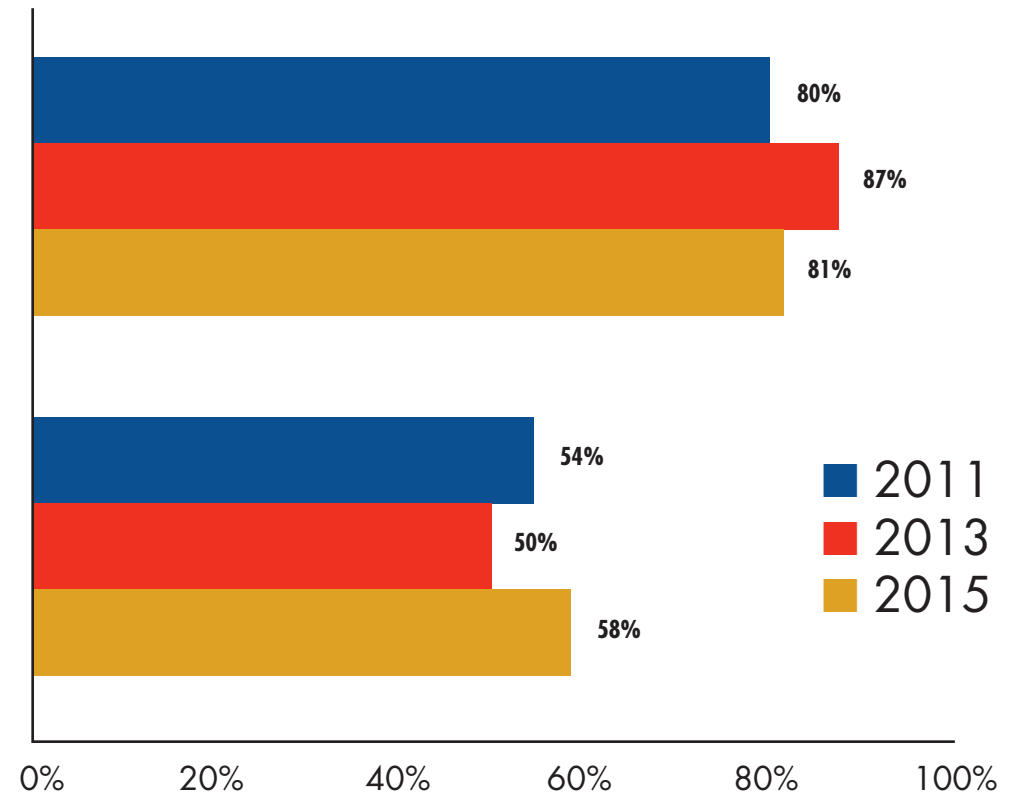


Appendix D: Reducing Disparities

Hospitals' efforts to reduce racial/ethnic health care disparities

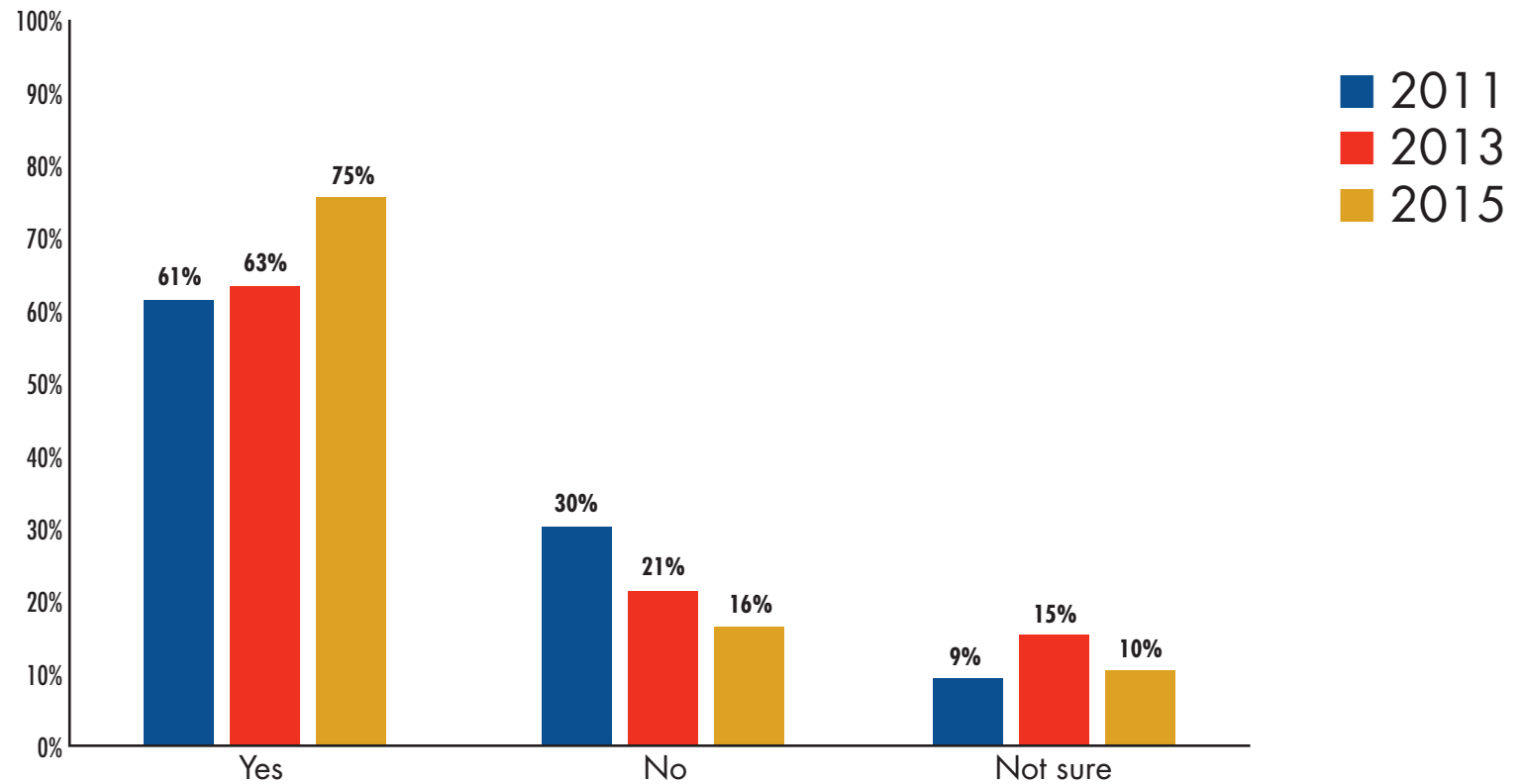
Standardized mechanism to translate hospital-related documents into languages most prevalent among patients and visitors.

Projects for improving the quality of care for diverse patient populations.



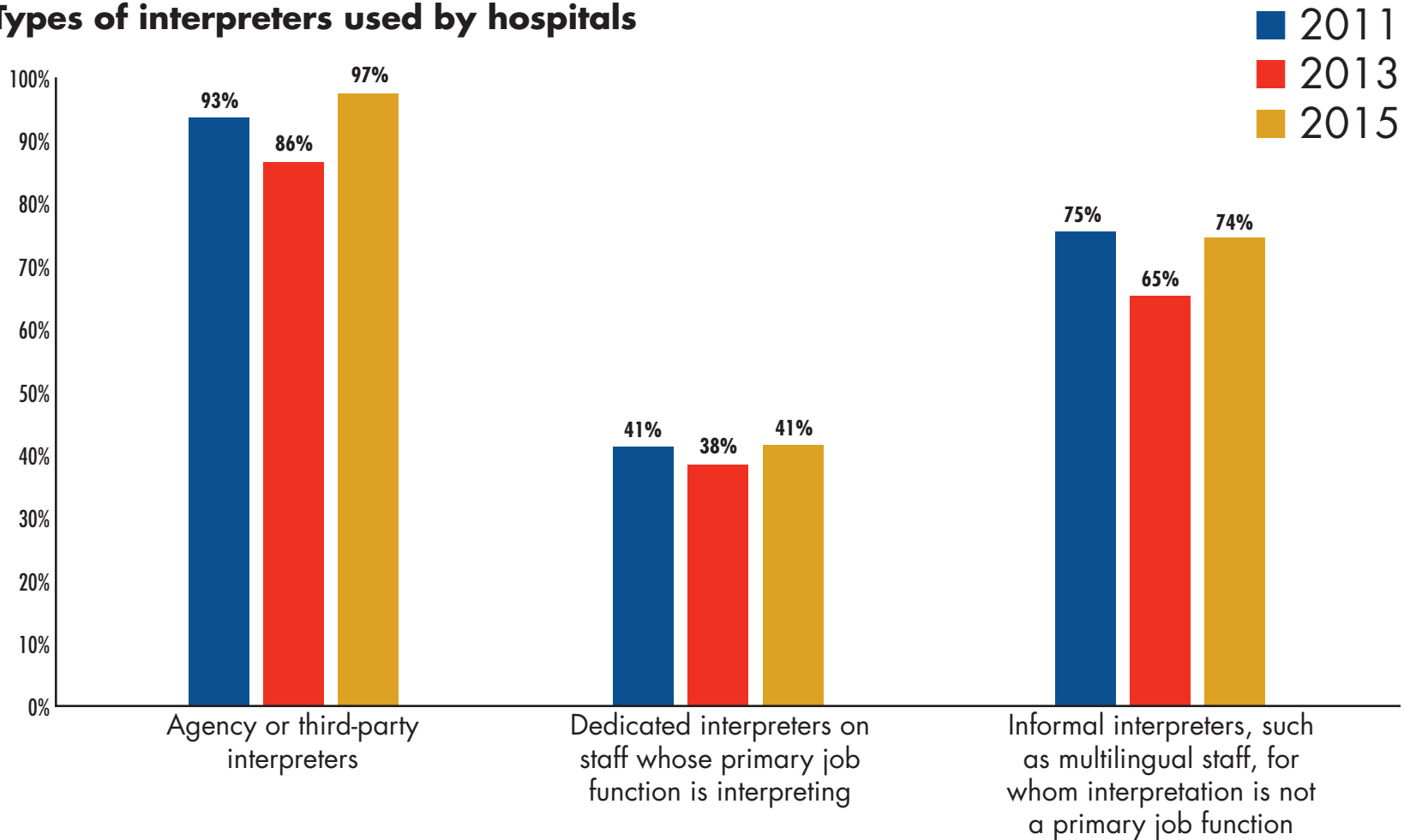
Appendix E: Cultural Competency

Assessment of racial and ethnic demographics of primary service area in past three years



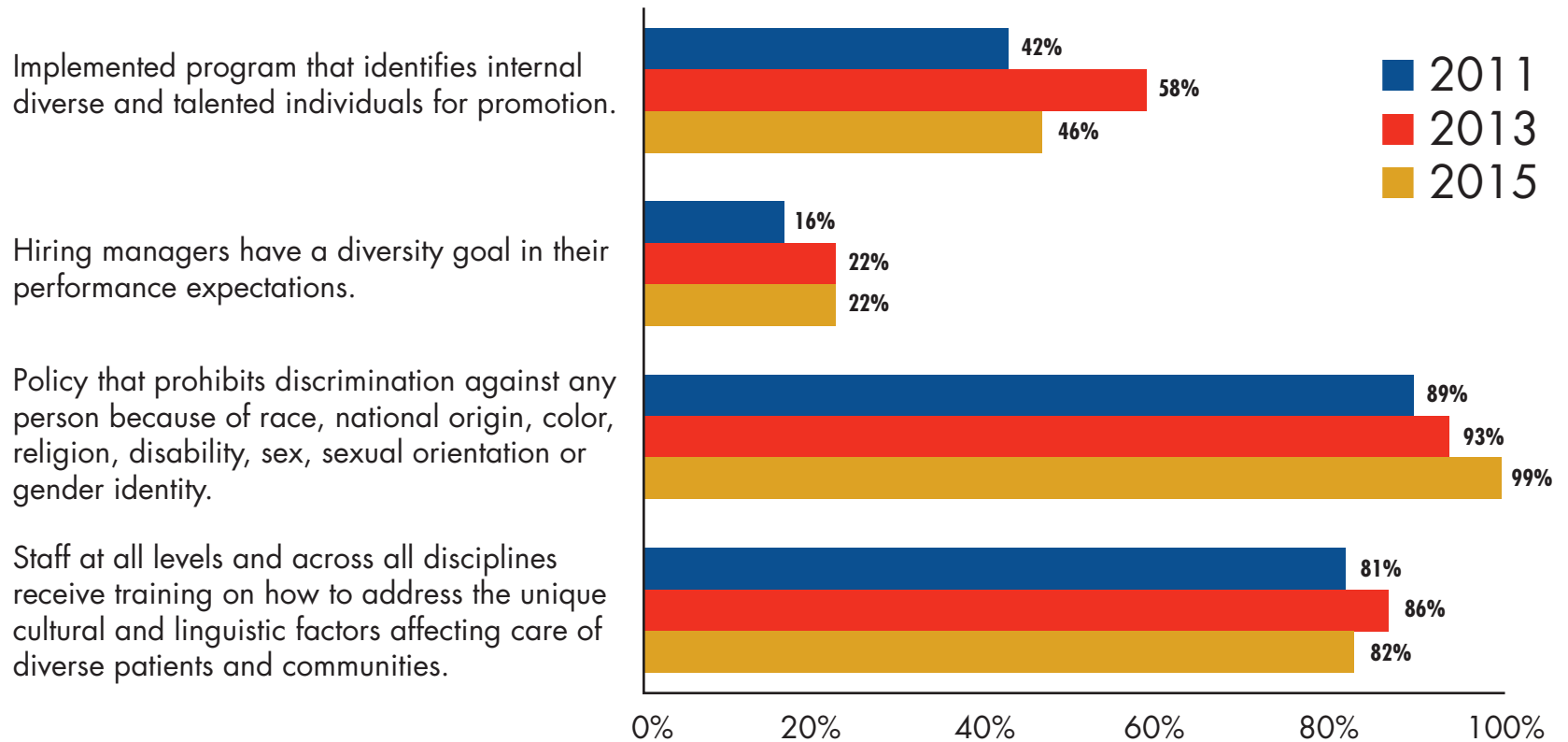
Appendix F: Cultural Competency

Types of interpreters used by hospitals



Appendix G: Diversity Management

Percentage of hospitals participating in diversity improvement plans



National Call to Action to Eliminate Health Care Disparities

Launched in 2011, the National Call to Action is a national initiative to end health care disparities and promote diversity. The group is committed to three core areas that have the potential to most effectively impact the field:

- Increase collection and use of race, ethnicity, language preference and other characteristic data
- Increase cultural competency training
- Increase diversity in leadership and governance

Call to Action Partners



www.equityofcare.org



Resources to Support #123forEquity Pledge

- **Toolkits with best practices and strategies for achieving success**
- **Webinars featuring hospitals and health systems that are leaders on these efforts**
- **Other resources available on www.equityofcare.org**

#123forEquity:

A Toolkit for Achieving Success and Sharing Your Story



Efforts to Spotlight #123forEquity Campaign

- **Advertorial in the *Wall Street Journal* May 2**
- **More than 30 local and national organizations have endorsed the campaign**
- **Partnerships with state and metropolitan hospital associations**
- **Honoring organizations that have pledged during the AHA and IFD meetings**

A MESSAGE FROM AMERICA'S HOSPITALS

Working to End Health Care Disparities

America's hospitals and health systems are working to ensure that every person who walks through our doors receives the highest quality care.

Achieving this goal means understanding why disparities in care and health persist for some patient populations, and developing solutions to eliminate these disparities.

This is essential work. Each community is unique and individuals represent a diversity of cultural characteristics. They are exposed to different socioeconomic conditions, environments and workplace hazards.

Many communities lack access to affordable, nutritious foods and safe places to exercise. Many individuals face health literacy and language access challenges that hinder communication with their health care providers, leading to poor compliance and fragmented care.

Hospitals are leading the way to ensure equitable care is delivered to every person in every community.



Richard J. Pollack
President and CEO
American Hospital Association

systems have signed the pledge, and each day, more are joining this effort.

In addition, more than 30 local and national organizations, including the National Urban League, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America's Essential Hospitals have

endorsed the pledge.

Hospitals have committed to begin taking specific actions during the next year that we believe will lead to more equitable, safer and higher quality care for all individuals.

These priorities include:

- Increasing the collection and use of race, ethnicity, language preference and other characteristic data and applying them to care improvement efforts;
- Increasing cultural competency training for employees so they are prepared to address unique cultural and linguistic factors; and
- Increasing diversity in hospital leadership and governance to reflect the communities

