

Equity of Care

MAKING IT HAPPEN



INSTITUTE FOR DIVERSITY
in Health Management
An affiliate of the American Hospital Association



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Addressing equity of care remains an imperative for hospitals and health systems. According to the 2010 U.S. census, about 36 percent of the population belongs to a racial or ethnic minority. By 2050, the Census Bureau projects that 54 percent of the population will comprise minorities.

A 2013 report by the American Hospital Association's Institute for Diversity in Health Management and the Health Research & Educational Trust shows that while progress is being made to address health care disparities, more work needs to be done. The elimination of health disparities requires a three-pronged approach: the collection of race, ethnicity and language preference data; increased cultural competency training; and increased diversity in governance and leadership.

"It's critical to have an understanding of the minority patient experience," says Joseph Betancourt, M.D., director of Massachusetts General Hospital's Disparities Solution Center. "We fortified how we collect patient demographic, so we could take a deeper dive into how we care for our minority patients." Equally important, Betancourt says, is ensuring that the organization's board and executive leadership reflect the ethnic and racial makeup of the community. His organization's leadership has diversity metrics as part of their performance measures, and human resources places emphasis on the recruitment and retention of minorities.

One of the challenges to addressing racial disparities is limited resources, notes John Corlett, vice president of government relations and community affairs for MetroHealth Cleveland. But, he adds, "if it's the right thing to do, we can figure out a way to do it."

Improving equity of care is a business imperative, as well as a moral imperative, says Virginia Tong, vice president of cultural competence and partnership innovation at Lutheran Medical Center, New York City, "Patients have a choice," she says. "If you make your programs accessible, they will use your services. There is a business incentive to this as well."

This gatefold examines hospitals' equity of care initiatives and looks at how hospitals are successfully addressing the challenges of providing care to diverse populations. ●

RESEARCH BY LEE ANN JAROUSSE

The Benefits of Cultural Competency



SOCIAL BENEFITS

- Increases mutual respect and understanding between patient and organization.
- Increases trust.
- Promotes inclusion of all community members.
- Increases community participation and involvement in health issues.
- Assists patients and families in their care.
- Promotes patient and family responsibilities for health.

Source: "Becoming a Culturally Competent Health Care Organization," Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013



HEALTH BENEFITS

- Improves patient data collection.
- Increases preventive care by patients.
- Reduces care disparities in the patient population.
- Increases cost savings from a reduction in medical errors, number of treatments and legal costs.
- Reduces the number of missed medical visits.



BUSINESS BENEFITS

- Incorporates different perspectives, ideas and strategies into the decision-making process.
- Decreases barriers that slow progress.
- Moves toward meeting legal and regulatory guidelines.
- Improves efficiency-of-care services.

Three Key Steps Toward Cultural Competency



Source: "Becoming a Culturally Competent Health Care Organization," Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

COMMUNITY SURVEY

The hospital or health care system analyzes demographic data to determine the composition of the local community and the hospital's patient population. With this analysis, the hospital or care system can conduct microtargeting surveys to determine the needs for specific communities.

COMMUNITY ENGAGEMENT

The hospital or health care system communicates survey findings to community members and determines priorities. This information serves as the basis for staff education.

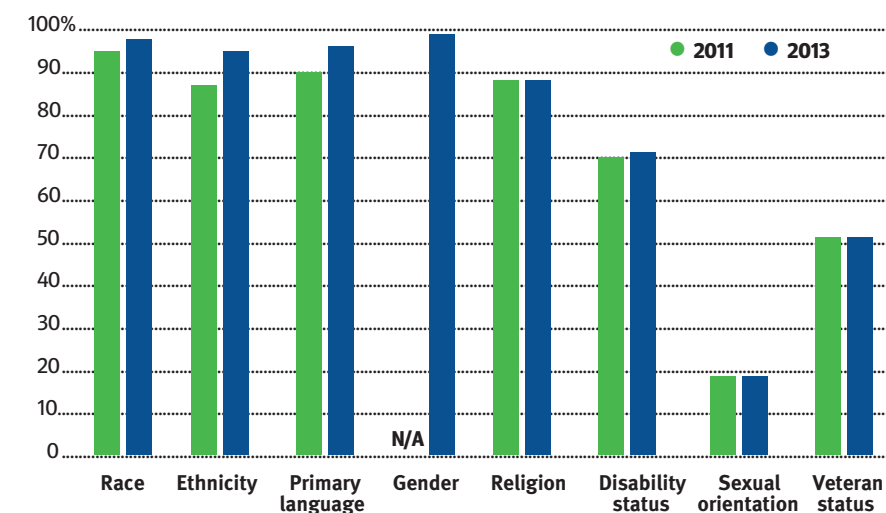
STAFF EDUCATION

Working with community feedback and survey data, the hospital or care system educates staff on the importance of cultural competence and the particular cultural needs of patients with whom staff interact each day.

ByTheNumbers

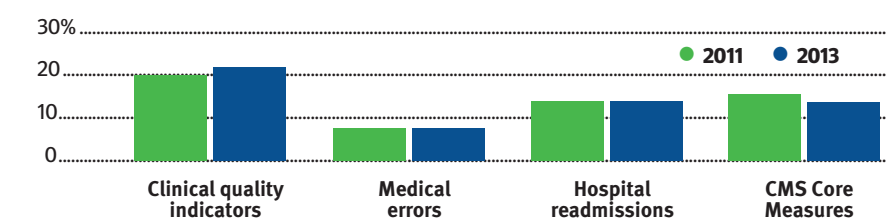
The three primary practices used by hospitals and health systems to address disparities involve the collection of race, ethnicity and language preference data (REAL); increasing cultural competency training; and increasing diversity in governance and leadership.

Hospital collection of REAL data at first encounter



Source: Diversity and Disparities Benchmarking Survey, Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

Use of data to identify disparities in treatment and/or outcomes between racial or ethnic groups



Source: Diversity and Disparities Benchmarking Survey, Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

Cultural content areas included in hospital orientation

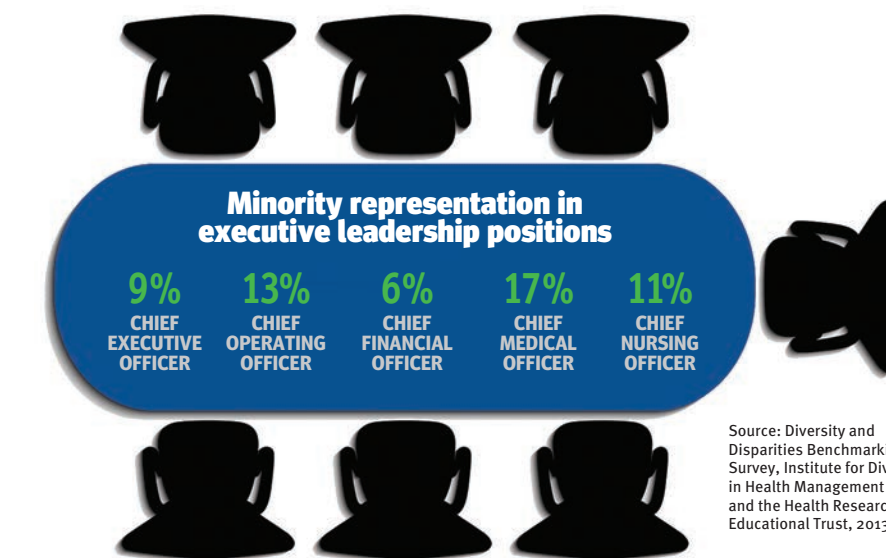
Area	2011 (%)	2013 (%)
Available language services	89	86
Family/community interactions	74	70
Religious beliefs affecting health care	67	67
Languages spoken by patients	69	67
Diverse health benefits held by patient population	63	65

Source: Diversity and Disparities Benchmarking Survey, Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

Inclusion of diversity goals in the hospital's strategic plan

The use of reports for measuring progress toward addressing disparities	19%
The use of reports for measuring progress on diversity management	22%
The use of reports for measuring progress on diversity-related goals	32%
Guidelines for incorporating cultural and linguistic competence into operations	32%
Hospital recruitment and retention of minority and underrepresented groups in the workforce	39%
Collection of race, ethnicity and language preference data for the hospital's workforce assignments	44%
Improving quality of care for culturally and linguistically diverse patient population	50%
Collection of race, ethnicity and language preference data for community/patient population assessments	52%

Source: Diversity and Disparities Benchmarking Survey, Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013



Source: Diversity and Disparities Benchmarking Survey, Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

Hospitals' efforts to reduce disparities

- Hospital has a standardized mechanism to translate hospital-related documents into languages that are most prevalent among visitors and patients87%
- Hospital has a standardized system to collect feedback from patients with language needs66%
- Hospital has a standardized system to collect feedback from patients for improving services for diverse patient populations64%
- Hospital conducts patient interviews or surveys to obtain patient satisfaction data for improving services for diverse populations62%
- Hospital has performance improvement projects aimed at improving the quality of care provided to diverse patient populations50%
- Hospital has a standardized system to collect feedback from staff for improving services to diverse patient populations50%

Source: Diversity and Disparities Benchmarking Survey, Institute for Diversity in Health Management and the Health Research & Educational Trust, 2013

64% of hospitals in the 2013 survey required all employees to attend diversity training



Case Studies



LUTHERAN MEDICAL CENTER | NEW YORK CITY

Lutheran Medical Center, a 404-bed teaching hospital, is committed to providing culturally competent, equitable care to a growing population of minorities. The organization's service area, once home to a predominantly Norwegian community, now comprises a mix of minorities of Chinese, Arab, Dominican and Mexican descent, among others. "The immigrant community continuously changes," says Virginia Tong, vice president of cultural competence and partnership innovation. Community liaisons and cultural advisory committees provide outreach to the community's Chinese, Arabic and Orthodox Jewish communities to help them navigate the health care system. Nine community health centers further the organization's community outreach. Between 60 and 70 percent of hospital staff are bilingual. A dedicated Chinese inpatient unit offers multilingual medical staff 24 hours a day and food prepared by a Chinese cook. ●



MASSACHUSETTS GENERAL HOSPITAL | BOSTON

Massachusetts General Hospital took an aggressive approach to addressing racial and ethnic disparities following the Institute of Medicine's 2002 report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." In 2003, the organization formed the MGH Committee on Racial and Ethnic Disparities in Health Care to: improve the minority patient experience and access to care; develop ways to better identify and eliminate racial and ethnic disparities; and raise awareness and education among staff. The organization formed the Disparities Solution Center in 2005 to address disparities and serve as a local, regional and national resource for hospitals and other health care organizations. "We've made drastic changes," says Joseph Betancourt, M.D., director of the center. "We are committed to providing high-quality health care to all who come through our doors." Critical to the organization's initiative is the collection and distribution of patient demographic data. A disparities dashboard is shared with clinical leaders and the governance board, and is also posted on the organization's intranet and website. "The hospital holds itself responsible for results," Betancourt says. ●

National Call to Action To Eliminate Health Care Disparities

Addressing disparities is no longer just about morality, ethics and social justice; it is vital to performance excellence and improved community health. As hospitals face greater responsibilities to manage community health, equity of care is essential.

As hospitals and health systems tackle these challenges locally, leaders of national health care organizations have come together to create a national call to action to eliminate health care disparities and improve quality of care for each and every patient.



The three goals of the national call to action are to increase:

- Collection & use of race, ethnicity and language preference data
- Cultural competency training
- Diversity in governance and leadership

Through free resources, shared best practices and national collaborative efforts, **Equity of Care** is leading the health field on a clear path to eliminate disparities and ensuring that local action can power national results.

For more information, visit www.equityofcare.org



Best in Class Hospitals

The Institute for Diversity in Health Management recently recognized organizations across the nation for their progress in promoting diversity. Recognition is based upon hospitals' responses to the survey "Diversity and Disparities: A Benchmark Study of U.S. Hospitals in 2013." Best in class hospitals represent the top performing organizations within each category.

Addressing Disparities and Delivering Quality Care

- Dayton Veterans Affairs Medical Center, Dayton, OH
- Harris Health System, Houston, TX
- Mercy Medical Center-Sioux City, Sioux City, IA
- Sunrise Hospital and Medical Center, Las Vegas, NV
- Veterans Affairs Southern Nevada Healthcare System, North Las Vegas, NV
- Washington DC Veterans Affairs Medical Center, Washington, DC

Cultural Competency and Engaging Communities

- Christiana Care Health System, Newark, DE
- Cincinnati Children's Hospital Medical Center, Cincinnati, OH
- Dayton Veterans Affairs Medical Center, Dayton, OH
- Florida Hospital, Orlando, FL
- Homestead Hospital, Homestead, FL
- Indiana University Health University Hospital, Indianapolis, IN
- Kaiser Permanente Baldwin Park Medical Center, Baldwin Park, CA
- Louis Stokes Cleveland Veterans Affairs Medical Center, Cleveland, OH
- Memphis Veterans Affairs Medical Center, Memphis, TN
- MetroHealth Medical Center, Cleveland, OH
- Ohio State University Wexner Medical Center, Columbus, OH
- Robert E. Bush Naval Hospital, Twentynine Palms, CA

Diversity in Leadership and Governance

- Homestead Hospital, Homestead, FL
- Jack C. Montgomery Veterans Affairs Medical Center, Muskogee, OK
- LibertyHealth-Jersey City Medical Center, Jersey City, NJ
- Mee Memorial Hospital, King City, CA
- Queen's Medical Center, Honolulu, HI
- Robert E. Bush Naval Hospital, Twentynine Palms, CA
- Texas Health Presbyterian Hospital Dallas, Dallas, TX

Diversity Management and Strengthening the Workforce

- Bath Veterans Affairs Medical Center, Bath, NY
- Connecticut Valley Hospital, Middletown, CT
- Florida Hospital, Orlando, FL
- ICON Hospital, Humble, TX
- Iowa City Veterans Affairs Health Care System, Iowa City, IA
- Kaiser Permanente Anaheim Medical Center, Anaheim, CA
- Mercy Medical Center-Des Moines, Des Moines, IA
- Robert E. Bush Naval Hospital, Twentynine Palms, CA
- Robert Wood Johnson University Hospital, New Brunswick, NJ
- Sunrise Hospital and Medical Center, Las Vegas, NV
- Washington DC Veterans Affairs Medical Center, Washington, DC

Overall

- Crittenton Children's Center, Kansas City, MO
- Dayton Veterans Affairs Medical Center, Dayton, OH
- Florida Hospital, Orlando, FL
- Indiana University Health University Hospital, Indianapolis, IN
- Mercy Medical Center-Sioux City, Sioux City, IA
- Robert E. Bush Naval Hospital, Twentynine Palms, CA



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Congratulations!

to the Inaugural Equity of Care Award Honorees

The Equity of Care Award recognizes hospitals or care systems that are noteworthy leaders and examples to the field in the area of equitable care. Honorees demonstrate a high level of success in reducing health care disparities and promote diversity in leadership and staff within their organization.

2014 WINNER | **Massachusetts General Hospital in Boston, MA**

2014 FINALIST | University Hospitals in Cleveland, Ohio

2014 FINALIST | Henry Ford Health System in Detroit, MI

2014 FINALIST | Lutheran HealthCare in Brooklyn, NY



Pictured, left to right: **EUGENE WOODS**, Chair, Equity of Care. Executive Vice President and COO, CHRISTUS Health; **THOMAS ZENTY**, CEO, University Hospitals; **NANCY SCHLICHTING**, CEO, Henry Ford Health System; **JOSEPH BETANCOURT**, Director, the Disparities Solutions Center at Massachusetts General Hospital; **WENDY GOLDSTEIN**, President and CEO, Lutheran HealthCare; **RICH UMBDENSTOCK**, President and CEO, AHA

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