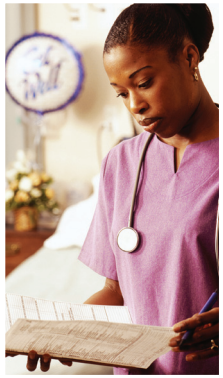
Diversity and Disparities

A Benchmark Study of U.S. Hospitals in 2013



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About the Survey

- **In 2013, the Institute for Diversity in Health Management,** an affiliate of the American Hospital Association (AHA), commissioned the Health Research & Educational Trust (HRET) of the AHA to conduct a national survey of hospitals to determine the actions that hospitals are taking to reduce health care disparities and promote diversity in leadership and governance.

- **Data for this project were collected through a national survey** of hospitals mailed to the CEOs of all 5,922 U.S. registered hospitals at the time of the survey.

- **The response rate was 19%** (1,109 hospitals), with the sample generally representative of all hospitals.

- **All data are self-reported.**

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For more information on the survey, contact Matt Fenwick, AHA senior executive director of personal membership groups, at *mfenwick@aha.org* or (312) 422-2820.

Additional information on the survey and resources on this issue can be found at:
www.hret.org
www.diversityconnection.org
www.equityofcare.org

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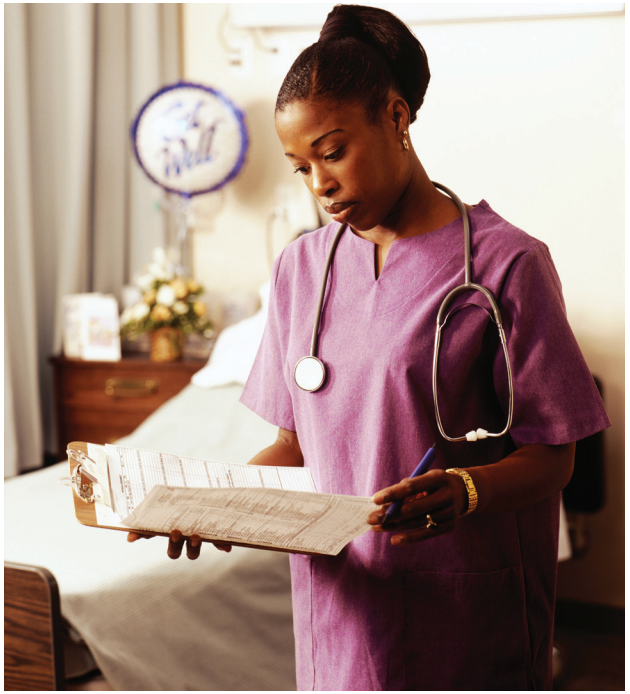
Summary Findings

- **Hospitals and health systems possess a great opportunity** to affect health care disparities using three core areas:
  - **Increasing the collection and use** of race, ethnicity and language preference (REAL) data
  - **Increasing cultural competency training**
  - **Increasing diversity in leadership and governance**
- **The survey results highlight** that, while more work needs to be done, some progress is being made in key areas that can promote equitable care, such as collecting demographic data, providing cultural competency training, and increasing diversity in leadership and governance.
- **The survey results offer a snapshot** of some common strategies used to improve the quality of care that hospitals provide to all patients, regardless of race or ethnicity.
- **This overview 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.



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Summary Findings on 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.

- **Overall, hospitals are actively collecting patient demographic data,** including race **(97%)**; ethnicity **(94%)**; and primary language **(95%).**

- **22% of hospitals have utilized data** to identify disparities in treatment and/or outcomes between racial or ethnic groups to analyze (one or more of the following): clinical quality indicators, readmissions or CMS core measures. **This is an increase from 20% in 2011.**

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Summary Findings on Cultural Competency Training

Cultural competency training ensures that caregivers have a deeper understanding of patients they care for, ensuring individualized care based upon their needs.

- **86% 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. **This is an increase from 81% in 2011.**

- **64.5% of hospitals require all employees to attend diversity training. This is an increase from 60.5% in 2011.**

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Summary Findings on Leadership

A leadership and governance team that reflects the community served encourages decision making that is conducive to best care practices.

- **The survey found that minorities represent 31% of patients nationally, up from 29% in 2011.**

- **Minorities comprise:**
  - **14%** of hospital board members, unchanged from 2011;
  - **12%** of executive leadership positions, unchanged from 12% in 2011;
  - **17%** of first- and mid-level management positions, up from 15% in 2011.

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Collection and Use of Data

- **Overall, hospitals appear to be actively collecting patient demographic data, including:**
  - Race (97%)
  - Ethnicity (94%)
  - Gender (99%)
  - Primary language (95%)
  - Religion (88%)
  - Disability status (71%)
  - Sexual orientation (19.5%)
  - Veteran status (51%)

- **Data used to benchmark gaps in care for:**
  - Race (29.5%)
  - Ethnicity (29%)
  - Gender (32%)
  - Primary language (28%)
  - Religion (15%)
  - Disability status (19%)
  - Sexual orientation (7%)
  - Veteran status (13%)

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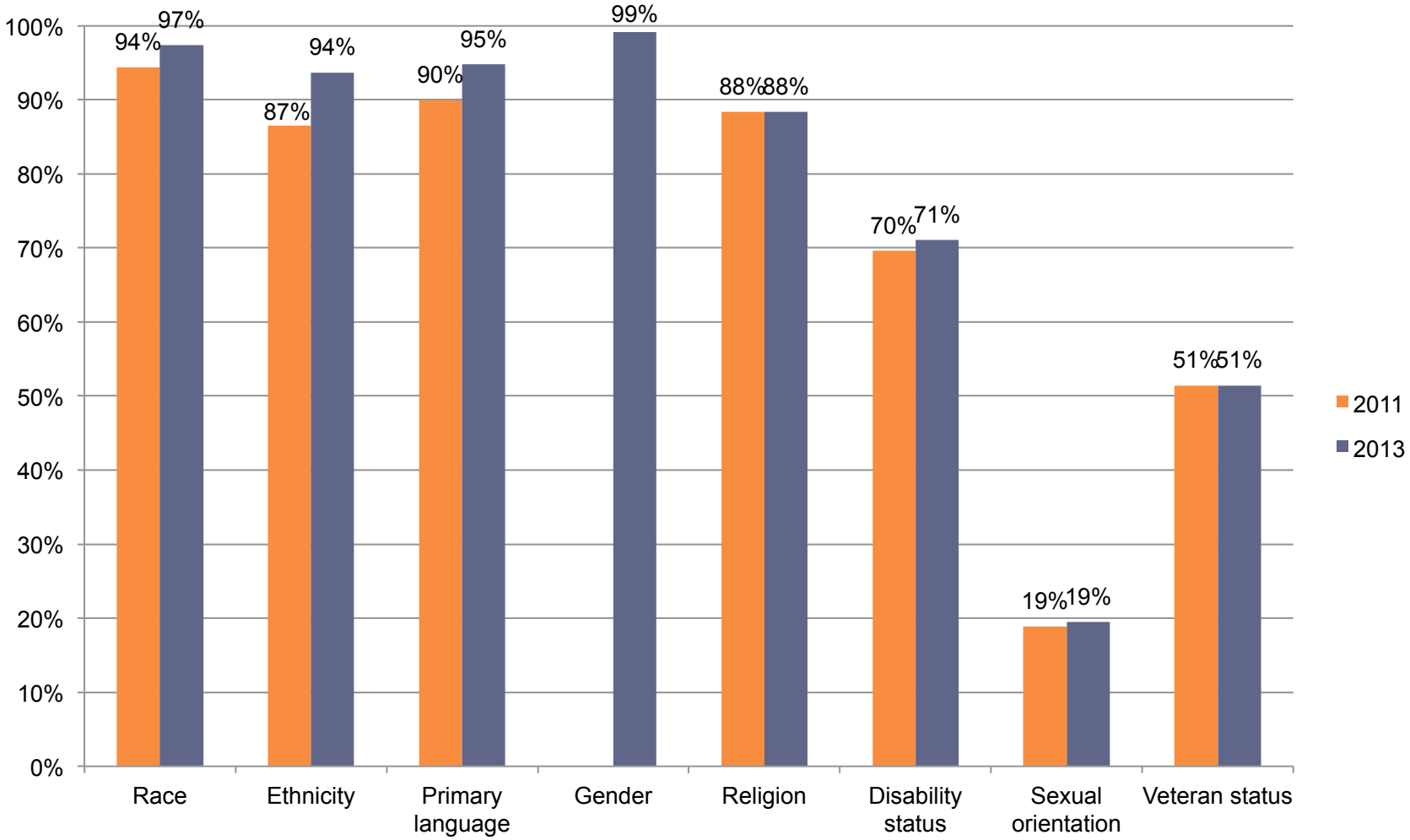
Collection and Use of Data

Patient Data Collected at First Encounter



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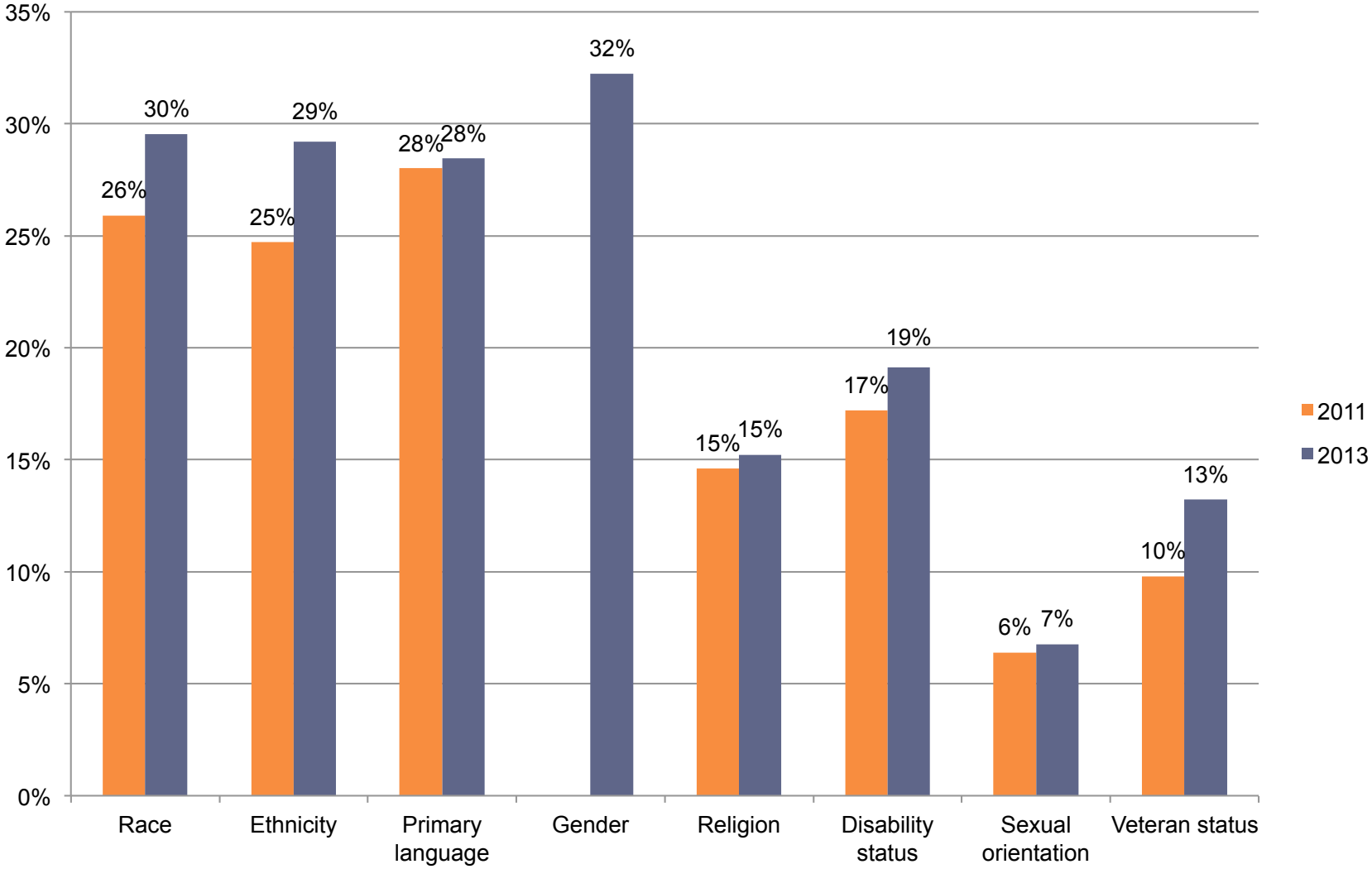
Collection and Use of Data

More hospitals are using patient demographic data to benchmark gaps in care in 2013 than in 2011, but more work needs to be done.



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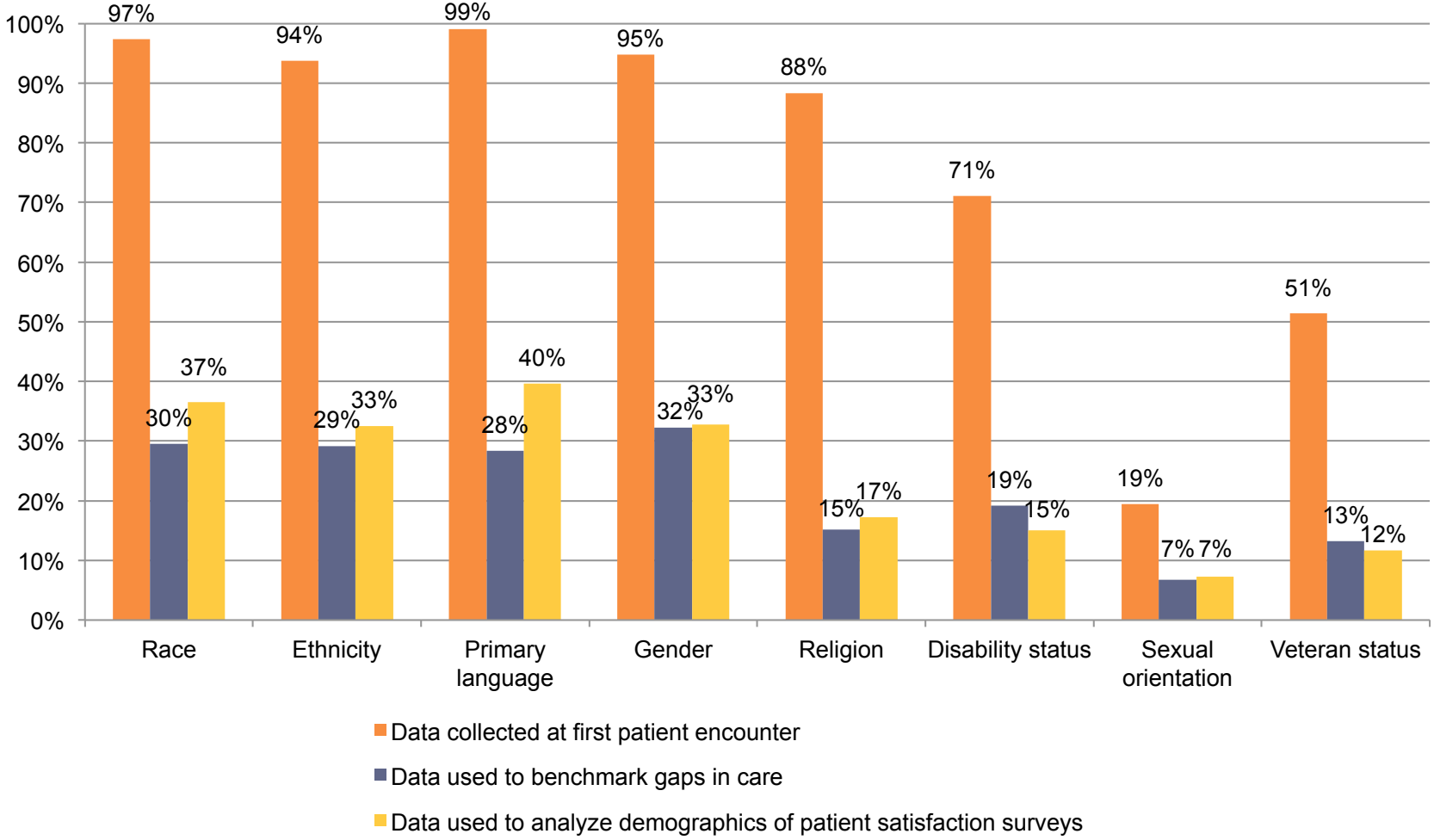
Collection and Use of Patient Demographic Data – 2013



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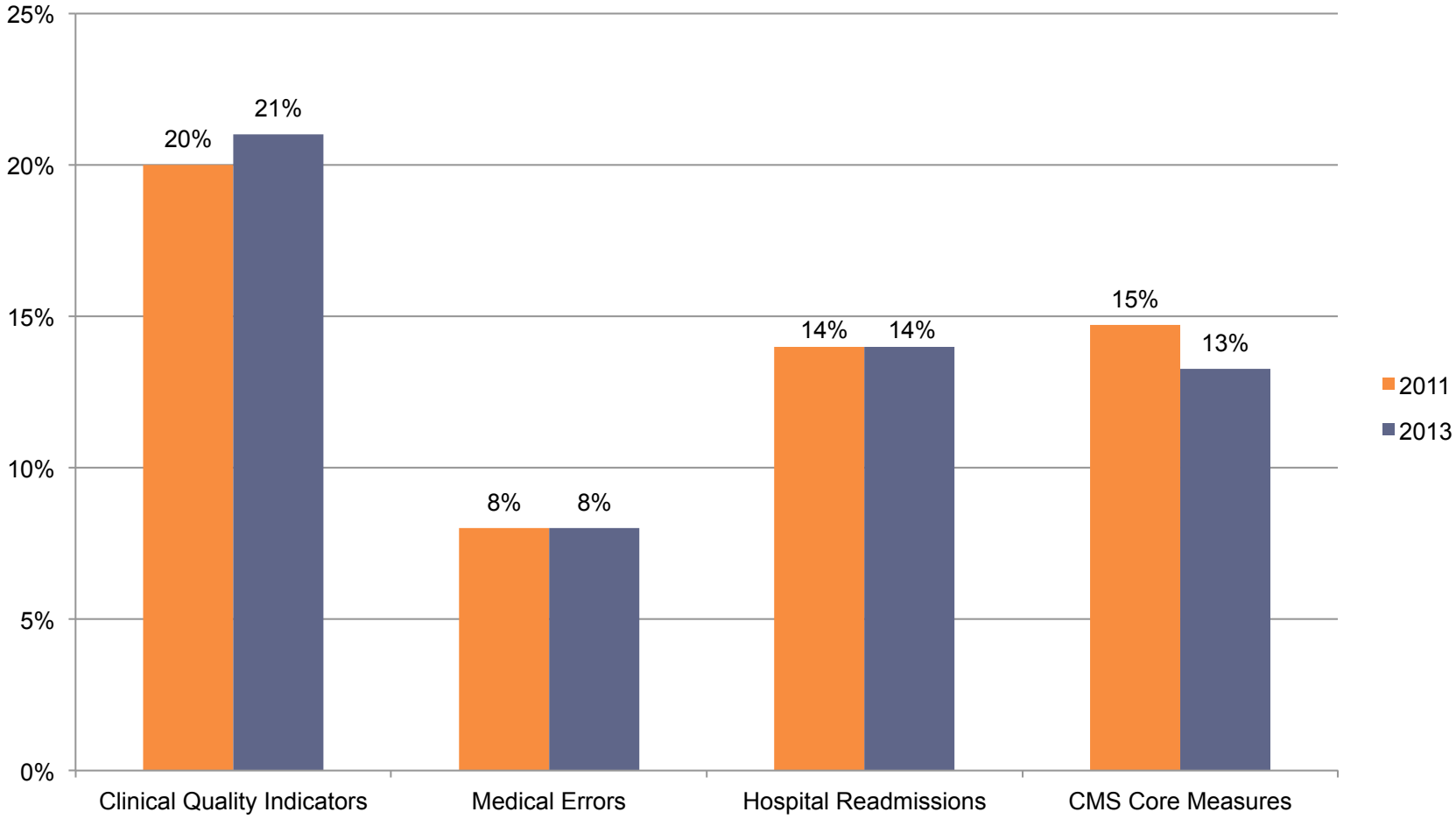
Utilizing data to identify disparities in treatment and/or outcomes between racial or ethnic groups



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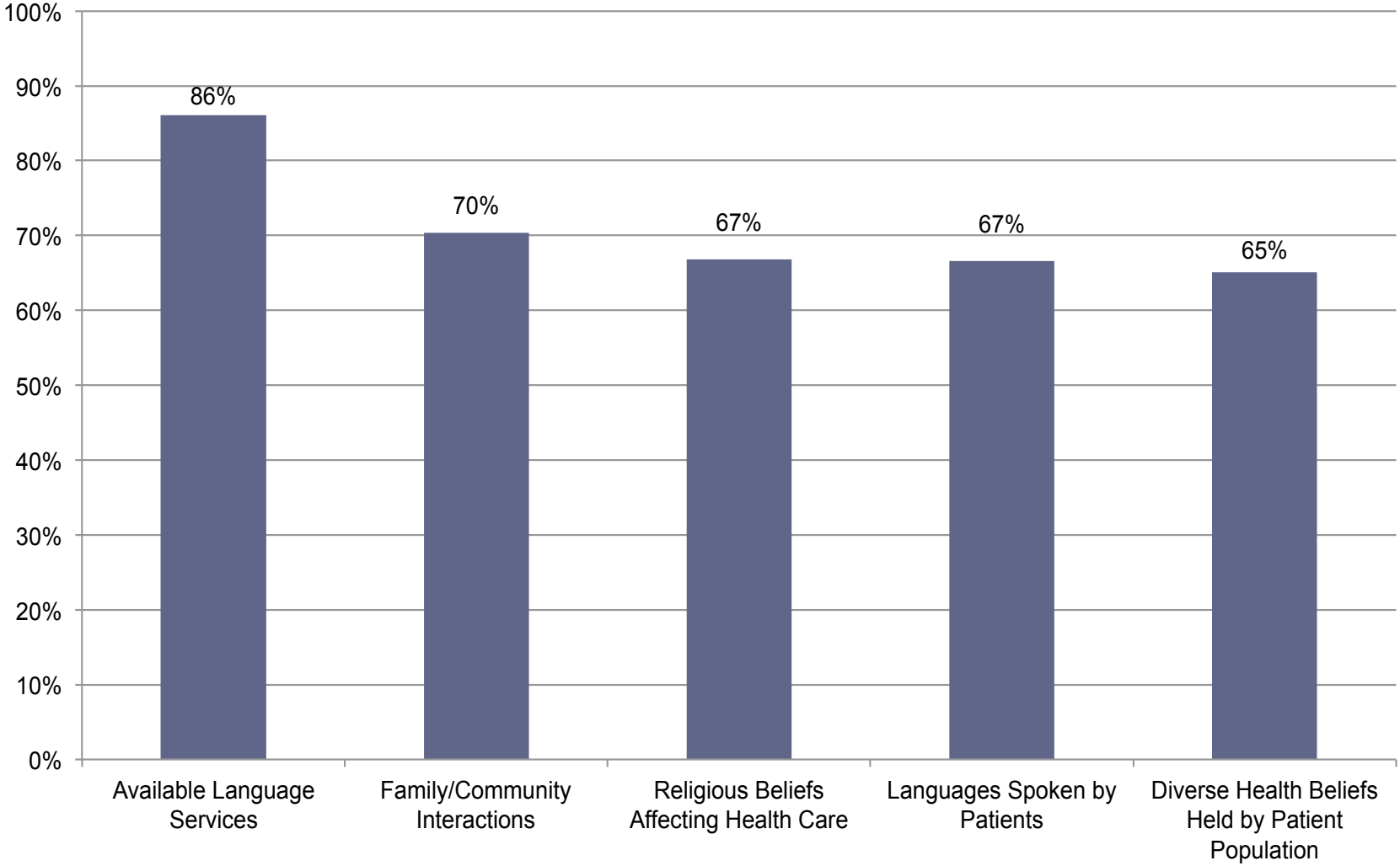
Cultural Competency Training

Cultural Content Areas Included in Hospital Orientation – 2013



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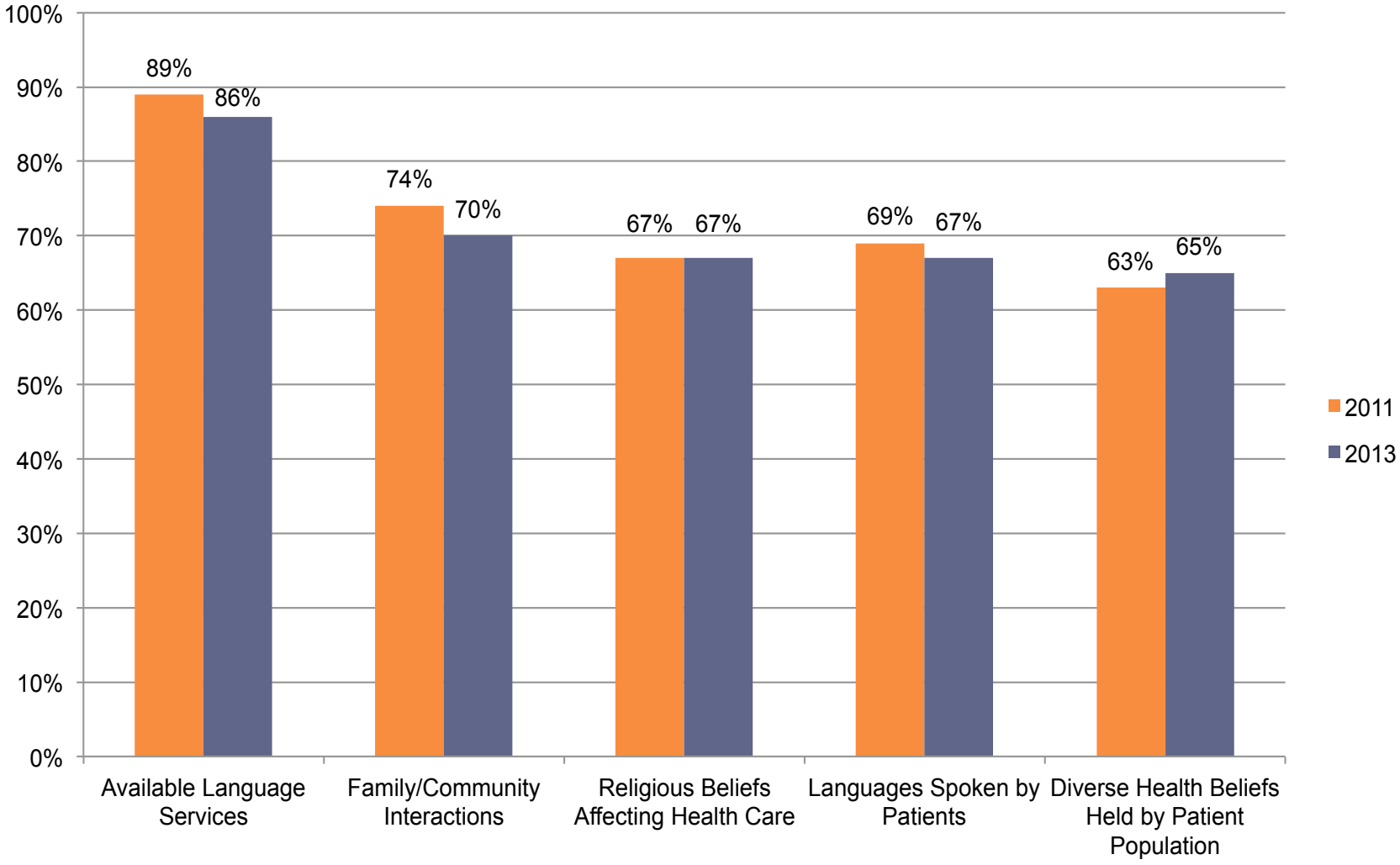

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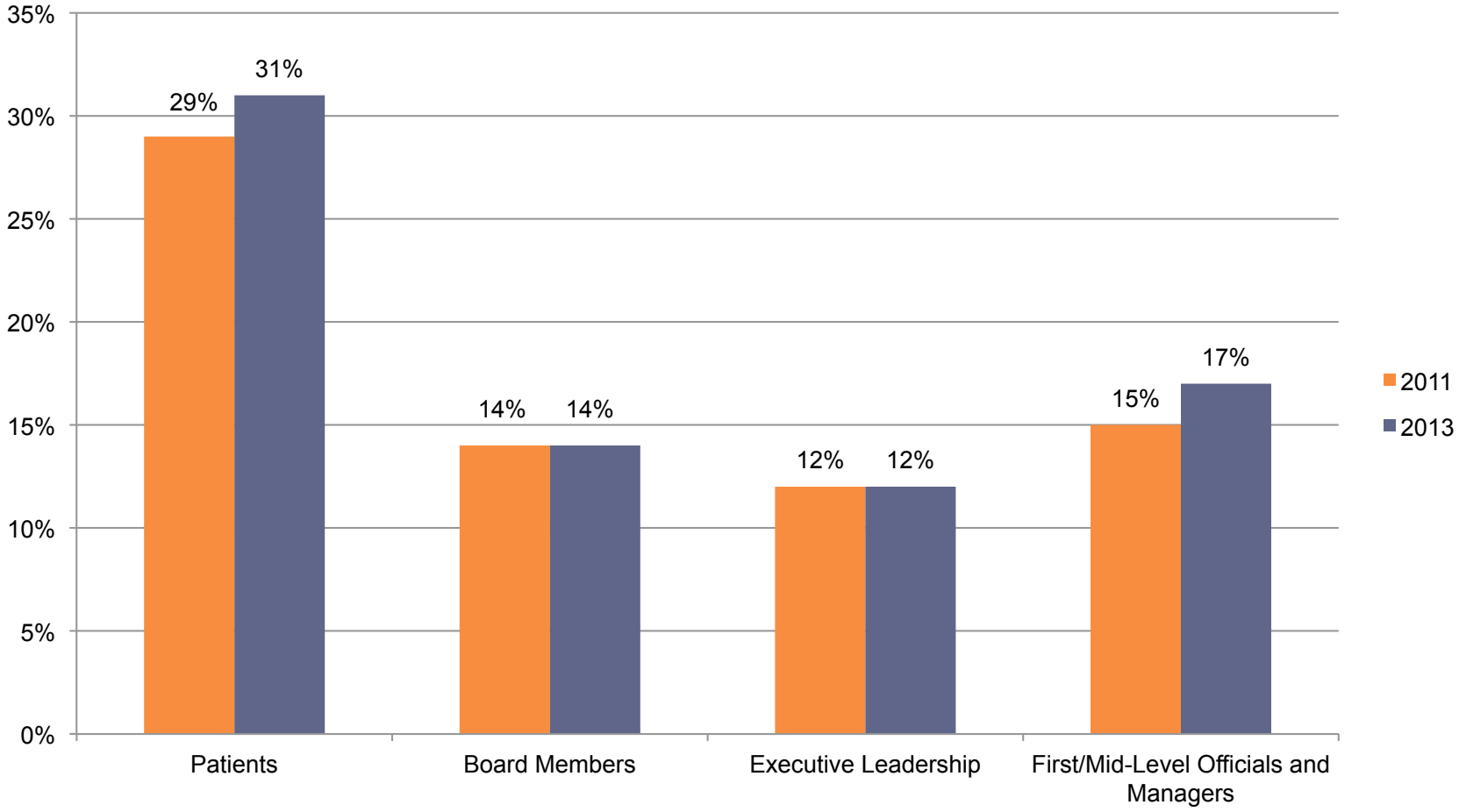
Leadership and Governance

Minority Representation – 2013



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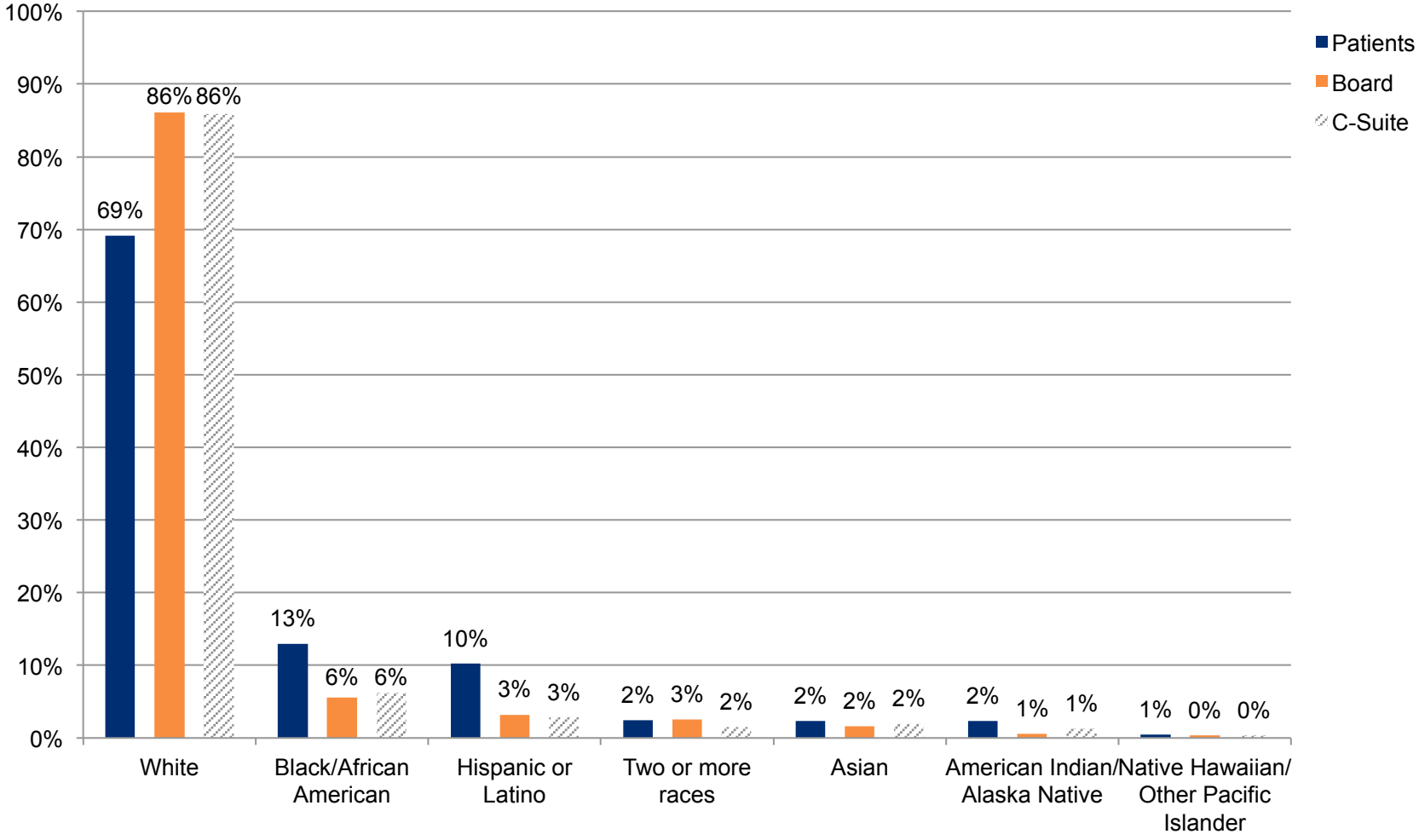
Minority Representation in Hospital Leadership and Governance



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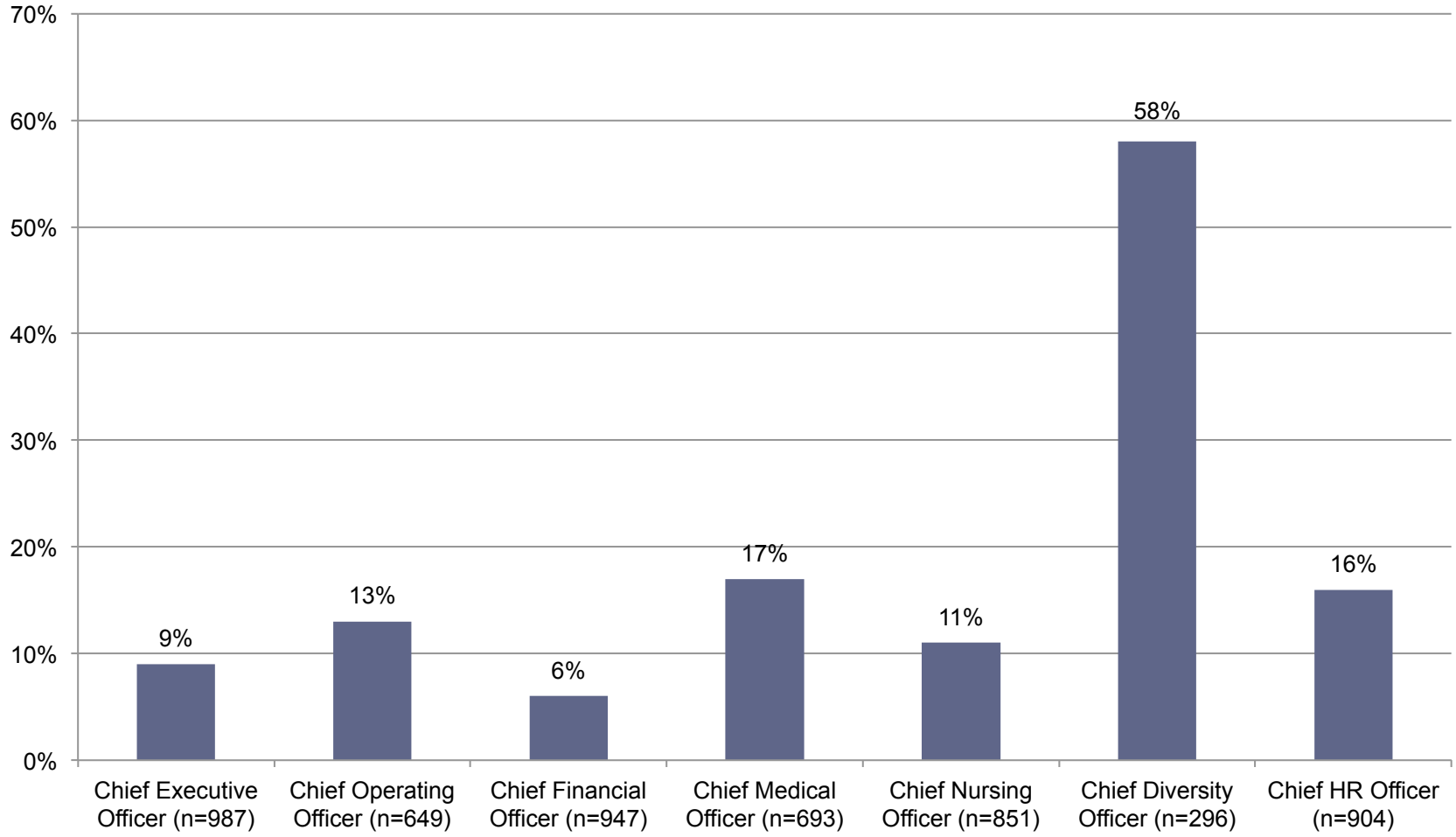
Minority Representation in Executive Leadership Positions – 2013



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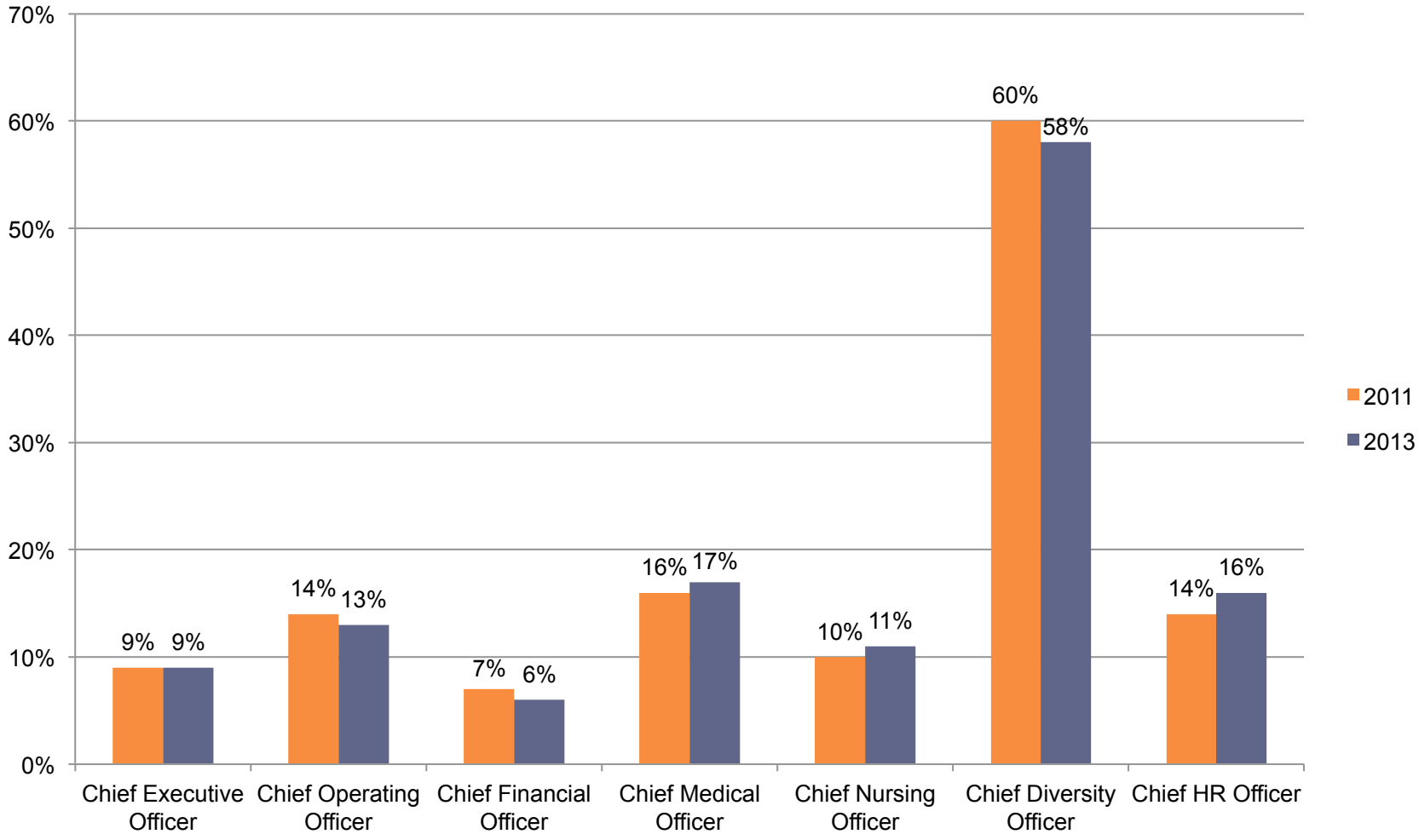

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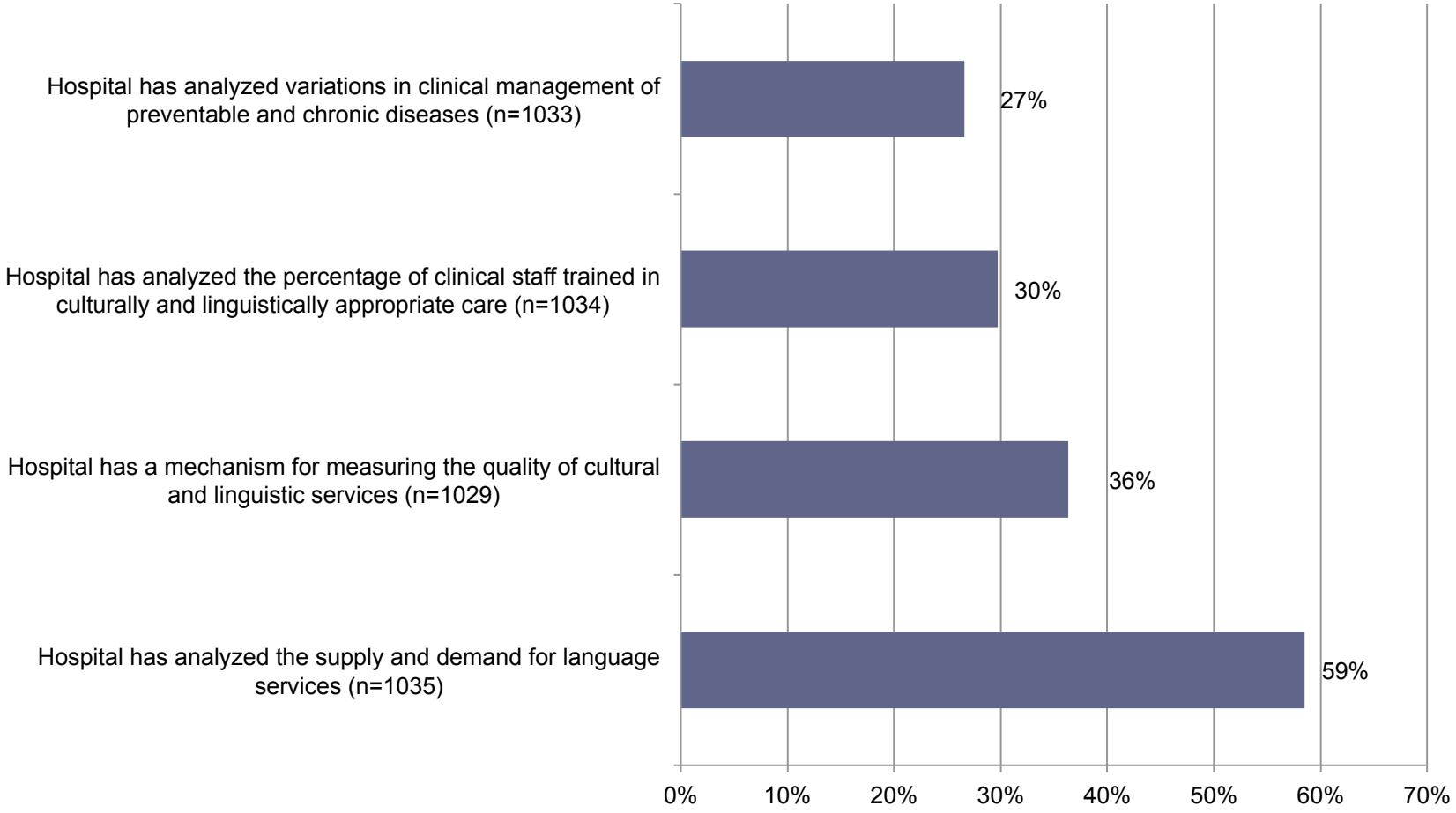
Appendix A: Data Utilization

Hospitals' Utilization of Data to Address Health Care Disparities – 2013



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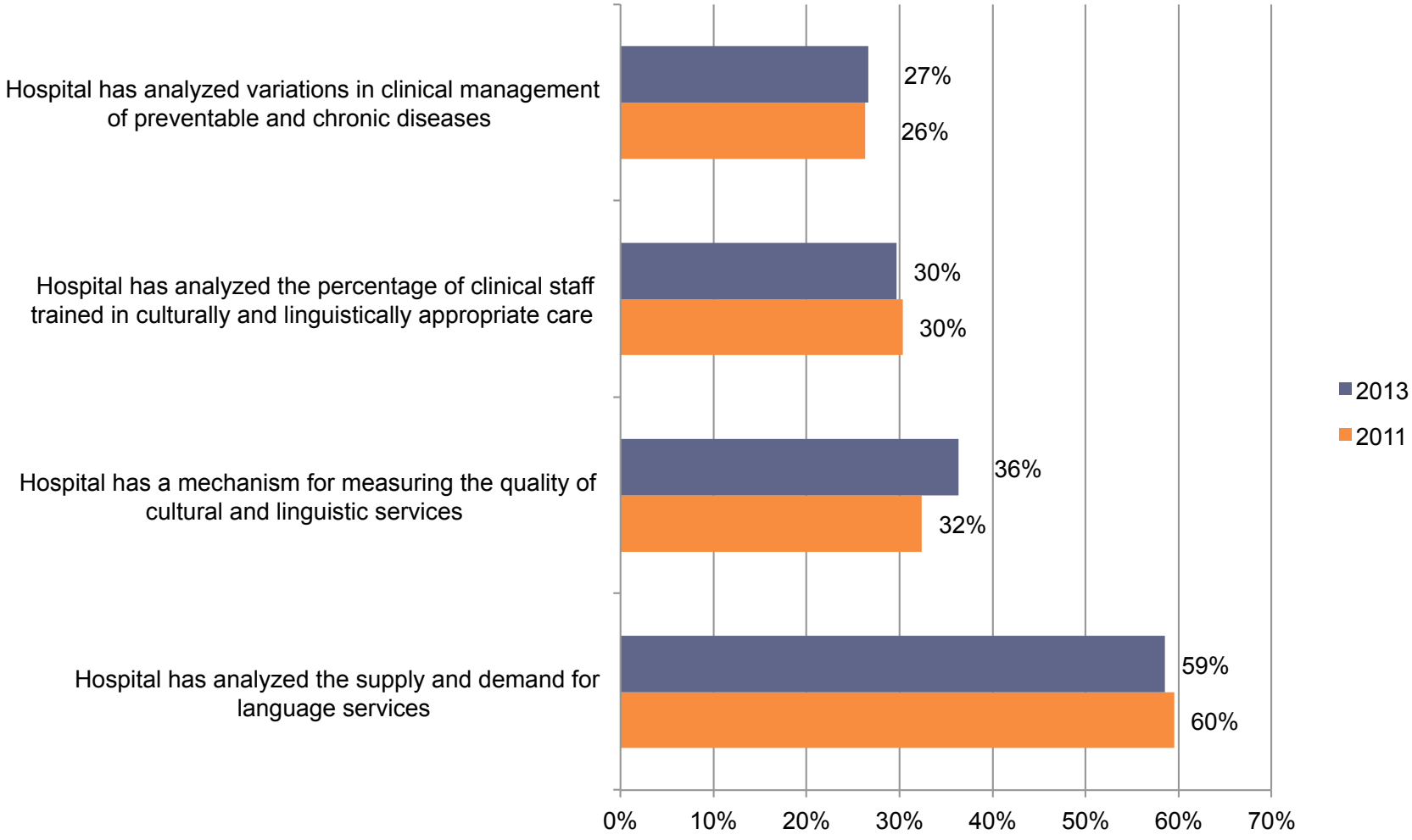

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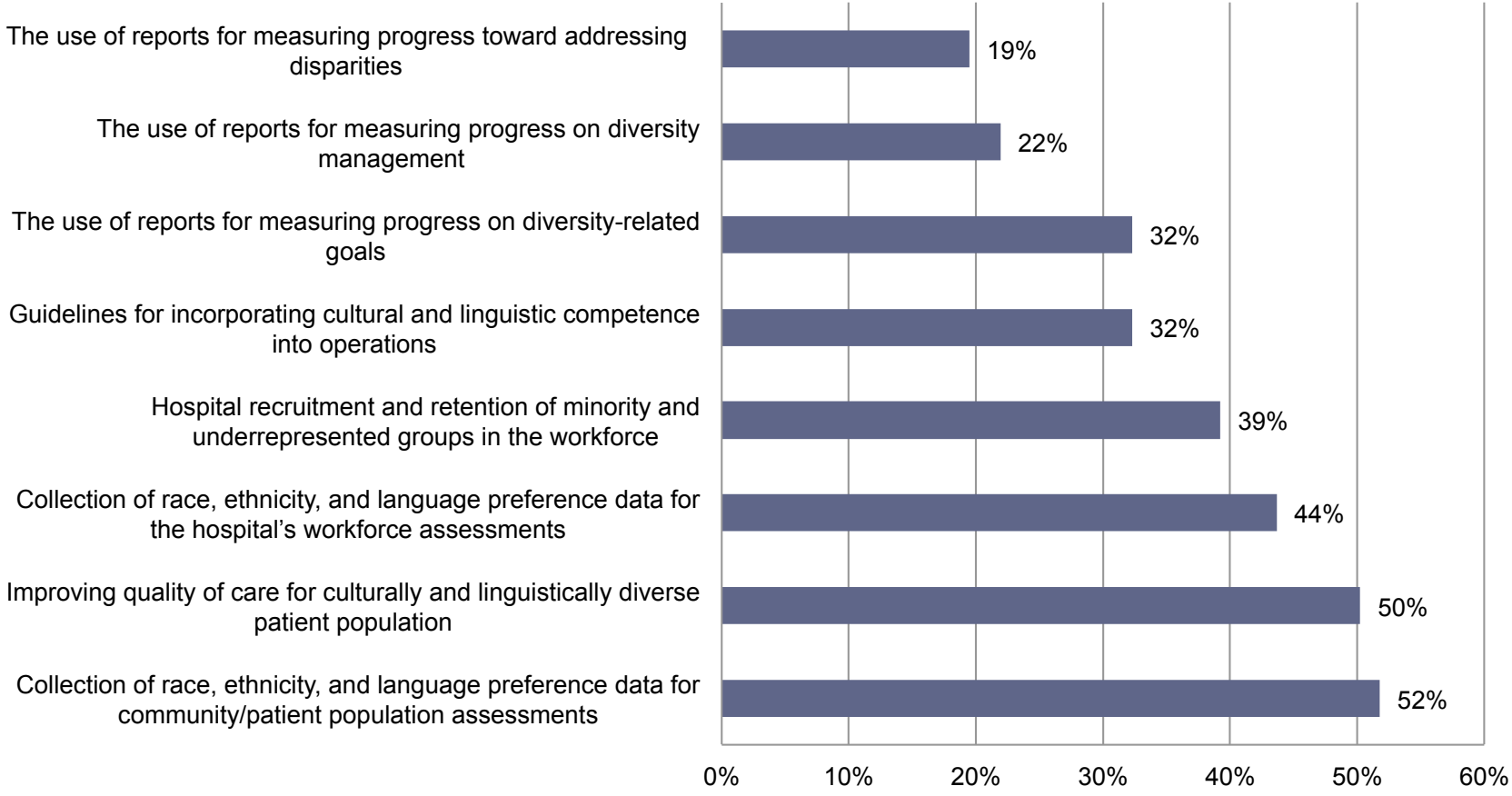
Appendix B: Strategic Goals

Inclusion of Goals within Hospitals' Strategic Plans



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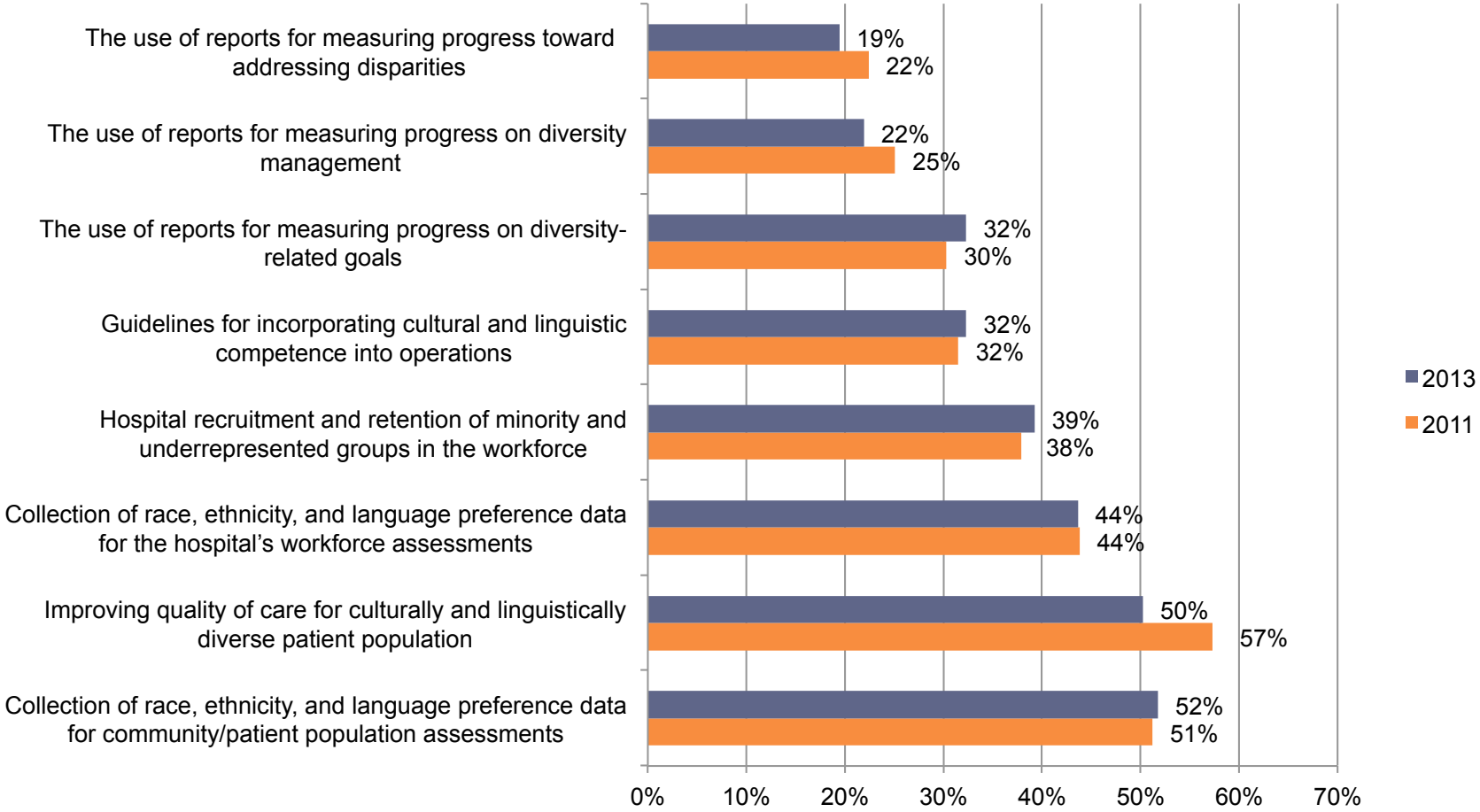

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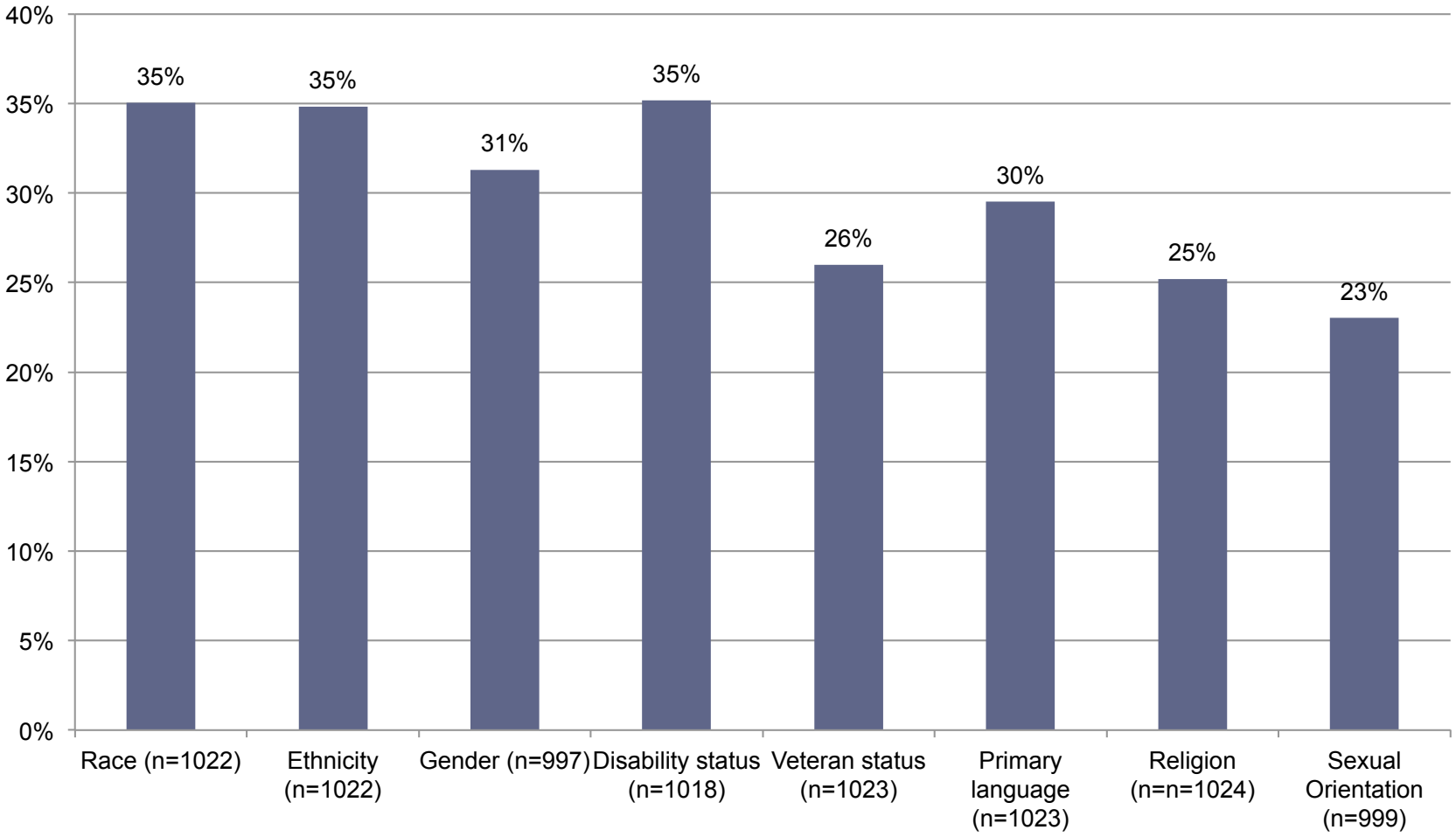
Appendix C: Strategic Goals

Percent of Hospitals Having Established a Goal to Reduce Disparities According to Patient Characteristics – 2013



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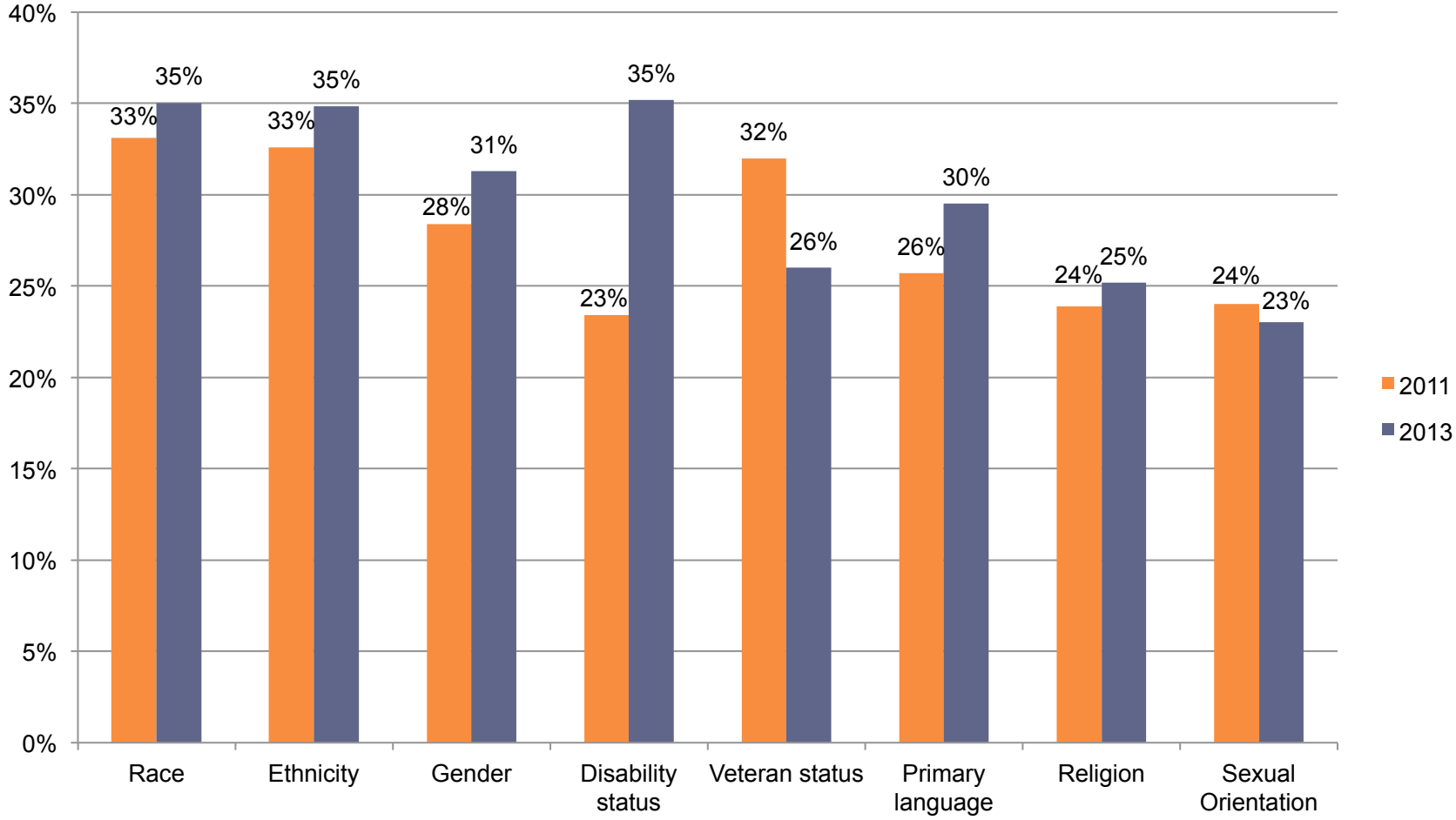

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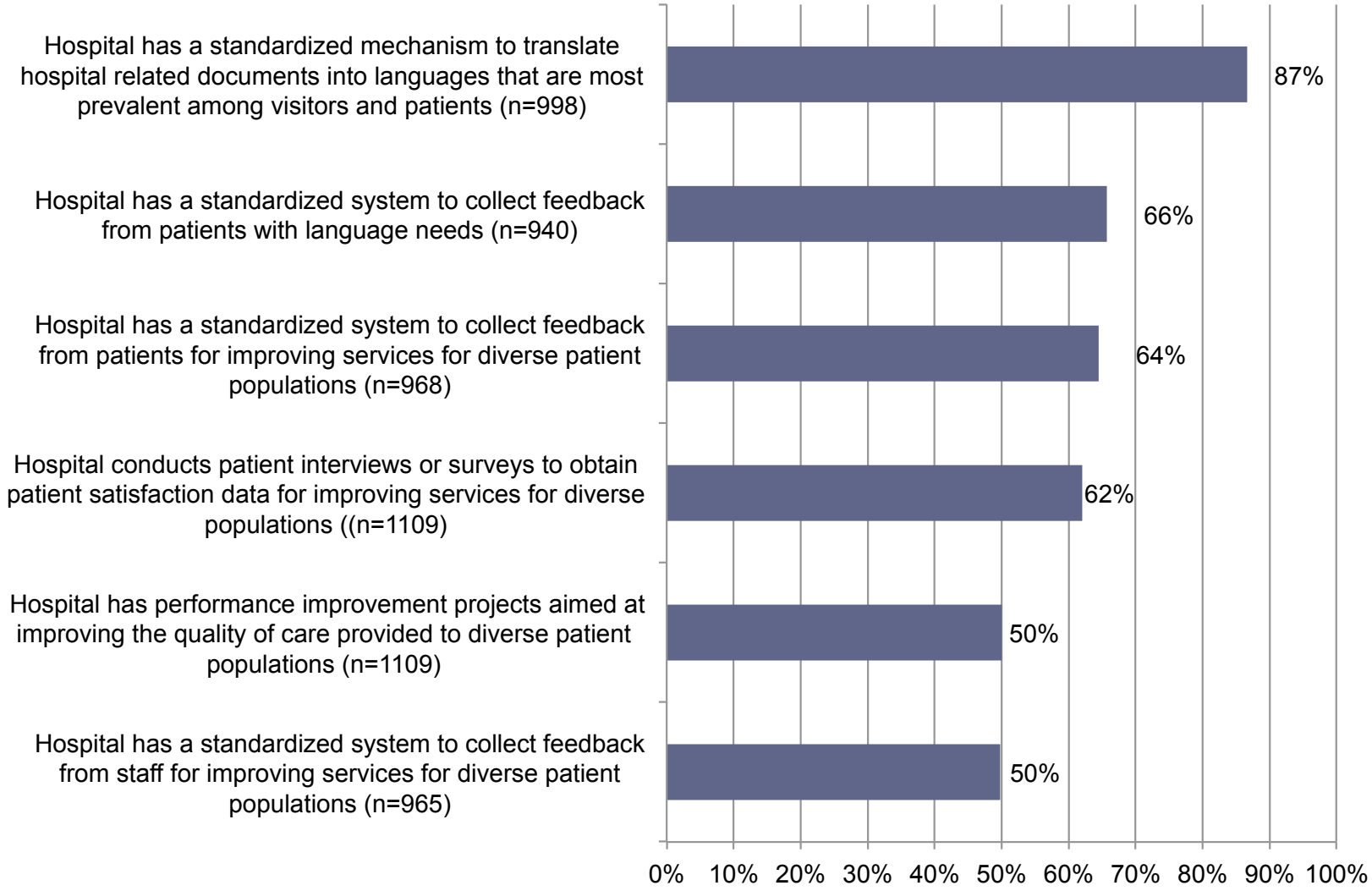
Appendix D: Reducing Disparities

Hospitals' Efforts to Reduce Racial/Ethnic Health Care Disparities – 2013



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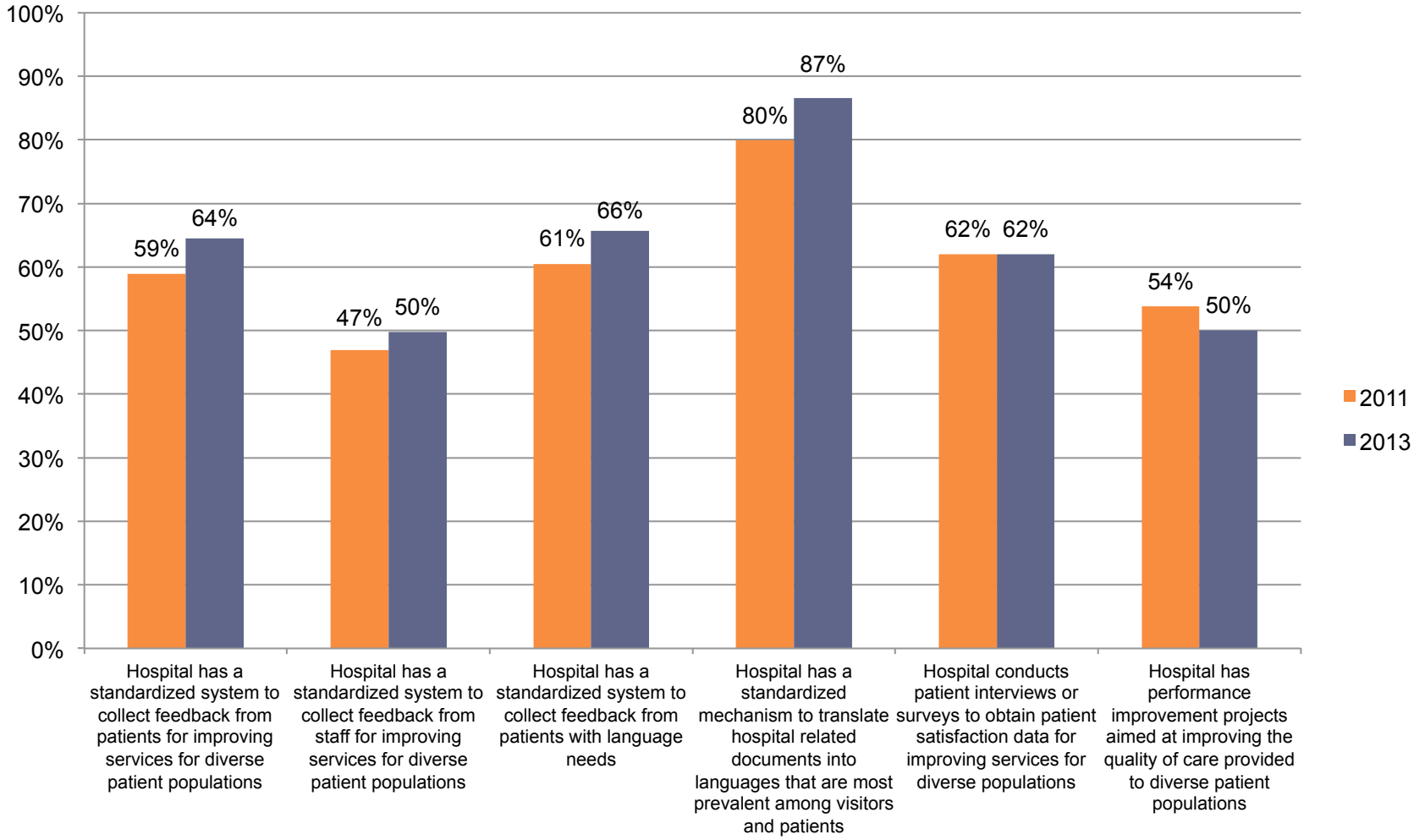
Hospitals' Efforts to Reduce Racial/Ethnic Health Care Disparities



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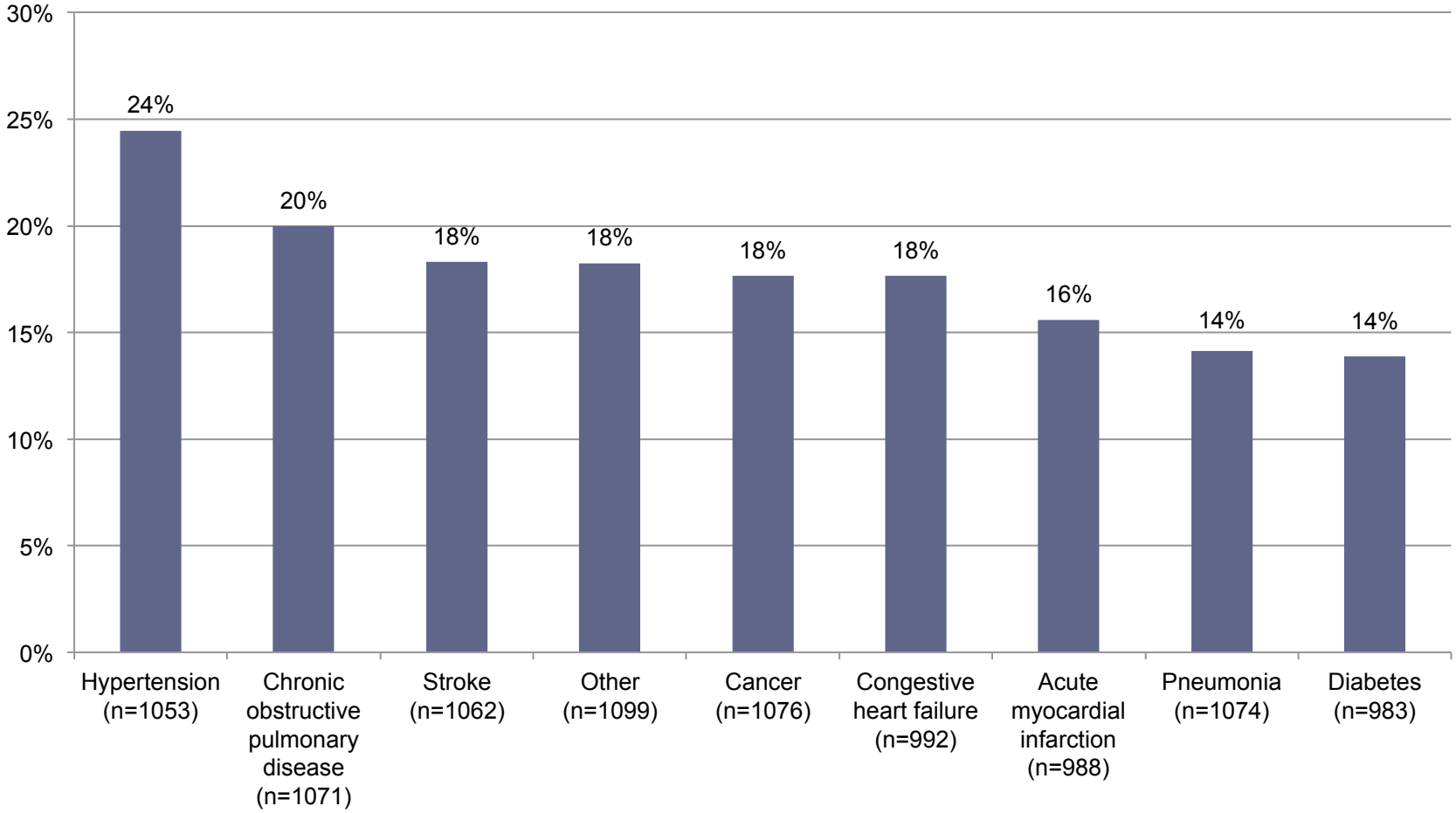
Appendix E: Reducing Disparities

Disease-Specific Interventions Planned or Implemented by Hospitals to Reduce Racial/Ethnic Disparities – 2013



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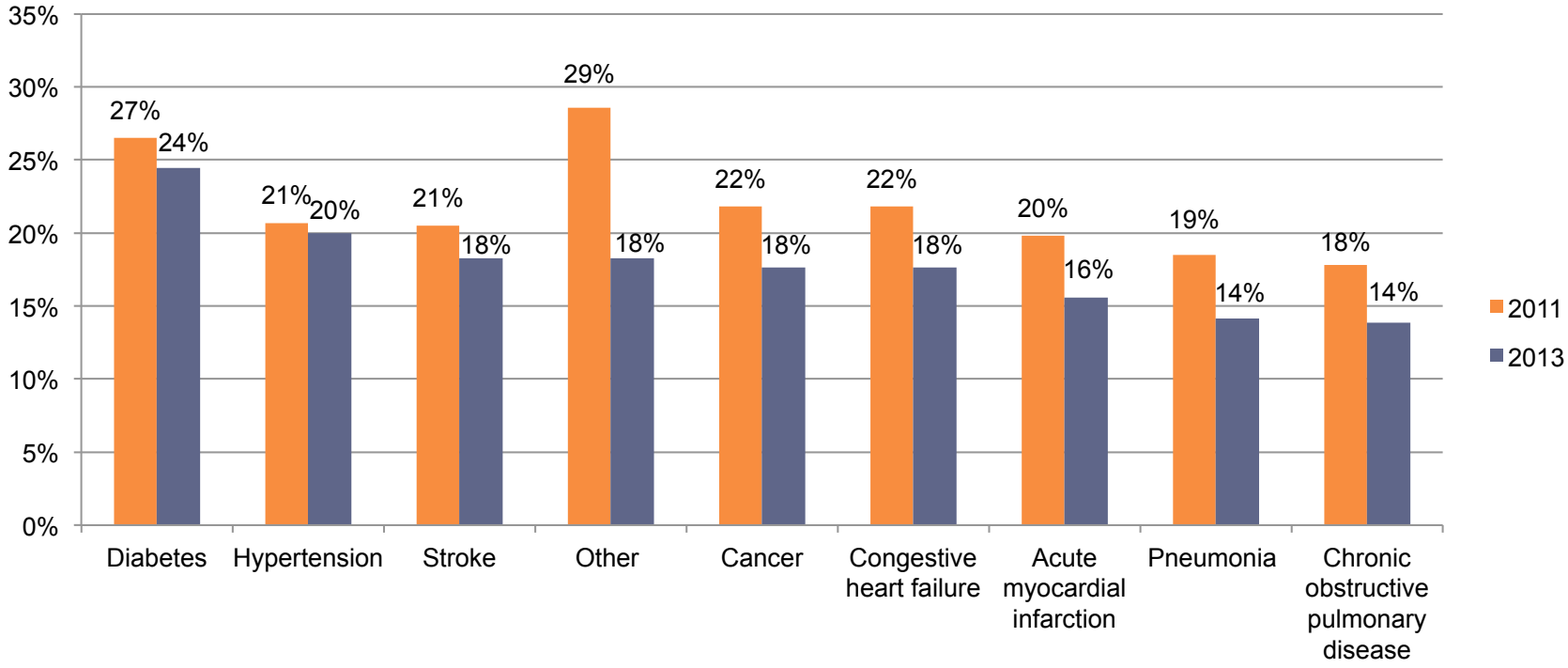

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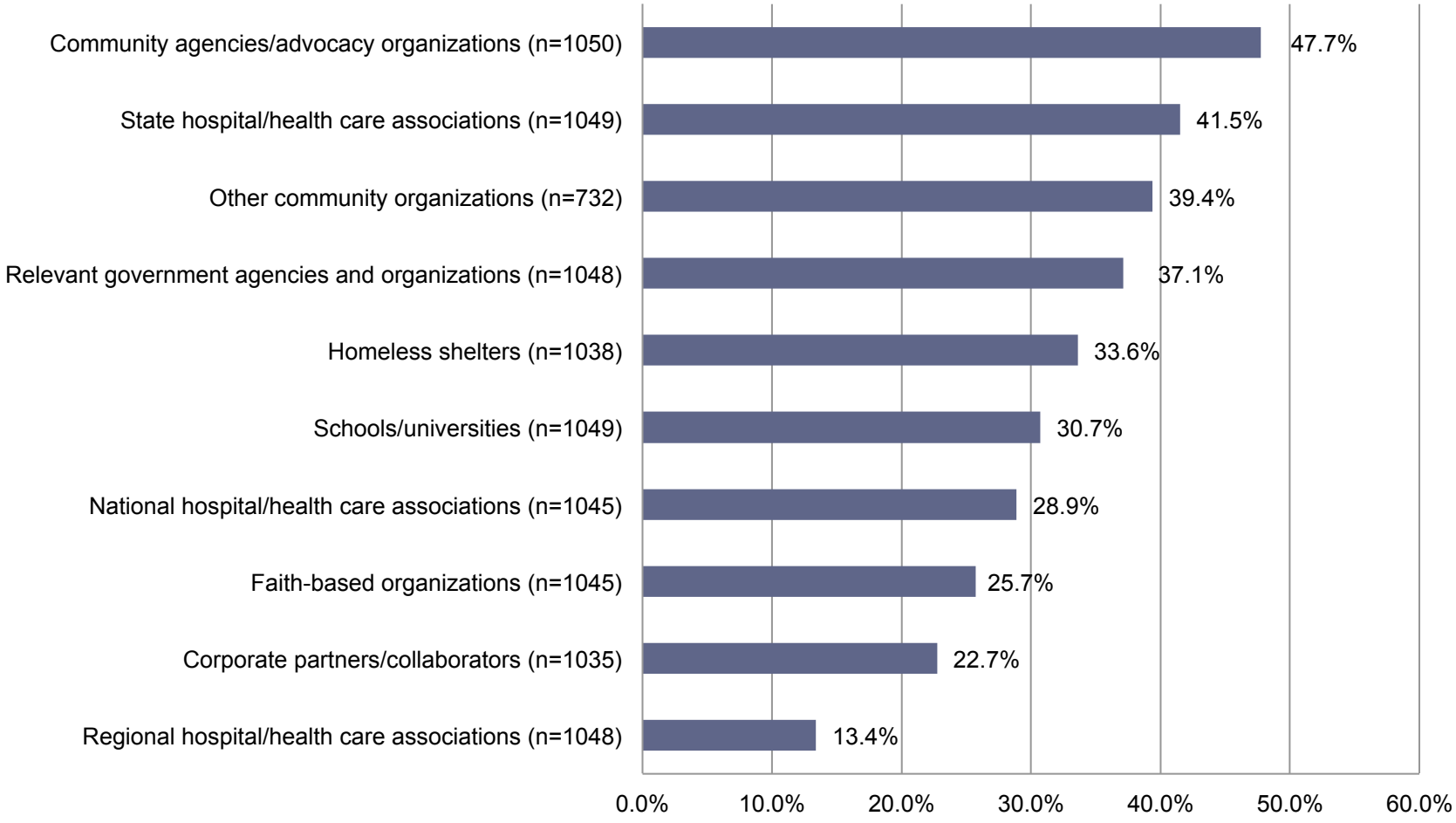
Appendix F: Reducing Disparities

Hospitals' Collaboration with External Organizations to Reduce Disparities – 2013



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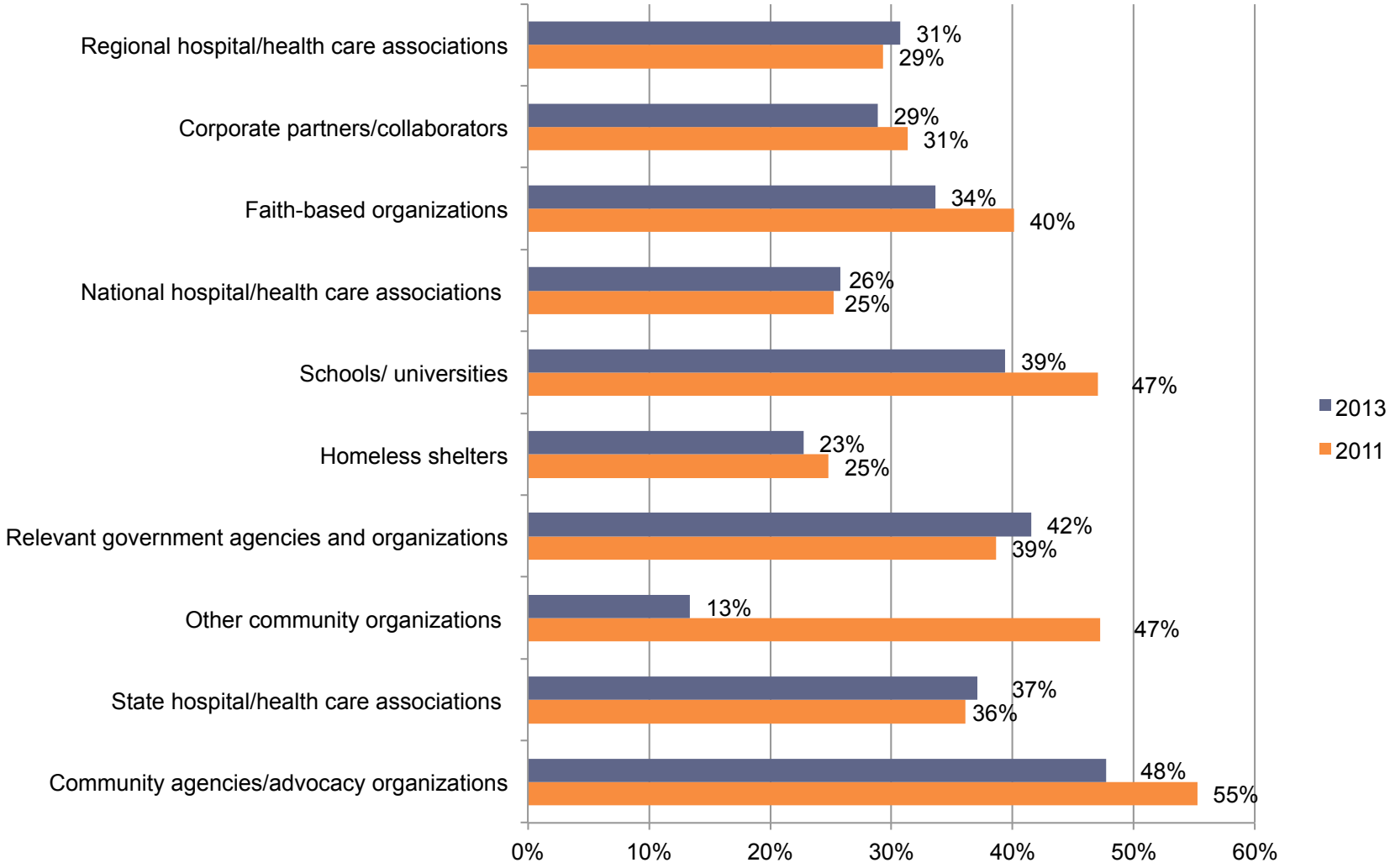
Organizations with which hospitals have collaborated with to reduce disparities over the last 3 years?



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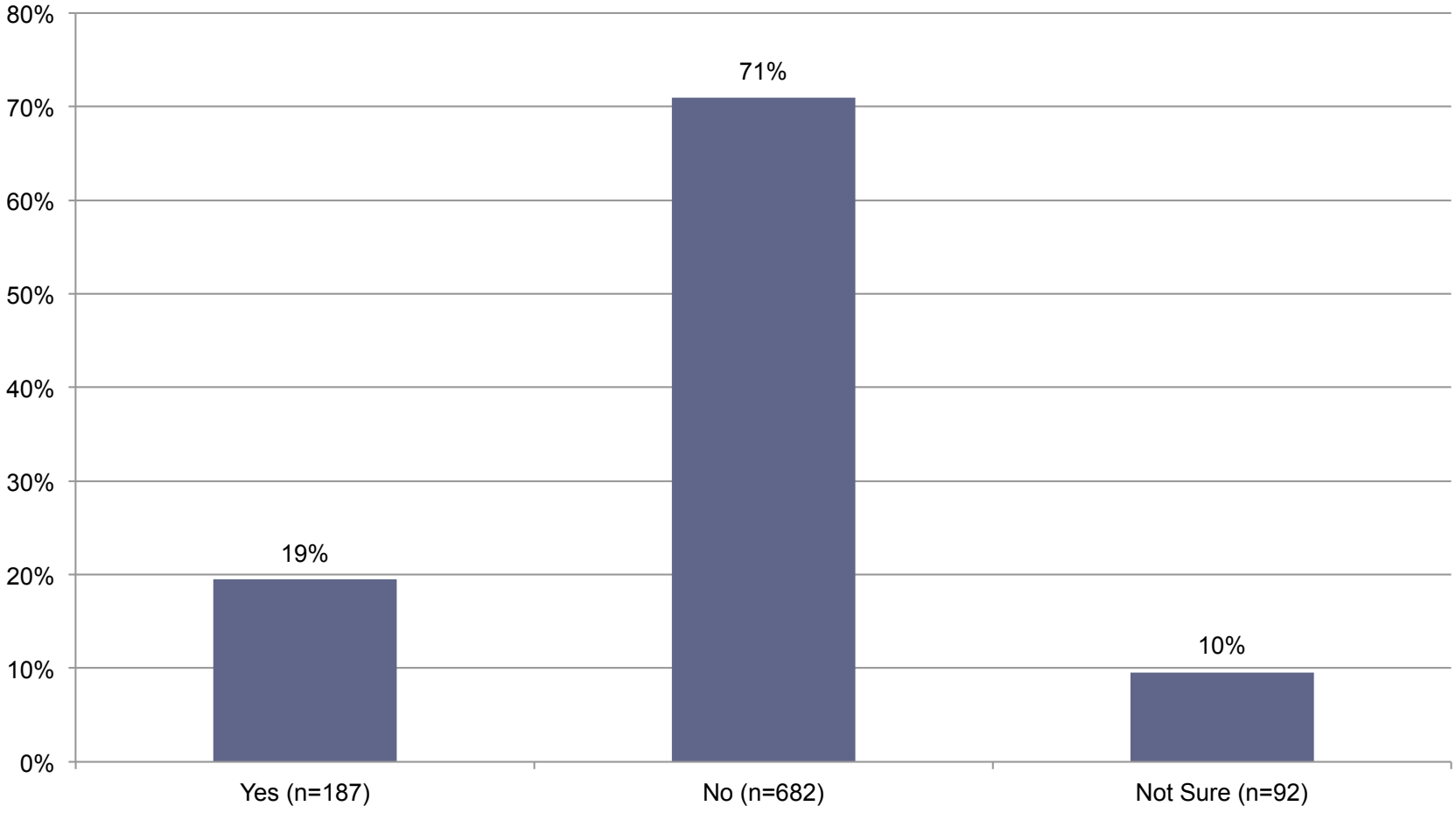
Appendix G: Reducing Disparities

Does Your Organization Have a Community-based Diversity Advisory Council or Committee? – 2013



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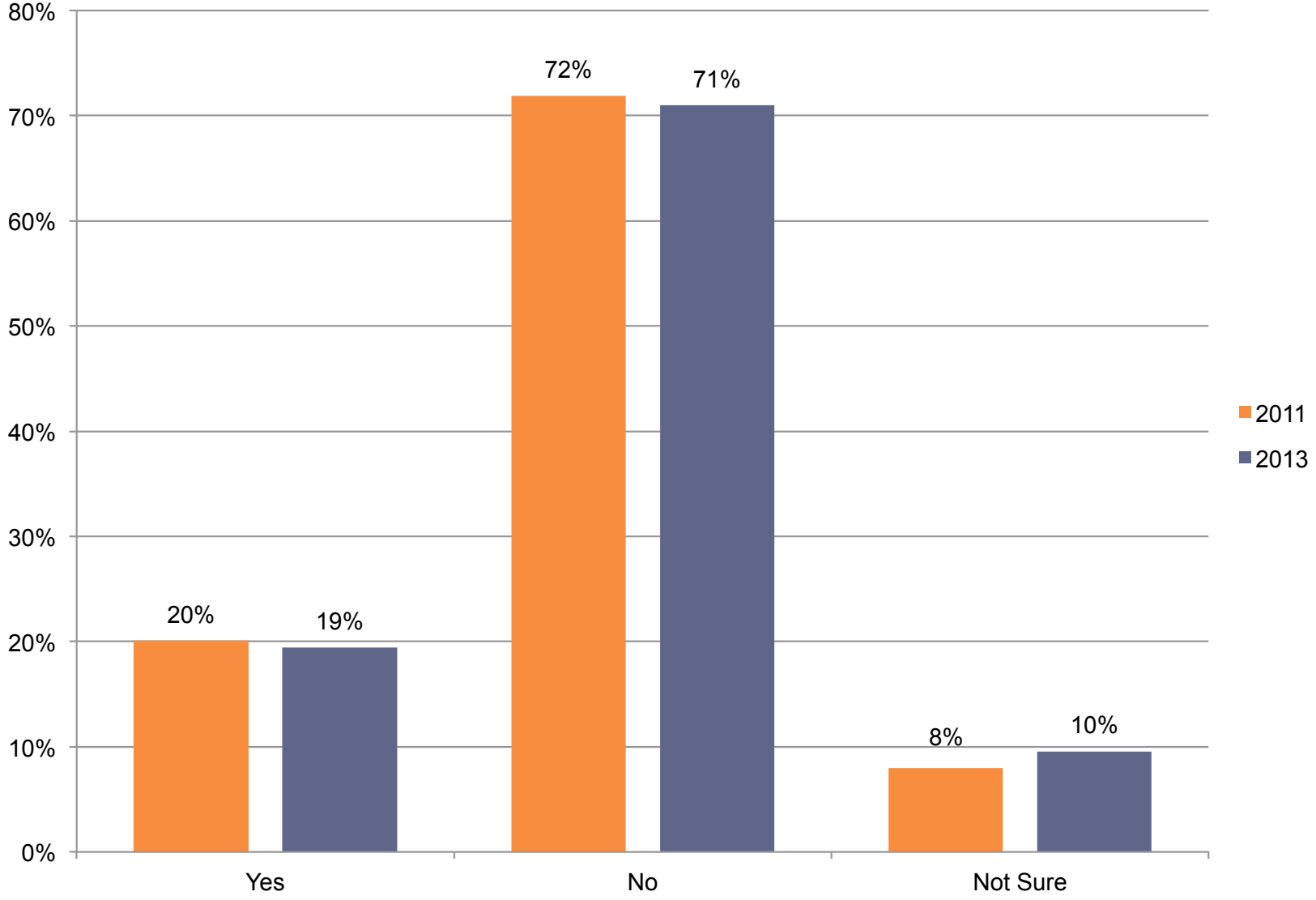

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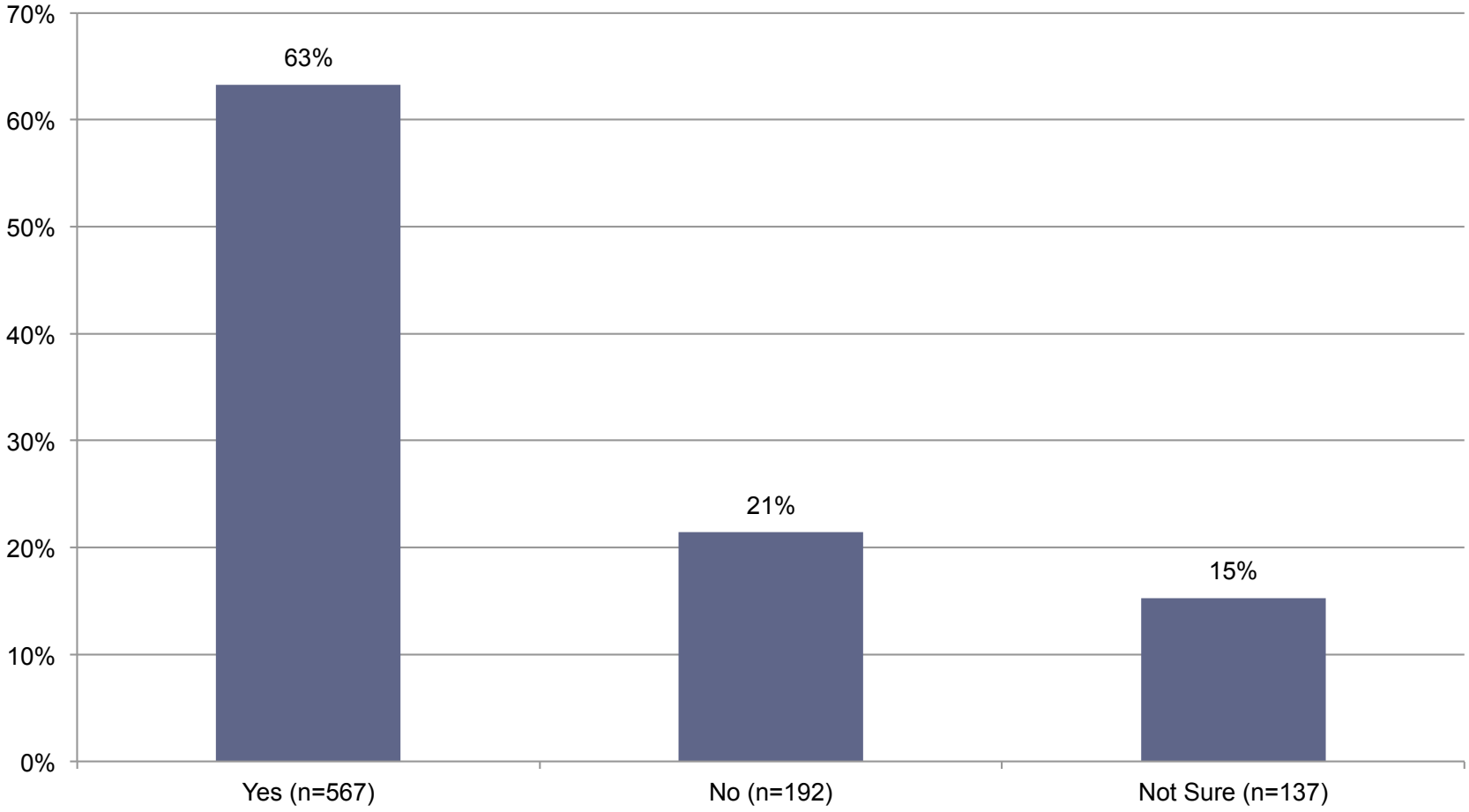
Appendix H: Cultural Competency

Has Your Hospital Conducted an Assessment of the Racial and Ethnic Demographics of Your Community in the Past Three Years – 2013



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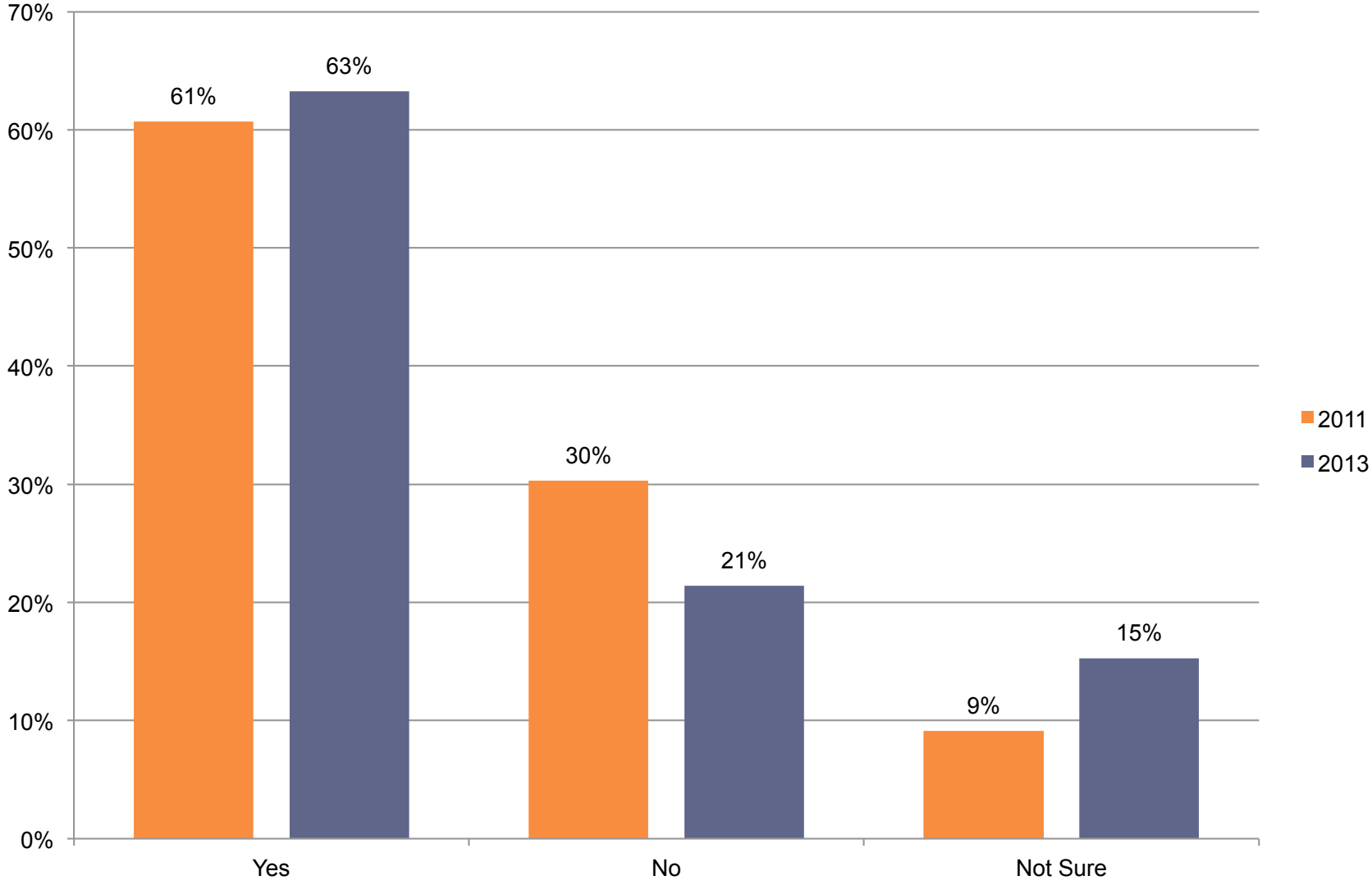

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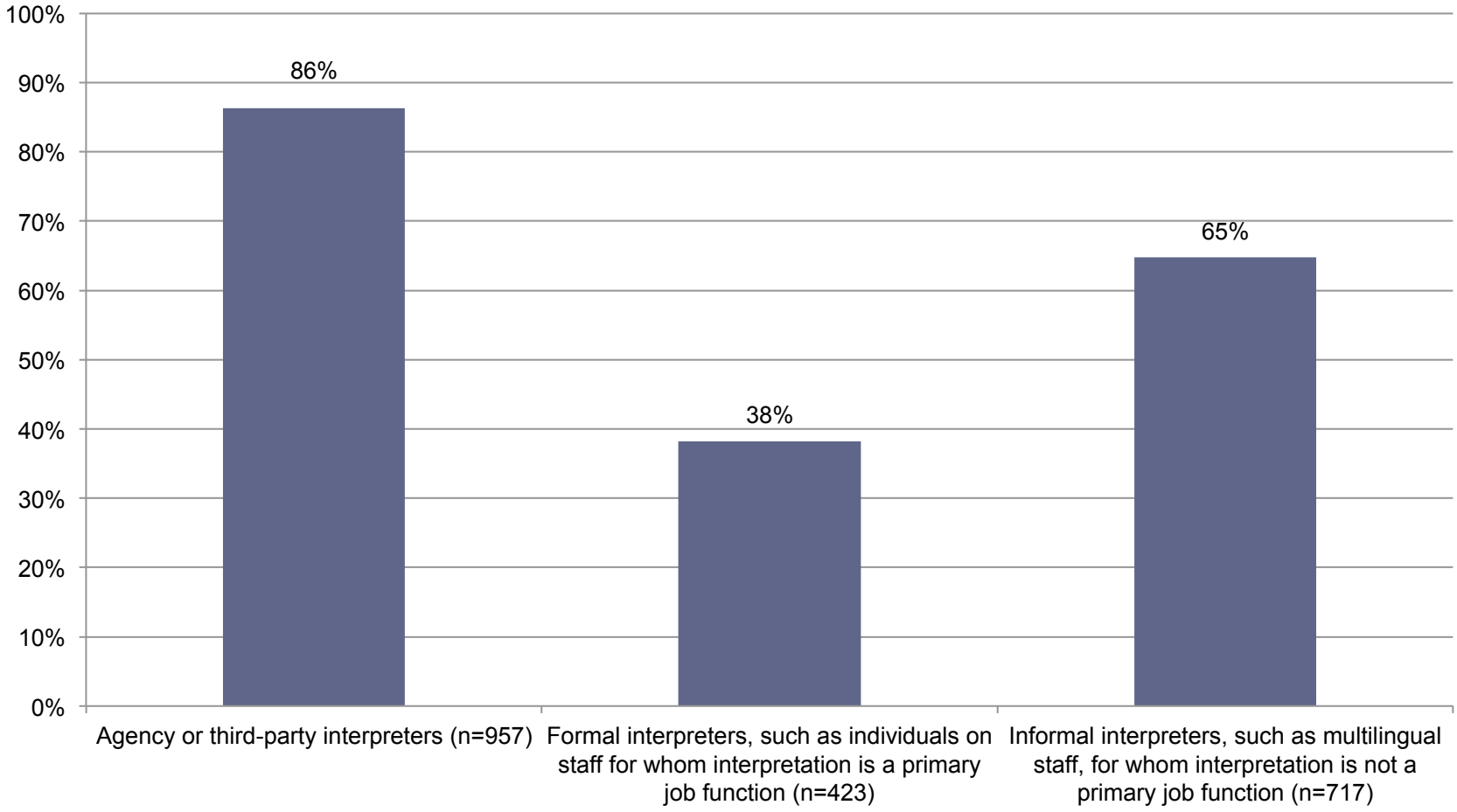
Appendix I: Cultural Competency

Types of Interpreters Used by Hospitals – 2013



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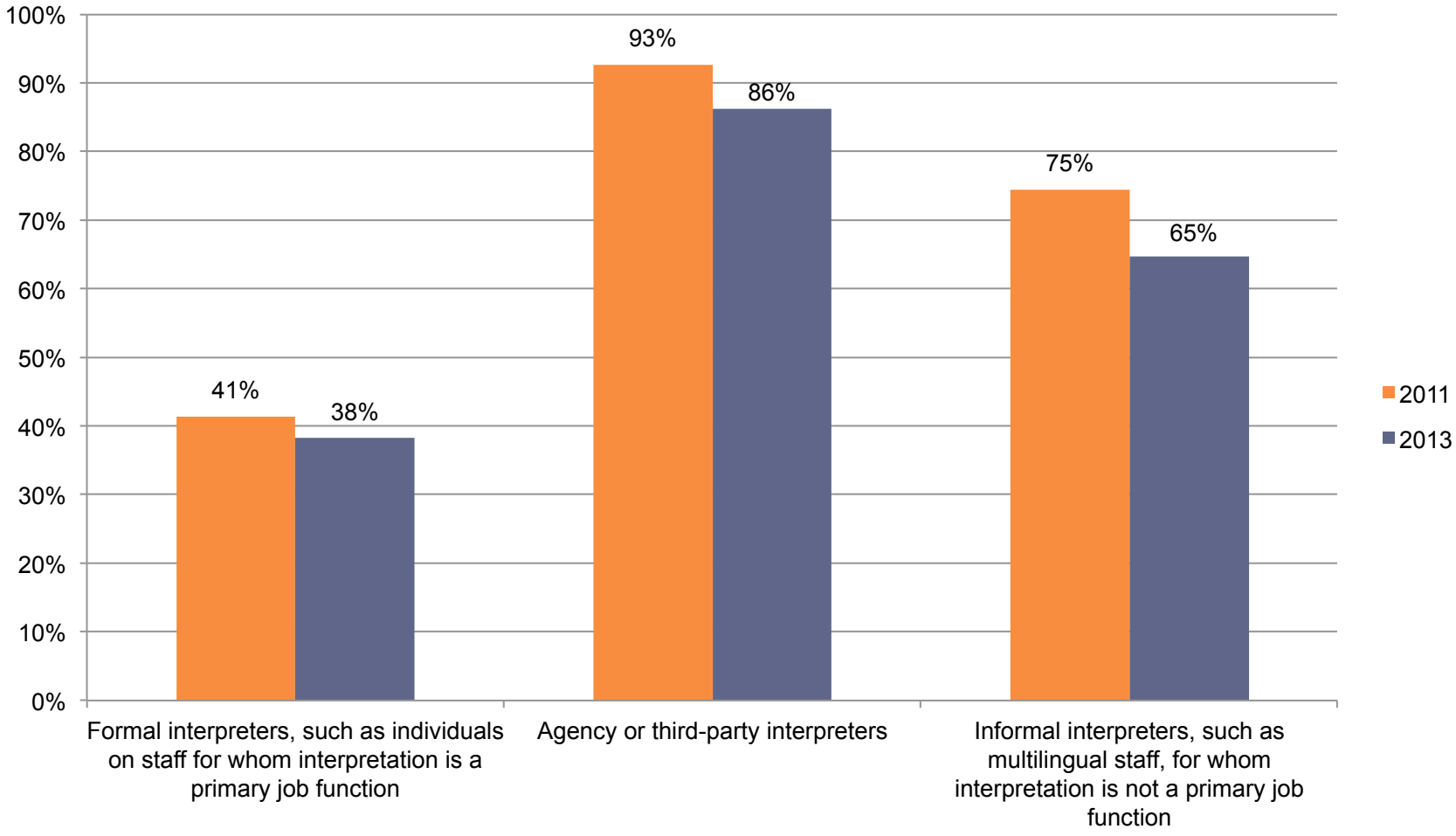

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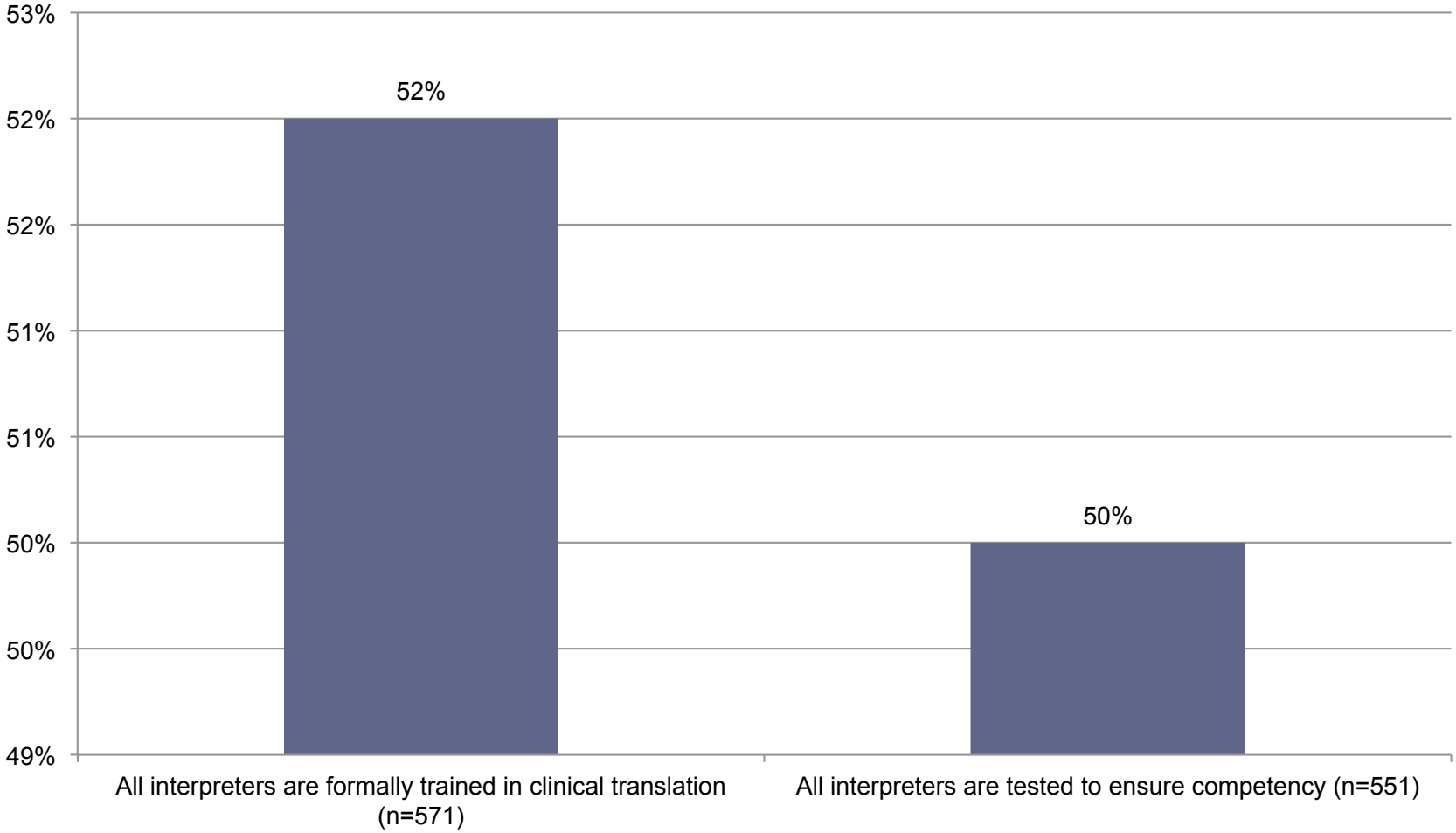
Appendix J: Cultural Competency

Hospitals' Verification of Interpreter Quality – 2013



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Appendix J: Cultural Competency

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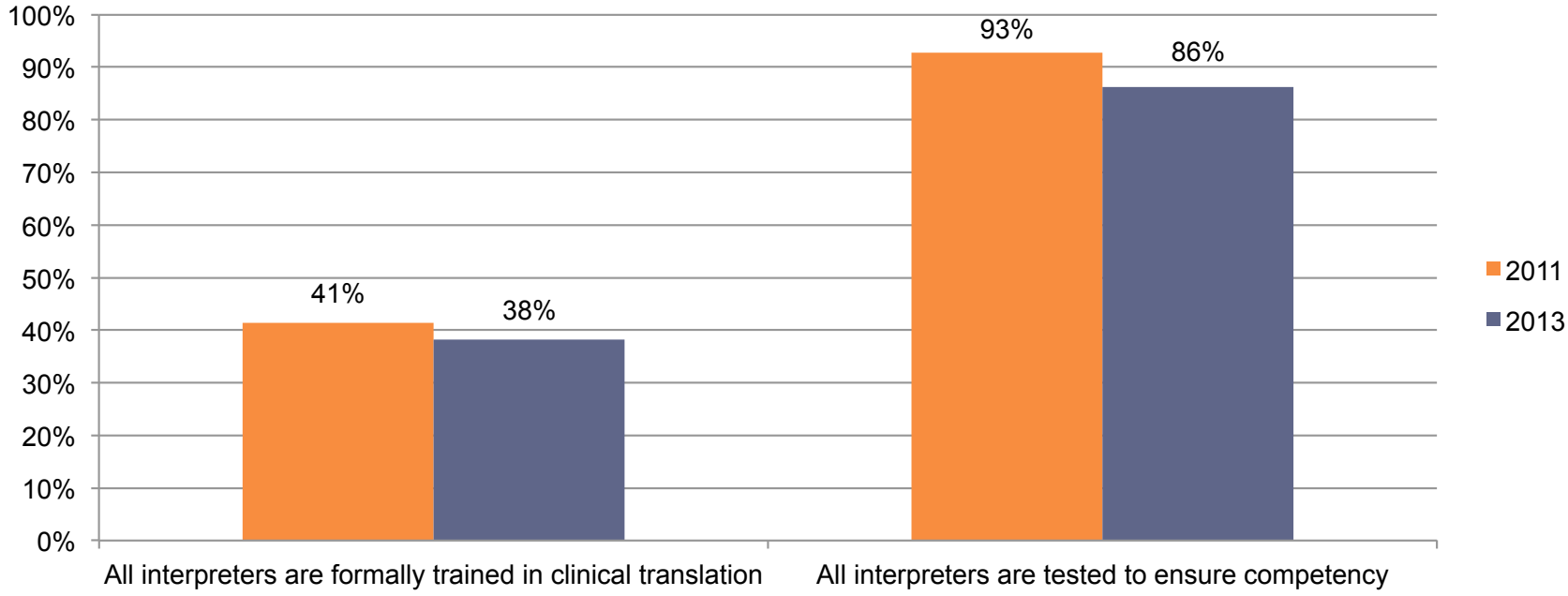

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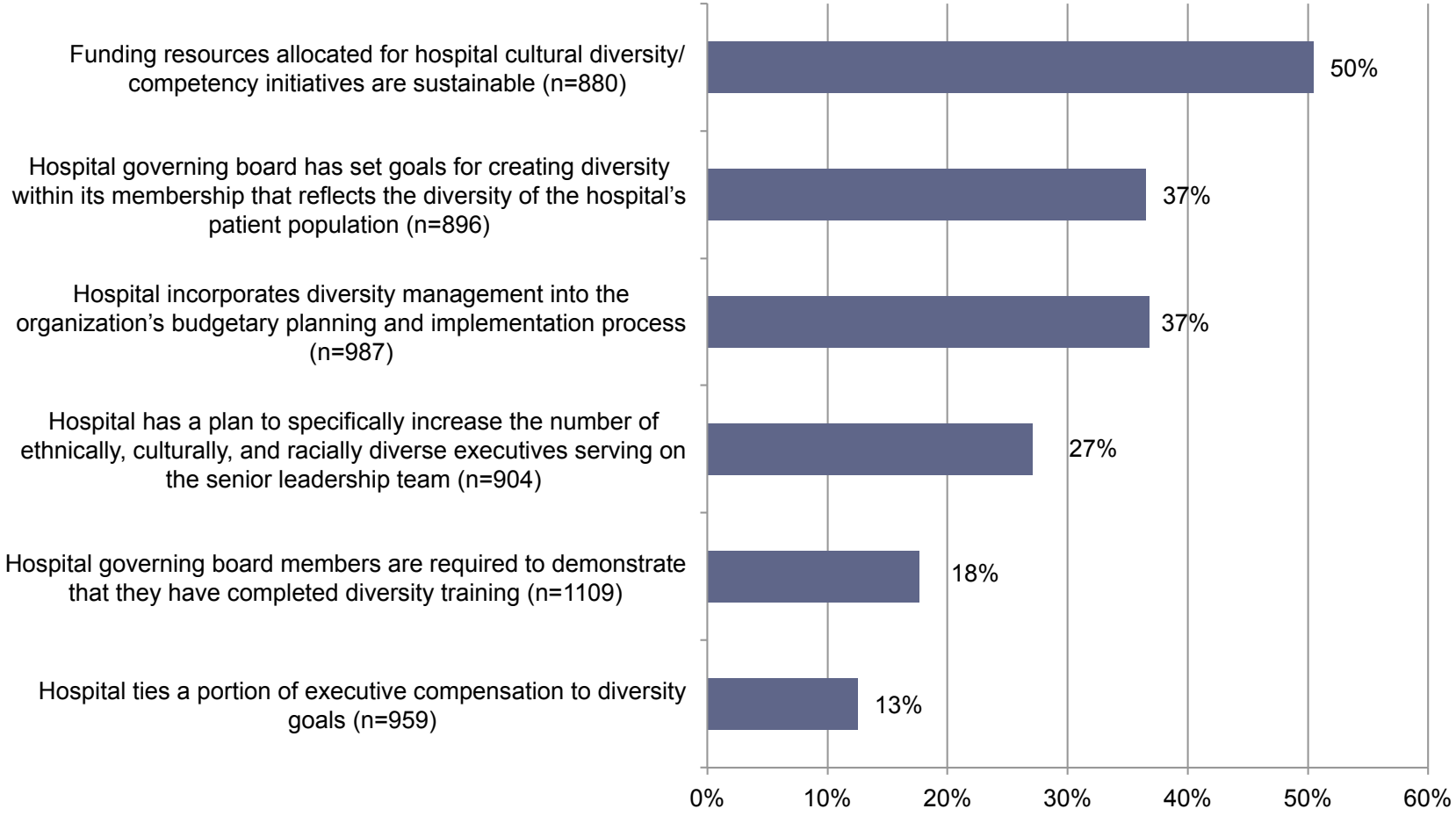
Appendix K: Leadership

Hospitals' Leadership Goals – 2013



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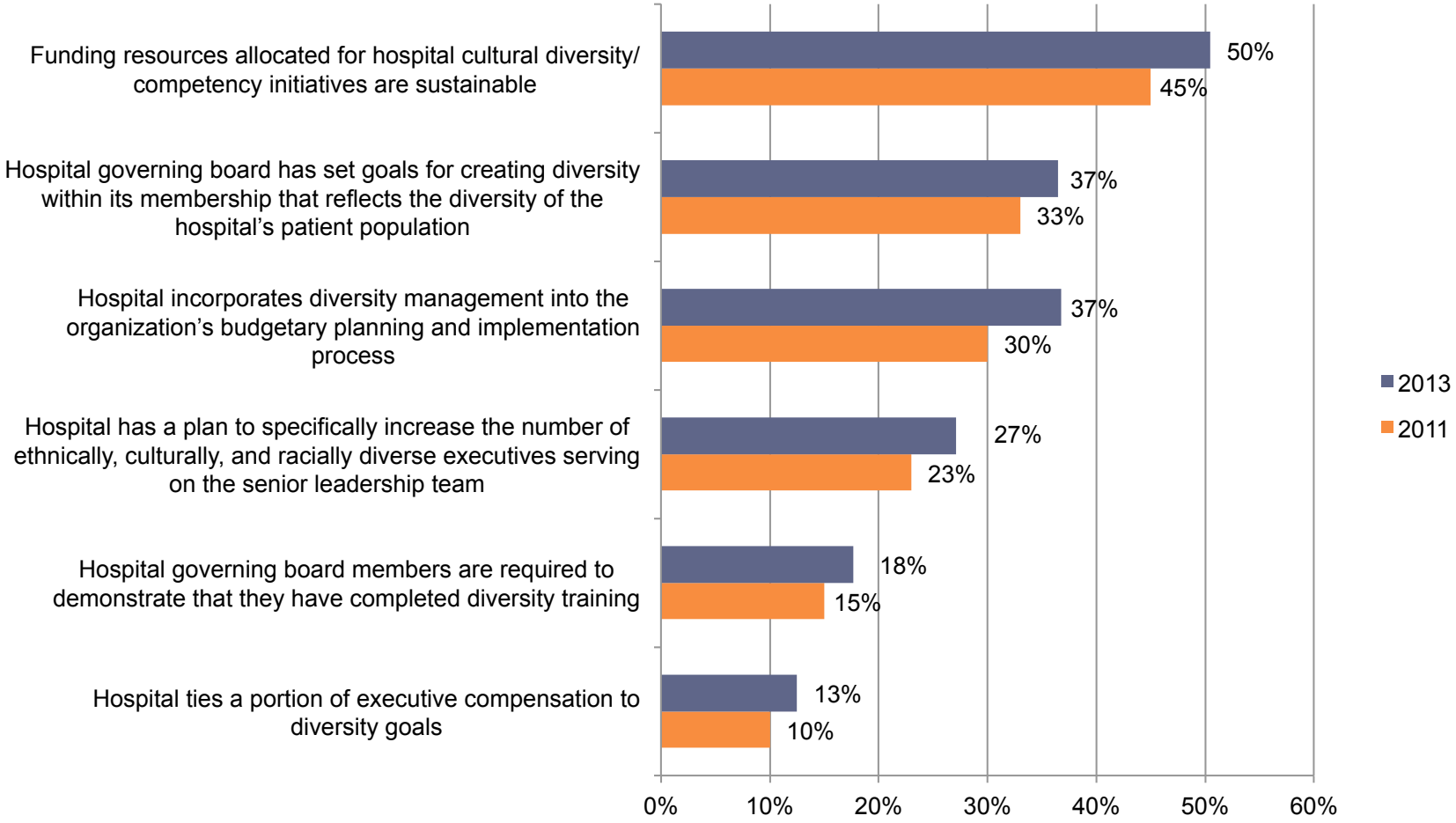
Hospitals' Leadership Goals



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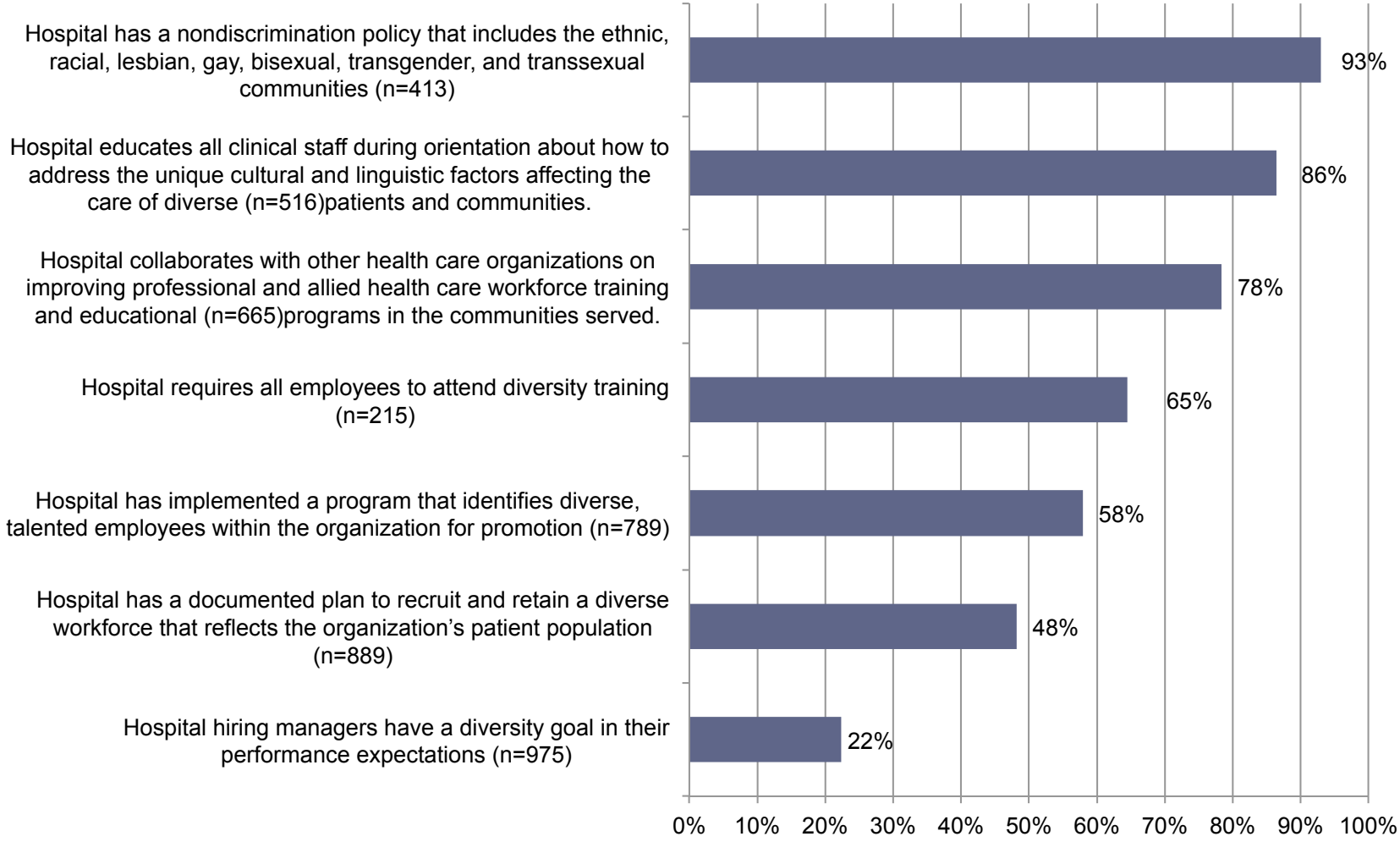
Appendix L: Diversity Management

Percentage of Hospitals Participating in Diversity Improvement Plans – 2013



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Appendix L: Diversity Management

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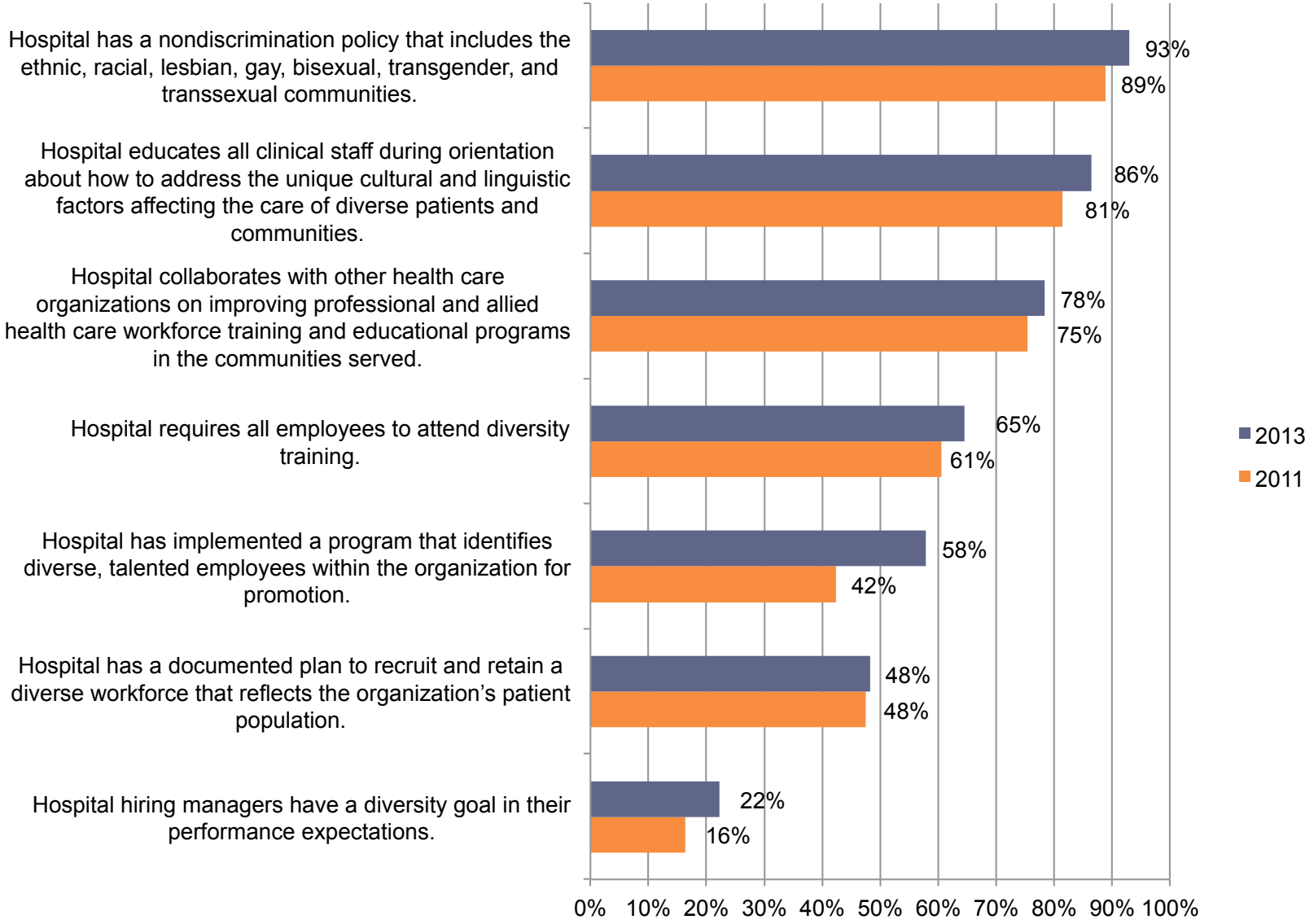

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National Call to Action to Eliminate Health Care Disparities

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 and language preference data**
- **Increase cultural competency training**
- **Increase diversity in leadership and governance**

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