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







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.



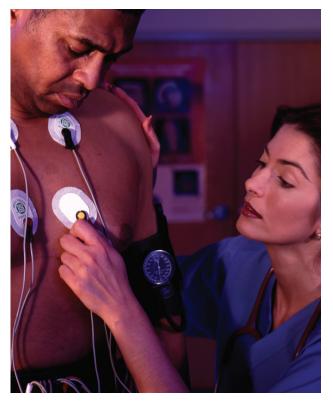




Summary Findings on Collection and Use of Data

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.**







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.







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.







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%)

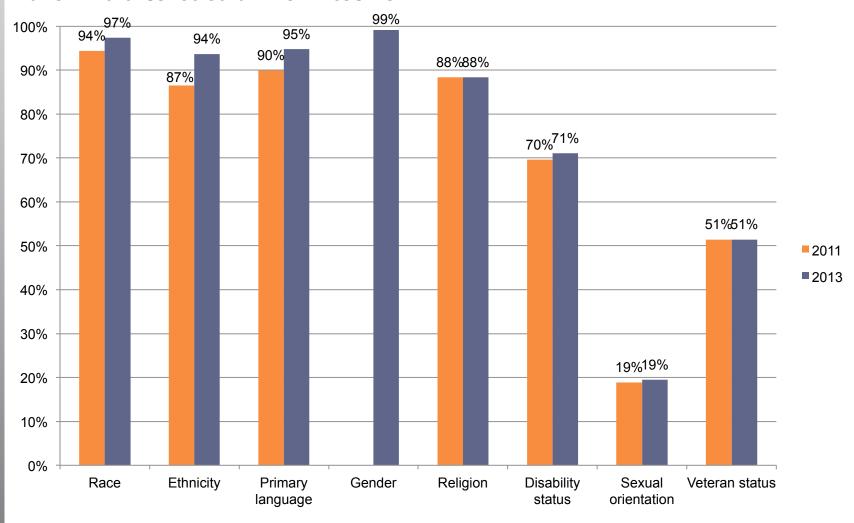
Data used to benchmark gaps in care for:

- Race (29.5%)
- Ethnicity (29%)
- Gender (32%)
- Primary language (28%)
- Religion (15%)
- Disability status (19%)
- Sexual orientation (7%)
- Veteran status (13%)





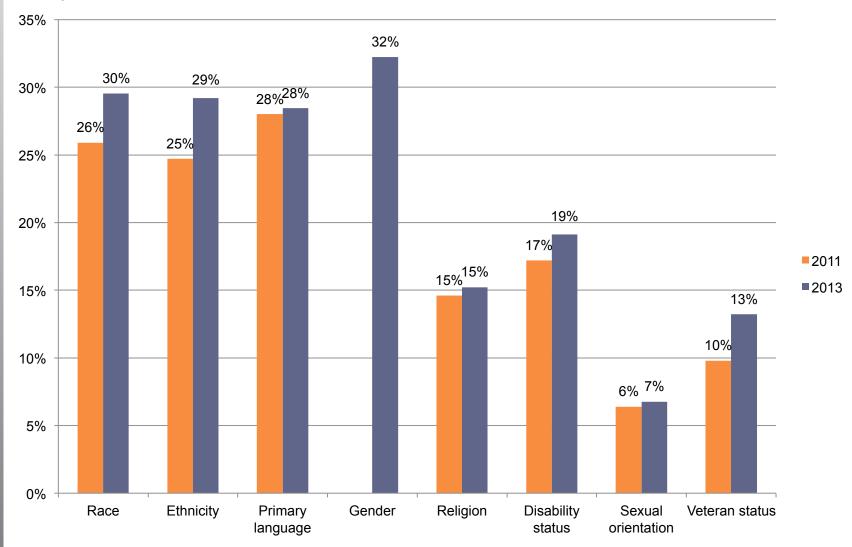
Patient Data Collected at First Encounter





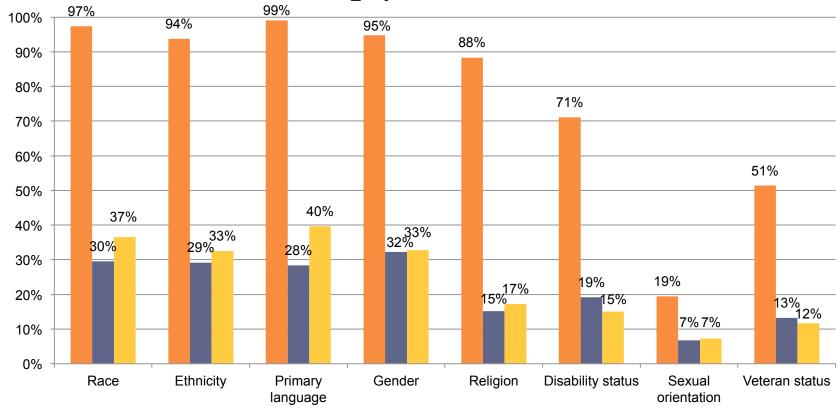


More hospitals are using patient demographic data to benchmark gaps in care in 2013 than in 2011, but more work needs to be done.





Collection and Use of Patient Demographic Data – 2013

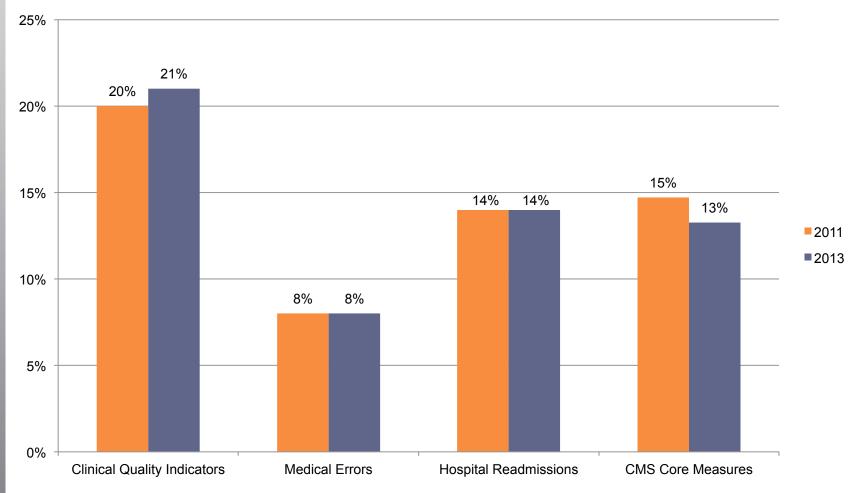


- Data collected at first patient encounter
- Data used to benchmark gaps in care
- Data used to analyze demographics of patient satisfaction surveys





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

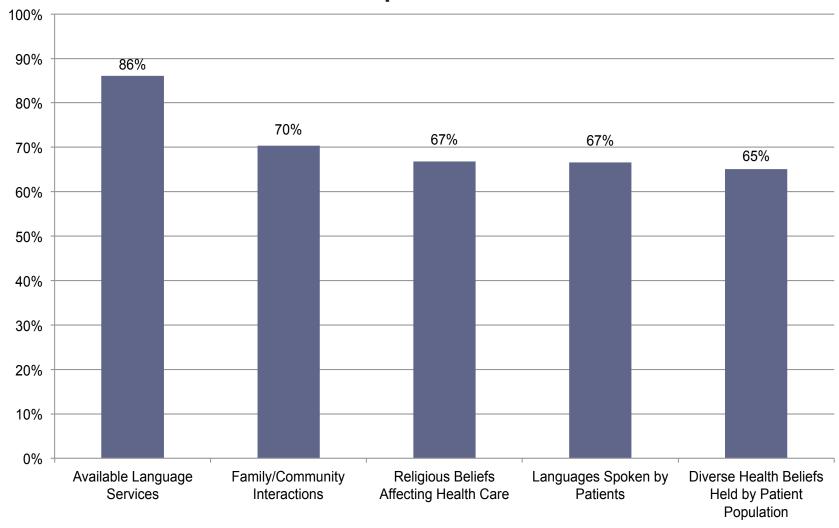






Cultural Competency Training

Cultural Content Areas Included in Hospital Orientation – 2013

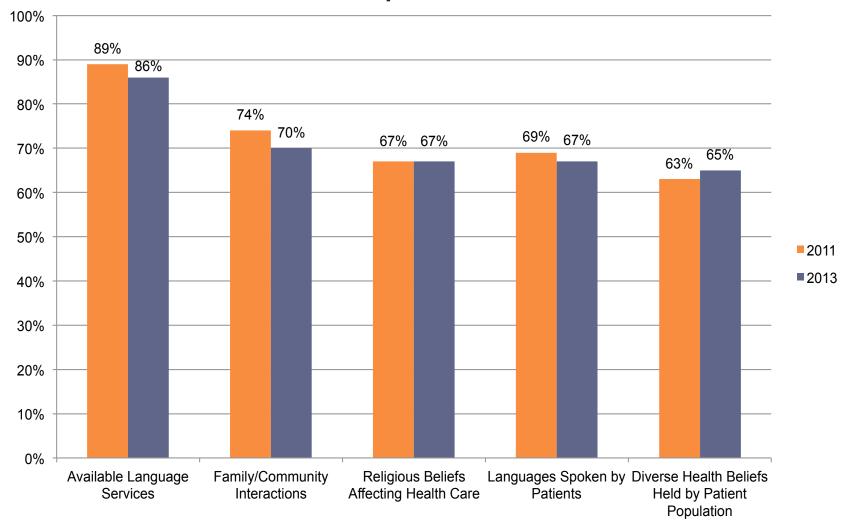






Cultural Competency Training

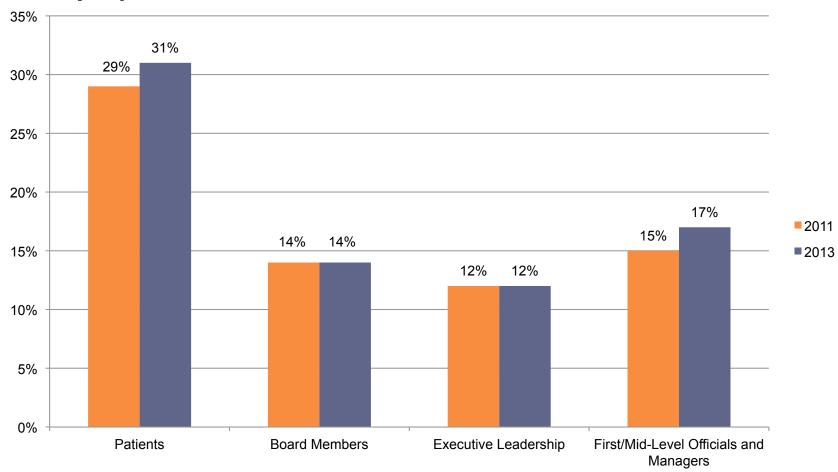
Cultural Content Areas Included in Hospital Orientation







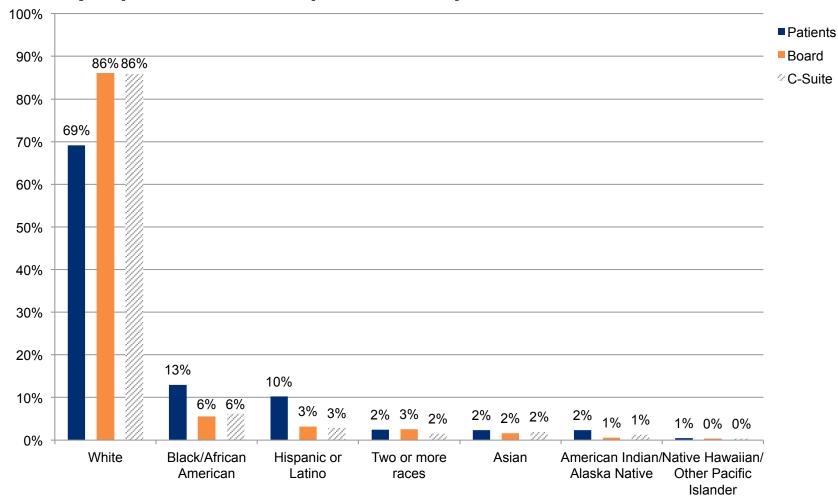
Minority Representation - 2013







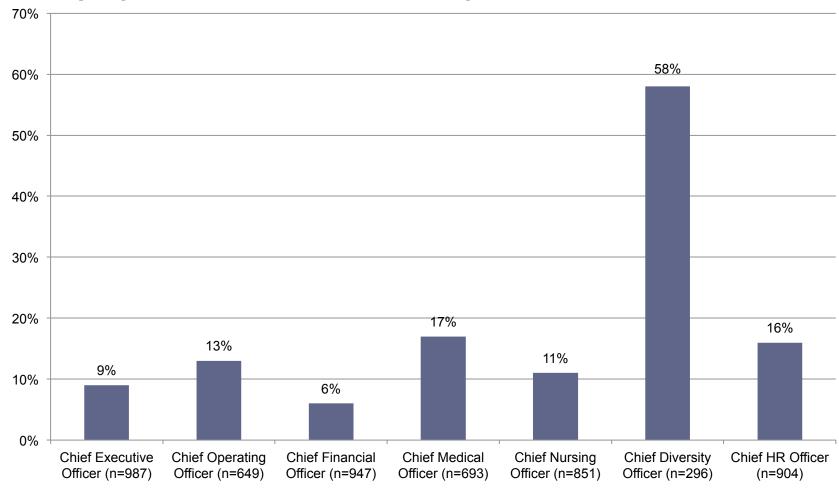
Minority Representation in Hospital Leadership and Governance







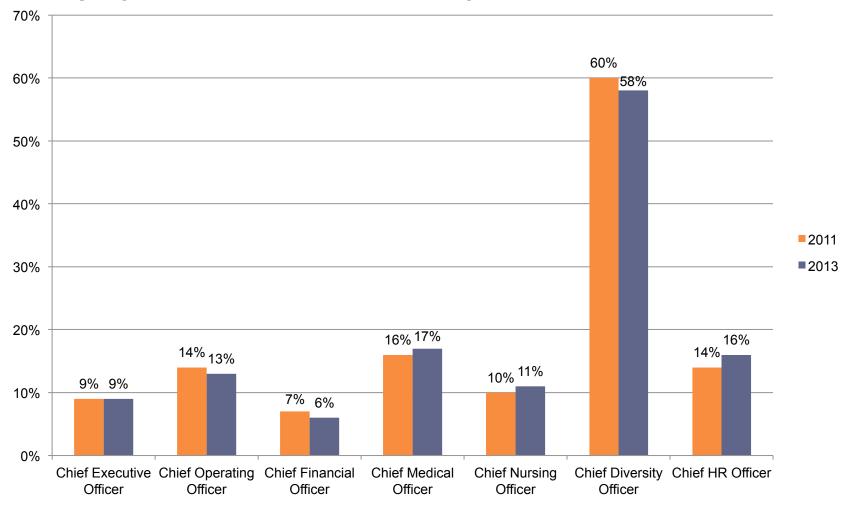
Minority Representation in Executive Leadership Positions - 2013







Minority Representation in Executive Leadership Positions

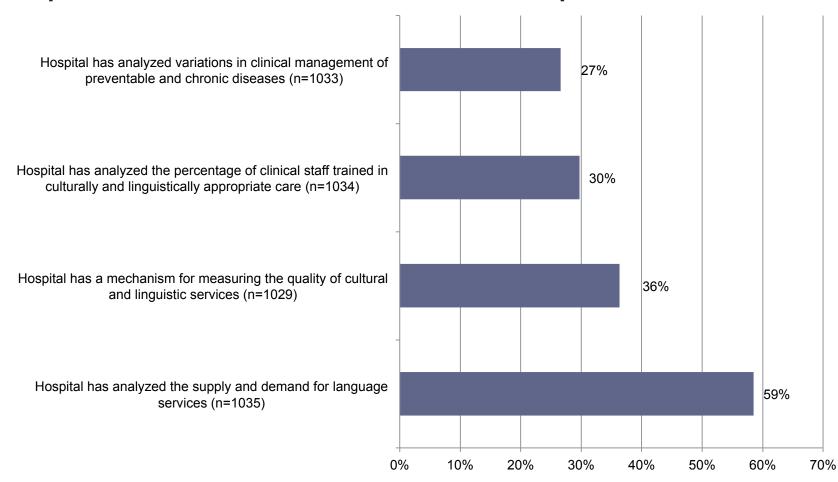






Appendix A: Data Utilization

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

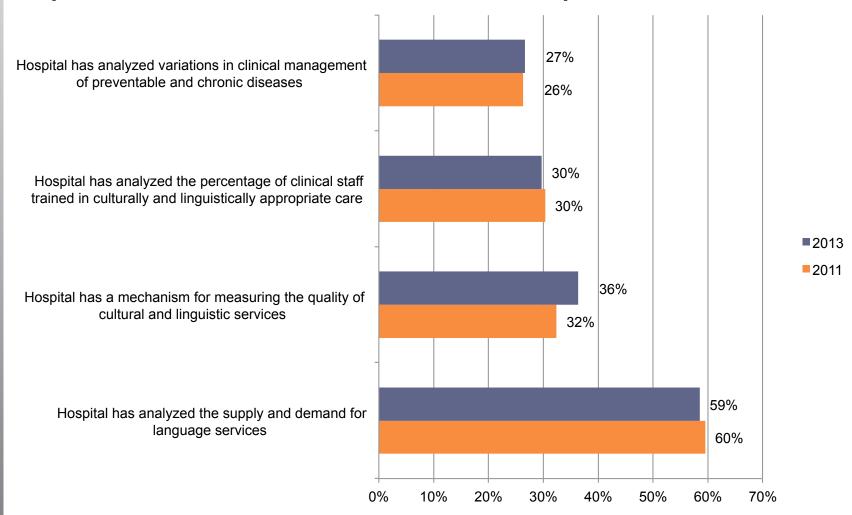






Appendix A: Data Utilization

Hospitals' Utilization of Data to Address Health Care Disparities







Appendix B: Strategic Goals

Inclusion of Goals within Hospitals' Strategic Plans

The use of reports for measuring progress toward addressing disparities

The use of reports for measuring progress on diversity management

The use of reports for measuring progress on diversity-related goals

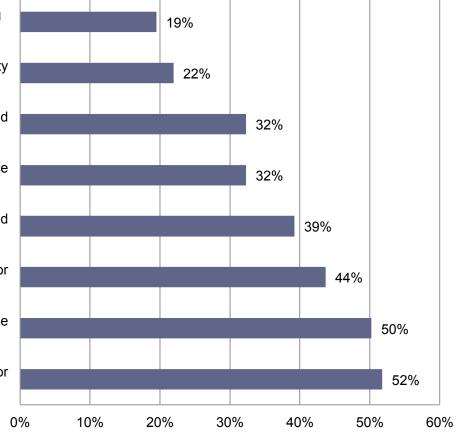
Guidelines for incorporating cultural and linguistic competence into operations

Hospital recruitment and retention of minority and underrepresented groups in the workforce

Collection of race, ethnicity, and language preference data for the hospital's workforce assessments

Improving quality of care for culturally and linguistically diverse patient population

Collection of race, ethnicity, and language preference data for community/patient population assessments

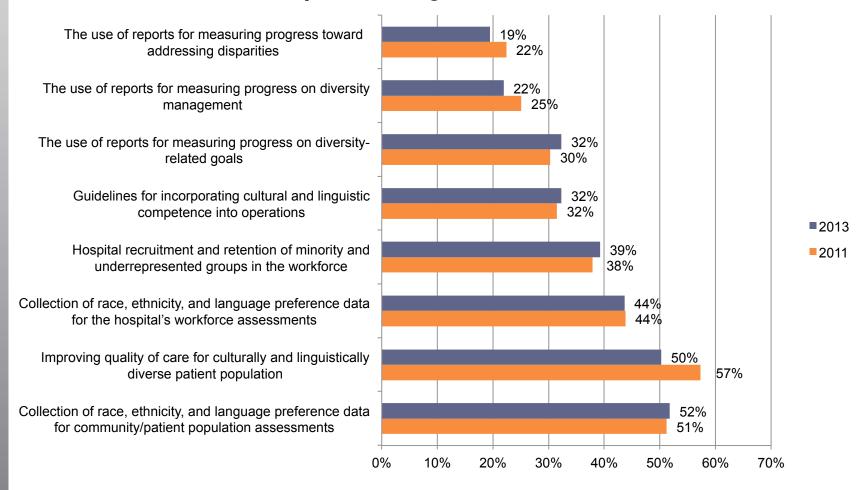






Appendix B: Strategic Goals

Inclusion of Goals within Hospitals' Strategic Plans

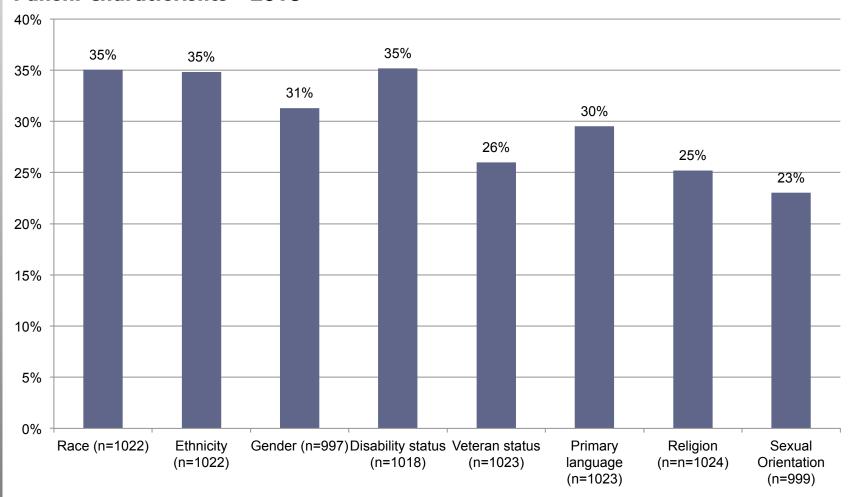






Appendix C: Strategic Goals

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

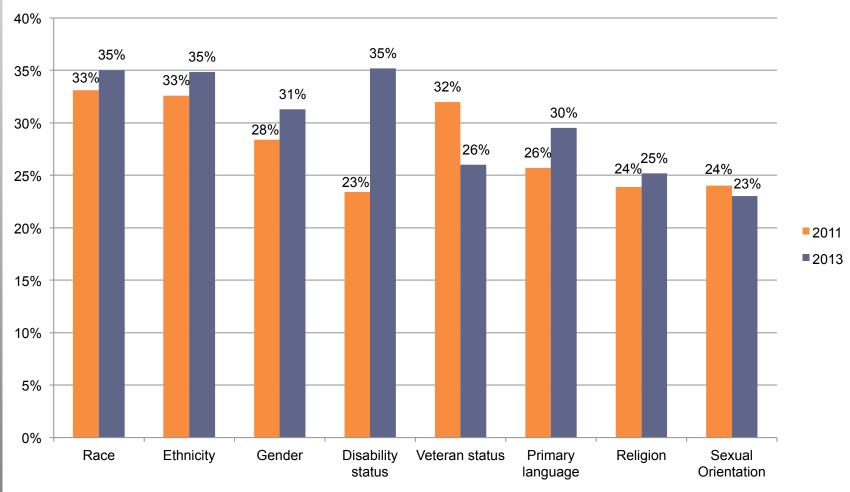






Appendix C: Strategic Goals

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







Appendix D: Reducing Disparities

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

Hospital has a standardized mechanism to translate hospital related documents into languages that are most prevalent among visitors and patients (n=998)

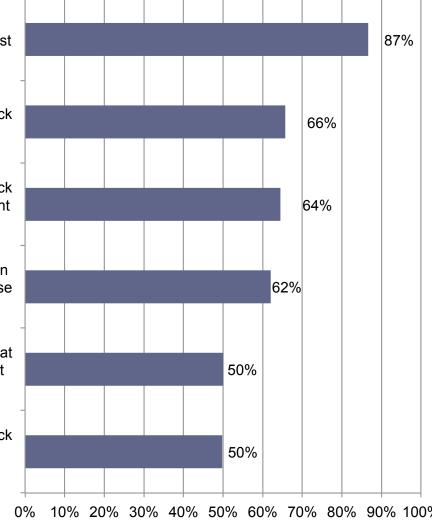
Hospital has a standardized system to collect feedback from patients with language needs (n=940)

Hospital has a standardized system to collect feedback from patients for improving services for diverse patient populations (n=968)

Hospital conducts patient interviews or surveys to obtain patient satisfaction data for improving services for diverse populations ((n=1109)

Hospital has performance improvement projects aimed at improving the quality of care provided to diverse patient populations (n=1109)

Hospital has a standardized system to collect feedback from staff for improving services for diverse patient populations (n=965)



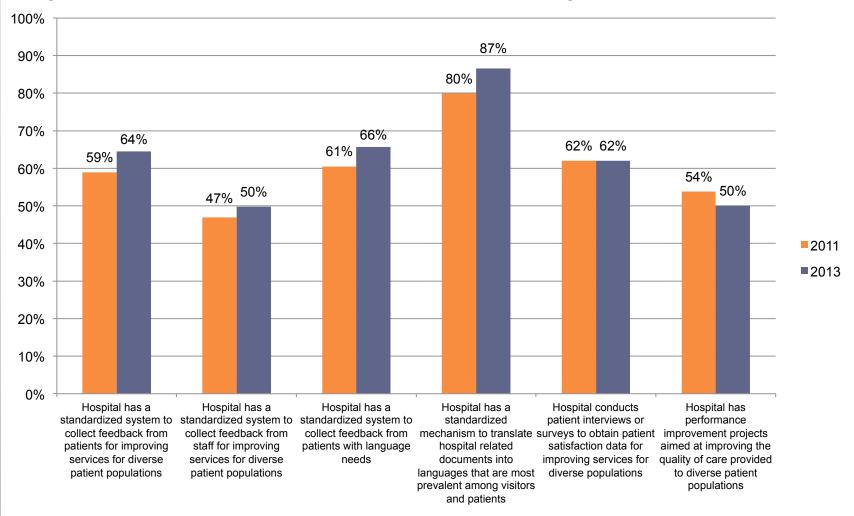
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%





Appendix D: Reducing Disparities

Hospitals' Efforts to Reduce Racial/Ethnic Health Care Disparities

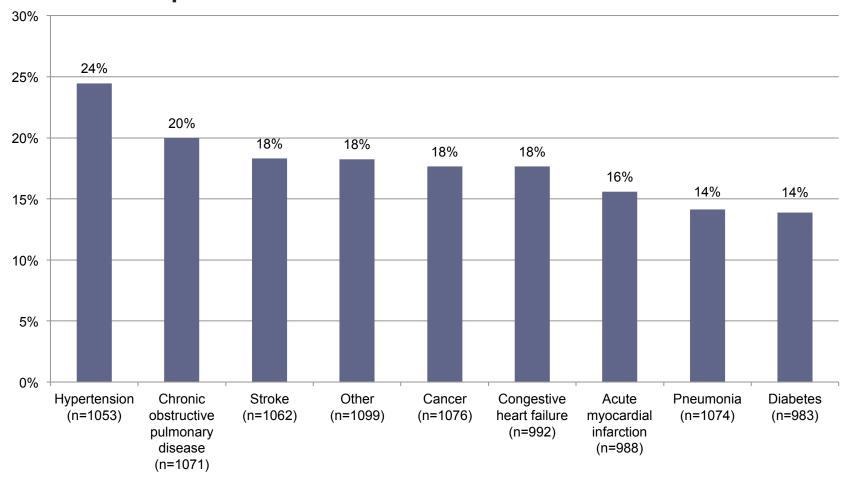






Appendix E: Reducing Disparities

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

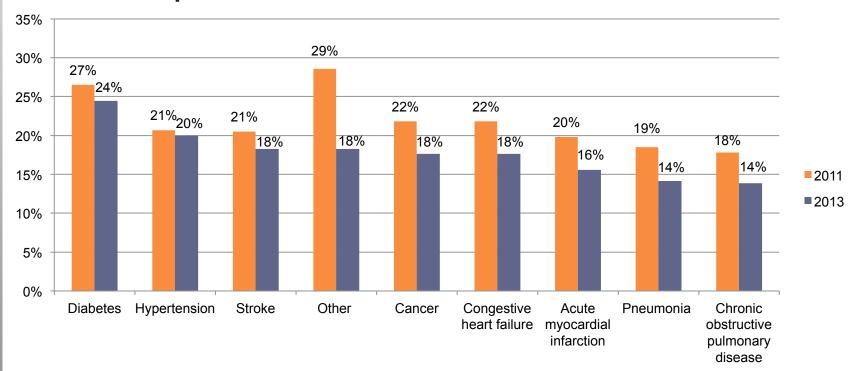






Appendix E: Reducing Disparities

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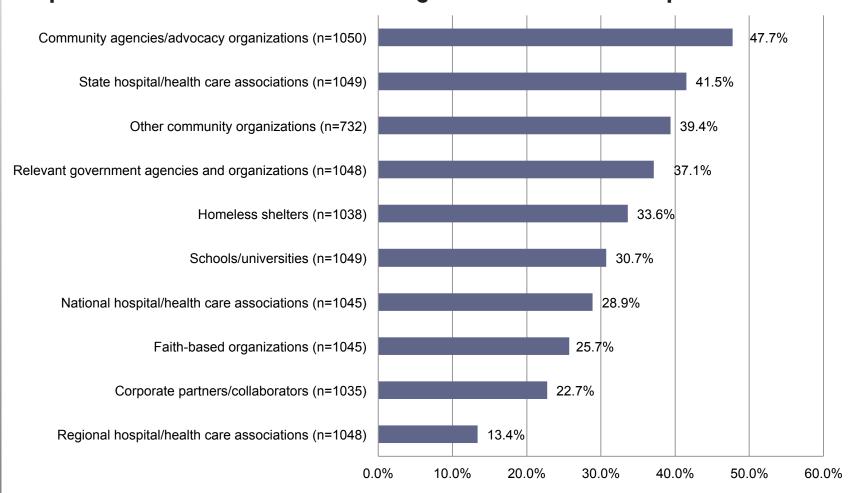






Appendix F: Reducing Disparities

Hospitals' Collaboration with External Organizations to Reduce Disparities - 2013

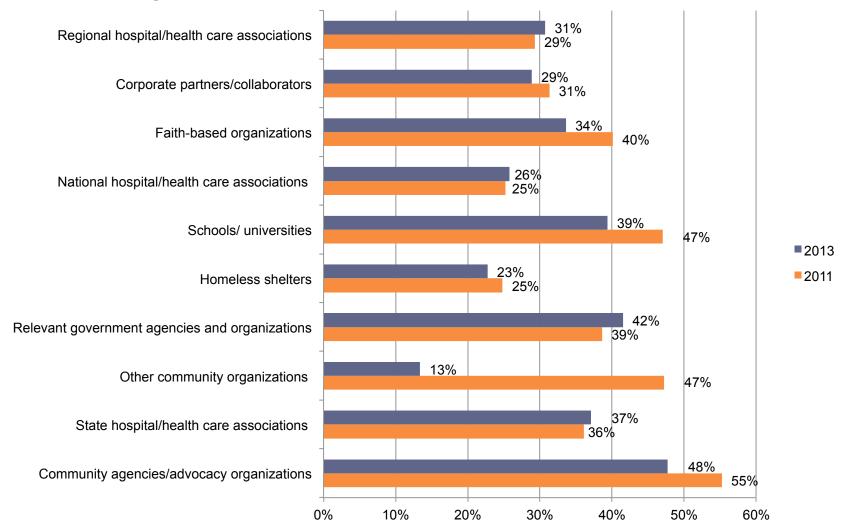






Appendix F: Reducing Disparities

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

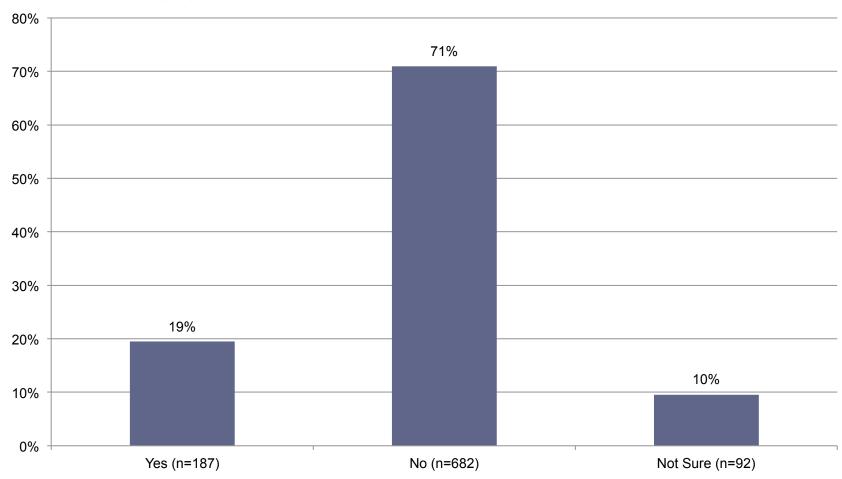






Appendix G: Reducing Disparities

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

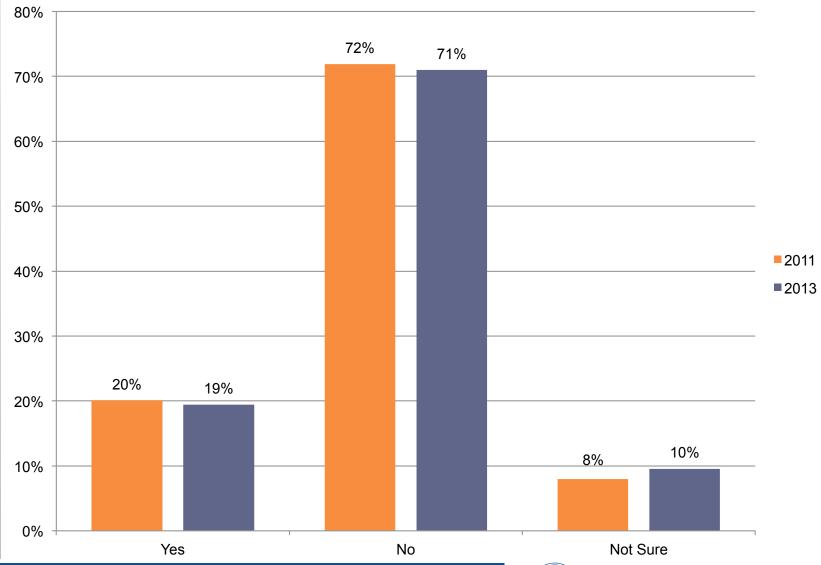






Appendix G: Reducing Disparities

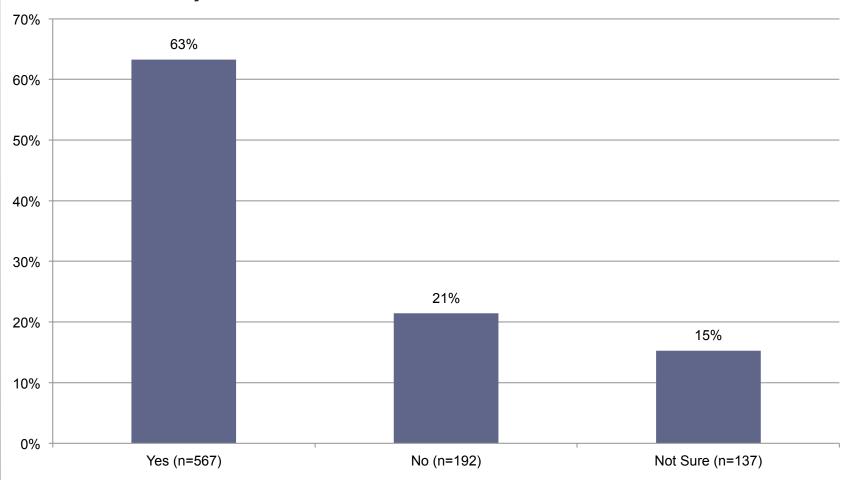
Does Your Organization Have a Community-based Diversity Advisory Council or Committee?





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

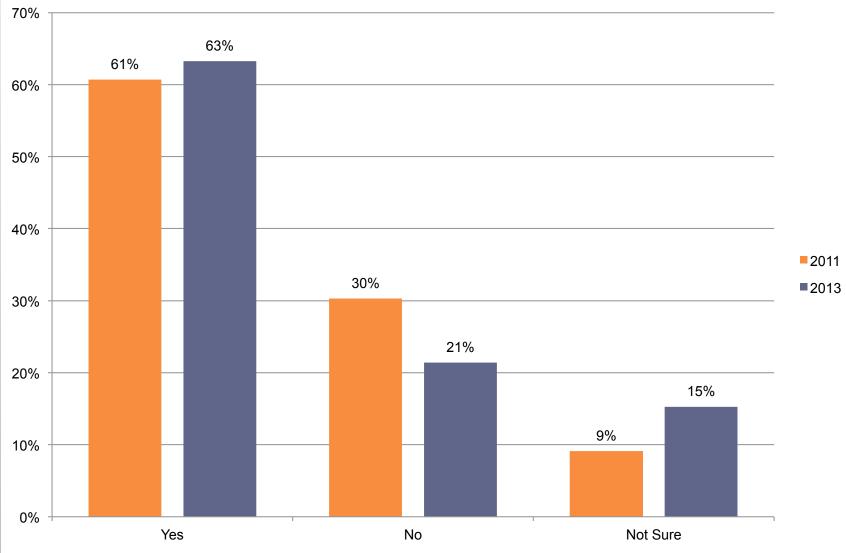






Appendix H: Cultural Competency

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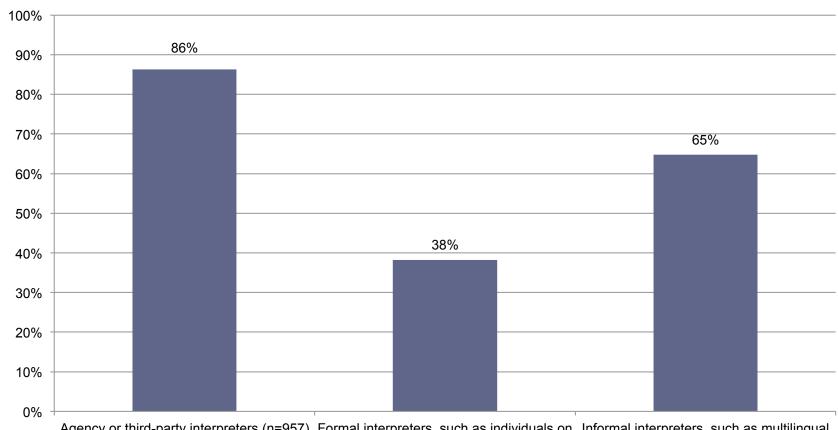






Appendix I: Cultural Competency

Types of Interpreters Used by Hospitals – 2013



Agency or third-party interpreters (n=957) Formal interpreters, such as individuals on Informal interpreters, such as multilingual staff for whom interpretation is a primary job function (n=423)

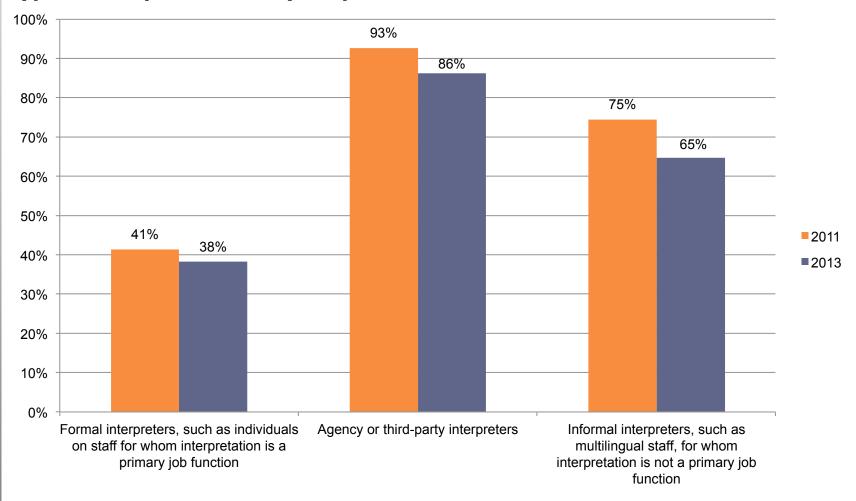
staff, for whom interpretation is not a primary job function (n=717)





Appendix I: Cultural Competency

Types of Interpreters Used by Hospitals

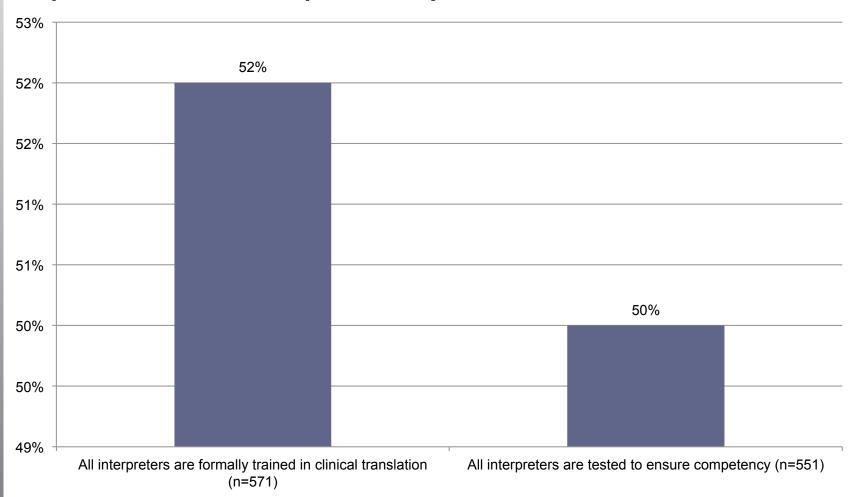






Appendix J: Cultural Competency

Hospitals' Verification of Interpreter Quality - 2013

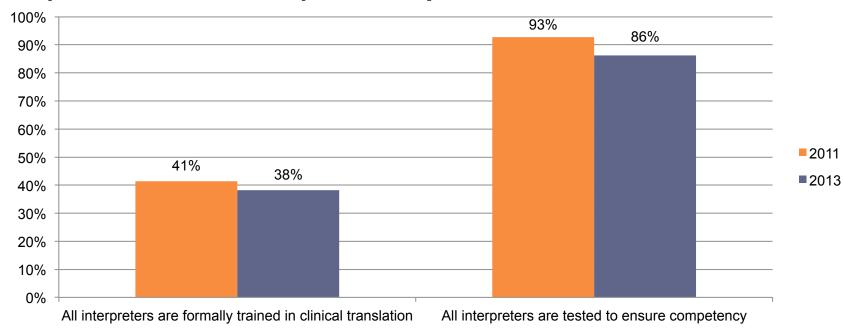






Appendix J: Cultural Competency

Hospitals' Verification of Interpreter Quality







Appendix K: Leadership

Hospitals' Leadership Goals - 2013

Funding resources allocated for hospital cultural diversity/ competency initiatives are sustainable (n=880)

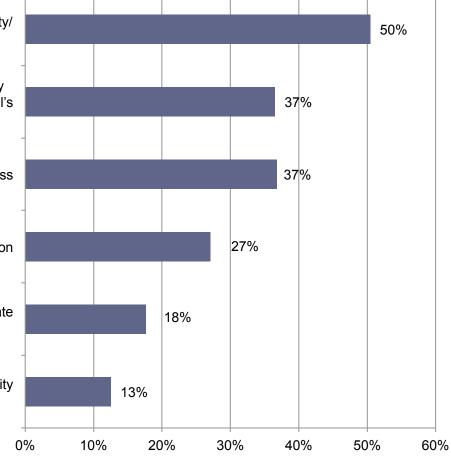
Hospital governing board has set goals for creating diversity within its membership that reflects the diversity of the hospital's patient population (n=896)

Hospital incorporates diversity management into the organization's budgetary planning and implementation process (n=987)

Hospital has a plan to specifically increase the number of ethnically, culturally, and racially diverse executives serving on the senior leadership team (n=904)

Hospital governing board members are required to demonstrate that they have completed diversity training (n=1109)

Hospital ties a portion of executive compensation to diversity goals (n=959)

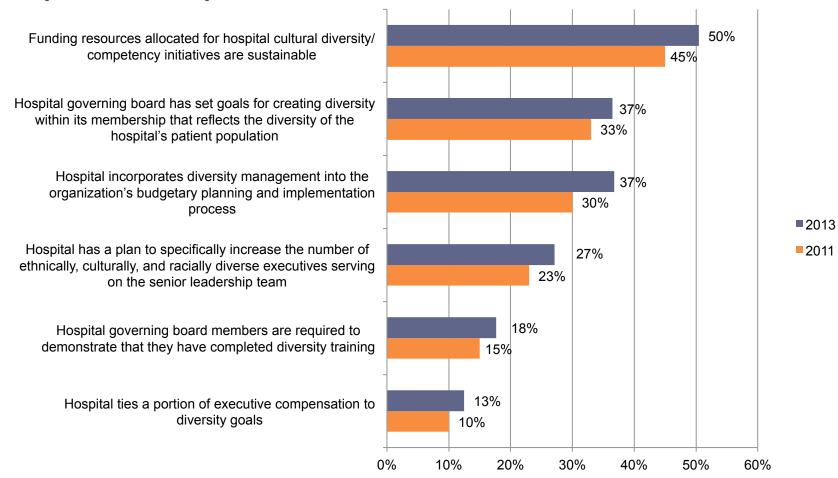






Appendix K: Leadership

Hospitals' Leadership Goals







Appendix L: Diversity Management

Percentage of Hospitals Participating in Diversity Improvement Plans - 2013

Hospital has a nondiscrimination policy that includes the ethnic, racial, lesbian, gay, bisexual, transgender, and transsexual communities (n=413)

Hospital educates all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse (n=516)patients and communities.

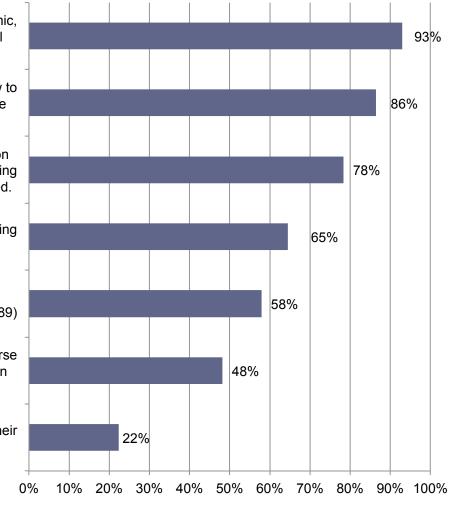
Hospital collaborates with other health care organizations on improving professional and allied health care workforce training and educational (n=665)programs in the communities served.

Hospital requires all employees to attend diversity training (n=215)

Hospital has implemented a program that identifies diverse, talented employees within the organization for promotion (n=789)

Hospital has a documented plan to recruit and retain a diverse workforce that reflects the organization's patient population (n=889)

Hospital hiring managers have a diversity goal in their performance expectations (n=975)







Appendix L: Diversity Management

Percentage of Hospitals Participating in Diversity Improvement Plans

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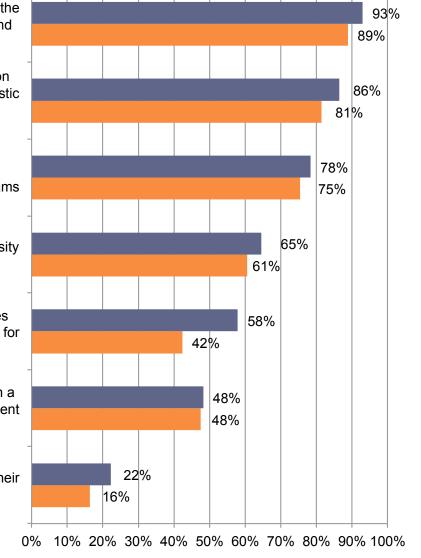
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Hospital hiring managers have a diversity goal in their performance expectations.







2013

2011

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





Call to Action Partners











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