Diversity and Disparities
A Benchmark Study of U.S. Hospitals in 2013
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Diversity and Disparities

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.
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.
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%)
## Collection and Use of Data

### Patient Data Collected at First Encounter

<table>
<thead>
<tr>
<th>Category</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>94%</td>
<td>97%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>87%</td>
<td>94%</td>
</tr>
<tr>
<td>Primary language</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Gender</td>
<td>99%</td>
<td>88%</td>
</tr>
<tr>
<td>Religion</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>Disability status</td>
<td>70%</td>
<td>71%</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Veteran status</td>
<td>51%</td>
<td>51%</td>
</tr>
</tbody>
</table>
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

- Clinical Quality Indicators: 20% (2011), 21% (2013)
- Medical Errors: 8% (2011), 8% (2013)
- Hospital Readmissions: 14% (2011), 14% (2013)
- CMS Core Measures: 15% (2011), 13% (2013)
Cultural Competency Training

Cultural Content Areas Included in Hospital Orientation – 2013

- Available Language Services: 86%
- Family/Community Interactions: 70%
- Religious Beliefs Affecting Health Care: 67%
- Languages Spoken by Patients: 67%
- Diverse Health Beliefs Held by Patient Population: 65%
Cultural Competency Training (cont.)

Cultural Content Areas Included in Hospital Orientation

Available Language Services: 89% (2011), 86% (2013)
Family/Community Interactions: 74% (2011), 70% (2013)
Religious Beliefs Affecting Health Care: 67% (2011), 67% (2013)
Languages Spoken by Patients: 69% (2011), 67% (2013)
Diverse Health Beliefs Held by Patient Population: 63% (2011), 65% (2013)
Leadership and Governance

Minority Representation – 2013

- Patients: 29% (2011) vs 31% (2013)
- Board Members: 14% (2011) vs 14% (2013)
- Executive Leadership: 12% (2011) vs 12% (2013)
- First/Mid-Level Officials and Managers: 15% (2011) vs 17% (2013)
Minority Representation in Hospital Leadership and Governance

- **Patients**: 86% (White) 69% (Black/African American)
- **Board**: 86% (White) 13% (Black/African American)
- **C-Suite**: 10% (White) 6% (Black/African American)

- Other categories: Hispanic or Latino 3%, Two or more races 3%, Asian 2%, American Indian/Native Hawaiian/Other Pacific Islander 1%, 0% for remaining categories.
Minority Representation in Executive Leadership Positions – 2013

- Chief Executive Officer (n=987): 9%
- Chief Operating Officer (n=649): 13%
- Chief Financial Officer (n=947): 6%
- Chief Medical Officer (n=693): 17%
- Chief Nursing Officer (n=851): 11%
- Chief Diversity Officer (n=296): 58%
- Chief HR Officer (n=904): 16%
Minority Representation in Executive Leadership Positions

- Chief Executive Officer: 9% (2011), 9% (2013)
- Chief Operating Officer: 14% (2011), 13% (2013)
- Chief Financial Officer: 7% (2011), 6% (2013)
- Chief Medical Officer: 16% (2011), 17% (2013)
- Chief Nursing Officer: 10% (2011), 11% (2013)
- Chief Diversity Officer: 60% (2011), 58% (2013)
- Chief HR Officer: 14% (2011), 16% (2013)
Appendix A: Data Utilization

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

- Hospital has analyzed variations in clinical management of preventable and chronic diseases (n=1033) - 27%
- Hospital has analyzed the percentage of clinical staff trained in culturally and linguistically appropriate care (n=1034) - 30%
- Hospital has a mechanism for measuring the quality of cultural and linguistic services (n=1029) - 36%
- Hospital has analyzed the supply and demand for language services (n=1035) - 59%
Hospitals’ Utilization of Data to Address Health Care Disparities

- Hospital has analyzed variations in clinical management of preventable and chronic diseases:
  - 2013: 27%
  - 2011: 26%

- Hospital has analyzed the percentage of clinical staff trained in culturally and linguistically appropriate care:
  - 2013: 30%
  - 2011: 30%

- Hospital has a mechanism for measuring the quality of cultural and linguistic services:
  - 2013: 36%
  - 2011: 32%

- Hospital has analyzed the supply and demand for language services:
  - 2013: 59%
  - 2011: 60%
Inclusion of Goals within Hospitals’ Strategic Plans

- 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 assessments: 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%
Appendix B: Strategic Goals

Inclusion of Goals within Hospitals’ Strategic Plans

- The use of reports for measuring progress toward addressing disparities: 19% in 2013, 22% in 2011
- The use of reports for measuring progress on diversity management: 22% in 2013, 25% in 2011
- The use of reports for measuring progress on diversity-related goals: 32% in 2013, 30% in 2011
- Guidelines for incorporating cultural and linguistic competence into operations: 32% in 2013, 32% in 2011
- Hospital recruitment and retention of minority and underrepresented groups in the workforce: 39% in 2013, 38% in 2011
- Collection of race, ethnicity, and language preference data for the hospital’s workforce assessments: 44% in 2013, 44% in 2011
- Improving quality of care for culturally and linguistically diverse patient population: 50% in 2013, 57% in 2011
- Collection of race, ethnicity, and language preference data for community/patient population assessments: 52% in 2013, 51% in 2011
Appendix C: Strategic Goals

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

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Percentage</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race (n=1022)</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Ethnicity (n=1022)</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Gender (n=997)</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Disability status (n=1018)</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Veteran status (n=1023)</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Primary language (n=1023)</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Religion (n=1024)</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation (n=999)</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Strategic Goals

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

- Race: 33%, 2011; 33%, 2013
- Ethnicity: 33%, 2011; 33%, 2013
- Gender: 31%, 2011; 28%, 2013
- Disability status: 35%, 2011; 31%, 2013
- Veteran status: 32%, 2011; 26%, 2013
- Primary language: 30%, 2011; 26%, 2013
- Religion: 24%, 2011; 25%, 2013
- Sexual Orientation: 24%, 2011; 23%, 2013
### Hospitals’ Efforts to Reduce Racial/Ethnic Health Care Disparities – 2013

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital has a standardized mechanism to translate hospital related documents into languages that are most prevalent among visitors and patients (n=998)</td>
<td>87%</td>
</tr>
<tr>
<td>Hospital has a standardized system to collect feedback from patients with language needs (n=940)</td>
<td>66%</td>
</tr>
<tr>
<td>Hospital has a standardized system to collect feedback from patients for improving services for diverse patient populations (n=968)</td>
<td>64%</td>
</tr>
<tr>
<td>Hospital conducts patient interviews or surveys to obtain patient satisfaction data for improving services for diverse populations ((n=1109)</td>
<td>62%</td>
</tr>
<tr>
<td>Hospital has performance improvement projects aimed at improving the quality of care provided to diverse patient populations (n=1109)</td>
<td>50%</td>
</tr>
<tr>
<td>Hospital has a standardized system to collect feedback from staff for improving services for diverse patient populations (n=965)</td>
<td>50%</td>
</tr>
</tbody>
</table>

23 Diversity and Disparities
Appendix D: Reducing Disparities

Hospitals’ Efforts to Reduce Racial/Ethnic Health Care Disparities

- **Hospital has a standardized system to collect feedback from patients for improving services for diverse patient populations**: 59%, 64%  
- **Hospital has a standardized system to collect feedback from staff for improving services for diverse patient populations**: 47%, 50%  
- **Hospital has a standardized system to collect feedback from patients with language needs**: 61%, 66%  
- **Hospital has a standardized mechanism to translate hospital related documents into languages that are most prevalent among visitors and patients**: 80%, 87%  
- **Hospital conducts patient interviews or surveys to obtain patient satisfaction data for improving services for diverse populations**: 62%, 62%  
- **Hospital has performance improvement projects aimed at improving the quality of care provided to diverse patient populations**: 54%, 50%

2011

2013
Appendix E: Reducing Disparities

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

- Hypertension (n=1053): 24%
- Chronic obstructive pulmonary disease (n=1071): 20%
- Stroke (n=1062): 18%
- Other (n=1099): 18%
- Cancer (n=1076): 18%
- Congestive heart failure (n=992): 18%
- Acute myocardial infarction (n=988): 16%
- Pneumonia (n=1074): 14%
- Diabetes (n=983): 14%
Disease-Specific Interventions Planned or Implemented by Hospitals to Reduce Racial/Ethnic Disparities

- Diabetes: 27% (2011), 24% (2013)
- Hypertension: 21% (2011), 20% (2013)
- Stroke: 21% (2011), 18% (2013)
- Other: 29% (2011), 18% (2013)
- Cancer: 22% (2011), 18% (2013)
- Congestive heart failure: 22% (2011), 20% (2013)
- Acute myocardial infarction: 20% (2011), 16% (2013)
- Pneumonia: 19% (2011), 14% (2013)
- Chronic obstructive pulmonary disease: 18% (2011), 14% (2013)
Appendix F: Reducing Disparities

Hospitals’ Collaboration with External Organizations to Reduce Disparities – 2013

- Community agencies/advocacy organizations (n=1050): 47.7%
- State hospital/health care associations (n=1049): 41.5%
- Other community organizations (n=732): 39.4%
- Relevant government agencies and organizations (n=1048): 37.1%
- Homeless shelters (n=1038): 33.6%
- Schools/universities (n=1049): 30.7%
- National hospital/health care associations (n=1045): 28.9%
- Faith-based organizations (n=1045): 25.7%
- Corporate partners/collaborators (n=1035): 22.7%
- Regional hospital/health care associations (n=1048): 13.4%
Appendix F: Reducing Disparities

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

- Regional hospital/health care associations: 2013 - 31%, 2011 - 29%
- Corporate partners/collaborators: 2013 - 29%, 2011 - 31%
- Faith-based organizations: 2013 - 34%, 2011 - 40%
- National hospital/health care associations: 2013 - 26%, 2011 - 25%
- Schools/ universities: 2013 - 39%, 2011 - 47%
- Homeless shelters: 2013 - 23%, 2011 - 25%
- Relevant government agencies and organizations: 2013 - 42%, 2011 - 39%
- Other community organizations: 2013 - 13%, 2011 - 39%
- State hospital/health care associations: 2013 - 36%, 2011 - 37%
- Community agencies/advocacy organizations: 2013 - 48%, 2011 - 55%
Appendix G: Reducing Disparities

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

- Yes (n=187) – 19%
- No (n=682) – 71%
- Not Sure (n=92) – 10%
Appendix G: Reducing Disparities

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>72%</td>
<td>8%</td>
</tr>
<tr>
<td>19%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>8%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

2011: Orange bars
2013: Blue bars
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

- Yes (n=567): 63%
- No (n=192): 21%
- Not Sure (n=137): 15%
Appendix H: Cultural Competency

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

- **Yes**: 61% in 2011, 63% in 2013
- **No**: 30% in 2013, 30% in 2011
- **Not Sure**: 9% in 2011, 15% in 2013

2011: 2013.0
Appendix I: Cultural Competency

Types of Interpreters Used by Hospitals – 2013

- Agency or third-party interpreters (n=957): 86%
- Formal interpreters, such as individuals on staff for whom interpretation is a primary job function (n=423): 38%
- Informal interpreters, such as multilingual staff, for whom interpretation is not a primary job function (n=717): 65%
Appendix I: Cultural Competency

Types of Interpreters Used by Hospitals

- **Formal interpreters, such as individuals on staff for whom interpretation is a primary job function**
  - 2011: 41%
  - 2013: 38%

- **Agency or third-party interpreters**
  - 2011: 93%
  - 2013: 86%

- **Informal interpreters, such as multilingual staff, for whom interpretation is not a primary job function**
  - 2011: 75%
  - 2013: 65%
Appendix J: Cultural Competency

Hospitals’ Verification of Interpreter Quality – 2013

- All interpreters are formally trained in clinical translation (n=571)
  - 52%

- All interpreters are tested to ensure competency (n=551)
  - 50%
## Hospitals’ Verification of Interpreter Quality

- **All interpreters are formally trained in clinical translation**
  - 2011: 41%
  - 2013: 38%

- **All interpreters are tested to ensure competency**
  - 2011: 93%
  - 2013: 86%
Appendix K: Leadership

Hospitals’ Leadership Goals – 2013

- Funding resources allocated for hospital cultural diversity/competency initiatives are sustainable (n=880)
  - 50% 46%

- Hospital governing board has set goals for creating diversity within its membership that reflects the diversity of the hospital’s patient population (n=896)
  - 37% 37%

- Hospital incorporates diversity management into the organization’s budgetary planning and implementation process (n=987)
  - 37% 37%

- Hospital has a plan to specifically increase the number of ethnically, culturally, and racially diverse executives serving on the senior leadership team (n=904)
  - 27% 27%

- Funding resources allocated for hospital cultural diversity/competency initiatives are sustainable (n=880)
  - 50% 46%

- Hospital governing board members are required to demonstrate that they have completed diversity training (n=1109)
  - 18% 18%

- Hospital ties a portion of executive compensation to diversity goals (n=959)
  - 13% 13%
Hospitals’ Leadership Goals

- Funding resources allocated for hospital cultural diversity/competency initiatives are sustainable: 2013 - 45%, 2011 - 50%
- Hospital governing board has set goals for creating diversity within its membership that reflects the diversity of the hospital’s patient population: 2013 - 37%, 2011 - 33%
- Hospital incorporates diversity management into the organization’s budgetary planning and implementation process: 2013 - 30%, 2011 - 37%
- Hospital has a plan to specifically increase the number of ethnically, culturally, and racially diverse executives serving on the senior leadership team: 2013 - 27%, 2011 - 23%
- Hospital governing board members are required to demonstrate that they have completed diversity training: 2013 - 18%, 2011 - 15%
- Hospital ties a portion of executive compensation to diversity goals: 2013 - 13%, 2011 - 10%
### Percentage of Hospitals Participating in Diversity Improvement Plans – 2013

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital has a nondiscrimination policy that includes the ethnic, racial,</td>
<td>93%</td>
</tr>
<tr>
<td>lesbian, gay, bisexual, transgender, and transsexual communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(n=413)</td>
</tr>
<tr>
<td>Hospital educates all clinical staff during orientation about how to address</td>
<td>86%</td>
</tr>
<tr>
<td>the unique cultural and linguistic factors affecting the care of diverse</td>
<td></td>
</tr>
<tr>
<td>patients and communities.</td>
<td>(n=516)</td>
</tr>
<tr>
<td>Hospital collaborates with other health care organizations on improving</td>
<td>78%</td>
</tr>
<tr>
<td>professional and allied health care workforce training and educational</td>
<td></td>
</tr>
<tr>
<td>programs in the communities served.</td>
<td>(n=665)</td>
</tr>
<tr>
<td>Hospital requires all employees to attend diversity training</td>
<td>65%</td>
</tr>
<tr>
<td>(n=215)</td>
<td></td>
</tr>
<tr>
<td>Hospital has implemented a program that identifies diverse, talented</td>
<td>58%</td>
</tr>
<tr>
<td>employees within the organization for promotion (n=789)</td>
<td></td>
</tr>
<tr>
<td>Hospital has a documented plan to recruit and retain a diverse workforce</td>
<td>48%</td>
</tr>
<tr>
<td>that reflects the organization’s patient population (n=889)</td>
<td></td>
</tr>
<tr>
<td>Hospital hiring managers have a diversity goal in their performance</td>
<td>22%</td>
</tr>
<tr>
<td>expectations (n=975)</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix L: Diversity Management

### Percentage of Hospitals Participating in Diversity Improvement Plans

<table>
<thead>
<tr>
<th>Requirement</th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital has a nondiscrimination policy that includes the ethnic, racial,</td>
<td>93%</td>
<td>89%</td>
</tr>
<tr>
<td>lesbian, gay, bisexual, transgender, and transsexual communities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital educates all clinical staff during orientation about how to</td>
<td>86%</td>
<td>81%</td>
</tr>
<tr>
<td>address the unique cultural and linguistic factors affecting the care of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diverse patients and communities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital collaborates with other health care organizations on improving</td>
<td>78%</td>
<td>75%</td>
</tr>
<tr>
<td>professional and allied health care workforce training and educational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>programs in the communities served.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital requires all employees to attend diversity training.</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Hospital has implemented a program that identifies diverse, talented</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>employees within the organization for promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital has a documented plan to recruit and retain a diverse workforce</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>that reflects the organization’s patient population.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital hiring managers have a diversity goal in their performance</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>expectations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hospitals' Leadership Goals
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
Equity of Care Platform

www.equityofcare.org

Offers free resources for the health care field:

- Best practices
- Monthly newsletter
- Case studies
- Guides
- Webinars and educational opportunities
- Current research