Diversity & Disparities: A Benchmark Study of U.S. Hospitals

http://www.hpoe.org/diversity-disparities
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In 2011, 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. Additional funding was made possible from the ARAMARK Charitable Fund at the Vanguard Charitable Endowment Program, Health Forum and HRET.

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.
Executive Summary (cont.)

• The survey results highlight that, while more work needs to be done, advancements are 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.

• 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.
Survey Methods

- Data for this project were collected through a national survey of hospitals mailed to the CEOs of 5,756 institutions, which represented all U.S. registered hospitals at the time of the survey.

- The response rate was 16% (924 hospitals), with the sample generally representative of all hospitals.

- All data are self-reported.
Overall, hospitals appear to be actively collecting patient demographic data, including:

- race (94%);
- ethnicity (87%); and
- primary language (90%).

Use of REAL is just beginning.

- Data used to benchmark gaps in care for:
  - race (26%);
  - ethnicity (25%); and
  - primary language (28%).
Collection and Use of Patient Demographic Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Data Collected (%)</th>
<th>Data Used to Benchmark (%)</th>
<th>Data Used to Analyze (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>94%</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>Primary Language</td>
<td>90%</td>
<td>28%</td>
<td>16%</td>
</tr>
<tr>
<td>Religion</td>
<td>88%</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>87%</td>
<td>31%</td>
<td>14%</td>
</tr>
<tr>
<td>Disability Status</td>
<td></td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>70%</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>51%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>44%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

- **Data collected at first patient encounter**
- **Data used to benchmark gaps in care**
- **Data used to analyze demographics of patient satisfaction surveys**
Collection and Use of REAL Data (cont. 2)

Hospitals' Analysis of Data by Race/Ethnicity to Identify Patterns

- Clinical quality indicators: 20%
- CMS core measures: 15%
- Hospital readmissions: 14%
- Medical errors: 8%
Cultural Competency Training

• 81% 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.

• 61% of hospitals require all employees to attend diversity training.
Cultural Competency Training (cont. 1)

Cultural Content Areas Included in Hospital Orientation

- Available language services: 90%
- Family/community interactions: 75%
- Languages spoken by patients: 70%
- Religious beliefs affecting health care: 68%
- Diverse health beliefs held by patient populations: 64%
- Other: 58%
Leadership and Governance

• Although minorities represent a reported 29% of patients nationally, they comprise only:

  ▪ 14% of hospital board members;
  
  ▪ an average of 14% of executive leadership positions; and
  
  ▪ 15% of first- and mid-level management positions.
Minority Representation in Hospital Leadership and Governance

- **White**: 86% Patients, 86% Hospital board membership
- **Black/African American**: 12% Patients, 6% Hospital board membership, 7% C-suite positions
- **Hispanic or Latino**: 9% Patients, 3% Hospital board membership, 3% C-suite positions
- **Asian**: 2% Patients, 2% Hospital board membership, 2% C-suite positions
- **Two or more races**: 2% Patients, 2% Hospital board membership, 1% C-suite positions
- **American Indian/Alaska Native**: 1% Patients, 1% Hospital board membership, 1% C-suite positions
- **Native Hawaiian/Other Pacific Islander**: 1% Patients, 0% Hospital board membership, 0% C-suite positions
Leadership and Governance (cont. 2)

Ratio of Board Representation to Patient Population
(A group is underrepresented if the value is less than one.)

<table>
<thead>
<tr>
<th>Group</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1.20</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.05</td>
</tr>
<tr>
<td>Asian</td>
<td>0.96</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.55</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>0.46</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0.44</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>0.31</td>
</tr>
</tbody>
</table>
Leadership and Governance (cont. 3)

Minority Representation in Executive Leadership Positions

- Chief Diversity Officer: 60%
- Chief Medical Officer: 16%
- Chief HR Officer: 14%
- Chief Operating Officer: 14%
- Chief Nursing Officer: 10%
- Chief Executive Officer: 9%
- Chief Financial Officer: 7%
Summary Findings

- Collection of all REAL data – 77%
- Use of all REAL data to benchmark gaps in care – 18%
- Cultural competency training – 45% train in all five cultural competency areas (languages spoken by patients, available language services, diverse health beliefs held by patient populations, religious beliefs affecting health care, and family/community interactions)
- Diversity in governance – 14% minority
- Diversity in management – 15% minority
Appendix A: Data Utilization

Hospitals’ Utilization of Data to Address Health Care Disparities

- Hospital has analyzed the supply and demand for language services. (60%)
- Hospital has a mechanism for measuring the quality of cultural and linguistic services. (32%)
- Hospital has analyzed the percentage of clinical staff trained in culturally and linguistically appropriate care. (30%)
- Hospital has analyzed variations in clinical management of preventable and chronic diseases. (26%)
Appendix B: Strategic Goals

Inclusion of Goals within Hospitals' Strategic Plans

- Improving quality of care for culturally and linguistically diverse patient populations: 54%
- Collection of race, ethnicity, and language preference data for community/patient population assessments: 51%
- Collection of race, ethnicity, and language preference data for the hospital's workforce assessments: 44%
- Hospital recruitment and retention of minority and underrepresented groups in the workforce: 38%
- Guidelines for incorporating cultural and linguistic competence into operations: 32%
- Use of reports for measuring progress on diversity-related goals: 30%
Appendix C: Strategic Goals

Percentage of Hospitals Using Patient Characteristics Data to Establish a Disparities Reduction Goal

- Race: 33%
- Ethnicity: 33%
- Primary Language: 32%
- Disability Status: 28%
- Religion: 26%
- Sexual Orientation: 24%
- Veteran Status: 23%
Appendix D: Reducing Disparities

Hospitals' Efforts to Reduce Racial/Ethnic Health Care Disparities

- Standardized mechanism to translate hospital-related documents into languages that are most prevalent among visitors and patients. (80%)
- Conducts patient interviews or surveys to obtain patient satisfaction data for improving services for diverse populations. (62%)
- Standardized system to collect feedback from patients with language needs. (61%)
- Standardized system to collect feedback from patients for improving services for diverse patient populations. (59%)
- Performance improvement projects aimed at improving the quality of care provided to diverse patient populations. (54%)
- Standardized system to collect feedback from staff for improving services for diverse patient populations. (47%)
Appendix E: Reducing Disparities

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

- Other: 29%
- Diabetes: 27%
- Congestive heart failure: 22%
- Cancer: 22%
- Hypertension: 21%
- Stroke: 20%
- Acute myocardial infarction: 20%
- Pneumonia: 19%
- Chronic obstructive pulmonary disease: 18%
Appendix F: Reducing Disparities

Hospitals’ Collaboration with External Organizations to Reduce Disparities

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

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

- **Yes**: 20%
- **No**: 72%
- **Not Sure**: 8%
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%
- No: 30%
- Not Sure: 9%
Appendix I: Cultural Competency

Types of Interpreters Used by Hospitals

- Agency or third-party interpreters: 93%
- Informal interpreters: 75%
- Formal interpreters: 41%
Appendix J: Cultural Competency

Hospitals’ Verification of Interpreter Quality

- All interpreters are formally trained in clinical translation: 52%
- All interpreters are tested to ensure competency: 48%
Appendix K: Leadership

Hospitals’ Leadership Goals

- Funding resources allocated for hospital's cultural diversity/competency initiatives are sustainable. 45%
- Hospital governing board has set goals for creating diversity within its membership that reflects the diversity of the hospital's patient population. 33%
- Hospital incorporates diversity management into the organization’s budgetary planning and implementation process. 30%
- Hospital has a plan to specifically increase the number of ethnically, culturally, and racially diverse executives serving on the senior leadership team. 23%
- Hospital governing board members are required to demonstrate that they have completed diversity training. 15%
- Hospital ties a portion of executive compensation to diversity goals. 10%
Hospital has a nondiscrimination policy that includes the ethnic, racial, lesbian, gay, bisexual, transgender, and transsexual communities.

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

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

Hospital requires all employees to attend diversity training.

Hospital has a documented plan to recruit and retain a diverse workforce that reflects the organization’s patient population.

Hospital has implemented a program that identifies diverse, talented employees within the organization for promotion.

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

Percentage of Hospitals Participating in Diversity Improvement Plans

- 89%
- 81%
- 75%
- 61%
- 48%
- 42%
- 16%

Hospital hiring managers have a diversity goal in their performance expectations.
The AHA is a proud partner of the National Call to Action to Eliminate Health Care Disparities. Under the Equity of Care platform’s goals to increase:

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

AHA’s Hospitals in Pursuit of Excellence will produce reports and guides in support.
Suggested Citation

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