Diversity and Disparities
A Benchmarking Study of U.S. Hospitals in 2015
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About the Survey

■ In 2015, the Institute for Diversity in Health Management, an affiliate of the American Hospital Association (AHA), commissioned the AHA’s Health Research & Educational Trust (HRET) to conduct a national survey of hospitals and health systems to quantify the actions that they are taking to reduce health care disparities and promote diversity in leadership and governance.

■ Data for this project were collected through a national survey mailed to the CEOs of 6,338 U.S. registered hospitals at the time of the survey.

■ The response rate was 17.1%, with the sample generally representative of all hospitals.

■ Hospitals completed the survey in 2015.

■ Minorities represent a reported 32% of patients in hospitals that responded to the survey, and 37% of the U.S. population, according to other national surveys.

■ All data are self-reported.
Executive Summary

■ Hospitals and health systems have a great opportunity to improve the health of the individuals and communities they serve by eliminating health care disparities through:
  • Increasing the collection and use of race, ethnicity and language preference (REAL) data;
  • Increasing cultural competency training; and
  • Increasing diversity in leadership and governance.

■ The survey results show that, overall, much more work needs to be done to eliminate health care disparities, but hospitals are making progress on important areas that will lead to more equitable care.
Executive Summary

- The survey provides a snapshot of some common strategies used to improve the quality of care that hospitals provide to all patients.

- The survey 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 AHA last year launched its #123forEquity Pledge to Act Campaign to Eliminate Health Care Disparities. Through the campaign, AHA is providing resources and sharing best practices to help hospital and health systems on their efforts. For more on the campaign, see page 31.
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.

- Hospitals are actively collecting patient demographic data — 98% on race, 95% on ethnicity and 94% on primary language.

- There were significant increases in the use of race, ethnicity, primary language and gender data to identify gaps in care (average increase of 10 percentage points since 2013).

- Hospitals have made substantial progress in using data on readmissions, clinical quality indicators and other areas to identify disparities in treatment and outcome, but more work remains.
Major Findings: Cultural Competence

Cultural competency training for employees helps prepare them to address the unique cultural and linguistic factors affecting the patients they care for, ensuring individualized care based upon patient needs.

- About 80% of hospitals educate all clinical staff on cultural competence training topics during orientation.
- 79% offer continuing education opportunities on cultural competency.
- About 40% of hospitals have guidelines for incorporating cultural and linguistic competencies into operations (this represents a more than 8 percentage point increase since 2013).
- About 55% of hospitals include cultural competency metrics in their strategic plans.
Major Findings: Leadership and Governance

A leadership and governance team that reflects the community it serves helps ensure that the community’s voice and perspective is heard. It also encourages decision-making that is conducive to best care practices.

- Hospitals have made little progress in increasing the diversity of their leadership teams and governing boards:
  - The percentage of minorities on boards in 2015 was 14% – the same as 2013
  - Minorities in executive leadership positions was 11% in 2015, a 1 percentage point decrease from 2013.

- Hospitals continue to make some progress in increasing diversity in their first- and mid-level management positions – 19% in 2015 – up 4 percentage points since 2011.
Collection and Use of REAL Data

- **Overall, hospitals are actively collecting patient demographic data, including data on:**
  - Race (98%)
  - Ethnicity (95%)
  - Gender (99%)
  - Primary language (94%)
  - Religion (77%)
  - Disability status (72%)
  - Sexual orientation (16%)
  - Veteran status (57%)
  - Gender identity (40%)
  - Socioeconomic status (28%)

- **Use of REAL data to benchmark gaps in care is increasing, but more needs to be done:**
  - Race (45%)
  - Ethnicity (40%)
  - Gender (45%)
  - Primary language (38%)
  - Religion (13%)
  - Disability status (14%)
  - Sexual orientation (5%)
  - Veteran status (10%)
  - Gender identity (7%)
  - Socioeconomic status (17%)
Overall, modest progress was made in the collection of patient demographic data at first patient encounter.

<table>
<thead>
<tr>
<th>Category</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>94%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>87%</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
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<td>94%</td>
</tr>
<tr>
<td>Gender</td>
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</tr>
<tr>
<td>Religion</td>
<td>88%</td>
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<tr>
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<td>Sexual orientation</td>
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<td>16%</td>
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<td>40%</td>
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<tr>
<td>Veteran status</td>
<td>51%</td>
<td>51%</td>
<td>57%</td>
</tr>
<tr>
<td>Socioeconomic status</td>
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<td>Not collected in survey</td>
<td>28%</td>
</tr>
</tbody>
</table>
## Data Used to Benchmark Gaps in Care

Progress was made in using some REAL data to identify gaps in care.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>26%</td>
<td>30%</td>
<td>45%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>25%</td>
<td>29%</td>
<td>40%</td>
</tr>
<tr>
<td>Primary language</td>
<td>28%</td>
<td>28%</td>
<td>38%</td>
</tr>
<tr>
<td>Gender</td>
<td>Not collected in survey</td>
<td>32%</td>
<td>45%</td>
</tr>
<tr>
<td>Religion</td>
<td>15%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Disability status</td>
<td>17%</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>6%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Gender identity</td>
<td>Not collected in survey</td>
<td>Not collected in survey</td>
<td>7%</td>
</tr>
<tr>
<td>Veteran status</td>
<td>10%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Socioeconomic status</td>
<td>Not collected in survey</td>
<td>Not collected in survey</td>
<td>17%</td>
</tr>
</tbody>
</table>
2015 patient data was more commonly collected than used, and used more to assess satisfaction than outcomes.
Hospitals have made substantial progress using data to identify disparities in treatment and/or outcomes between racial or ethnic groups, but more work remains.
Cultural Competence Commitment

- **79% 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.

- **79% of hospitals cover cultural competency** issues for their employees through continuing education efforts throughout the year.

- **40% of hospitals have guidelines** for incorporating cultural/linguistic competence into operations in their strategic plans (this is the first year this question was asked).
Cultural Competency Training

Some expansions in cultural content areas were addressed during hospital orientation

Although minorities represent 32% of patients in hospitals that responded to the survey and 37% of the U.S. population according to other national surveys, they comprise only:

- 14% of hospital board members;
- 11% of executive leadership positions; and
- 19% of first- and mid-level managers.
Leadership and Governance

Minority representation in responding hospitals

Leadership and Governance

Minority representation in responding hospitals (Executive leadership percentage includes chief diversity officers).

<table>
<thead>
<tr>
<th>Position</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>29%</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Board Members</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Executive Leadership</td>
<td>14%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>First- /Mid-Level Officials</td>
<td>15%</td>
<td>17%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Minorities represented on hospital boards and executive leadership positions

- **Patients**
  - White: 68%
  - Black/African American: 15%
  - Hispanic or Latino: 13%
  - Two or More Races: 2%
  - Asian: 3%
  - American Indian/Alaska Native: 2%

- **Board**
  - White: 85%
  - Black/African American: 9%
  - Hispanic or Latino: 4%
  - Two or More Races: 2%
  - Asian: 4%
  - American Indian/Alaska Native: 1%

- **C-Suite**
  - White: 85%
  - Black/African American: 8%
  - Hispanic or Latino: 3%
  - Two or More Races: 1%
  - Asian: 2%
  - American Indian/Alaska Native: 0%
Leadership and Governance

Ratio of board representation to patient population (a group is underrepresented if the value is less than one.)

- Black/African American: 0.43 (2011), 0.53 (2013), 0.59 (2015)
- Hispanic or Latino: 0.32 (2011), 0.31 (2013), 0.29 (2015)
- Two or More Races: 1.04 (2011), 1.26 (2013), 0.71 (2015)
- Asian: 0.68 (2011), 0.71 (2013), 0.54 (2015)
- American Indian/Alaska Native: 0.24 (2011), 0.28 (2013), 0.37 (2015)
Leadership and Governance

Minority representation in executive leadership positions

- Chief Executive Officer: 9% (2011), 9% (2013), 9% (2015)
- Chief Operating Officer: 14% (2011), 13% (2013), 10% (2015)
- Chief Financial Officer: 7%, 6%, 6%
- Chief Medical Officer: 16%, 17%, 14%
- Chief Nursing Officer: 10%, 11%, 9%
- Chief Diversity Officer: 60%, 58%, 77%
- Chief HR Officer: 14%, 16%, 16%
Hospitals’ leadership goals

Governance board has goals for diversity within its membership that reflects diversity of hospital’s patient population.

Documented plan to increase number of ethnically, culturally and racially diverse executives on the senior leadership team.

Executive compensation tied to diversity goals.
Supplier Diversity Activities

Promoting supplier diversity is a key strategy for investing in the health and equity of a hospital’s community. This year was the first survey to assess hospital supplier diversity activities.

Key findings:

• 33% of hospitals reported that they track supplier diversity on an annual basis.

• 28% of hospitals report that they publish supplier diversity activities such as goals, outreach or spending numbers or percentages.
Appendix A: Data Utilization

Hospitals’ use of data to address health care disparities

- Information about the percent of clinical staff trained in culturally and linguistically appropriate care.
- Information about variations in clinical management of preventable and chronic diseases.
- Information about the supply and demand for language services.

![Bar charts showing data utilization from 2011 to 2015 for hospitals addressing health care disparities.](chart)
Appendix B: Strategic Goals

Inclusion of goals within hospitals’ strategic plans

Guidelines for incorporating cultural and linguistic competences into operations.

Improving quality of care for ethnically, culturally, and linguistically diverse patient populations.

2011  
2013  
2015

32%  
32%  
40%  
40%  
57%  
50%  
55%
Appendix C: Strategic Goals

Goal to reduce disparities according to patient characteristics

- Race
- Ethnicity
- Gender
- Disability status
- Veteran status
- Primary language
- Religion
- Sexual orientation
- Gender identity
- Socioeconomic status

<table>
<thead>
<tr>
<th>Year</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Disability Status</th>
<th>Veteran Status</th>
<th>Primary Language</th>
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<th>Sexual Orientation</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>33%</td>
<td>35%</td>
<td>45%</td>
<td>33%</td>
<td>35%</td>
<td>44%</td>
<td>40%</td>
<td>28%</td>
<td>23%</td>
<td>50%</td>
</tr>
<tr>
<td>2013</td>
<td>34%</td>
<td>37%</td>
<td>41%</td>
<td>35%</td>
<td>34%</td>
<td>42%</td>
<td>30%</td>
<td>26%</td>
<td>24%</td>
<td>52%</td>
</tr>
<tr>
<td>2015</td>
<td>35%</td>
<td>38%</td>
<td>43%</td>
<td>32%</td>
<td>31%</td>
<td>43%</td>
<td>31%</td>
<td>29%</td>
<td>35%</td>
<td>54%</td>
</tr>
</tbody>
</table>
Appendix D: Reducing Disparities

Hospitals’ efforts to reduce racial/ethnic health care disparities

- Standardized mechanism to translate hospital-related documents into languages most prevalent among patients and visitors.
  - 2011: 80%
  - 2013: 87%
  - 2015: 81%

- Projects for improving the quality of care for diverse patient populations.
  - 2011: 54%
  - 2013: 50%
  - 2015: 58%
Appendix E: Cultural Competency

Assessment of racial and ethnic demographics of primary service area in past three years

- **Yes**
  - 2011: 61%
  - 2013: 63%
  - 2015: 75%

- **No**
  - 2011: 30%
  - 2013: 21%
  - 2015: 16%

- **Not sure**
  - 2011: 9%
  - 2013: 15%
  - 2015: 10%
Appendix F: Cultural Competency

Types of interpreters used by hospitals

- **Agency or third-party interpreters**: 93% (2011), 86% (2013), 97% (2015)
- **Dedicated interpreters on staff whose primary job function is interpreting**: 41% (2011), 38% (2013), 41% (2015)
- **Informal interpreters, such as multilingual staff, for whom interpretation is not a primary job function**: 75% (2011), 65% (2013), 74% (2015)
Appendix G: Diversity Management

Percentage of hospitals participating in diversity improvement plans

Implemented program that identifies internal diverse and talented individuals for promotion.

Hiring managers have a diversity goal in their performance expectations.

Policy that prohibits discrimination against any person because of race, national origin, color, religion, disability, sex, sexual orientation or gender identity.

Staff at all levels and across all disciplines receive training on how to address the unique cultural and linguistic factors affecting care of diverse patients and communities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Program Identification</th>
<th>Hiring Goals</th>
<th>Discrimination Policy</th>
<th>Cultural Training</th>
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<tbody>
<tr>
<td>2011</td>
<td>16%</td>
<td>22%</td>
<td>42%</td>
<td>86%</td>
</tr>
<tr>
<td>2013</td>
<td>22%</td>
<td>22%</td>
<td>46%</td>
<td>81%</td>
</tr>
<tr>
<td>2015</td>
<td>46%</td>
<td>46%</td>
<td>58%</td>
<td>82%</td>
</tr>
</tbody>
</table>
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, language preference and other characteristic data
- Increase cultural competency training
- Increase diversity in leadership and governance

Call to Action Partners

www.equityofcare.org
Launched in 2015 to accelerate progress to ensure equitable care for all persons in every community

More than 1,100 organizations pledged to begin taking specific actions in the next year to eliminate disparities in care

New organizations continue to pledge each day
Resources to Support #123forEquity Pledge

- Toolkits with best practices and strategies for achieving success
- Webinars featuring hospitals and health systems that are leaders on these efforts
- Other resources available on www.equityofcare.org

#123forEquity:
A Toolkit for Achieving Success and Sharing Your Story
Efforts to Spotlight #123forEquity Campaign

- Advertorial in the Wall Street Journal May 2
- More than 30 local and national organizations have endorsed the campaign
- Partnerships with state and metropolitan hospital associations
- Honoring organizations that have pledged during the AHA and IFD meetings

Working to End Health Care Disparities

America’s hospitals and health systems are working to ensure that every person who walks through our doors receives the highest quality care.

Achieving this goal means understanding why disparities in care and health persist for some patient populations, and developing solutions to eliminate these disparities.

This is essential work. Each community is unique and individuals represent a diversity of cultural characteristics. They are exposed to different socioeconomic conditions, environments and workplace hazards.

Many communities lack access to affordable, nutritious foods and safe places to exercise. Many individuals face health literacy and language access challenges that hinder communication with their health care providers, leading to poor compliance and fragmented care.

Hospitals are leading the way to ensure equitable care is delivered to every person in every community. These priorities include:

- Increasing the collection and use of race, ethnicity, language preference and other characteristic data and applying them to care improvement efforts;
- Increasing cultural competency training for employees so they are prepared to address unique cultural and linguistic factors; and
- Increasing diversity in hospital leadership and governance to reflect the communities systems have signed the pledge, and each day, more are joining this effort.

In addition, more than 30 local and national organizations, including the National Urban League, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America’s Essential Hospitals have endorsed the pledge.

Hospitals have committed to begin taking specific actions during the next year that we believe will lead to more equitable, safer and higher quality care for all individuals.

Together, we can make a real difference in the health of our communities.