This is a special year for the Institute. If you attended our National Leadership and Education Conference in June, you know that 2014 marks our 20th anniversary. But the impetus for the Institute’s creation actually goes back a few more years.

A 1992 study found that minorities represented more than 20 percent of hospital employees but held less than 1 percent of top management positions. It also showed that African-American health care executives made less money, held lower positions and had less job satisfaction than their white counterparts. That study was a call to action for three progressive health care organizations – the American Hospital Association, American College of Health Care Executives and the National Association of Health Services Executives – to unite and form the Institute.

Since then, we have made some progress on our diversity efforts, as evidenced by the findings from our most recent “Diversity and Disparities: A Benchmark Study of U.S. Hospitals in 2013,” which we released earlier this year. These improvements would not have happened without the commitment and dedication from you, the leaders of our member hospitals. But we know that we have much more work to do in order to make sure all of our patients are receiving equitable care. That’s why the Institute this year expanded the services and programs that we offer to our members.

Inside this issue of Bridges, you’ll find a brief member value report updating you on some of the efforts the Institute has undertaken this year. You’ll see reports on some of our longstanding programs, such as the Summer Enrichment Program, and some of our newer efforts, such as the Certificate in Diversity Management in Health Care (CDM) program. We also have a number of resources – including educational guides that contain strategies for increasing leadership diversity and collecting and using race, ethnicity and language data to improve healthy quality – that we’ll be releasing before the end of the year.

And we’re already looking ahead to 2015. We’ll host regional symposiums in which hospital and health systems leaders will share best practices and strategies for promoting equitable care; add new topics and bring in expert speakers for our popular Diversity Dialogue webinars; and expand our digital footprint in order to better serve our members’ needs.

All of our programming and resources are developed to help our members’ efforts to increase health equity. If you’d like to see us develop new resources or programming in certain areas, please let us know.

On behalf of the Institute, thank you for your strong support of the Institute in 2014, and for your support of our organization throughout the past 20 years.

If you are not an Institute member, please visit www.diversityconnection.org for more information about how you can join.
Health care program aims to increase diversity

BY PAUL BARR H&HN SENIOR WRITER

An Institute for Diversity in Health Management certificate program aims to help speed progress in the area of diversity and health disparities.

Word is spreading that boosting employee diversity and reducing patient disparities can help with the field’s goal of targeting the health of a patient population.

But progress has not been quick, as demonstrated in a recent survey conducted for the Institute for Diversity in Health Management (IFD), which showed a lack of advancement in hiring minorities and managing disparities. The survey results were disappointing to some, with Richard de Filippi, chair of the board for the American Hospital Association-affiliated IFD calling for a re-evaluation of the field’s approach.

But one of the hurdles hospitals face in their quest to boost diversity and reduce disparities is the lack of broad understanding as to what should be done in that regard. Even those that have taken the step of naming a chief diversity officer or someone like that may be slow out of the gate, in part because of the relatively small number of experienced health care diversity officers.

That’s where an educational and experiential certificate program offered by the IFD can help. The 12-month curriculum, called the Certificate in Diversity Management in Health Care program, is led and taught by experienced diversity officers who assist students with creating a custom strategic plan they can take back to their place of employment. The certificate program’s registration is open until Oct. 10, though space is limited.

“I think this fellowship will be most valuable to those individuals who are charged with establishing a vision and executing a strategic plan,” says Juana Slade, a faculty member who is director and chief diversity officer for AnMed Health in Anderson, S.C.

Having a strategic plan and incorporating those goals into the broader hospital strategic plan would help with the effort regarding disparities and diversity. The survey indicates that just 22 percent of hospitals include in its broader goals the use of reports to measure progress in addressing disparities, and just 25 percent include the use of reports to measure progress on diversity in management.

Even health systems with experience and a strong commitment to the cause, such as CHRISTUS Health, are struggling to get their employees fully behind the effort. If those without that visible commitment from top managers can struggle, it will be even more difficult for those that don’t emphasize the goals with their employees.

“There needs to be an overt effort by leaders and the board to really get a sense of what is happening in the area of diversity and inclusion,” says faculty member Wayne Boatwright, systems vice president of cultural diversity at Meridian Health in Neptune, N.J.

“And I think the diversity leader has to be challenged with a strategic plan that talks about how they can impact those areas,” says Boatwright. For example, there are things that can be done to reduce disparities that also might help with other areas of focus by top management, such as reducing readmissions, he says.

“We can provide solutions in a space that maybe they were not that aware of before.”

This article first appeared in H&HN Daily.
Massachusetts General Hospital provides models for delivering equitable care

BY PETE DAVIS

In 2002, the Institute of Medicine report, “Unequal Treatment,” found that disparities in health care exist for racial and ethnic minorities. That report led Massachusetts General Hospital (MGH) in Boston to establish a system-wide Committee on Racial and Ethnic Disparities to focus its attention on the issue.

Throughout the past decade, the hospital has implemented quality improvement programs that have significantly reduced disparities in care: established a Disparities Solutions Center that serves as a national resource for hospitals and other health care stakeholders; undertaken a number of efforts to increase diversity in its leadership and governance; and developed hospital-wide cultural competence standards.

For its efforts, MGH received the inaugural AHA Equity of Care Award last month at the 2014 AHA-Health Forum Leadership Summit in San Diego.

“We have made some progress in identifying and addressing health care disparities at MGH,” said Peter Slavin, M.D., president of MGH. “However, we feel like we have just scratched the surface of this important quality topic. This award will inspire us to intensify our efforts further.”

The AHA Equity of Care Award was created to recognize outstanding efforts among hospitals and care systems to advance equity of care to all patients and to spread lessons learned and progress toward achieving health equity. In 2011, the AHA joined four national health care organizations to issue a call to action to eliminate health care disparities by focusing on increasing the collection of race, ethnicity and language preference data; increasing cultural competency training; and increasing diversity in governance and leadership.

Taking action. In 2005, MGH created the Disparities Solutions Center (DSC) – an action-oriented center that develops and implements strategies to advance policy and practice to eliminate racial and ethnic disparities in health care.

The center has created programs to address racial and ethnic disparities related to diabetes management, colorectal cancer screening, and patient safety and discharge.

“We were able to measure our progress, and through the implementation of these programs, we were able to decrease — and in some cases eliminate — disparities in care,” said DSC Director Joseph Betancourt, M.D.

In addition to creating programs and strategies for MGH, the DSC develops and disseminates models for identifying and addressing disparities nationally, regionally and locally. In 2007, it created a Disparities Leadership Program — a year-long, hands-on education program that provides health care leaders with an understanding of the causes of disparities and the ability to implement solutions that will help them transform their own organization to deliver equitable care. More than 250 health care leaders from more than 125 organizations have received training from this program.

One of those health care leaders is Bev Beckman, project manager for the Health Connections Initiative Grant, a program of KentuckyOne Health in Louisville. Beckman participated in the Disparities Leadership Program in 2011-2012 while she was working on a care transitions project piloting the use of community health workers in homes.

In addition to helping Beckman develop strategies related to her project, the Disparities Leadership Program provided her with another valuable resource.

The AHA Equity of Care Award was presented July 21 to Massachusetts General Hospital in Boston. Henry Ford Health System in Detroit, Lutheran HealthCare in Brooklyn, N.Y., and University Hospitals in Cleveland were recognized as finalists. From left are Eugene Woods, executive vice president and chief operating officer of CHRISTUS Health and chair of the AHA Equity of Care Committee; Thomas Zenty, CEO of University Hospitals; Nancy Schlichting, CEO of Henry Ford Health System; Joseph Betancourt, M.D., director of the Disparities Solutions Center at Massachusetts General Hospital; Wendy Goldstein, president and CEO of Lutheran HealthCare; and Rich Umbdenstock, president and CEO of AHA. For more information on the honorees, including videos, visit http://tinyurl.com/p44vpa7.

“In was able to develop so many relationships with colleagues who are all working on health equity efforts,” said Beckman, who would “absolutely recommend” the program to other health care leaders.

Leadership commitment. MGH has worked to embed diversity and health equity into its strategic plan and has spearheaded many efforts to increase diversity in its leadership, governance and staff.

For example, MGH has added specific diversity criteria to the selection process of its trustees, and top leaders have diversity metrics as part of their performance plans. In addition, the hospital funds and supports initiatives to increase staff diversity, including fellowships, scholarships, education programs and several employee resource groups.

“I think it boils down to something very simple,” said Betancourt. “Our leadership is committed to delivering on its promise of quality of care for all patients.”

Moving forward. Although MGH has been successful in reducing disparities in care, Betancourt and Slavin recognize that more work needs to be done.

“We’re trying to broaden our radar screen to look everywhere and make sure we don’t have disparities anywhere,” said Betancourt.

Specifically, MGH is expanding the type of quality measures it examines by race and ethnicity, increasing team-based training on cross culture care and communication, and attempting to bridge some of the language gaps around patient safety and discharge.

“We are always looking for new strategies to deploy when we find a disparity,” said Betancourt.
The Value of Membership in the Institute for Diversity in Health Management

In 2014, the Institute for Diversity in Health Management (Institute) marked 20 years of expanding health care leadership opportunities for ethnically, culturally and racially diverse individuals and reducing disparities in care for patients. Throughout the year, we celebrated many of the Institute’s accomplishments and honored the leaders, volunteers, partners and member organizations that have contributed to our success. At the same time, we know that we have more work to do on our journey to health equity.

In our “2014 Member Value Report,” you’ll find just a few examples of educational programs, summer internships, professional development and leadership events, and many other services and resources the Institute has provided to members this year. You’ll also see a recap of our 2014 National Leadership and Education Conference, and some of the results from “Diversity and Disparities: A Benchmark Study of U.S. Hospitals in 2013,” which we released earlier this year. In addition, we were delighted to offer our more than 900 members – a four-fold increase in the past decade – priority access to programs and special pricing.

In 2015, the Institute will continue to enhance and improve the programs and services we provide to members. Building on the momentum generated at our 2014 National Leadership and Education Conference, the Institute will host regional symposiums in which hospital and health system leaders will share best practices and strategies for increasing diversity in health care leadership and eliminating disparities in care for patients. In addition, we’ll continue with our popular Diversity Dialogue webinars and expand our digital footprint in order to better serve our members’ needs.

Thank you for your strong support of the Institute in 2014, and for your support of our organization throughout the last 20 years. We look forward to your continued involvement in 2015.

If you are not an Institute member, please visit www.diversityconnection.org for more information about how you can join.

Fred Hobby
President and CEO

Institute Survey Shows Hospitals Making Progress on Health Equity Efforts

In June, the Institute released its biennial benchmarking survey, which showed that hospitals are making progress in key areas that can promote equitable care, but more work needs to be done. The Institute commissioned the AHA’s Health Research & Education Trust (HRET) to conduct the survey, and more than 1,100 hospitals participated. The survey found that 86% of hospitals surveyed in 2013 educated all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities, up from 81% in 2011. In addition, 65% of hospitals require all employees to attend diversity training, up from 61%. Nearly all hospitals are collecting patient demographic data on race, ethnicity and primary language, but only one in five are using the data to identify disparities in treatment or outcomes. Later this year, the Institute will recognize hospitals and health systems that were top performers in the survey.
2014 National Conference Focuses on Equity in Health Care

More than 300 hospital and health care leaders came to Chicago June 12-13 to participate in “Equity: Moving Beyond Diversity,” the Institute’s 2014 National Leadership and Education Conference. Health care leaders from across the country shared strategies to ensure that equitable care is provided to all patients. The conference also included breakout sessions on topics such as population health, unconscious bias and cultural competency, an inaugural members-only session on the state of the Institute and many networking opportunities. A few highlights of the conference follow.

Institute Board Chair Rick de Filippi spoke during the Institute’s inaugural members-only breakfast on June 13. Institute leaders discussed the organization’s strategic plan, new projects and programs, and the many benefits available to members of the Institute.

Michelle J. Gaskill, president of Advocate Trinity Hospital in Chicago, spoke during the Institute’s Summer Enrichment Program (SEP) breakfast about the value of having a mentor, particularly for early-careerists. Gaskill is an SEP alumni, and Advocate Trinity is an Institute member.

VeLois Bowers (center), vice president of diversity and inclusion at CHRISTUS Health, an Institute member, moderated a discussion with leaders from national health care associations on how they are working with their member organizations to promote equity, diversity and inclusion. Panelists from left to right were Roy L. Hawkins, Jr., president of the National Association of Health Services Executives; Deborah Bowen, president and CEO of the American College of Healthcare Executives, Ramanathan Raju M.D, board member of Asian Health Care Leaders Association; and Nicholas Tejeda, board member and past president of the National Forum for Latino Healthcare Executives.

As part of the Institute’s 20th anniversary, the organization hosted a special dinner honoring the 12 individuals who have served as the chair of the Institute’s board of directors. Also honored was Yoshi Honkawa, who was a founding member of the Institute. Honkawa was extremely instrumental in leading and guiding the Institute during its first few years, and he also helped recruit organizations to join the Institute and health care leaders to join the board.

At the conference, the Institute recognized the winners of its Corporate Partnership Award, President’s Award and Corporate Membership Award. CyraCom received the Institute’s Corporate Partnership Award, and Fred Hobby presented the award to Austin Wade, vice president of client satisfaction at CyraCom. Jack Lynch, president and CEO of Main Line Health in Bryn Mawr, Penn., received the President’s Award. Main Line Health is an Institute member. In addition, Ascension Health was recognized with the Institute’s Corporate Membership Award.
Leonard Greenhalgh, professor of management at the Tuck School of Business at Dartmouth College, examined census data trends and recommended steps to prepare for the demographic shift and its economic impact on health care.

J. Nadine Gracia, M.D., deputy assistant secretary for minority health for the Office of Minority Health in the U.S. Department of Health and Human Services, delivered the keynote address at the Institute’s 20th anniversary special recognition dinner. She spoke about the important work the Institute has done during the past decade to advance diversity in health care and how the organization will be an important partner to the federal government in its efforts to reduce disparities in care.

Sherri Neal, vice president of cultural development and inclusion at HCA, emceed the Institute’s special recognition dinner on June 12. HCA was a platinum sponsor of the Institute’s conference and is an Institute member.

Victor Crawford, chief operating officer of Aramark Healthcare and an Institute board member, introduces a plenary session featuring female hospital CEOs. Aramark Healthcare was a gold sponsor of the conference and is an Institute member.

Conference participants visited exhibitors throughout the two days in Chicago.
American Leadership Council on Diversity in Healthcare. The Institute created the American Leadership Council on Diversity in Healthcare (ALCDH) in 2006 to foster collaboration among professional diversity practitioners committed to developing and implementing change initiatives through research, education and advocacy to improve quality, safety and access to care among the nation’s health care providers. The ALCDH, which now consists of more than 40 diversity practitioners from Institute member hospitals across the U.S., functions as an advisory group that provides insight and perspective to the Institute and the field of health care diversity management to enhance national efforts aimed at fostering inclusion, changing mindsets and increasing cultural competence.

CDM Enhances Diversity Practitioners’ Skills. The Institute in March hosted a meeting in Chicago with the first cohort of fellows in its Certificate in Diversity Management in Health Care (CDM) program, which is designed to help diversity professionals and future practitioners enhance their leadership competencies needed to bring about change in their institutions and communities. The CDM program, facilitated in collaboration with Georgetown University’s School of Continuing Studies and the ALCDH, is a 12-month program that includes online classes and on-site learning forums taught by some of the nation’s leading hospital-based diversity practitioners. In August, the Institute opened registration for its second cohort of fellows, who will begin the program in late 2014. The CDM program will provide diversity practitioners with tools and resources to develop and execute a system-wide diversity strategy. Throughout the program, participants will learn how to implement diversity-related provisions of the Affordable Care Act, develop a Health Disparities Dashboard, enhance the use of language services programs and use the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Since the program’s inception, nearly 40 diversity practitioners have earned their CDM credentials, recognized by the American Hospital Association and HRET.

Individual Meetings Provide Strategic Roadmap. Throughout the year, Institute President and CEO Fred Hobby and Institute staff provided a wide variety of consulting services to Institute members, including Advocate Health Care, based in Downers Grove, Ill.; Aurora Health Care, based in Milwaukee, Wisc.; and Sparrow Health System in Lansing, Mich. These services included helping design and launch comprehensive plans for enhancing diversity and inclusion, facilitating collaborative opportunities among member organizations, increasing recruitment and retention of minority employees, improving employee engagement and assisting with cultural competency educational programs and language assistance services.
Advancing the Next Generation of Health Care Leaders

**Summer Enrichment Program.** The Institute’s Summer Enrichment Program (SEP) this year placed 45 minority graduate students at internships in hospitals, health systems and other health care organizations across the U.S. Experienced administrators serve as preceptors and mentor students, providing exposure to real-life health care administration issues as well as advice that is crucial for early career success. Students also complete a special project during their internship designed to benefit the hospital or health organization. A number of SEP students secure full-time employment with their host sites after their internship concludes. Since its inception, the SEP has placed more than 750 minority graduate students in internships at hospitals and other health care organizations. Many former SEP interns now fill executive leadership positions at some of the nation’s most well-known health organizations. Institute members enjoy discounted administrative fees for participating in the SEP.

Chong Ho, a 2013 SEP student who interned at UC Davis Health System in Sacramento, Calif., was hired full-time by the system after her SEP stint. Ho (middle) is pictured with Leslie Moore, director of safety and hospitality services (left), and Rhonda Becker, director of professional services (right).

**Scholarship Program.** The Institute annually awards three scholarships to diverse graduate students enrolled in health care administration programs. The scholarships – The Cathy L. Brock Memorial Scholarship, The Elliott C. Roberts Scholarship and The Transamerica Retirement Solutions Leaders in Health Care Scholarship – are given to students who excelled academically and demonstrated a commitment to community service. Since 2000, the Institute has awarded more than $160,000 in scholarships to more than 50 individuals.

**Career Center.** The Institute’s Career Center allows members to search for diverse talent and lets applicants search for jobs that are available at Institute member organizations. Specifically, Institute members can post an unlimited number of jobs; search for résumés by category, organization type, state, date modified or keywords; see how many individuals have viewed their job postings; and take advantage of many other enhancements. Institute staff also provided assistance to member organizations, including Parkland Health & Hospital System in Dallas and the Medical University of South Carolina, with executive searches. The Institute worked with search firms, including Witt/Kieffer, Korn/Ferry and Carrington & Carrington.
Health and many other topics. Three webinars were conducted jointly with Hospitals in Pursuit of Excellence (HPOE), the AHA’s speakers who presented on important issues in health care. Presentations included best practices and lessons learned from leading hospitals on organizational and employee values, cultural competency, LGBT health care, language access, population health and many other topics. Three webinars were conducted jointly with Hospitals in Pursuit of Excellence (HPOE), the AHA’s strategic platform to accelerate performance improvement in hospitals.

**Resources Provide Best Practices and Strategies**

**Diversity Dialogues.** The Institute in 2014 hosted 10 Diversity Dialogue webinars featuring nationally renowned speakers who presented on important issues in health care. Presentations included best practices and lessons learned from leading hospitals on organizational and employee values, cultural competency, LGBT health care, language access, population health and many other topics. Three webinars were conducted jointly with Hospitals in Pursuit of Excellence (HPOE), the AHA’s strategic platform to accelerate performance improvement in hospitals.

**Guides and Resources.** The Institute worked with HPOE, HRET and the Equity of Care initiative to produce an Equity of Care compendium of guides and resources for hospital and health system leaders. This compendium, which will be released in October, will feature a guide from the Institute on the role of the chief diversity officer in academic health centers, as well as a guide on becoming a culturally competent health care organization. Other guides on the collection and use of race, ethnic and language preference data and leadership diversity are expected later in 2014. In addition, the Institute collaborated with Equity of Care on the release of video interviews with health care leaders sharing their ideas on eliminating health care disparities and providing culturally competent care.

**Bringing You the Latest News.** The Institute this year used multiple platforms to keep you informed about all of the news from the organization, as well as items relating to health care diversity. Bridges, the Institute’s flagship newsletter, will publish four issues in 2014. Members also received “News from the Institute,” a biweekly email newsletter highlighting Institute happenings and many upcoming programs of interest to diversity professionals. Discounted advertising opportunities allowed member organizations to promote upcoming events or programs to the Institute’s digital audience. The Institute continued to expand its social media outreach through Twitter, Facebook, and LinkedIn, with hundreds of professionals connecting to stay on top of the Institute’s latest news and events. Institute members also received free access to AHA SmartMarket, an innovative social network designed exclusively for health care professionals.
BRIDGES PROFILE

Once a quarter, Bridges spotlights a health care executive who has made a significant contribution to advancing the careers of diverse individuals in health care management.

Roy L. Hawkins, Jr., FACHE
President, National Association of Health Services Executives
What influenced your decision to enter health care? What other factors have shaped your career choices along the way?
At a young age, I had ambitions of becoming a physician. As an undergraduate student at Howard University, I really enjoyed studying business administration and organizational development, but I kept the passion for health care and for helping people. That's when I became involved in the National Association of Health Services Executives (NAHSE). Through a NAHSE summer internship experience at the Washington Hospital Center in Washington, D.C., I gained real-world exposure to hospital operations and the role of a hospital administrator. During graduate school, I participated in the Institute for Diversity in Health Management’s (Institute) Summer Enrichment Program (SEP). Working at North Shore Medical Center in Miami and Baptist Health South Florida, I gained real-world experience at health care operations. During my early development, I also had two terrific mentors that helped influence my decision to make health care administration a career.

After holding many leadership positions in the Department of Veterans Affairs’ (VA) health care facilities, in March 2012, I became the deputy director for the James A. Haley Veterans’ Hospital and Clinics (JAHVH) in Tampa, Fla. In this role, I am responsible for establishing strategic direction and oversight for all financial and human capital. JAHVH is one of the nation’s largest VA health care systems serving more than 90,000 veterans in a three-county area in West Central Florida.

I became president-elect of NAHSE in 2013, and it's a great honor and privilege to lead an organization that introduced me to the field of health services administration. This year, NAHSE is celebrating 46 years of working to ensure development and advancement opportunities for black health care leaders in the health field and elevating the quality of health care services rendered to minority and underserved communities. (NAHSE’s annual educational conference is Oct. 14-18 in Detroit. More information is available at: http://www.nahse.org/)

What’s the greatest challenge you’ve faced in your career?
I’m very fortunate that I have had a number of mentors and individuals that have helped me during my career. But the biggest challenge as a health care leader has been working in organizations to establish a patient-centered culture – a culture of service focused on improving the overall quality, safety and value for the communities we serve.

How can health care embrace the leadership imperative to increase diversity among health care managers?
Increasing diversity and inclusion in health care management is a business imperative. Our field must move beyond the rhetoric of diversity and inclusiveness and embrace the value proposition within all levels of the organization, but specifically in the leadership ranks. Through a number of organizational joint initiatives between AHA, NAHSE, National Forum for Latino Healthcare Executives, Asian Health Care Leaders Association and the Institute, we are making strides in establishing the business case for diversity and inclusiveness. Now, we need to move toward more actionable targets to increasing diversity in health care leadership.

What advice would you give to racially and ethnically diverse individuals seeking to enter health care administration?
I’m a firm believer that learning is a continuous journey and a life-long endeavor. I would challenge any young person to place high value on education and knowledge, and to continuously pursue opportunities to learn, engage and give back. I encourage the young people that I mentor to actively anticipate organizational needs and challenges, and be one of the first in the organization to initiate the solutions to those challenges. I also think it’s very important for young people to seek out a mentor as they progress in their career.

What do you see as the health care field’s greatest challenge in the coming years?
The biggest challenge is transitioning the current volume-based system to value-based system with the aim of improving quality, safety and value for the communities we serve. The field also must begin to embrace the concept of succession planning to ensure the next generation workforce is prepared to lead.

Special Institute Membership Offer

There’s never been a better time to join the Institute, a leading authority in health care equity. The Institute provides timely and critical support to more than 900 of the nation’s hospitals, consulting firms and health care organizations through an evolving variety of tools and resources, as detailed in the Institute’s “Member Value” piece featured in this edition of Bridges.

For a limited time, organizations that purchase an Institute membership will receive the remainder of 2014 for free, and membership will not expire until Dec. 31, 2015.

If your organization has never been a member or would like to renew your membership, please contact Pamela Janniere at (312) 422-2691 or pjanniere@aha.org.

For more information about the Institute, visit www.diversityconnection.org

Institute and AHA help future leaders attend 2014 Leadership Summit

Several aspiring health care leaders attended this summer’s Health Forum and AHA Leadership Summit thanks to the Institute for Diversity in Health Management and the AHA. The AHA sponsored the young health care leaders – many of whom participated in the Institute’s Summer Enrichment Program (SEP) – so they were able to attend the three-day summit in San Diego. SEP students participated in educational forums, heard keynote speakers and networked with health care leaders.
HHS awards $3.2 million to support minority enrollment in health coverage

The Department of Health and Human Services’ Office of Minority Health recently awarded 13 organizations about $250,000 each to help identify, inform and enroll minority populations in the Health Insurance Marketplace. “Racial and ethnic minorities have lower rates of health insurance coverage than the national average and stand to benefit greatly from the Affordable Care Act,” said OMH Director J. Nadine Gracia, M.D., deputy assistant secretary for minority health. “Grantees under the Partnerships to Increase Coverage in Communities Initiative will play a critical role in connecting eligible, underserved minorities to coverage that meets their needs and the needs of their families.” The initiative aims to increase minority enrollment in health coverage through the Marketplace, Medicaid and Children’s Health Insurance Program. For more on the awards, visit http://tinyurl.com/ppcnz4.

Study: Safety net hospitals at greater risk for VBP, HRRP, EHR penalties

Safety net hospitals are more likely than other prospective payment system hospitals to be penalized under Medicare’s Value-Based Purchasing and Hospital Readmissions Reduction programs, and less likely to meet meaningful use criteria for electronic health records, according to a study published last month in Health Affairs. The findings are based on a sample of 242 California hospitals paid prospectively under Medicare. While the 60 safety net hospitals had 30-day mortality rates for heart attack, heart failure and pneumonia that were slightly lower than the other PPS hospitals when averaged over three years, they were likely to score lower than the other hospitals on the VBP and HRRP programs. They also were less likely to meet Medicare’s EHR meaningful use criteria, required to avoid a payment penalty beginning Oct. 1. “Our finding of very low operating margins among safety net hospitals in California highlights the potential of small adjustments in Medicare payments to adversely affect these hospitals and low-income patients,” the authors said. The study defined safety net hospitals as those with a Medicare Disproportionate Share patient percentage in the highest quartile. For more on the study, visit http://tinyurl.com/pk84hv. The Medicare DSH program provides additional support to hospitals treating vulnerable patient populations. AHA supports legislation that would adjust the Medicare HRRP to account for certain socioeconomic and health factors and provide relief from the first two years of scheduled DSH cuts.

Report: Obesity rates stabilizing, but remain high

Adult obesity rates increased in six states in 2013, according to a new report from Trust for America’s Health and the Robert Wood Johnson Foundation. Alaska, Delaware, Idaho, New Jersey, Tennessee and Wyoming saw increases, while Mississippi and West Virginia tied for the highest rate at 35.1%, based on data from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance Survey. That’s progress compared with 2005, when all but one state saw an increase. “There is increasing evidence that obesity rates are stabilizing for adults and children — but the rates remain high, putting millions of Americans at risk for increased health problems,” the report states. “Rates of severe obesity are continuing to increase in adults, and more than one-in-ten children become obese as early as the ages of 2 to 5. Moreover, racial and ethnic disparities persist, with Blacks and Latinos experiencing higher rates of obesity compared with Whites. Inequities also persist in income and education, with poorer and less educated Americans experiencing higher rates of obesity than more affluent and higher educated populations.” For more information, on the report, visit http://tinyurl.com/mwr2xmy.

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2014 Release Dates

- December
- March
- June
- September
- December

2015 Release Dates

- March
- June
- September
- December

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