

Frequently Asked Questions on the #123forEquity Pledge to Eliminate Health Care Disparities

Thank you for your interest in the #123forEquity campaign. We have put together a list of Frequently Asked Questions (FAQs) to assist you with questions that may arise as you discuss the campaign with your staff, board, community members or others. For additional resources, please visit www.equityofcare.org. If you have questions, please contact us at (312) 422-2820 or equityofcare@aha.org.

Question: What is the #123forEquity pledge campaign, and why is it important?

Answer: The American Hospital Association (AHA) in 2015 launched the [#123forEquity Pledge to Eliminate Health Care Disparities](#). Building on the work that began 2011 by the partners of [National Call to Action to Eliminate Health Care Disparities](#), the #123forEquity campaign urges hospital and health system leaders to pledge to take action on specific areas that can improve health equity; provide updates on their organization's progress; and share their success in promoting diversity and health equity with the public.

Question: Who are the National Call to Action Partners?

Answer: The National Call to Action was established in 2011 by the AHA, American College of Healthcare Executives, America's Essential Hospitals, Association of American Medical Colleges and Catholic Health Association of the United States.

Question: Is there an AHA video about the #123forEquity Pledge?

Answer: Yes, there is a short [video](#) from AHA leadership explaining the importance of the pledge and why hospitals should participate.

Question: What is the timeframe to do this work?

Answer: The timeframe for this work is 12 months from when pledge is signed; however, it can be modified based on the situation of each hospital or health system. The AHA suggests a timeline for each of the pledge's action steps. More details are available [here](#).

Question: I don't have a lot of racial and ethnic diversity in my community, so what does that mean for the pledge?

Answer: We still strongly encourage you to take the pledge, as diversity can come in many forms. You could start with race and ethnicity when examining your data. However, every community is different so you also can stratify data by language preference or other sociodemographic variables (such as income, disability status, veteran status, sexual orientation and gender, or other) that are important to your community's health. In addition to addressing disparities for people of color, you may identify other groups such as veterans; people with psychiatric disabilities; people living in poverty; the gay, lesbian and transgender population; and others who may be experiencing disparities in care and health.

Question: This work seems like it will take resources and time. Can we afford this at a time when both of these are at a premium?

Answer: In addition to being the right thing to do, eliminating health care disparities is vital as our health care system moves from a volume to a value-based payment structure. As payment becomes more dependent on outcomes, it is not financially viable to ignore persistent poor health outcomes in certain patient populations. Associated with health care disparities are increased costs of care due to excessive testing, medical errors, increased length of stay and avoidable readmissions. Pay-for-performance contracts are beginning to include provisions to address racial and ethnic disparities. Here are a few key things to know:

- Between 2003 and 2006, 30.6 percent of direct medical expenditures for African Americans, Asians and Hispanics were excess costs due to health care disparities (Joint Center for Political and Economic Studies, 2009).
- Eliminating health care inequities associated with illness and premature death would reduce indirect costs by \$1 trillion.
- Researchers estimate that eliminating disparities would reduce direct medical expenditures by as much as \$229 billion.
- Eliminating health care disparities gives hospitals and health systems a competitive marketing edge when trying to attract or retain patients and employees.

Question: When I submit data for the project, will it be kept confidential?

Answer: Yes. All hospitals and endorsers/supporters that sign the pledge will have their organization's name listed publicly on the campaign website at www.equityofcare.org. However, any progress data a hospital submits is kept confidential and reported only in aggregate to the public.

Question: What is cultural competency training? How often should it occur and who should receive it?

Answer: Cultural competence refers to an ability to interact effectively with people of different cultures, backgrounds and experiences. Cultural competence training should include four components:

- Awareness of one's own cultural worldview;
- Attitude and biases toward cultural differences;
- Knowledge of different cultural practices and worldviews; and
- Cross-cultural skills.

Developing cultural competence and sensitivity results in an ability to understand, communicate with, and effectively interact with clinicians, patients, families and other health care providers. The goal is to make cultural competency training part of the orientation and practice improvement of all employees that are essential for the delivery of high quality and safe care. The amount and method of delivery should be determined by the resources available to your hospital.

Question: Why is cultural competency training to help providers treat people with disabilities not a part of the data collection and evaluation process for developing strategies?

Answer: The AHA understands that other groups of people, such as those with disabilities, experience barriers to care. The AHA suggests that the cultural competency training should be tailored to your organization and population needs based on the data collected and analyzed to identify if gaps in care and health exist. The AHA would expect disabilities, including psychiatric disabilities, to be in many cultural competency programs.

Question: How do we build a diverse leadership pipeline?

Answer: The AHA recommends developing a measurable and achievable goal for diversity in both top management and the board of trustees. Set clear expectations for human resources and talent search firms to include at least two minority candidates interviewed for every top management position. Create a mentoring program for management staff in which less experienced employees are

formally paired with a senior staff person to develop professional networks and skills. Consider identifying local community stakeholders and internal diverse staff to help recruit qualified candidates from outside the company to fill upper-level positions. The AHA's Institute for Diversity in Health Management has a number of additional resources and best practices available at www.diversityconnection.org.

Question: What role can the board play in this work?

Answer: The board of trustees plays a vital role in the efforts to eliminate health disparities and advance diversity and inclusion practices. It can encourage and support the CEO and leadership to set clear performance goals to tie to these efforts. It also can ensure that the organization's strategic plan reflects this work. In addition, board members can serve as great spokespeople when they interact with the community to highlight the important work your organization is doing in these areas.