THE EQUITY IMPERATIVE

Racial and ethnic disparities in health care impact quality, safety and costs.
DIVERSITY IS GROWING IN THE U.S.

Different communities come with unique customs, traditions and health and/or socio-economic challenges.

2010

65% White

35% Minority

Hispanic
Black
Asian
Other

2050

46% White

54% Minority

Hispanic
Black
Asian
Other
QUALITY IMPLICATIONS

Increasing diversity will have a significant impact on quality.

Disparities:

- More medical errors
- Longer hospital stays
- Avoidable hospital admissions and readmissions
- Over- or under-utilization of procedures
HOSPITAL & HEALTH SYSTEM EMPLOYEES ARE KEY
For building a culture of diversity and inclusion.

Aligning health care quality and equity supports the Triple Aim.

- Improving patient experience of care
- Reducing the cost of care
- Improving the health of populations

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TRUSTEES ARE KEY
For building a culture of diversity and inclusion.

Aligning health care quality and equity supports the Triple Aim.

Improving patient experience of care

Reducing the cost of care

Improving the health of populations

© 2017 American Hospital Association
COMMUNITY LEADERSHIP IS KEY

For building a culture of diversity and inclusion.

Aligning health care quality and equity supports the Triple Aim.

Improving patient experience of care

Reducing the cost of care

Improving the health of populations
NATIONAL EFFORTS

Hospitals and health systems take action to accelerate progress.

Prioritizing action:

In 2011, The National Call to Action to Eliminate Health Care Disparities was launched. This was a joint effort to begin taking action to accelerate progress on the following areas:

- Increase collection and use of race, ethnicity and language preference data
- Increase cultural competency training
- Increase diversity in governance and leadership

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PREFERENCE DATA

Collecting race, ethnicity and language preference data can help hospitals to improve quality of care.

Collecting data:

- Systematically collect race, ethnicity and language (REAL) preference data on all patients.

- Use REAL data to look for variations in clinical outcomes, resource utilization, length of stay and frequency of readmissions within our hospital.

- Compare patient satisfaction ratings among diverse groups and act on the information.

- Actively use REAL data for strategic and outreach planning.
CULTURAL COMPETENCY

Cultural competency training allows hospitals to meet patients’ social, cultural and linguistic needs.

Training to improve patient care:

- Team diversity training
- Develop a “language resource”
- All materials available in a variety of languages
- Core services attuned to the diversity of the patients
GOVERNANCE AND LEADERSHIP

Increasing diversity to support, assist and advocate.

How to help:

- Establish a mentoring program to help develop talent, regardless of gender, race or ethnicity.
- Require search firms to present a mix of candidates reflecting the community’s diversity.
- Recruitment efforts should include strategies to reach the racial and ethnic minorities within the community.
- Put a system in place to measure diversity progress and report it to leadership and board.
- Identify community organizations, schools, places of worship, businesses and publications that serve racial and ethnic minorities for outreach and educational purposes.
#123forEquity CAMPAIGN

American Hospital Association: #123forEquity Campaign to Eliminate Health Care Disparities

**Take the pledge:**

The #123forEquity campaign builds on the efforts of the National Call to Action to Eliminate Health Care Disparities and asks hospital and health system leaders to work to ensure that every person in every community receives high-quality, equitable and safe care by:

- Increasing the collection and use of race, ethnicity, language preference and other socio-demographic data
- Increasing cultural competency training
- Increasing diversity in leadership and governance
- Improve/advance community partnerships

Hospitals and health systems also can take the pledge and commit to working on efforts within their organization and communities.
COMMITMENT TO EQUITY

Community partners help hospitals understand the unique concerns and challenges of the populations they serve.
COMMITMENT TO EQUITY

Through AHA’s Institute for Diversity there are numerous resources available for the field.

Equity of Care: A Toolkit for Eliminating Health Care Disparities

January 2015

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

http://www.hpoe.org/diversity-disparities
CONE HEALTH
BLACK AND AFRICAN AMERICAN HEALTHCARE NETWORK GROUP

Cone Health is an integrated not-for-profit health system serving the people in Greensboro, North Carolina, and the surrounding counties. The health network is composed of six hospitals, three medical centers, three surgical centers, four urgent care centers, one retirement community, one skilled nursing care facility and 130 physician practices.
Employee Network Groups

In 2012, Cone Health established the Black and African American Healthcare Network Group (BAHNG). BAHNG was the first of five employee network groups created to represent a wide range of diversity initiatives within Cone Health. Other employee network groups include: Women-Inspiring-Women, LBGT (Lesbian, Bisexual, Gay and Transgender), Veterans and Caregivers, and the Inclusion Champions.

Created to raise awareness and address health care disparities, BAHNG consists of managers and front-line staff in clinical and nonclinical roles. Although a majority of the group’s members identify as black or African American, other racial and ethnic groups are also represented.

BAHNG is a critical component of Cone Health’s efforts to address health care disparities for black and African American patients. Cone’s mission is to promote and celebrate the spirit of inclusion throughout Cone Health and to promote professional and personal growth while continuing to focus on the purpose, intent and values of the organization. The American Hospital Association’s #123forEquity pledge connects BAHNG’s work to quality outcomes stratified by race at each hospital and to the health network’s values of caring for patients, caring for each other and caring for the community.

BAHNG provides information to employees and the community on health disparities faced by blacks and African Americans. BAHNG also provides information on how to overcome health disparities with nutrition and exercise. BAHNG’s workshops and health screenings address ways to remove barriers to good health for blacks and African Americans through identifying disparities, simplifying health care information, providing health checks, sharing exercise and nutrition tips, promoting healthy lifestyle opportunities and hearing employee testimonials.
BAHNG Highlights

- **February 2017**—BAHNG participated in Greensboro’s Diabetes Day by offering health screenings and raising awareness of health risks associated with diabetes. BAHNG administered more than 92 A1C tests.

- **October 2016**—BAHNG arranged presentations for the Minority Association of Premed Students at the University of North Carolina at Greensboro to hear from Cone Health leaders representing various areas of health care. BAHNG presented on a career panel at the University for pre-med, nursing, pharmacy, and health care leadership students. Twenty nine University of North Carolina-Greensboro students attended the presentation arranged by BAHNG.

- **October 2016**—BAHNG participated in the Greensboro Medical Society’s Closing the Gap workshop and health fair held at a local church. BAHNG conducted health screenings and distributed health literacy information. BAHNG has touched 200 community participants through this program, most of whom identify as black, African American or multi-cultural.

- **July 2016**—BAHNG worked with the Spiritual Care and Wholeness departments to hold interfaith healing services about racial violence at various Cone campuses. Services were held on all six hospital campuses and was open to all employees. Services were held at various times of day to accommodate shift employees. BAHNG collaborated with the chaplains on each campus to design the services and communicated about the services via email.

- **April 2016**—BAHNG led health system health screenings. The health screenings included: blood pressure checks, A1C checks, glucose screens and distribution of health literacy information to help employees understand their results. This annual event is BAHNG’s effort to help employees have healthier lives and it focuses on black and African American employees. One hundred and twenty five employees completed health screenings throughout April. Participants ranked the importance of the new information they gained as a result of the screenings. The results are as follows:
  
  1. Knowing the importance of blood pressure
  2. Understanding glucose screenings
  3. Overall explanation of health screening numbers

**Lesson Learned**

BAHNG has helped the organization hold bold conversations about health disparities among racial minorities. The group’s initial focus was on reaching fellow staff members and teammates with information to help create an awareness about racial disparities experienced by blacks and African Americans. As the awareness evolved into health screenings, they created education to mitigate and eliminate racial health disparities. At that point, many local churches, organizations and universities began requesting BAHNG’s involvement in various activities, educational workshops and health screenings. BAHNG has bridged racial divisions in many parts of Greensboro’s community.
What's Next?

BAHNG is looking into how the group can support professional development for minorities at Cone Health and continuing to address health equity issues for blacks and African Americans.

Testimonials

I enjoy being a part of such a respectful, intelligent and enthusiastic network group. Being a part of BAHNG has given me the chance to work on a variety of hospital and community events. I am proud to be part of such a talented, fun and motivated team that is dedicated to making an impact on the health system and community. ~ Kerrica Evans, Member

BAHNG has given me the opportunity to participate in one of the best community-based volunteer groups within the Cone Health System. BAHNG is designed to improve the quality of life for community residents. Being involved is truly rewarding. ~ Cynthia Cobb, Member

I am proud to be a part of such a diverse group of employees dedicated to improving the health and health care of African Americans. Information is power, and knowing things like what your blood pressure is or what your glucose level is could potentially save a life and improve the quality of life. ~ Millie Adams, Co-Treasurer

I love being part of BAHNG because it not only gave me a chance to educate and increase awareness of the importance of knowing your “numbers,” but it has allowed me to work in the community helping those that I may never have been able to reach. Our community work often allows us to serve the underserved, and that’s the best part for me. ~ Ricardo Davis, Treasurer

Being a part of BAHNG means I am making a difference by helping give free important information to local demographics and Cone’s surrounding community. I consider my patients my family, so to me I am helping my family. I hope to break health care barriers and misbeliefs! ~ Terin Shoffner, Member

BAHNG has given me the opportunity to meet with various employees across our entire health system while educating them on the most prevalent health issues that we face today. Without BAHNG, I would not have been able to connect with these employees as well as the wonderful, caring members of BAHNG! BAHNG is like a small family at work! ~ Lashanda Villines, Co-Secretary

BAHNG is simply people helping people around the importance of one’s health. I am proud to be a member and most proud of serving others with an ignited team made up of members across the system. ~ Tanicia Barnes, Co-chair

I love being a member of BAHNG for a couple of reasons: Being the first Cone Health Network Group and positively leading the way for others is truly an honor. It is important to keep this great work moving forward. Also, having the opportunity to go out into our communities and serve others is one of the most rewarding things that I have been a part of. BAHNG lives the Cone Heath value of caring for our patients, each other and our communities. ~ Ericka Hicks, past Co-chair

“Being a part of the employee network groups brings me in contact with other employees that my standard work would not bring me in direct contact with. The value of the employee network group is to provide high quality of learning/inclusiveness for employees to support our patients and each other.”

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EQUITY OF CARE INITIATIVES

FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN
MILWAUKEE, WISCONSIN
EQUITY OF CARE
INITIATIVES

FROEDTERT & THE MEDICAL
COLLEGE OF WISCONSIN,
MILWAUKEE, WISCONSIN

OVERVIEW
The Froedtert & the Medical College of Wisconsin regional health network is a partnership between Froedtert Health and the Medical College of Wisconsin supporting a shared mission of patient care, innovation, medical research and education. The health network operates eastern Wisconsin's only academic medical center and adult Level I Trauma Center at Froedtert Hospital, Milwaukee, an internationally recognized training and research center engaged in thousands of clinical trials and studies. The Froedtert & MCW health network, which includes five hospitals, more than 1,600 physicians and nearly 40 health centers and clinics, draws patients from throughout the Midwest and the nation. In Froedtert’s most recent fiscal year, outpatient visits exceeded 1.1 million, inpatient admissions to its hospitals were 49,250 and visits to its network physicians totaled 932,000.

The Froedtert & MCW health network continues to expand on its strong efforts to reflect and understand its diverse community and to identify and eliminate disparities by providing effective, high-quality health care.

Froedtert Health has a cross-functional work group in place to identify various social determinants of health, as well as existing data to monitor and track them. This group is currently performing an audit of its electronic health record (EHR) system to identify any gaps in functionality and to implement necessary systems and practices to standardize collection. In 2016, Froedtert Health adopted the following three clinical metrics in support of the Health Equity Pledge:

- Readmissions for ethnically diverse patients
- Breast cancer screenings targeting African-American women
- Emergency department wait times for all women

For more information about the #123forEquity Pledge:
EquityofCare.org
(312) 422-2630
Breast cancer screenings for African-American women will continue to be a priority, specifically targeting ambulatory sites where the majority of the patients access its services. The clinicians instituted a new breast cancer screening campaign to educate patients on the importance of getting tested. Through focus groups, it was noted that mobile engagement, such as texting and calling, are more desirable and tend to be more effective means of engagement and follow-through.

Over the past year, Froedtert Health has taken additional measures to increase equity through its Office of Diversity & Inclusion (D&I). D&I created an emerging markets strategy to engage with diverse communities within the service area. The strategy includes the following targeted efforts:

- Partnerships with diverse chambers of commerce (African American, Hispanic/Latino, Hmong, LGBTQA, Veteran, Disability and Native American)
- Milwaukee Brewers multicultural partnership (Negro League Tribute Game, Cerveceros Game, Emerging Markets Advisory Board)
- American Heart Association multicultural partnership (Empowered to Serve, Go Red Por Tu Corazon, Most Powerful Voices, Diversity Boards)
- Multicultural festivals (PrideFest, UNCF Walk/Run, Mexican Fiesta, Hmong New Year)
- Emerging markets media plan (digital, radio, print, TV)
- Partnership with the NBA Milwaukee Bucks (Pride Night)

COMMUNITY OUTREACH
Froedtert Health has identified community-based partnerships to address equitable outcomes that correlate to race, payer, gender, gender identity/expression, language preference, disability, veteran status and socioeconomic status to identify health disparities and how they impact clinical outcomes. These partnerships include, but not limited to, the following:

AMERICAN HEART ASSOCIATION

Most Powerful Voices Gospel Concert – A concert held at a prominent African-American church, featuring heart health talks, food demonstrations, physician participation and presentations. The health network touched more than 300 lives through this program.

Empowered to Serve – A half-day seminar on heart-health information and strategies to implement a healthy heart program within diverse communities through faith-based organizations. The seminar hosted 63 participants representing Baptist, Catholic, Church of God and Christ, Lutheran and Muslim faiths.

GO RED POR TU CORAZON
A movie-night event inclusive of healthy heart talks, food demonstrations and presentations targeting the Hispanic community. Froedtert reached more than 500 attendees through the Language Services booth.

FIESTA MEXICANA
Sponsored a booth during the festival and walk/run event. Booth activities included the dissemination of health information, primary care promotion, language services staff introductions and health screenings. During the festival, more than 1,000 festival attendees stopped at the booth to have health and primary care discussions in English and Spanish. A total of 73 blood pressure screenings were completed.
HMONG NEW YEAR
Sponsored a booth during the festival. Booth activities included the dissemination of health information, primary care promotion, language services staff introductions and blood pressure health screenings. The blood pressure screenings also allowed clinicians to educate participants about the risk factors associated with elevated numbers. Clinicians were able to link or refer participants to network health centers close to their community.

LGBTQA DESIGNATION
Earned the Human Rights Campaign Health Equity Leadership designation for all three hospitals

LGBTQA Chamber event – Established a strategic partnership with the Wisconsin LGBTQA Chamber of Commerce. Froedtert Health hosted a session on PrEP, an HIV drug, during the chamber’s Diversity Summit event. The session was facilitated by a Froedtert & MCW physician who is trusted by the LGBTQA community.

Pridefest – Sponsored a booth during the festival and walk/run event. Booth activities included the dissemination of health information, primary care promotion, introduction to language services and health screenings. Booth traffic totaled more than 1,000 individuals. A total of 124 blood pressure screenings were completed; 42 percent of the screenings resulted in a diagnosis of a pre-hypertension.

MILWAUKEE BREWERS’ NEGRO LEAGUE TRIBUTE GAME AND THE CERVECEROS GAME
Connected with the African-American and Hispanic communities via a program held during the games, which featured diverse cancer survivors who received care within the Froedtert & MCW health network. The health network also provided health information, demonstrations, primary care promotion, language services introductions and health screenings.

MILWAUKEE FILM FESTIVAL
Sponsored two films that tie to the health equity strategy and have relevance for the diverse communities served.

SUPPLIER DIVERSITY EVENTS
Sponsored several supplier diversity events including diverse chamber memberships, participating in minority supplier organization roundtables and business expositions. Froedtert Health also hosted an exclusive event for key chamber partners and diverse suppliers.

LANGUAGE SERVICES
Froedtert Health’s Language Services Department, part of D&I, coordinates services and provides coverage for three hospitals and more than 25 health centers in an ongoing effort to meet the needs of its non-English-speaking patients. In 2016, the department added four new interpreters and a part-time dispatcher. This allows greater coverage for Spanish, Russian, Hmong and Arabic interpreting needs. Enhancements also include an additional video remote unit adding to the health system’s existing ten. Over-the-phone interpreting is available throughout the health system 24 hours a day. Language Services has been elevated as a corporate service in providing education and training to staff members to ensure that the health network provides a culturally and linguistically sensitive atmosphere to all of its patients.
CULTURAL COMPETENCY

In 2012, Froedtert Health’s D&I, partnering with Human Resources, and Organizational Learning and Development, launched the educational strategy that focused on the executive leadership team and covered two topics, Leading Diversity and Inclusion and Managing Inclusion. In 2014, more than 700 leaders in the health network completed the D&I trainings, with leaders defined as supervisors and above. Additionally, all 11,000 staff members were required to complete an online D&I module. In 2016, Froedtert launched a diversity education model that included a foundational program on unconscious bias plus a series of elective courses to enhance the knowledge, skills, competencies and behaviors that are based on specific job types.

With approval from the Diversity Council, Froedtert will proceed with a platform that includes foundational education around unconscious bias and health equity. This platform also provides continuous skills-based education on specific issues that staff members face in clinical and non-clinical environments. The experiential and elective courses that have been developed and implemented include, but are not limited to:

- Unconscious Bias in Recruitment and Selection
- LGBTQA Patient Care
- Caring for the Hmong Mother and Baby
- Generational Diversity in Health Care
- Islamophobia
- Understanding the Implicit Association Test and Volunteering with Diverse Communities.

Froedtert Health offers an online resource library to staff including on-demand resources for culturally competent interactions as it relates to patients from diverse backgrounds.

WORKFORCE DIVERSITY

Froedtert Health, along with the Center for Healthcare Careers of Southeast Wisconsin, developed a diverse workforce model that focuses on a growing diverse supply of health care workers to sustain a changing industry. This model focuses on a variety roles, from service-level roles to technical roles, and various educational backgrounds, from an associate’s degree to a bachelor’s degree. Froedtert Health has created or strengthened partnerships with external organizations and programs that will foster a diverse talent pipeline, including:

- INROADS Program – An internship program that prepares talented underserved youth for corporate and community leadership roles and places them in businesses
- Milwaukee Fellows – An initiative to encourage young men from Milwaukee to complete their college education and return home as successful professionals
- Cristo Rey Jesuit High School – An innovative work-study program to provide comprehensive and affordable Catholic education to students with limited financial means
- Milwaukee Public Schools/North Division High School – Health care career track
- Goodwill Industries – A community-based, job-training, employment placement services for individuals facing barriers preventing them from obtaining a job
- Project SEARCH – An Easter Seals employment training and transition program for young adults with disabilities; the nine-month, business-led program involves classroom and practical, hands-on work that takes place entirely within a host business
• Milwaukee Urban League Young Professionals – An auxiliary committee of the Milwaukee Urban League whose mission is to engage young professionals in the National Urban League’s Movement toward the achievement of social and economic equality
• Prospanica Milwaukee Chapter – A professional organization whose mission is to increase the number of Hispanics graduating from master’s business degree programs through scholarships, professional development and mentorship
• National Black MBA Association
• National Black Nurses Association
• National Black Nurses Association
• National Hispanic Nurses Association
• National Medical Association
• National Association of African Americans in Human Resources
• YMCA Black Achievers

LEADERSHIP DIVERSITY
Froedtert Health instituted the following human capital approaches and practices to increase leadership diversity:

For any director or vice president positions, an inclusive recruitment process has been outlined:

• Formal commitment from each retained search firm outlining concerted efforts of diverse candidate pool development
• Tracking mechanism instituted; reported to Human Resources leadership three times throughout the search process
• Candidate pool summaries provided at prescribed intervals
• Summary document is presented to the Diversity Council quarterly at culmination of each search

Froedtert Health held its outside talent recruiting partner accountable to develop a diversity recruitment plan, a tracking mechanism and quarterly reports.

Creating a diverse talent pipeline that includes:

• Multicultural Leadership Development Programs
• Organizational development to increase minority leadership representation through staff development programs
• New Leader Program curriculum designed to build a solid understanding of leadership expectation and practice
• Emerging Leader Program, a dynamic, experiential group learning and skill development experience, where participants learn and practice leadership skills in a safe, supportive and confidential environment
• The exploration of formal mentoring programs with a focus on cross-cultural and generational mentor pairs
BOARD DIVERSITY
Froedtert Health tracks racial and gender board governance composition of the boards and strives to reflect the service area. During the past year, Froedtert Health has increased its board governance diversity by instituting the following inclusive approaches and board member practices:

- Reflect the populations served regarding gender, race, ethnicity, sexual orientation, gender identity, and veteran and disability status
- Understand the communities served by the health system represented by geographic residence or place of employment

SUPPLIER DIVERSITY
Supplier diversity has become a priority and best practice for the health network, which partners with women and minority businesses, creating community and economic vitality.

OUTCOMES
- Emergency wait times for women from arrival to admission have been reduced to nine minutes, and arrival to discharge wait times were reduced to seven minutes. Ongoing efforts are in place to close the gap further by the end of fiscal year.
- As a result of its supplier diversity efforts, the health network has been able to increase the women, minority, veteran and disadvantaged-owned spend, helping those businesses increase their workforce by hiring local community members from the service area.
- As a result of Froedtert Health’s efforts to diversify its leadership pipeline, the percentage of ethnically diverse staff and leaders has increased since FY12.
- Froedtert Health began the journey with Project SEARCH in 2015 at Froedtert Hospital with 12 interns working throughout the hospital. At the conclusion of the inaugural nine-month program, four of the interns were hired at the hospital. Froedtert Hospital has begun its second year with Project SEARCH with a new set of eight interns, and the program has expanded to St. Joseph’s Hospital in West Bend, which began the program with seven interns in 2017.
- Based on the educational training offerings, the organization created the following metrics to track, monitor and report progress gained and sustained:
  - A dignity and respect cultural indicator that aligns with the organization’s values. Froedtert Health has sustained a 95 percent most favorable rating since FY15.
  - Patient satisfaction metric that measures culture, race and religious sensitivity. The results show consistent perception of culture, race and religious sensitivity at 82 percent or higher with a 1 percent increase since FY12.
  - Patient Overall Rating metrics have increased in the most favorable ratings across generations for inpatient and ambulatory populations.

LESSONS LEARNED
Froedtert Health’s extensive community outreach has paid tremendous dividends in progress toward many of its goals, including engaging with the community through health care, attracting a diverse workforce and diversifying its vendor relationships.
FUTURE GOALS

Froedtert Health’s diversity and inclusion training for leadership reinforced the importance of culturally sensitive education, leading Froedtert Health to commit to unconscious bias education of its more than 11,000 staff members over the next three to five years. In addition, Business Resource Groups and Diversity Action Teams will address and support specific Population Health initiatives as part of their scope of work.

Froedtert Health also plans to increase the diversity of the leadership team and board governance to be reflective in the community it serves. Organization leaders also will identify the second phase of equity metrics to be addressed as a health network based on the data collection and assessment.

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RENOWN HEALTH
EQUITY OF CARE INITIATIVES

Renown Health is a not-for-profit integrated health network and accountable care organization serving a 17-county region that includes northern Nevada and northeast California. Renown’s specialties include a children’s hospital; institutes for cancer, neurosciences, and heart and vascular health care; and the region’s only Level II Trauma Center.
In 2014, Renown developed a diversity and inclusion committee that is leading diversity and health care initiatives throughout the organization. The committee, composed of clinical and nonclinical staff, partners with local organizations that support diversity and inclusion within the community. The diversity and inclusion committee’s efforts increase the awareness of Renown Health’s health equity initiatives. The committee’s initiatives and activities include sponsoring the Reno Pride Festival, the Northern Black Cultural Awareness Society and a Martin Luther King dinner celebration. The committee also provides support to Eddy House, a center for homeless youth in northern Nevada. The most successful initiative to date is Renown’s annual Diversity Day.

Diversity Day
Each year, the committee hosts a Diversity Day fair, a celebration that has been a tremendous success at Renown Health. All Renown Health employees are invited to this event and more than 800 attend. The fair hosts vendors that support diversity efforts in the community and features entertainment and food prepared by Renown’s nutrition department. Entertainment headliners have included the Note-Ables, a musical group of individuals with disabilities.

Diversity and Inclusion Committee Impact and Highlights
• Renown Health has introduced a voluntary designation form to gain a better understanding of the demographics of its employees. Employee demographics are then compared to the community population.
• In 2016, Renown Health developed an interactive map to show all employees’ heritage, by city and/or country.
• In 2015, the committee launched the “Diversity Heals” video at Diversity Day to highlight the diverse backgrounds and languages of employees in the health network. The video is also used by the human resources department for recruitment efforts.

Lessons Learned
• Implementing successful diversity and health care equity initiatives is an organization-wide effort.
• The diversity and inclusion committee’s ability to network within the community is key to establishing strong partnerships.

What’s Next?
• Renown Health will continue staff education on cultural competency and the importance of a diverse workforce.

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STRATEGIES for LEADERSHIP

A Diversity, Equity and Cultural Competency Assessment Tool for Leaders

Does your hospital reflect the community it serves?

American Hospital Association®

INSTITUTE FOR DIVERSITY in Health Management
An affiliate of the American Hospital Association

National Center for Healthcare Leadership
Leading 21st century healthcared
A Diversity, Equity and Cultural Competency Assessment Tool for Leaders

Does your hospital reflect the community it serves?

According to the U.S. Census Bureau, in 1900, only one in eight Americans was of a race other than white. The U.S. is more diverse, both racially and ethnically, today than in the past and is projected to become more diverse in the future. In fact, 14 states and the District of Columbia are either approaching or below a white majority and, by 2050, there will be no single racial or ethnic majority in America. In terms of immigration, Asia has replaced Latin America, including Mexico, as the largest source of new immigrants to the U.S. Nearly one in five people over five years of age speak a language other than English at home. Economic and religious demographics continue to shift as well. Approximately 32 percent of Americans now live below 200 percent of the poverty level. And in terms of religious diversity, although Christianity remain the largest religion in the U.S., Islam is projected to grow rapidly. These shifting economic, social, racial, and ethnic demographics, which affect large and small communities across U.S., compel health care and hospital leaders to ask important questions. Does our health care workforce, from the frontline through the executive suite, reflect the community we serve? Are we focused on recruiting, retaining and promoting a diverse pipeline of employees and leaders to best serve our community? How can we ensure that we deliver the highest quality and most equitable, culturally sensitive and proficient health care? Do we foster investment strategies that promote the local and regional economy? And, finally, are we developing community partnerships and collaboration that will lead us in the future?

Increasing the diversity of the health care workforce is an important first step to improve equitable, accessible and culturally competent health care. However, health care workers and leaders also must have the “know how” to embrace diversity of all types, be aware of cultures and customs and how they affect the way patients view health and care and be sensitive to that diversity in health care delivery. Leaders also must focus on the socio-economic factors that impact the health and well-being of their workforce, patients and community. These efforts will require more community collaboration and partnerships that extend beyond the walls of our facilities.

The Institute for Diversity in Health Management (IFD), founded by the American Hospital Association (AHA), American College of Healthcare Executives and the National Association of Health Services Executives (NAHSE) in 1992, works closely with health services organizations and educators to expand leadership opportunities for ethnic minorities in health services management. The Institute’s mission is to increase the number of minorities in health services administration to better reflect the increasingly diverse communities they serve and to improve opportunities for professionals already in the health care field.

Since 2001, the National Center for Healthcare Leadership (NCHL) has focused on issues of diversity, inclusion and leadership. NCHL has focused on strategies to advance careers of women and racially/ethnically diverse individuals in health care management, the implementation of diversity and inclusion best practices within health care organizations and, most recently, on the development of workforce strategies, such as apprenticeships, to increase opportunity and career pathways in healthcare.

In 2011, the American Hospital Association, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States, and America’s Essential Hospitals launched the National Call to Action to Eliminate Health Care Disparities. The #123forEquity pledge campaign asks hospital and health system leaders to begin taking action to accelerate progress in these areas:

- Increase the collection and use of race, ethnicity, language preference and other socio-demographic data;
- Increase cultural competency training;
- Advance diversity in leadership and governance; and
- Improve and strengthen community capacity.

This revision of the 2003 Diversity and Cultural Proficiency Assessment Tool for Leaders and Case Studies, based on Janice Dreachslin’s research, is
building on these recent efforts. The tool is updated to provide leaders with more insight into the importance of evaluating the advancing community partnerships, impacting economic development and recruiting, supporting and retaining a diverse workforce.

**A Diversity, Equity and Cultural Competency Assessment Tool for Leaders** has four parts:

- **Assessment Checklist**: A tool that hospital and health care leaders can use as a starting point in evaluating the equity, diversity, inclusion and cultural competency of their organization and identifying what activities and practices are in place or need to be implemented.

- **Action Steps**: A suggested “to do” list for how to use this tool to raise awareness within your organization.

- **Case Studies**: Examples of hospitals and health systems that are implementing leading practices. You will find a description of their activities, as well as information for the key contact within each organization so you can learn more.

- **Bibliography**: Resources to help you and others in your organization learn more about diversity and cultural competency.

We hope this tool helps you assess your organization’s progress to create high-quality, inclusive, equitable and safe care environments aimed at eliminating health and health care disparities to improve the health and well-being of our neighbors and communities.

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**Sources:**

Census Bureau’s March 2016 Current Population Survey
www.census.gov/quickfacts

www.pewresearch.org/fact-tank/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world


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**Contributing Organizations**

**American Hospital Association, the Institute for Diversity**

The American Hospital Association’s Institute for Diversity in Health Management (the Institute) collaborates with hospitals and health systems nationwide to advance diversity and inclusion in hospitals and health systems, advance community partnerships and accelerate equitable and quality health care for everyone. The Institute provides diversity, inclusion and disparities data; tools and resources useful in decision making; a credentialing program; internships and online and face to face education programs. To learn more about the Institute, visit www.diversityconnection.org.

**National Center for Healthcare Leadership**

The National Center for Healthcare Leadership (NCHL) is a nonprofit organization that works to ensure that high-quality, relevant and accountable leadership is available to meet the needs of 21st century healthcare. Our vision is to optimize the health of the public through leadership and organizational excellence. A central part of NCHL's work is supporting collaborative networks of hospitals and healthcare organizations, as well as graduate health management programs and corporate partners. These include the Leadership Excellence Networks and Councils, the National Council on Administrative Fellowships and the US Cooperative for International Patient Programs. For more information, please visit NCHL’s website at www.nchl.org.

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As Diverse as the Community You Serve

☐ Does your hospital/health system monitor, at least every three years, the changing diversity demographics of your community, including gender, racial, ethnic, language, religion, disability status, sexual orientation, gender identity, veteran status and socio-economic changes?

☐ Do you actively use this data for strategic planning, outreach, workforce development and community investment strategies?

☐ Has your community relations team identified organizations, schools, churches, businesses and publications that serve diverse groups in your community for outreach and educational purposes?

☐ Do you have a strategy to partner with them to work on health issues of importance to the community?

☐ Has a team from your hospital/health system met with community leaders to gauge their perceptions of the organization and to seek their advice on how you can better serve them, both in patient care and other areas of mutual interest such as community health outreach, education, safety, economic investment and workforce development?

☐ Have you done focus groups and surveys within the past three years in your community to measure the public’s perception of your hospital/health system’s reputation in terms of diversity, inclusion, accessibility and cultural sensitivity?

☐ Do you compare the results among diverse groups in your community and act on the information?

☐ Are the individuals who represent your hospital/health system in the community reflective of the diversity of the community and your organization?

☐ Do you have a strategy in place to partner with organizations who represent and relate to the diverse groups in your community for health outreach and other initiatives of importance to the community?

☐ Do you have a supplier diversity strategy that helps ensure that minority-, women-, and veteran-owned businesses have an opportunity to serve your organization?

☐ Are your public communications, community reports, advertisements, health education materials, websites, etc. accessible to and reflective of the diverse community you serve?

Culturally and Linguistically Proficient and Equitable Patient Care

☐ Do you regularly monitor your patient population to properly care for and serve gender, racial, ethnic, language, religious, and socio-economic differences and needs?

☐ Does your hospital/health system emphasize the importance of accurate, consistent and systematic collection of data on patient race, ethnicity and primary language?

☐ Does your review of quality and patient safety data take into account the diversity of your patients in order to detect and eliminate disparities?

☐ Do your patient satisfaction surveys take into account the diversity of your patients?

☐ Do you compare patient satisfaction ratings among diverse groups and act on the information?

☐ Have your patient representatives, social workers, discharge planners, financial counselors and other key patient and family resources received special training in diversity issues?

☐ Does your hospital/health system provide language services, including identifying qualified individuals inside and outside your organization, who can help staff communicate with patients and families from a wide variety of nationalities and ethnic backgrounds?

☐ Does your hospital/health system provide ongoing training for staff on how to identify and access the need for language services, and have policies and procedures in place for the providing language services to a linguistically diverse patient populations?

☐ Does your hospital/health system have policies in place regarding the use of family members as interpreters?

☐ Are your written communications with patients and families available in a variety of languages that reflects the ethnic and cultural fabric of your community?

☐ Based on the diversity of the patients you serve, do you educate your staff at orientation and on a continuing basis on cultural issues important to your patients?

☐ Are core services in your hospital, such as signage, food service, chaplaincy services, patient information and communications, attuned to the diversity of the patients you care for?

☐ Does your hospital account for complementary and alternative treatments in planning care for your patients?
Assessment Checklist

Collaborating and Creating Strong Partnerships

☐ Is your hospital/health system leveraging assets to address priority needs of the community, including food, education, employment, housing, transportation, violence prevention and other social determinants of health?

☐ Has your hospital/health system developed governance processes to share community resources and accountability in your efforts to improve the health of the population?

☐ Has your hospital/health system created successful partnerships to reach population health goals of the community?

☐ Does your hospital/health system develop your Board and leaders’ ability to contribute to community health, workforce development and economic investment solutions within the community?

☐ Does your hospital/health system invest in change management processes to grow engagement, relationships and capacity of leaders to take action on the social determinants of health in community?

Strengthening Your Workforce

☐ Do your recruitment efforts include strategies to reach out to diverse candidates, including gender, racial, ethnic, religious, disability status, sexual orientation, gender identity, veteran status, and socio-economic diversity?

☐ Does your hospital/health system partner with local educational institutions and community organizations to develop and support career pathways for under-represented individuals?

☐ Does your workforce recruitment team reflect the diversity you need in your organization?

☐ Do your policies about time off for holidays and religious observances take into account the diversity of your workforce?

☐ Do you acknowledge and honor diversity in your employee communications, awards programs, and other internal celebrations?

☐ Do your employee surveys, or focus groups, measure perceptions of your hospital/health system’s policies and practices on diversity and to surface potential problems?

☐ Do you compare the results among diverse groups in your workforce? Do you communicate and act on the information?

☐ Does your hospital/health system provide staff at all levels and across all disciplines training about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities?

☐ Is the diversity of your workforce taken into account in your performance evaluation system?

☐ Does your human resources department have a system in place to measure your diversity pipeline progress (i.e., recruitment, retention, promotion) and report it to leadership and your Board?

☐ Do you have a mechanism in place to look at employee turnover rates for variances according to diverse groups?

☐ Do you ensure that changes in job design, workforce size, hours and other changes do not affect diverse groups disproportionately?

continued
Assessment Checklist

Expanding the Diversity of Your Leadership Team

☐ Has your Board of Trustees discussed the issue of the diversity of the hospital/health system’s Board? The management team? The workforce?

☐ Are there Board-approved policies encouraging diversity and inclusion across the organization?

☐ Is your policy reflected in your mission and values statement? Is it visible on documents seen by your employees and the public?

☐ Have you told your management team that you are personally committed to achieving and maintaining diversity across your organization?

☐ Does your strategic plan emphasize the importance of diversity and inclusion at all levels of your workforce?

☐ Has your Board set goals on organizational diversity, culturally proficient care, eliminating disparities in care to diverse groups, supplier diversity, etc. as part of your strategic plan?

☐ Does your organization have a process in place to ensure diversity reflecting your community on your Board, subsidiary(ies), and advisory boards?

☐ Have sufficient funds been allocated to achieve your diversity, inclusion, equity, accessibility, community outreach, workforce development, and community investment goals?

☐ Is diversity awareness and cultural proficiency training mandatory for all senior leadership, management, and staff?

☐ Have you made diversity awareness part of your management and Board retreat agendas?

☐ Is your management team’s compensation linked to achieving your diversity goals?

☐ Does your organization have a mentoring program in place to help develop your best talent, regardless of gender, racial, ethnic, language, religion, disability status, sexual orientation, gender identity, veteran status and socio-economic status?

☐ Do you provide tuition reimbursement to encourage employees to further their education? Have you evaluated how this benefit is used at the various levels of the organization?

☐ Do you have a succession/advancement plan for your management team linked to your overall diversity goals?

☐ Are search firms required to present a mix of candidates reflecting your community’s diversity?

Action Steps

Actions you can take to launch a dialogue on diversity, inclusion, cultural proficiency and equity.

ACTION 1
Direct your management team to complete the assessment. Compare the results, and then conduct a mini-retreat on your team’s responses.

ACTION 2
Ask your strategic planning and community relations leaders to prepare a presentation for senior management on the demographics of your community and your patients. Discuss the results in light of the assessment results.

ACTION 3
Meet informally with leaders of diverse groups in your community for a candid conversation about their concerns, perceptions of your hospital/health system’s patient care, community health issues, workforce development and economic investment efforts.

ACTION 4
Meet with your human resources team and review the demographics of your workforce at all levels to determine how well you reflect your community’s diversity.

ACTION 5
Meet informally with diverse groups of employees for a candid conversation about their observations and concerns about inclusion and accessibility and the workplace environment.

ACTION 6
Put together an internal task force to review the results of Actions 1-5 and recommend next steps.

ACTION 7
Review the results of Actions 1-5 with your Board for their observations and ideas.

ACTION 8
Review Actions 1-7 with your management team and put together a long-term strategy to create a more diverse, inclusive, accessible and equitable organization at all levels that delivers culturally proficient care.
CASE STUDY:
Gillette Children’s Specialty Healthcare

Increasing Hiring and Reducing Turnover Representation in Governance

Background
Gillette Children’s Specialty Healthcare is a nonprofit hospital located in St. Paul, Minnesota. Through its 60-bed hospital, clinics and outreach locations around the state, Gillette treats more than 25,000 children each year who have complex conditions, rare disorders and traumatic injuries that affect the musculoskeletal and neurological systems. Gillette also operates an adult clinic for teens and adults who have conditions that started during childhood. By taking the #123forEquity pledge, Gillette Children’s Specialty Healthcare committed to take action to accelerate progress toward three specific goals.

GOAL 1:
Increasing collection and use of race, ethnicity, language preference and other socio-demographic data

Interventions
As a part of the pledge, Gillette performed a pilot evaluation of patient care outcomes by ethnicity and race. The project focused on measuring outcomes in the inpatient rehabilitation population, which Gillette had not yet analyzed by race or language. The team stratified the pediatric functional independence measure (WeeFIM) score by language preference, race and ethnicity. It determined that (1) nonwhite children make less progress or fewer gains during their hospital stay (compared to white children); (2) non-English speaking children make more gains during their hospital stay than English-speaking children; and (3) all children who are nonwhite and non-English speaking make more dramatic improvement in progress or gains toward independence (compared to white, English-speaking children) after their hospital stay when they have made the transition to their communities for outpatient rehabilitation. Gillette presented data and findings to its Board of Directors and leadership teams.

Outcomes
In response to these findings, the Gillette Rehabilitation Systems team, made up of therapists, physicians and other providers, met to determine how best to address the health outcome disparities identified in the inpatient rehabilitation program. An action plan implemented in January 2017 includes direct questions during initial family conferences on how to best honor family values and beliefs. Family feedback is shared with the care team during the patient’s stay and follow-up appointments and is revisited each week by the team, taking into account the cultural needs of families and addressing health inequities. The inpatient rehabilitation team also identified a need to evaluate how they score WeeFIM; a team is working to address WeeFIM validation.

GOAL 2:
Increasing cultural competency training

Interventions
In 2016, more than 92 percent of employees completed “Cultural Competence: Background and Beliefs” training through the online HealthStream program. In late 2016, the Diversity and Cultural Competency Committee conducted a trial of the Intercultural Development Inventory, a valid, reliable assessment to measure individual and group cultural competence that will allow the hospital to create customized development plans for individual teams.

In 2017, the organization created classroom training and added a cultural competence course to new employee orientation. Additional instructor-led courses for staff and managers include a revamped two-day Emotional Intelligence and Diversity workshop for leaders and a new workshop on Diversity and Cultural Competence available to all staff.

Outcomes
An increased focus on cultural competency training has led to a number of new efforts. Gillette held a full-day meeting for all clinical, patient care managers and other leaders on cognitive bias in November 2016. They also held a full-day summit for all managers and senior leadership titled “Using Your Leadership to Build a Culture of Inclusion” in December 2016. A similar workshop is planned for supervisors, charge nurses and leads in 2017.

continued
### GOAL 3: Increasing diversity in governance and leadership

#### Interventions

The Gillette Diversity and Cultural Competency Committee developed a plan for increasing and advancing employee diversity. The hospital’s human resources department updated its diversity recruitment practices, adding strategies to increase diverse applicants, especially for leadership and nursing positions. This included partnering with recruitment firms that focus on diversity and participating in roundtables and meetings to network with professionals in the community. Building leadership diversity has been a top priority for Gillette, but there continue to be barriers to competing for and recruiting diverse leadership in the Twin Cities. To overcome these barriers internally, Gillette makes leadership development courses available to supervisors and staff nominated by their managers and, on occasion, provides interim leadership and committee leadership responsibilities to diverse staff who have high potential. The organization’s tuition reimbursement program, available to all staff, supports the advancement of staff members from entry-level positions to professional and technical jobs. Gillette also participates in Project Search, a program that provides students who have disabilities with internships.

Because of the special population the hospital serves, the organization makes it a priority to recruit family members of current or former patients into hospital governance.

#### Outcomes

Gillette has been successful in its efforts to increase minority hiring and reduce minority turnover. In a single year, the organization was able to increase minority representation on its workforce by 13.6 percent and internal promotion of minority employees by 12.5 percent, achieving parity with promotions overall.

More than 20 percent of the Gillette Board of Directors are family members of current or previous patients and thus represent a vulnerable population that has experienced a disability.

#### Lessons Learned

- A staff committee dedicated to increasing diversity and cultural competency, like the Gillette Diversity and Cultural Competency Committee, can provide useful insights into ways to improve in many different areas.
- In a hospital that specializes in treating children who have complex conditions, rare disorders and traumatic injuries, it is critical to include representation of those children’s family members in hospital governance.

#### Contact

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## Diversity Checklist

**Gillette Children’s Specialty Healthcare**

### As Diverse as the Community You Serve

- Monitors Community Diversity Demographics Data
- Strategically Utilizes Community Diversity Data

### Culturally and Linguistically Proficient and Equitable Patient Care

- Monitors Patient Diversity Data
- Utilizes Diversity Data in Relationship to Quality and Patient Safety
- Patient Satisfaction Surveys Reflect Patient Diversity
- Compares Patient Satisfaction Data across Diverse Groups
- Specially Trains Patient-facing Employees on Diversity Issues
- Educates Staff on Relevant Cultural Issues

### Strengthening Your Workforce

- Recruits to Diverse Candidates
- Trains Staff at All Levels on Care of Diverse Patients
- Takes Diversity of Workforce into Account in Performance Evaluation System
- Measures Diversity Pipeline Progress and Reports to Leadership

### Expanding the Diversity of Your Leadership Team

- Board Discusses Diversity of Board, Management Team and Workforce
- Board-Approved Policies Exist Encouraging Diversity and Inclusion
- Communicates Commitment to Diversity to Management Team
- Processes Ensure Board Reflects Community Diversity
- Mandates Diversity Training for All Leaders and Staff
- Provides Tuition Reimbursement and Evaluates Usage
- Requires Search Firms to Present Diverse Candidates
CASE STUDY:
HCA—Hospital Corporation of America

Increasing Culturally Competent Care

Background
Nashville-based HCA is made up of locally managed facilities that include 174 hospitals and 119 freestanding surgery centers located in 20 U.S. states and in the United Kingdom. By taking the #123forEquity pledge, HCA committed to take action to accelerate progress toward three specific goals.

GOAL 1: Increasing collection and use of race, ethnicity, language preference and other socio-demographic data

Interventions
In October 2015, HCA launched a cultural insights initiative that began with a system-wide enterprise scan created to gain a more thorough understanding of the communities served by HCA hospitals and the characteristics of patient populations. After considerable ground work and research was completed, including the enterprise scan and presentations to leadership, HCA launched a Cultural Insights Navigation Pilot, which includes development of a cultural and linguistic patient navigator program to provide one-on-one guidance to culturally and linguistically diverse patients as they move through the health care continuum. Lessons learned through the pilot will be used to develop a cultural insights implementation playbook.

Outcomes
As a result of the scan, HCA has improved its language services and collection of REaL (Race, Ethnicity and Language) data and advanced its cultural competency training. They have established a process to provide ongoing feedback to patient access and registration staff.

GOAL 2: Increasing cultural competency training

Interventions
To ensure that their workforce is equipped to treat every patient with dignity and respect, HCA created the Culturally Competent Care (C3) initiative. From language services to education and training, HCA's C3 tools, resources and information are designed to help staff understand, appreciate and serve the unique needs of diverse populations. HCA requires annual Code of Conduct training for all 241,000 of its employees. It has developed a series of enterprise-wide webinars and online courses to support training and awareness of language services, gender equality and cultural competency.

Outcomes
HCA has taken steps to ensure that internal policies, ethics and compliance efforts and its ADA programs are aligned with its C3 work and relate directly to the cultural challenges its facilities face.

GOAL 3: Increasing diversity in governance and leadership

Interventions
HCA views inclusion efforts as an ongoing priority and is strengthening its talent pipeline for leaders by partnering with national diverse leadership development organizations, providing scholarships and internships to diverse college students and sponsoring organizations that develop and guide culturally and racially diverse leaders.

Outcomes
Currently, 39 percent of HCA’s 241,000 enterprise workforce is nonwhite; 79 percent is female.

Lessons Learned
• A formal approach to understanding communities and patient populations served can yield important insights into ways of moving toward equity of care.

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continued
**Diversity Checklist**

**HCA—Hospital Corporation of America**

**As Diverse as the Community You Serve**
- Monitors Community Diversity Demographics Data
- Strategically Utilizes Community Diversity Data

**Culturally and Linguistically Proficient and Equitable Patient Care**
- Monitors Patient Diversity Data
- Emphasizes Importance of REaL Data
- Provides Comprehensive Language Services
- Process in Place to Identify Need for Language Services
- Educates Staff on Relevant Cultural Issues

**Strengthening Your Workforce**
- Recruits to Diverse Candidates
- Partners with Community Institutions to Support Career Pathways
- Trains Staff at All Levels on Care of Diverse Patients

**Expanding the Diversity of Your Leadership Team**
- Mandates Diversity Training for All Leaders and Staff
CASE STUDY: HealthPartners

Engaging Employees

Founded in 1957, HealthPartners is the largest consumer-governed, not-for-profit health care organization in the nation. The organization is dedicated to improving health and well-being in partnership with members, patients and the community, and provides a full-range of health care delivery and health plan services including insurance, administration and health and well-being programs. HealthPartners serves more than 1.8 million medical and dental health plan members nationwide, and is the top-ranked commercial plan in Minnesota. The care system includes more than 1,700 physicians, seven hospitals (including a Level 1 Trauma Center), 55 primary care clinics, 19 urgent care locations and numerous specialty practices in Minnesota and western Wisconsin. HealthPartners Clinic (NCQA Level 3 ACO), Park Nicollet Clinic (Next Gen ACO), Lakeview Health, Physicians Neck & Back Center, TRIA Orthopedic Center and virtuwell.com are all part of HealthPartners. In addition, HealthPartners Dental Group has more than 60 dentists and 23 dental clinics. HealthPartners also provides medical education and conducts research through HealthPartners Institute.

GOAL 1: Increasing collection and use of race, ethnicity, language preference and other socio-demographic data

Interventions
HealthPartners has systematically collected data on race and ethnicity, language and country of origin directly from patients and members in a variety of ways for almost 15 years; current rates of race and language data collection across the organization (hospital, ambulatory, health plan) are above 95%. The organization believes that collecting this information face-to-face from patients at the point of care or health plan contact is most effective. HealthPartners uses this data to continually monitor the quality of care delivered and patient experience by race, ethnicity and language. In addition to stratifying data by race, HealthPartners includes payor type as proxy for socioeconomic status.

Outcomes
HealthPartners regularly reviews colorectal cancer screening, breast cancer screening, pediatric immunizations, asthma, vascular, and diabetes rates by race and payor type. They produce quarterly summaries that display all clinics disparity rates from highest to lowest performing and review with physician and administrative leaders. For example, HealthPartners identified gaps in the rates of breast cancer and colorectal cancer screening by race and took action to eliminate these disparities. They were able to improve overall rates and lower the gap in breast cancer screenings by race by six percent from 2006 to 2017. The screening gap for colorectal cancer by race was reduced 15 percent from 2009 to 2017. In the hospital setting, disparity data is regularly reviewed by race, language, and payor type. Statistically significant disparity gaps are monitored if they exist in length of stay, patient satisfaction, readmissions, mortality, AHRQ measures, and emergency department measures. HealthPartners hospitals have substantial ongoing work in areas including demonstrated improvement in patient satisfaction in OB by language.

GOAL 2: Increasing cultural competency training

Interventions
HealthPartners Equitable Care Champions program consists of more than 170 employees (clinical and nonclinical) from across the organization who have received initial and ongoing expert training to help disseminate best practices for patients of diverse cultures and patients with limited English proficiency.

In 2013, HealthPartners formed an employee resource group known as Cross Cultural Leadership Network and in 2015 launched the Lesbian, Gay, Bisexual, Transgender, Queer/In-Question Business Engagement Network. These two Business Engagement Networks focus on leadership development, organizational priorities, and community outreach and are an integral part of HealthPartners engagement and retention strategy. Last year, senior leaders led open conversations on race with teams across the organization. HealthPartners continues to build awareness by providing learning experiences around diversity and inclusion, cultural humility and recognizing and managing bias to leaders and care teams across the enterprise.

continued
GOAL 3: Increasing diversity in governance and leadership

Interventions

Efforts to increase the diversity of leaders within the organization, guided by a Diversity and Inclusion Team, include a Diversity & Inclusion Leadership Summit for senior leaders, a measure of diversity and inclusion in the organization’s annual engagement survey, incentive compensation tied to diversity and inclusion measures, and other initiatives.

To increase diversity in the work force, HealthPartners supports initiatives such as the Forum on Workplace Inclusion, the People of Color Conference, The YWCA It's Time to Talk about Race Forum, and National Black MBA. In addition, HealthPartners provides mentors and support for the Honoring Women Worldwide program, focused on leveraging women’s untapped leadership capabilities, building community across cultures and creating unique global education.

Each year, the HealthPartners Governance Committee reviews with the board a summary of the board’s diversity and deliberate steps to recruit a diverse slate of members. The board also requests an annual update on the progress the organization is making related to diversity, inclusion and health equity.

Outcomes

HealthPartners is a past recipient of a National Association of Corporate Director Board Diversity Award.

Lessons Learned

• Payor type (Medicaid or commercial insurance) can be a proxy for socioeconomic status.
• Transparency with data across all sites fosters shared learning and improvement.
• Employee affinity groups, such as HealthPartners’ for diverse leaders and for LGBTQ leaders, can help an organization define best practices relating to patients, members, and colleagues from those groups.

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Diversity Checklist

HealthPartners

Culturally and Linguistically Proficient and Equitable Patient Care

☑ Monitors Patient Diversity Data
☑ Emphasizes Importance of REaL Data
☑ Utilizes Diversity Data in Relationship to Quality and Patient Safety
☑ Patient Satisfaction Surveys Reflect Patient Diversity
☑ Compares Patient Satisfaction Data across Diverse Groups
☑ Educates Staff on Relevant Cultural Issues

Strengthening Your Workforce

☑ Recruits to Diverse Candidates
☑ Partners with Community Institutions to Support Career Pathways

☑ Acknowledges, Awards, and Honors Diversity
☑ Measures Employee Perceptions of Diversity Practices
☑ Compares Results among Diverse Groups and Acts on Those Results
☑ Takes Diversity of Workforce into Account in Performance Evaluation System
☑ Measures Diversity Pipeline Progress and Reports to Leadership

Expanding the Diversity of Your Leadership Team

☑ Board Discusses Diversity of Board, Management Team and Workforce
☑ Board-Approved Policies Exist Encouraging Diversity and Inclusion
☑ Communicates Commitment to Diversity to Management Team
☑ Board Sets Goals on Organizational Diversity
☑ Links Management Compensation to Diversity Goals
CASE STUDY: Legacy Health

Addressing Readmissions Rates

Background
Legacy Health is a nonprofit, locally owned organization based in Portland, Oregon and serves Oregon, Southwest Washington and the Mid-Willamette Valley. The system includes two regional hospitals, four community hospitals and a specialized children’s hospital. By taking the #123forEquity pledge, Legacy Health committed to take action to accelerate progress toward three specific goals.

GOAL 1: Increasing collection and use of race, ethnicity, language preference and other socio-demographic data

Interventions
All patient access staff are required to take classroom training on collecting race, ethnicity and language data. In order to develop cultural competency and sensitivity about gender identity, they are also being trained on collecting gender identity information.

Outcomes
Pre- and post-surveys indicate that after going through training, employees are more comfortable talking about race and ethnicity with patients and are collecting it more efficiently. As a result, Legacy Health has increased the collection of patient demographic data and data collected are more accurate.

After analyzing the data, staff presents information about all-cause readmissions to the board. They have also used this information to improve discharge documents. A team made up of the organization’s vice president for quality and human resources, chief medical officer and diversity program manager is creating a plan to address readmission disparities.

GOAL 2: Increasing cultural competency training

Interventions
Legacy Health has increased the focus on diversity and cultural competency in its mandatory employee education and is working with other health systems to create an unconscious bias training module that will be mandatory for all employees. They have created a fully integrated Gender and Sexual Health Service Line and will execute a plan to create single-stall or gender-neutral bathrooms at all hospitals and clinic sites. New policies are under review for transgender employee transition, nondiscrimination, equal opportunity, affirmative action and anti-harassment. In addition, the organization has increased communication about equity and inclusion to all leaders and shares its diversity work in weekly newsletters.

Outcomes
Legacy Health increased diversity overall by three percent last fiscal year.

GOAL 3: Increasing diversity in governance and leadership

Interventions
Legacy Health requires that at least one candidate of color has the opportunity to interview for every open leadership position. They encourage hiring managers to have diverse interview panels and to ask candidates a question about cultural competency and they created a one-page guide to help hiring managers stay bias-free in interviews. Efforts to attract a broader range of candidates include changing job listing vendors to reach a more diverse audience, attending culturally-specific job fairs and partnering with employee resource groups to reach communities more effectively.

continued
CASE STUDY: Legacy Health

Outcomes
These efforts have helped leadership diversity increase from eight percent to 15 percent. This year, Legacy Health welcomed African-American and Asian-American members to its board and hopes to add a member from the LGBTQ community.

Lessons Learned
- Training patient access staff to efficiently and sensitively collect race, ethnicity, language preference and gender identity data can result in more and better information.
- Like many other organizations, Legacy Health found that accurate data is valuable in addressing readmissions rates.
- Legacy Health finds it important to interview diverse candidates for every leadership opening.

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Diversity Checklist
Legacy Health

As Diverse as the Community You Serve
☑ Monitors Community Diversity Demographics Data
☑ Strategically Utilizes Community Diversity Data

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☑ Monitors Patient Diversity Data
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☑ Mandates Diversity Training for All Leaders and Staff
CASE STUDY:
Norwegian American Hospital

Analyzing Data Carefully

**Background**
Norwegian American Hospital (NAH) is a 200-bed, acute care community hospital situated in the Humboldt Park neighborhood on Chicago’s near Northwest side. The hospital has served a diverse and dynamic population over its more than 100-year history, and has consistently engaged in efforts to ensure equality in healthcare service delivery, workforce development and hospital governance.

The hospital is accredited by The Joint Commission and has achieved Primary Stroke Certification from the Healthcare Facilities Accreditation Program (HFAP).

By taking the #123forEquity pledge, NAH committed to take action to accelerate progress toward three specific goals.

**GOAL 1:**
*Increasing collection and use of race, ethnicity, language preference and other socio-demographic data*

**Interventions**
The hospital regularly analyzes race, ethnicity, language preference and other socio-demographic data related to its community and patient population. It uses this analysis to inform current programs and develop new initiatives specifically designed to address the needs of its community.

**Results**
In one of the analyses conducted by the hospital, NAH found that the residents of the ZIP codes immediately surrounding the hospital exhibit one of the highest per capita rates of diabetes in the country. The hospital has also determined that at least in part due to socio-economic disparities in the community, individuals with diabetes historically had very limited access to a range of health services necessary to manage various aspects of their illness. In response, the hospital has developed a comprehensive diabetes center that includes multiple medical specialties (endocrinology, nephrology, podiatry, neurology, primary care, etc.), diabetes education and related services to provide a single point of service focused on preventing, educating and providing clinical services that optimize the health of individuals with, or at risk for diabetes.

**GOAL 2:**
*Increasing cultural competency training*

**Interventions**
The hospital has increased the number of diversity training and education programs available to staff and requires that all staff participates in diversity training. It also focuses on cultural competency and diversity awareness elements when evaluating patient and physician interactions and various satisfaction/perception surveys.

**Results**
Diversity information obtained from patient and physician sources is then used in several ways to improve competencies, including
- Regular revisions and updates to organization-wide training materials and sessions so that these educational elements are current and effective
- Provide near real-time feedback to staff (usually through the organization’s Patient Experience Officer) to improve the competencies on a case by case basis
- Anecdotally inform staff on specific behaviors and practices that can be integrated into contact with patient and physician to improve cultural sensitivity.

**GOAL 3:**
*Increasing diversity in governance and leadership*

**Interventions**
NAH seeks to build and retain a leadership team that both reflects the diversity of the community it serves and includes the best talent possible. The hospital addresses barriers to these objectives by posting job positions in a wide variety of resources and making diversity one of the characteristics by which candidates are identified.

The hospital has worked equally hard to attain a diverse membership for both its hospital and foundation boards. It attracts and retains a diverse group of board members through its willingness to recruit individuals from a wide variety of backgrounds and because of its standing in the community.
A Diversity, Equity and Cultural Competency Assessment Tool for Leaders

CASE STUDY: Norwegian American Hospital

Results
Currently, the leadership team of NAH is 17 percent African American, 17 percent Latino, 17 percent Asian, three percent multiracial and 46 percent White. More than half of the leadership team is female. The hospital board is 37 percent Latino, 13 percent Asian, 13 percent African American and 37 percent White, and 25 percent of hospital board members are female. Half of foundation board members are female and 64 percent are Latino.

Lessons Learned
• Careful analysis of demographic data can help hospitals design programs that respond to their communities’ unique needs.

Diversity Checklist
Norwegian American Hospital

As Diverse as the Community You Serve
✓ Monitors Community Diversity Demographics Data
✓ Strategically Utilizes Community Diversity Data

Culturally and Linguistically Proficient and Equitable Patient Care
✓ Monitors Patient Diversity Data
✓ Emphasizes Importance of REaL Data
✓ Utilizes Diversity Data in Relationship to Quality and Patient Safety
✓ Patient Satisfaction Surveys Reflect Patient Diversity

Strengthening Your Workforce
✓ Recruits to Diverse Candidates
✓ Trains Staff at All Levels on Care of Diverse Patients
✓ Measures Diversity Pipeline Progress and Reports to Leadership

Expanding the Diversity of Your Leadership Team
✓ Board-Approved Policies Exist Encouraging Diversity and Inclusion
✓ Mandates Diversity Training for All Leaders and Staff

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Cultural Competency impacts all areas of patient care and hospital operations and can be improved on an integrated basis through multiple channels.

Improving and optimizing Cultural Competencies is a critical, ongoing and dynamic process that depends on a consistent organizational commitment.

To achieve board diversity, it is imperative to recruit members from a wide variety of backgrounds.


Bibliography/Resources


O'Connor, B. “Race value. Creating a diverse workforce is not just a recruitment issue-it also relies on the development of visible leadership at all levels.” Health Service Journal. 113(5879):suppl.4-5, Oct.2003.


continued


STRATEGIES for LEADERSHIP

A Diversity, Equity and Cultural Competency Assessment Tool for Leaders

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WEBINAR

2017-2018

DIVERSITY DIALOGUE WEBINARS

Institute for Diversity and Health Equity

An affiliate of the American Hospital Association

WWW.DIVERSITYCONNECTION.ORG
Health disparities experienced by our minority communities, as well as the poor and underserved, continue to be a challenge for all health systems. This Diversity Dialogue will examine the interrelationships between diversity and inclusion, culturally competent care, community partnerships and population health strategies. Additionally, we will discuss metrics and incentives to help promote a culture of health equity, diversity and inclusion.

Learning outcomes include:
• Understanding the relationship between patient adherence to treatment and cultural competence
• Discussing examples of leadership-driven approaches in promoting diversity and health equity goals
• Understanding how to use external CHNA and internal EMR data sets to support community health efforts that benefit our patients and the populations that we serve
Initiated in 2015 under the leadership of Chief Medical Officer Tom Kayrouz, M.D., and Robert Pierce, director of quality and process improvement, the Daily Safety Huddle Call is one tactical element of AnMed Health's efforts to function as a high-reliability organization. Principles of culturally and linguistically appropriate care delivery are embedded in AnMed Health’s work, including safety and risk mitigation relative to cultural competence and patient-provider communication. Hear references to the correlation among the culturally and Linguistically Appropriate Services, the Joint Commission Standards and principles of high reliability as well as the details of the AnMed Health Safety Huddle.
EQUITY OF CARE AWARD WEBINAR SERIES

Featuring 2017 Award Winners and Honorees
ALIGNING DIVERSITY AND INCLUSION, COMMUNITY ENGAGEMENT, BUSINESS OPERATIONS AND POPULATION HEALTH EFFORTS TO ACHIEVE EQUITY: RUSH’S MISSION TO IMPROVE THE HEALTH OF CHICAGO’S WEST SIDE

Equity of Care Webinar Series, Part 1

Featured by: Equity of Care Honorees Rush University Medical Center & Advocate Health

Date: November 20, 2017

Archive: Stream

Both Rush University Medical Center and Advocate Health have taken action to accelerate progress in #123forEquity pledge and discussed their journey. Rush has made community health equity a strategic goal and has aligned business operations, population health efforts, diversity and inclusion and community engagement efforts to achieve equity. Rush has initiated an anchor mission initiative focused on hiring locally and creating career pathways, purchasing locally, impact investing locally and volunteering locally to create jobs and economic opportunities in the surrounding neighborhoods. Rush has pledged to increase diversity at the director level and above.

Advocate Health Care started the REaL Data Collection campaign called “We Ask Because We Care.” Advocate also implemented Project H.E.A.L.T.H. (Healing Effectively after Leaving the Hospital), a transitional care program with the goal to reduce avoidable readmissions for patients who have asthma, diabetes and sickle cell disease by identifying barriers to recovery for patients discharged to home. Advocate established the first center of its kind in the Midwest designed to serve the South Asian community through a unique combination of community outreach, culturally sensitive advanced clinical services and research.
ALIGNING DIVERSITY AND INCLUSION, COMMUNITY ENGAGEMENT, BUSINESS OPERATIONS AND POPULATION HEALTH EFFORTS TO ACHIEVE EQUITY

Equity of Care Webinar Series, Part 2

Featured by: Cone Health
Date: December 13, 2017
Archive: Stream

This Diversity Dialogue highlighted Cone Health’s Accountability for Cancer Care through Undoing Racism (ACCUR) project. Cone Health Cancer Center completed a 5-year prospective study evaluating novel methods to reduce the racial disparity between African-American and white lung cancer patients. Specifically, there was an improvement in African-Americans’ completion of treatment from a 64 percent baseline to 96 percent. The white population also benefited with an increase from 76 percent to 96 percent.

Cone Health has also achieved Health Equity Index Leader Status, which is awarded by the Human Rights Campaign, for four consecutive years. Additionally, Cone Health leaders, physicians and staff have worked hard to increase awareness and competencies about LGBT health disparities. Cone Health has developed a culture of appreciating the diversity that exists among leaders, physicians and staff as well as shared accountability to serve the diverse needs of the patients in the community.
Since 2003, Moffitt Cancer Center has made health equity and inclusion a critical component for becoming an employer of choice and for the delivery of equitable care across the patient-care spectrum. This Diversity Dialogue addresses this health care organization’s multi-disciplinary journey, which grew from a committee of volunteers to a dedicated office, a team of center-wide collaborators, and a sustainable infrastructure where health equity and inclusion are within the organization’s fabric.
Advocate Takes Multipronged Approach to Health Care Equity

Last year, Advocate Health Care, based in Downers Grove, Ill., launched a new process for gathering patient data on religious preference, race, ethnicity and language through a campaign named "We Ask Because We Care." The process began with training all Advocate scheduling and registration staff on how to ask for and collect what is called REaL data in a consistent, respectful manner using a standardized protocol. REaL data must be entered into the system’s electronic health record to advance the registration process, further reinforcing standardization. The efforts have garnered Advocate honors in the American Hospital Association's Equity of Care Award.

"Before we put this process into play, we didn’t have a consistent data collection process — we needed to ask, ‘Who are we serving?’” says Andrew Lee, Advocate’s vice president of diversity and inclusion. “Our Executive Diversity Council has made reducing health disparities an overarching strategic priority for Advocate Health Care.”

Based on the initial REaL data findings, Advocate additionally stratified its HCAHPS data by race in the survey’s pain management and discharge domains. Advocate’s Health Disparities/Health Equity Task Force identified care disparities for both conditions within different races, and six months ago, launched separate pilots to address those gaps at Advocate’s two flagship hospitals. Advocate Lutheran General Hospital in Park Ridge, Ill., is working to improve pain management among its Asian-American inpatients, while Advocate Christ Medical Center in Oak Lawn, Ill., is addressing discharge compliance among its African-American patients.

“At Lutheran General, we learned that language could be a barrier to effective pain management with our Asian-American patients,” Lee says. “They might nod their heads when asked about their pain level, but that doesn’t mean they understood the question or that their pain was under control.” The pilot aims to improve culturally appropriate communication with more specific rounding questions. At Christ Medical Center, avoidable readmission rates among African-American patients were linked to inadequate discharge instructions, so that pilot program is focused on providing more complete and culturally aware instructions on the importance of medication adherence and follow-up appointments.

A third pilot program, at Advocate Trinity Hospital in Chicago, is taking an even broader approach to reducing avoidable readmissions through a transitional care program named Project HEALTH, or Healing Effectively After Leaving the Hospital. The program utilizes community health workers, working with the patient’s hospital care team, to
provide post-discharge services ranging from helping patients schedule follow-up appointments and fill prescriptions to connecting them with local social service agencies. Lee says the program, which is particularly geared toward patients with asthma, diabetes and sickle-cell disease, “has been positive in so many ways. Patients and families are grateful, and the holistic approach of connecting clinicians and community health workers under one umbrella has helped reduce readmissions.”

An internal diversity initiative showing similarly encouraging results was launched by Lee last year. “I proposed to leadership that if we needed to up the game on cultural competence, we should offer more frequent staff education in small doses,” he says. The result is “Diversity Dialogues,” led by managers in various Advocate hospital units as a part of monthly staff meetings. Managers read a 15- to 20-minute script about some aspect of patient diversity (e.g., different ethnic backgrounds, language barriers, LGBTQ patients), then lead a discussion asking associates whether they have interacted with a similar patient, what happened and what could have been done differently to improve communication and care.

“We run the gamut on all dimensions of diversity,” Lee says. “Staff now look forward to these discussions — the conversations flow organically — and it’s given us really valuable feedback.”

The American Hospital Association’s Equity of Care Award is presented annually to hospitals or care systems that are noteworthy leaders and examples to the field in the area of equitable care. Honorees demonstrate a high level of success in reducing health care disparities and promote diversity in leadership and staff within their organizations.

The goals of this award are:

- Recognize outstanding efforts among hospitals and care systems to advance equity of care to all patients.
- Accelerate progress of the National Call to Action to Eliminate Health Care Disparities and its stated goals and milestones.
- Spread lessons learned and progress toward health care equity and the promotion of diversity.
Cancer Center Has Long History of Fighting Disparities in Care

Personalized care includes specialized medical interpreters, targeted community outreach
July 31, 2017 | Laurie Larson

As the only National Cancer Institute-designated Comprehensive Cancer Center in Florida, the Moffitt Cancer Center has placed a premium on health equity for the past 20 years. The cancer center’s leadership recognized that “cancer doesn’t discriminate, so we’ve got to be prepared,” says Cathy Grant, senior director of Moffitt Diversity. “We try to attack care disparities from multiple vantage points.” Moffitt is an honoree in the American Hospital Association’s Equity of Care Award.

One of the Tampa-based institution’s initiatives is the Disparities Dashboard, launched two years ago by its Cultural and Linguistic Competence Steering Committee, composed of physicians, nurses, patients and other key stakeholders. The dashboard uses clinical metrics stratified by race, ethnicity, gender and language preference to identify, monitor and address care outcome disparities. The dashboard currently reports on advance directives, sexual orientation and gender identity, and patient satisfaction. In the future, the dashboard will also include pain assessment, prostate cancer bone scans and venous thromboembolisms as new data become available.

Watch: 2017 Equity of Care: Moffitt Cancer Center

Moffitt chose those measures because, as a specialized institution, it has a narrower range of outcomes data on which to draw, Grant says. “We had to find metrics that had enough patient volume and experience to see patterns,” she says. “The data drive us to continually consider the questions about the patient’s experience we want to answer. The patient experience begins as soon as [that patient] walks in the door — and none of us know what part of that experience is most important to each individual.”

With that in mind, Moffitt takes a person-centered approach to cultural competence, promoting a philosophy that the patient is always the best resource for understanding his or her cultural perspective. The cancer center emphasizes education for its team members. With support from executive leaders, every member of Moffitt's management team has completed diversity and inclusion education. Team members are trained and supported in assessing cross-cultural issues with patients, exploring their illnesses and treatment beliefs among other concerns. And because cancer treatment can be especially complicated to explain, Moffitt is prepared when language differences may pose a barrier to optimal care.
“We have a fantastic team of certified medical interpreters — we use them for complex clinical conversations when complete patient understanding is needed,” Grant says. That dedication extends into the operating suite, where Grant says one medical interpreter was included as a part of the medical team for an awake brain procedure. The medical interpreter spoke with a non-English-speaking patient during the operation so the surgeon could ensure that the patient would retain language skills after surgery.

The cancer center’s commitment to care equity is equally apparent outside its walls. The Moffitt Program for Outreach Wellness Education and Resources, or M-POWER, works to raise awareness about cancer prevention and the importance of early detection through multiple community outlets. M-POWER focuses on low-income, rural, non-English-speaking, and racial or ethnic minority populations that are underrepresented in the care continuum. M-POWER reaches more than 6,000 Tampa area residents annually, including connecting uninsured men to prostate and skin cancer screenings and more than 500 uninsured women to mammography screenings at no cost to the patient.

One popular avenue for promoting cancer awareness among women is a program named ShopTalk: Health Tips for Women, which gives stylists in local beauty salons materials and guidelines to help them raise cancer awareness, explain screenings and offer healthy lifestyle education to their clients. Women study a web-based cancer education module while they get their hair done, and then stylists can answer their questions and connect clients to services such as the voucher program for mammograms. Some stylists have even been trained in how to identify potential skin cancers on the scalp.

“The salon stylists are trusted advisers in the community, and they have a relationship with their clientele,” Grant says. “Taking the message of cancer prevention, screening and healthy lifestyles to the community is a longtime commitment for us — but in the salons, the trust already exists.”

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Cone Health Closes Racial Disparities in Health Outcomes

Cone Health garners honorable mention in the American Hospital Association's 2017 Health Equity Award for its work in reducing health disparities among its patients.

July 31, 2017 | Laurie Larson

In a focused effort to collect accurate, reliable data on race, ethnicity and language preference, or REaL data, for patients across its regional service area, Cone Health created an e-learning tool for its registration staff that emphasizes asking rather than assuming the answers to those questions.

Designed by the system’s Physician Council for Health Equity and its Office of Inclusion and Health Equity, the scenario and role-playing e-learning tool was disseminated in 2015 to staff in inpatient, outpatient, emergency, ambulatory care and phone-registration areas, with the dual goals of improving care quality and reducing health disparities among patients in the Greensboro, N.C.-based system. Those goals have been reached — and exceeded. As a result, Cone Health garners honorable mention in the American Hospital Association’s 2017 Equity of Care Award for its work in reducing health disparities among its patients.

Watch: 2017 Equity of Care: Cone Health

The updated REaL data, in which a significant percentage of patients registered as more than one race, helped the system to determine that it had a 52 percent minority patient base, and that 41 percent of those minorities were African-American. The Cone Health Cancer Center then launched an initiative to reduce treatment completion disparities for African-American patients diagnosed with early stage breast or lung cancer.

Four interventions have since erased those disparities: creating a real-time registry that issues automated alerts for missed appointments and unmet care milestones; tracking race-specific data on treatment adherence; employing a nurse navigator trained in culturally appropriate communication; and holding quarterly staff education sessions on unconscious health bias, gatekeeping and other contributors to treatment inequities. As a result, the share of patients who completed cancer treatment went from 64 to 96 percent among African-American patients, and from 76 to 96 percent among white patients.

“We are proud of our cancer center’s results in reducing, and in one case eliminating, racial disparity that existed between African-American and white lung-cancer patients — and to bring all patients to the same level of treatment completion,” says Laura Vail,
director of the Office of Inclusion and Health Equity. “We’ve worked on other specific disparities over the past year and are seeing significant health equity gains.”

That continued dedication is embodied in Cone Health’s five employee network groups, which meet regularly to devise internal strategies to improve cultural competence for staff and create strategies to partner with the community at large. The groups include the Black and African-American Health Network Group, which offers internal services ranging from health screenings to spiritual support and community services such as health fairs at churches; Women Inspiring Women, which addresses professional development, heart disease, nutrition and gender bias for employees and community members; VetNet, which provides fellowship opportunities for military veterans and raises staff awareness about health disparities among veterans; the Caregivers Group, which offers support to employees who care for parents, spouses or children with special needs; and the LGBT Employee Network Group, which has led Cone Health to Leader status on the Human Rights Campaign’s Health Equity Index for the last four years.

“These groups make the community connection,” Vail says. “They help us think differently and build bridges.” She recounts a meeting of the LGBT employee group to which members of the transgender community were invited to participate in a panel discussion. When they said they didn’t believe they could access local primary care, several physicians in attendance stepped forward and offered their services, “and we closed that gap,” Vail says.

Vail says a particularly memorable moment occurred at a Cone Health event last September, where CEO Terry Akin apologized on behalf of Cone Health and honored Alvin Blount, M.D., the last living physician involved in the landmark 1962 case Simkins v. Moses H. Cone Memorial Hospital, which led to national desegregation of all hospitals that accepted Hill-Burton Act funds. “For our leaders to do that, to stand up and say, ‘We want to make this right,’ it created a new level of trust in our community,” Vail says.

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Rush University Medical Center Targets Community Health Disparities

Hospital works to identify the most pressing health and social needs of Chicago neighborhoods
August 1, 2017 | Laurie Larson

In June 2016, Rush University Medical Center changed its mission from being the “best in patient care” to “improving the health of individuals and communities we serve,” with an emphasis on improving health outcomes beyond its campus. No doubt a sobering contributor to that revised mission is the fact that just outside its walls, life expectancy on Chicago’s West Side is less than 69 years, while only a few miles away in the downtown Loop it is 85 years. To understand those disparities and determine how to change them, Rush started running the numbers.

“We decided several years ago that we needed to look at how our [electronic health record] data linked to our cost and geo-coded consumer data — and that’s now connected to public health data as well,” says David Ansell, M.D., Rush’s senior vice president of community health equity. Taking a standardized approach, Rush has begun to gather psycho-social data as well as race, ethnicity and language-preference information to create an inpatient and outpatient data mart named the Disparity Navigator. The tool allows improvement teams and university researchers to examine inequities within Rush’s delivery system by clinical condition, race, ethnicity, language, cost of care, gender/gender identity, sexual orientation and neighborhood characteristics.

Using the Disparity Navigator’s insights and public health data, Rush recently created a new community health needs assessment, as well as a community health implementation plan to improve the well-being of its West Side resident patients. These initiatives have made Rush an honoree in the American Hospital Association’s Equity of Care Award.

“We’ve made community health equity a strategic priority,” Ansell says. “We’re taking an all-encompassing approach, asking ‘Who’s not thriving here, and why not?’ Working with our community, our patients and our employees, we’ve begun an effort to address this question on all fronts.”

Among the examples of its work, Rush’s CHNA identified a need to address community trauma from gun violence and other events and its consequences. Rush then started screening teens at its Adolescent Family Center and School-Based Health Center at Orr Academy High School, documenting and addressing adverse childhood events. Rush aims to offer telepsychiatric services in area schools next year to support children in need, Ansell says.
In partnership with University of Illinois Health, Rush is also starting to use a tool to screen for social and structural determinants of health, administered by patient navigators in its emergency department. “We’ve rolled it out on paper and, eventually, we’ll put it into the [EHR] and everyone who comes through the ED will be screened,” Ansell says.

In the community, Rush has committed to providing supportive housing to local, chronically ill homeless patients, based on a similar, successful program at UI Health. In response to the life expectancy outcomes in its surrounding neighborhoods, Rush, UI Health and the Cook County Health and Hospitals System convened health care leaders, the Chicago Department of Public Health and more than 50 community-based organizations to seek input from individuals and community partners on the area’s most pressing health concerns. Local hospitals, residents and community-based organizations will be joining Rush in a multisector, multipartner West Side Total Health Collaborative with the ultimate aim of improving life expectancy, well-being and economic vitality in these neighborhoods. As part of this effort, Rush and a number of other hospitals have committed to become anchor institutions — to hire, purchase and invest in local neighborhoods.

“We’re pursuing an all-in strategy that recognizes there have been deliberate, historic injustices,” Ansell says. “We don’t want to replicate that going forward.”

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Working together, the American Hospital Association (AHA) and the National Urban League (NUL) are addressing inequalities in health care and increasing diversity in health care leadership across the U.S. Building on the Urban League’s successful community health worker (CHW) program at the Morehouse School of Medicine in Atlanta, AHA and the Urban League will help hospitals and health systems better integrate community health workers into their care delivery and population health strategies. The Institute for Diversity and Health Equity is facilitating this important work.

**Leveraging Community Efforts**

Many clients of the Urban League’s CHW programs are currently or were formerly engaged in other Urban League programs, such as job training and placement, housing counseling, financial education, seniors’ programs, and voter registration. By helping participants address a broad range of economic, social and psychosocial issues, the Urban League helps to stabilize and improve the quality of the participants’ lives and incorporates a holistic approach to health.

Studies have shown that individuals who work with Urban League community health workers improve health indicators, have a higher awareness of health issues and are more likely to take ownership of their health, lifestyle and treatment.

**Mapping a Way to Better Health**

The Institute for Diversity convened a national meeting of Urban League leaders, practitioners from hospital/health systems as well as federal and state agency officials to define the community health worker’s role, the value of credentialing for these workers and examined funding sources for sustainable strategies to make these successful programs replicable in communities of varying size (read a summary of this group’s 2017 meeting at [www.diversityconnection.org](http://www.diversityconnection.org)).

**Get Involved**

The Institute is updating AHA’s *Building a Community Health Worker Program Toolkit*, incorporating learnings from the National Urban League’s success and identifying policy challenges, as well as solutions, to enable wider use of CHWs. Does your organization partner with community health workers? Join the Institute’s efforts to share best practices with colleagues. Share your story on Twitter @IFD_AHA or info@diversityconnection.org.
ISSUE BRIEF

Partnering with National Urban League Trustee Candidates

Shared Leadership Challenges

The National Urban League and AHA are connecting hospital and health system CEOs with local Urban League leaders interested in opportunities to serve on governing boards in their communities. AHA is providing support and education to potential trustees through events such as November’s Trustee Candidate Orientation and will share successful strategies and lessons learned to help communities across the country increase the number of African-American hospital board members and C-suite leaders.

Diverse, engaged hospital and health system boards become trusted linkages to the community and are one key to changing health trends and empowering all individuals to reach their highest potential for health. When hospital boardrooms reflect the patients and communities they serve, the goal of equitable, culturally competent care becomes more attainable.

Key Leadership Opportunities

- Hospital and health system boards often fall victim to “unconscious bias” in board selection, particularly on the issue of income gaps and relationship variances.

- Hospital and health system boards must be educated on diversity and health equity issues and engaged in how they are being addressed. Organizations that are successfully working to eliminate disparities in care empower board members to actively engage while board members commit to the issue as an organizational priority.

- Social determinants have been the overarching agenda of the Urban League since its inception, strategizing to improve the overall health and well-being of the community. As a result, NUL leaders bring unique and cultural skills that greatly benefit perspectives in the boardroom.

Get Involved

Sign the #123forEquity pledge and consider having a qualified NUL candidate on your board. Contact info@diversityconnection.org.