Embracing Equity: It’s Easy as 1, 2, 3!
Webinar Featuring Tomás León

August 10, 2016

IHAconnect.org/Quality-Patient-Safety
I. Introduction – IHA

II. Featured Presentation – Tomás León

III. Case Study – King’s Daughters’ Health

IV. Questions – Open to All Participants

– How can IHA be a resource? What follow up would be helpful?
Indiana’s Bold Aim

To make Indiana the safest place to receive health care in the United States... 

*if not the world*
Since May 2015, Tomás León has served as president and CEO of the Institute for Diversity in Health Management, an affiliate of the American Hospital Association. His leadership brings an innovative, inclusive and purpose-driven approach to promoting diversity, inclusion and equity within the health care field. León has two decades of experience in community mobilization, diversity and inclusion, business development, public health, policy advocacy, philanthropy and marketing communications from his previous senior executive roles.
Eliminating Disparities and Advancing Diversity in Health Care

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August 10, 2016
Objectives

1. Learn about AHA’s #123forEquity Pledge to Act to Eliminate Health Care Disparities.

2. Understand the WHY for eliminating disparities, advancing diversity?

3. Find out about the resources to help hospitals.
Health disparities can be defined as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups.

Evolving definition of diversity inclusive of race, ethnicity, language preference, disability status, gender identity, sexual orientation, religion, veteran status, and socioeconomic factors.

Health equity is the attainment of the highest level of health for all people.

Source: https://www.healthypeople.gov/
Diversity is a Reality in the U.S.

- 2010:
  - 65% white
  - 35% minority
- 2050:
  - 46% white
  - 54% minority
The headlines are common and the facts are known…

Half of Latinos and more than a quarter of African Americans do not have a regular doctor. 
-U.S. Department of Health & Human Services
Differences in health status by racial and ethnic group and low socioeconomic status, also known as “health disparities” or “health inequities,” remain disturbingly widespread in the United States.

Source: http://minority.health.hhs.gov/
Why Eliminate Disparities, Advance Diversity?

- Right thing to do
- Direct link to the Triple Aim and other state/federal requirements
- Save money, lower legal risks, increase revenues and add economic benefits to society.
- Significant vulnerability for the field
- Meet changing needs/expectations of patients/communities

Shift from Sick Care to Well Care>>

Do To  
Do For  
Do With

Shift from Volume to Value>>

Personalized Whole Health Care = Culturally and Linguistically Responsive Care.
The Goal: The Triple Aim

Health equity is the target.
The WHY: Population Health

OUTCOMES

Mean
- Race/Ethnicity
- SES
- Geography
- Gender

Mortality

Disparity
- Health Care
- Individual Behavior
- Social Environment
- Physical Environment
- Genetics

Health Related Quality of Life

DETERMINANTS/FACTORS

POLICIES and PROGRAMS
The Social Determinants of Health

To address health inequalities, you must address social and economic inequities.

Social & Economic Factors
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Quality of care (10%)
Access to care (10%)
Physical environment (30%)
Healthy behaviors (40%)

Data from “County Health Rankings & Roadmaps,” University of Wisconsin Population Health Institute.
How healthy is your community?

http://www.countyhealthrankings.org/
National Call to Action Partners

Started in 2011

American Hospital Association
American College of Healthcare Executives
AAMC
Catholic Health Association of the United States
America's Essential Hospitals
National Call to Action Goals

- Increase collection and use of race, ethnicity, language preference and sociodemographic data
- Increase cultural competency training
- Increase diversity in leadership and governance
Diversity and Disparities
A Benchmarking Study of U.S. Hospitals in 2015
Major Findings: Collection and Use of Data

The collection and use of patient demographic data is an important building block to identify areas of strength and opportunities for improvement in providing the highest quality of care for all patients.

- Hospitals are actively collecting patient demographic data — 98% on race, 95% on ethnicity and 94% on primary language.
- There were significant increases in the use of race, ethnicity, primary language and gender data to identify gaps in care (average increase of 10 percentage points since 2013).
- Hospitals have made substantial progress in using data on readmissions, clinical quality indicators and other areas to identify disparities in treatment and outcome, but more work remains.
Major Findings: Cultural Competence

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

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

Major Findings: Leadership and Governance

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

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

- **Hospitals continue to make some progress** in increasing diversity in their first- and mid-level management positions – **19%** in 2015 – up **4 percentage points** since 2011.
1. **SIGN THE PLEDGE** - Pledge to take action within the next 12 months to begin meeting the three National Call to Action goals.

2. **TAKE ACTION** – Implement strategies that are reflected in your strategic plan and supported by your board and leadership. Provide updates on progress to the AHA and your board in order to track progress nationally.

3. **TELL OTHERS** – Achieve the goals and be recognized. Tell your story and share your learnings with others in conference calls and other educational venues, including social media to accelerate progress collectively.
Pledge to Act

#123forEquity Pledge to Act
to Eliminate Health Care Disparities

Name, Title

Organization Name, City/State

I pledge to address the following areas in the next 12 months. Below is a suggested timeline for addressing each area, but it can be modified based on your needs:

- By the end of month one (from the date of your start), choose a quality measure to stratify by race, ethnicity or language preference or other sociodemographic variables (e.g., income, disability status, veteran status, age, gender, or others) that are important to your community’s health. The quality measure to stratify could include readmission rates or other important measures.
- By the end of month two, determine if there is a healthcare disparity that is occurring within this quality measure. If yes, design a plan to address this gap.
- By the end of month three, provide cultural competency training for all staff or develop a plan to ensure your staff receives cultural competency training.
- By the end of month four, have a dialogue with your board and leadership team on how you reflect the community you serve, and what actions can be taken to address any gaps if the board and leadership do not reflect the community you serve.

Contact:
Email:
Phone Number:
Date:

Please scan and email this form to the ANA at EquityofCare@ana.org or visit www.EquityofCare.org to pledge online.

Suggested timeline to begin addressing each area within 12 months

www.EquityofCare.org
National Priority: Ensure equitable care for all persons in every community.
King’s Daughters’ Health Story

Successes, Challenges and Results
2016 Equity of Care Awards

Honorees

• The MetroHealth System – Cleveland
• Navicent Health – Macon, Ga.
• CHRISTUS Health – Irving, Texas
• West Tennessee Healthcare – Jackson, Tenn
Guides & Tools for Hospitals

User-friendly “how-to” guides and toolkits to help accelerate the elimination of health care disparities and advance diversity.

www.equityofcare.org
Questions to Consider

• Does your organization have a diversity and inclusion strategy?

• What is your organization doing to identify and address variations in care?

• Does your leadership and board reflect the community served?

• How is your organization meeting the changing needs/expectations of the people/communities served?
Next Steps

• Take the #123forEquity Pledge! equityofcare.org/pledge/
• Review the toolkit
• Share your experiences with IHA
• Submit questions and requests to asimonton@IHAconnect.org