



**Indiana Patient
Safety Center**

of the Indiana Hospital Association

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

August 10, 2016

IHAconnect.org/Quality-Patient-Safety

Agenda

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

Tomás León



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.



**American Hospital
Association**



**INSTITUTE FOR DIVERSITY
in Health Management**

An affiliate of the American Hospital Association

Eliminating Disparities and Advancing Diversity in Health Care

M. Tomás León, MBA

President and CEO, Institute for Diversity in Health Management

Email: tleon@aha.org / Phone: 312-422-2697

August 10, 2016



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Objectives

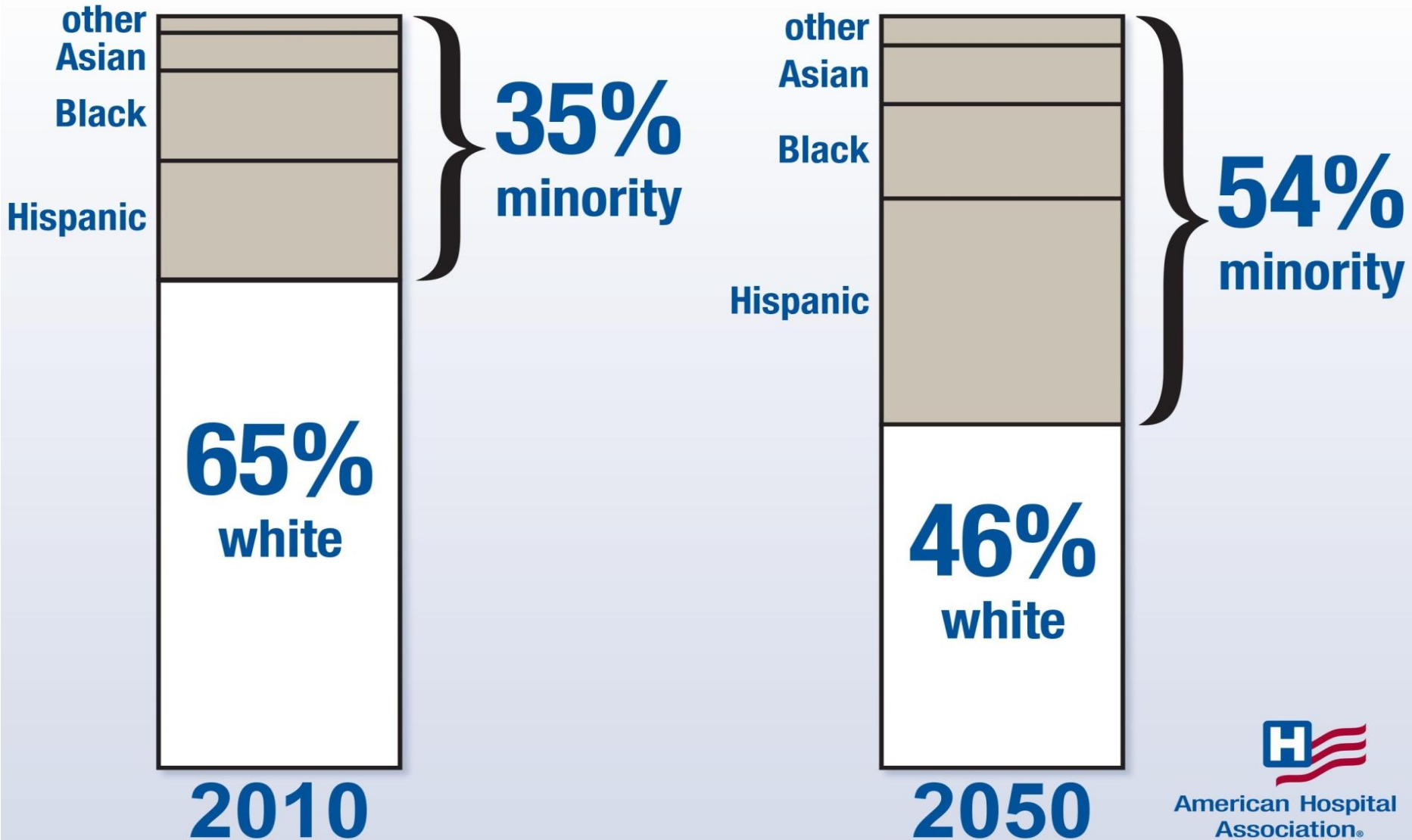
1. Learn about AHA's #123forEquity Pledge to Act to Eliminate Health Care Disparities.
2. Understand the WHY for eliminating disparities, advancing diversity?
3. Find out about the resources to help hospitals.

Working Definitions

- **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.



The headlines are common and the facts are known...



This is a screenshot of an article header from H&HN Daily. The title is 'H&HN DAILY' in large white letters on a dark blue background. Below it, the subtitle is 'HOSPITALS & HEALTH NETWORKS'. There are social media icons for email, print, Twitter, Facebook, LinkedIn, and a 'More' button. To the right is an 'H&HN Daily RSS' icon. The article title is 'Health Care Facing a Disparities Tsunami' in blue, followed by the author 'By Fred Hobby' and the date 'July 02, 2012'. The lead sentence reads: 'To achieve both quality and financial goals, hospital leaders must confront the issue of racial and ethnic disparities.'

Although they represent only one-third of the total U.S. population, racial and ethnic minorities comprise more than half of the uninsured. -U.S. Department of Health & Human Services

This is a screenshot of the Trustee website. At the top, there's a search bar for 'HospitalConnectSearch' and a navigation menu with links: HOME, ARCHIVES, ADVERTISE, CLASSIFIED, RESOURCES, CONTACT US, ABOUT US, ONLINE STORE, SUBSCRIBE, and RSS. The main content area features a 'Cover Story' titled 'Diversify Your Board' by Charlotte Huff. The sub-headline is 'Hospitals identify new ways to reach and recruit members'. The article snippet mentions Chris Dadlez, chief executive officer of Saint Francis Hospital and Medical Center, who acknowledges the need to address health problems for minority residents. To the right of the article is a 'Diversify Your BOARD' graphic. On the left side of the page, there are three boxes: 'Trustee DIGITAL EDITION', 'HEALTH FORUM BUYERS GUIDE SEARCH INDUSTRY SUPPLIERS', and 'INSIDE TRUSTEE E-NEWSLETTER'. On the right side, there's a 'LOGIN | ACTIVATE ONLINE ACCESS | HELP' section with a tree graphic and text: 'Expert governance advice and education', 'The latest health care trends and data', and 'Access to complete online archives'.

Half of Latinos and more than a quarter of African Americans do not have a regular doctor. -U.S. Department of Health & Human Services



The Challenge & Opportunity

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://minorityhealth.hhs.gov/>



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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



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Past. Present. Future.

Shift from Sick Care to Well Care>>



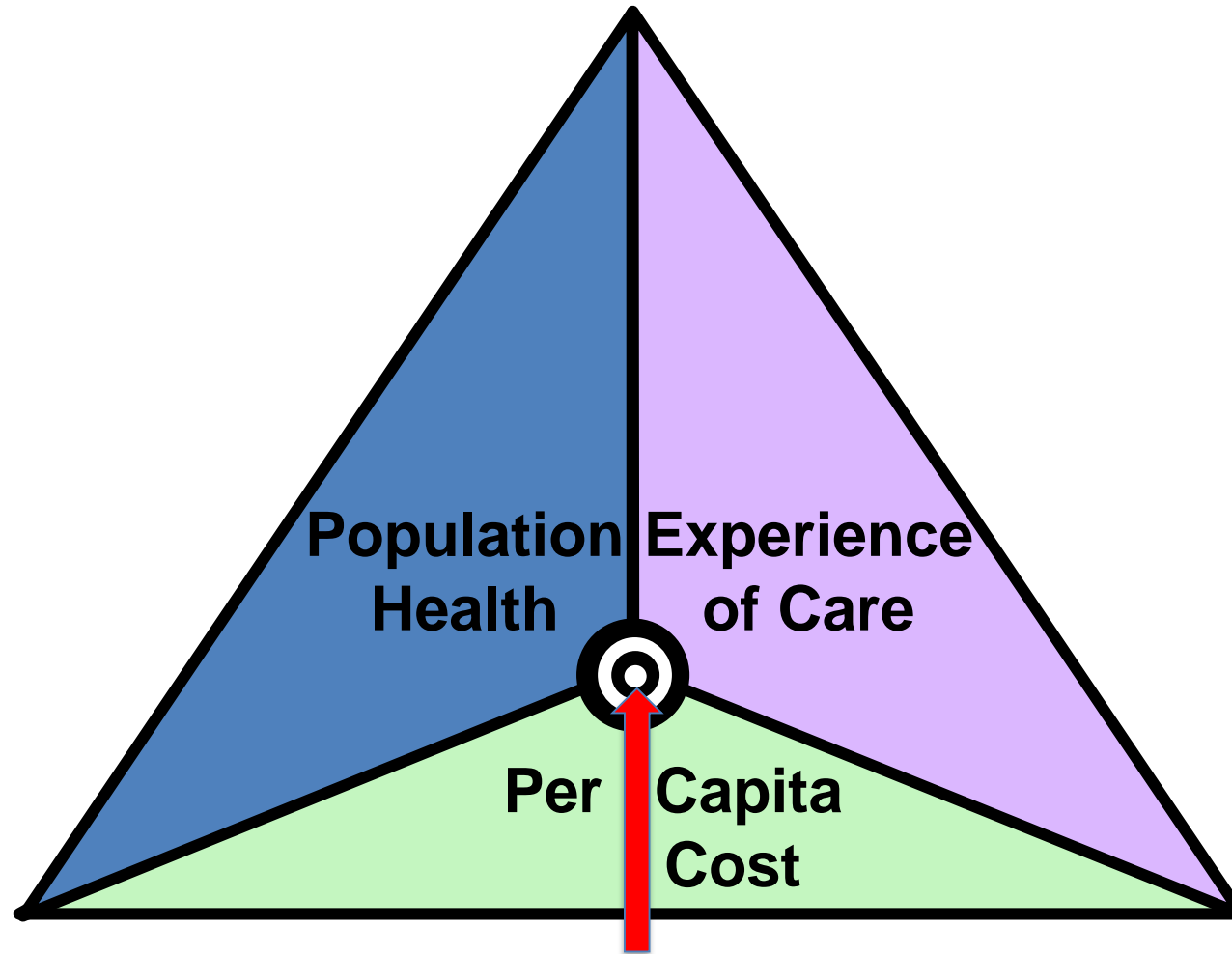
Shift from Volume to Value>>

**Personalized Whole Health Care =
Culturally and Linguistically
Responsive Care.**



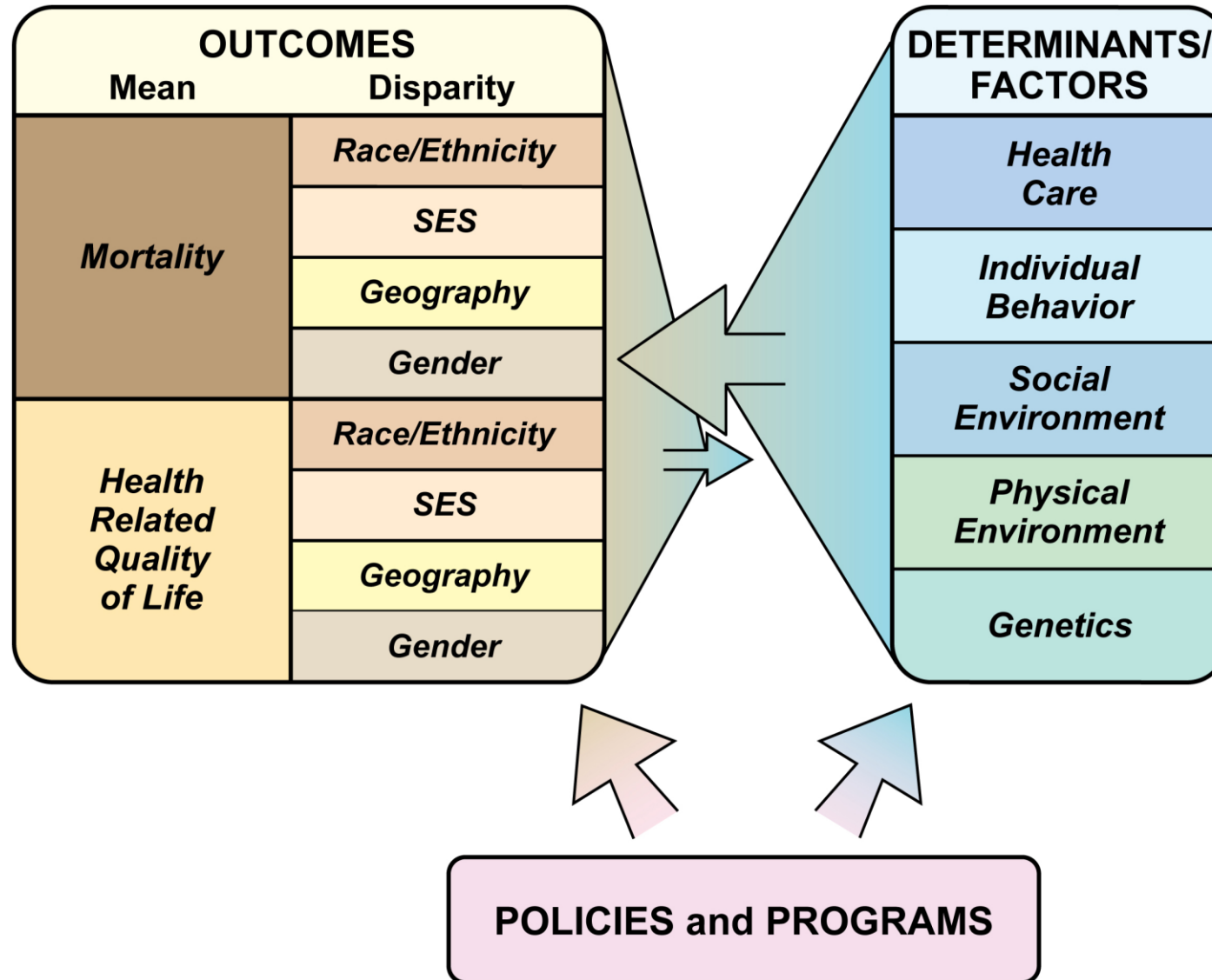
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The Goal: The Triple Aim



Health equity is the target.

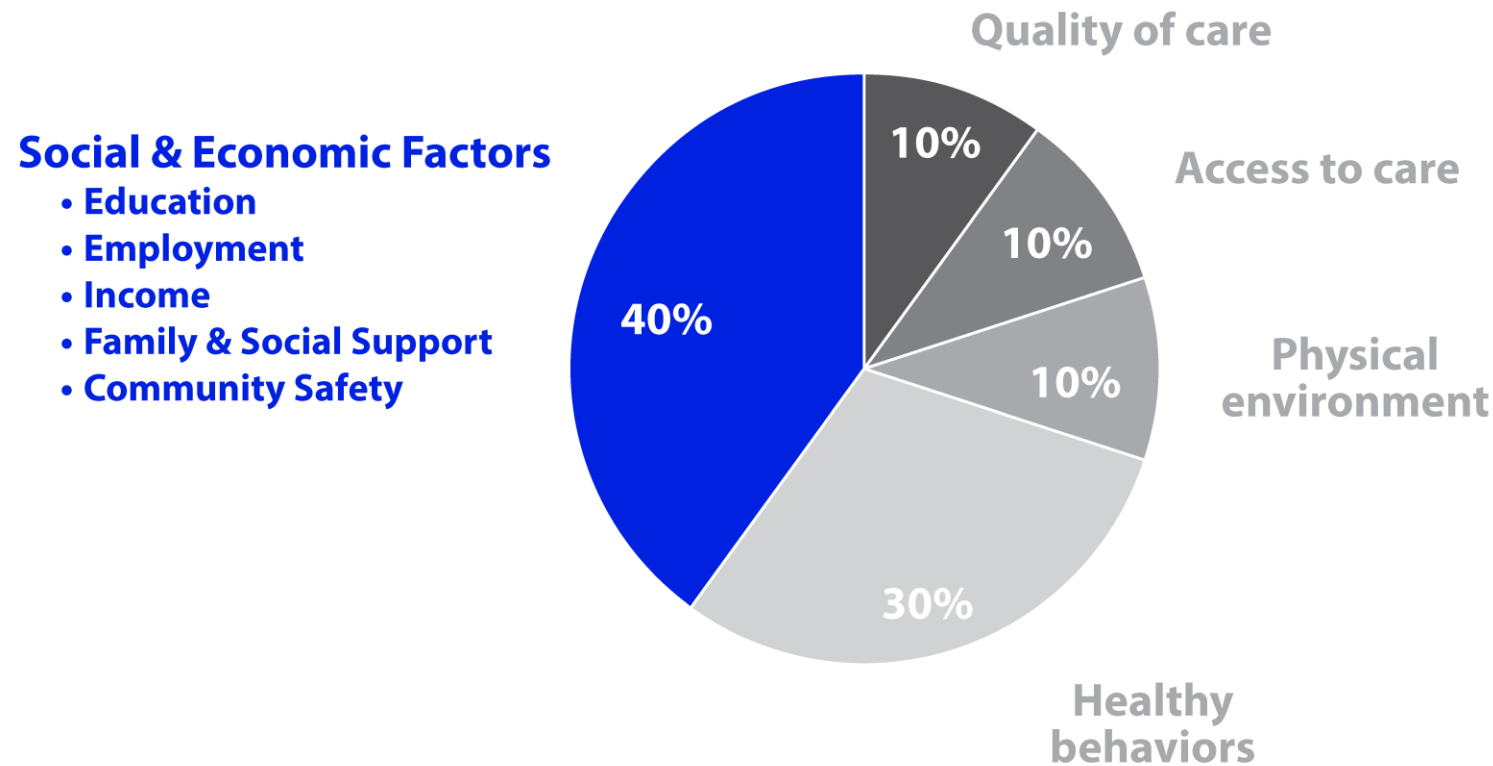
The WHY: Population Health



Social Determinants of Health

The Social Determinants of Health

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



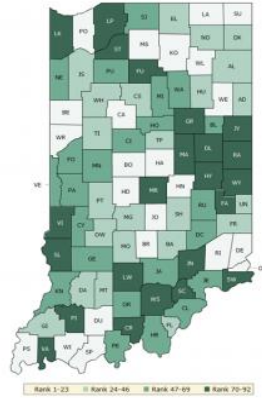
Data from "County Health Rankings & Roadmaps," University of Wisconsin Population Health Institute.

How healthy is your community?

HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Indiana's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.



County	Rank	County	Rank	County	Rank	County	Rank
Adams	29	Franklin	26	Lawrence	84	Rush	59
Allen	39	Fulton	72	Madison	79	Scott	92
Bartholomew	33	Gibson	41	Marion	83	Shelby	27
Benton	19	Grant	89	Marshall	23	Spencer	20
Blackford	64	Greene	67	Martin	34	St. Joseph	55
Boone	3	Hamilton	1	Miami	62	Starke	90
Brown	15	Hancock	5	Monroe	25	Steuben	14
Carroll	16	Harrison	56	Montgomery	54	Sullivan	88
Cass	43	Hendricks	2	Morgan	44	Switzerland	70
Clark	68	Henry	74	Newton	51	Tippecanoe	38
Clay	60	Howard	57	Noble	37	Tipton	30
Clinton	66	Huntington	35	Ohio	13	Union	24
Crawford	82	Jackson	63	Orange	69	Vanderburgh	77
Daviess	45	Jasper	31	Owen	42	Vermillion	49
Dearborn	22	Jay	80	Parke	47	Vigo	75
Decatur	58	Jefferson	65	Perry	48	Wabash	61
DeKalb	28	Jennings	71	Pike	78	Warren	6
Delaware	87	Johnson	4	Porter	10	Warrick	11
Dubois	8	Knox	53	Posey	9	Washington	86
Elkhart	40	Kosciusko	21	Pulaski	50	Wayne	81
Fayette	91	LaGrange	12	Putnam	32	Wells	17
Floyd	36	Lake	85	Randolph	76	White	46
Fountain	52	LaPorte	73	Ripley	18	Whitley	7



<http://www.countyhealthrankings.org/>



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National Call to Action Partners

Started in 2011



American Hospital
Association



American College of
Healthcare Executives
for leaders who care®



AAMC

Tomorrow's Doctors, Tomorrow's Cures®



Catholic Health Association
of the United States



AMERICA'S
ESSENTIAL
HOSPITALS



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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 & Disparities Benchmark Survey

Diversity and Disparities

A Benchmarking Study of U.S. Hospitals in 2015



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HEALTH RESEARCH &
EDUCATIONAL TRUST
In Partnership with AHA



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Summary Findings

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.



Summary Findings

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.



#123forEquity Pledge to Act

- 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

I, _____ on behalf of

Name, Title

Organization Name

City / State

I pledge my commitment toward the achievement of the Call to Action goals, as outlined below.

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 (such as income, disability status, veteran status, sexual orientation and gender, or other) that are important to your community's health. Quality measures to stratify could include readmissions or other core measures.
- **By the end of month three**, determine if a health care disparity exists in this quality measure. If yes, design a plan to address this gap.
- **By the end of month six**, provide cultural competency training for all staff or develop a plan to ensure your staff receives cultural competency training.
- **By the end of month nine**, 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: _____

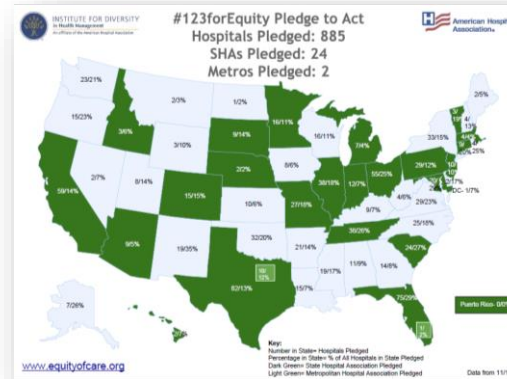
Email: _____

Phone Number: _____

Date: _____

Please scan and email this form to the AHA at EquityOfCare@aha.org or visit www.equityofcare.org/pledge to pledge online.

Suggested timeline to begin addressing each area within 12 months



www.EquityofCare.org

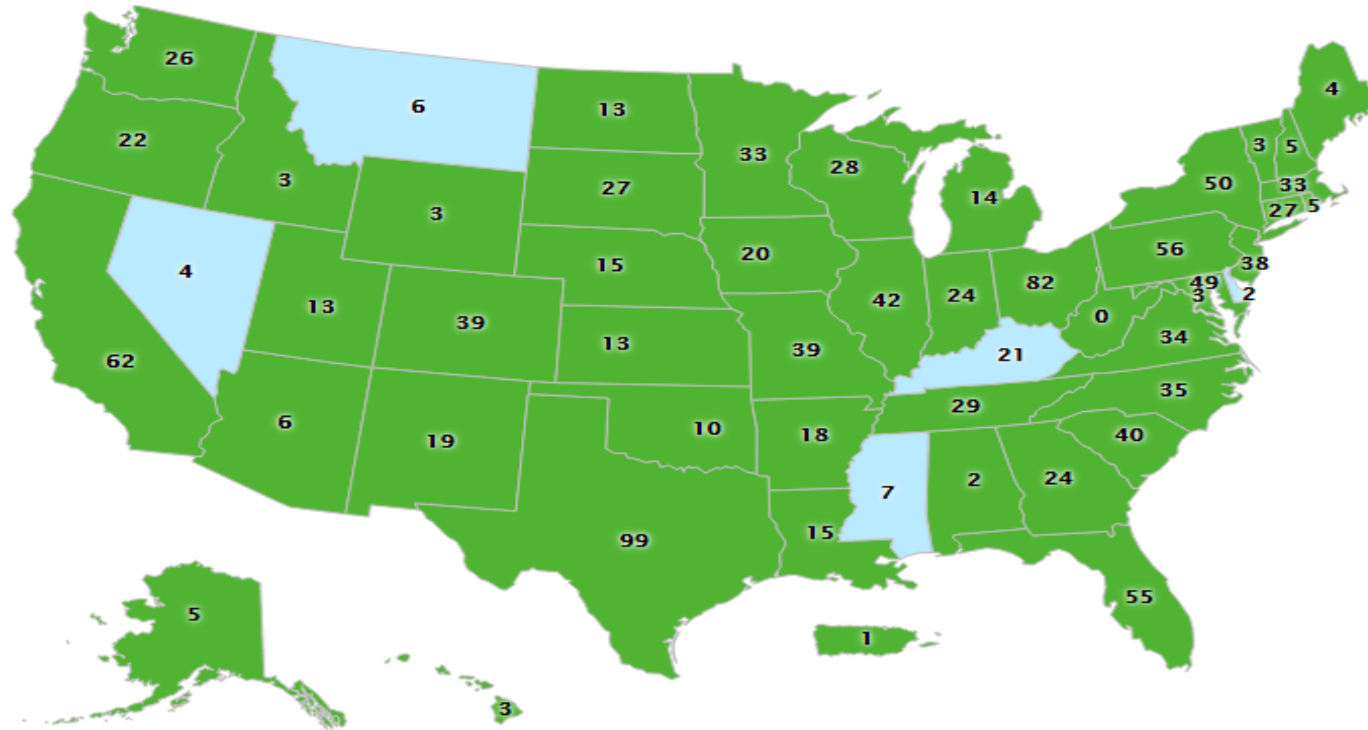


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#123forEquity Pledge to Act Progress

#123forEquity Pledge to Act

Organizations Pledged: 1226
State Hospital Associations Pledged: 46
Metropolitan Hospital Associations Pledged: 10



Number in State = Organizations Pledged

■ State Hospital Association Pledged

National Priority: Ensure equitable care for all persons in every community.



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#123forEquity Story

The screenshot shows the website for King's Daughters' Health (KDH) at www.kdhmadison.org. The header includes navigation links for About Us, Careers, Physician Recruitment, and Contact Us, along with a site search bar. The main navigation bar features buttons for MyKDH Patient Portal and Our Team, and a secondary bar with links for e-Health Resources, Locations, Community, Services, Patients, Visitors, and Foundation.

The main content area is divided into several sections:

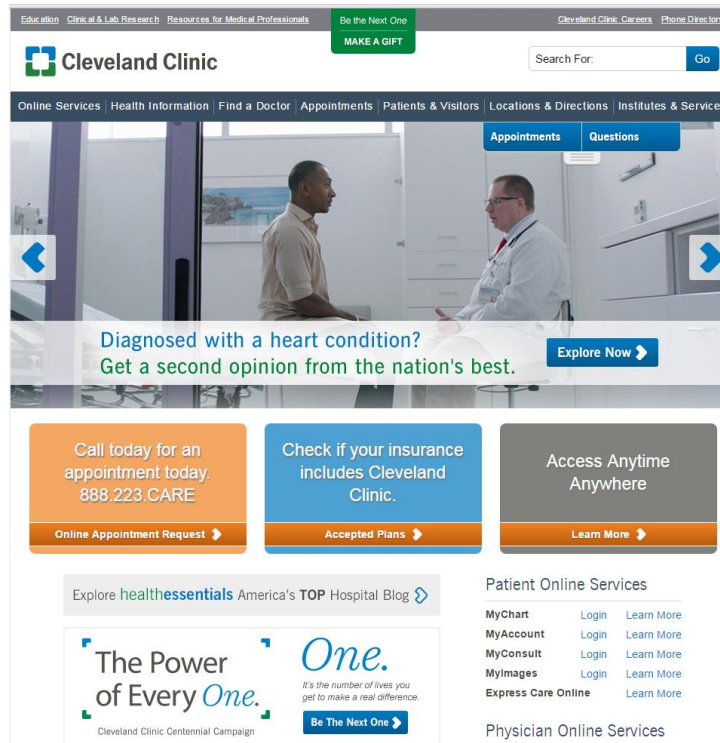
- Find a Physician:** A search box with a dropdown for "Physician's Specialty".
- Health News:** A sidebar with links to Health News, Calendar, News Center, Facebook, Twitter, Videos, and Blogs. The main text includes articles like "What's in your pantry? Get caught up on the flour recall", "Few seniors seek health info on the internet", "Track and field: Tips for getting started on a running routine", "What do poison ivy, oak and sumac look like?", and "3 unique health risks of young female athletes".
- Community Initiatives:** Links for Direct Access Testing, RUN the FALLS 5K, and SISIC.
- Featured Services/Physicians:** Two featured items: "Direct Access Testing" with a photo of a doctor and "To Your Health Radio Program" with a photo of a radio.

The footer contains the KDH logo, address (1373 East State Road 62, Madison, Indiana 47250), social media icons, a "New Wellness Blog" link, a "Newsletters" link, and a "Privacy" link.

King's Daughters' Health Story
Successes, Challenges and Results



2016 Equity of Care Awards

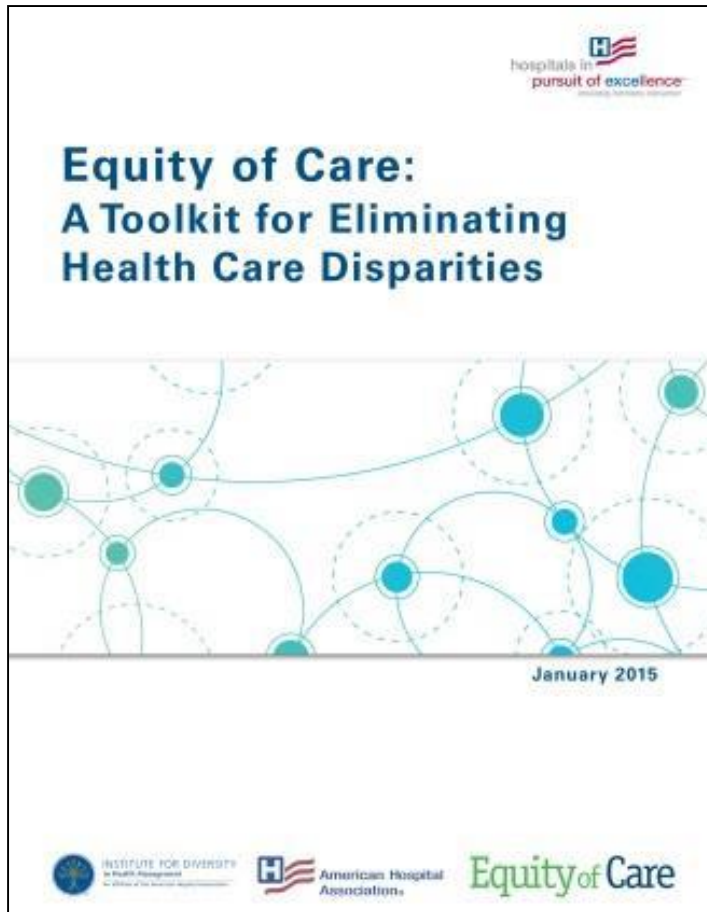


Honorees

- **The MetroHealth System**– Cleveland
- **Navicent Health** – Macon, Ga.
- **CHRISTUS Health** – Irving, Texas
- **West Tennessee Healthcare** – Jackson, Tenn



Guides & Tools for Hospitals



#123forEquity: A Toolkit for Achieving Success and Sharing Your Story



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

www.equityofcare.org



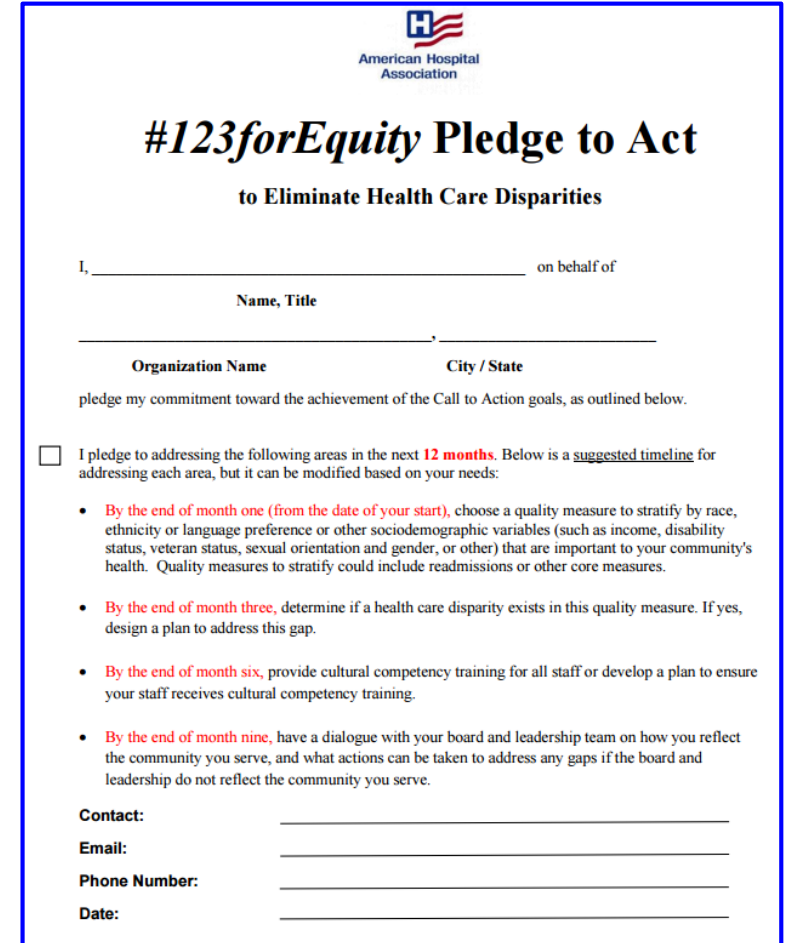
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Questions to Consider

- 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



The screenshot shows a pledge form from the American Hospital Association. At the top is the AHA logo and the text "American Hospital Association". The main heading is "#123forEquity Pledge to Act to Eliminate Health Care Disparities". Below this, there are fields for "Name, Title" and "Organization Name" / "City / State". A checkbox is followed by a paragraph of text: "I pledge to addressing 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:". This is followed by a bulleted list of four items with specific deadlines: "By the end of month one", "By the end of month three", "By the end of month six", and "By the end of month nine". At the bottom, there are fields for "Contact:", "Email:", "Phone Number:", and "Date:".