

# Agenda VIII: Discussion on resources to support hospitals with developing health equity plans

Ignatius Bau, Health Equity Subject Matter Expert, Consultant



**IFDHE**  
AHA Institute for Diversity  
and Health Equity

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# The Six Levers Of Transformation

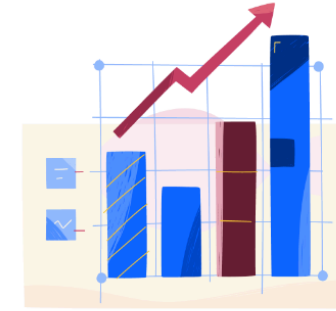




**Culturally Appropriate  
Patient Care**



**Equitable and Inclusive  
Organizational Policies**



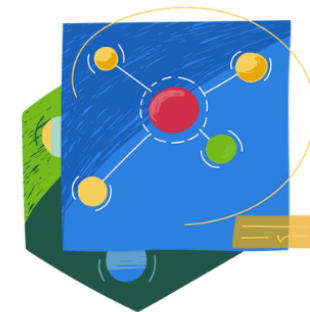
**Collection and Use of Data to  
Drive Action**



**Diverse Representation in  
Leadership and Governance**

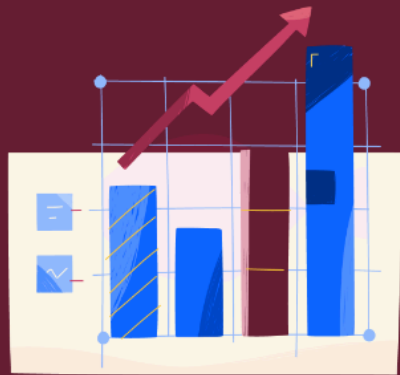


**Community Collaboration for  
Solutions**



**Systemic and Shared  
Accountability**

# Collection and Use of Data to Drive Action



Using quantitative and qualitative data to inform, design, and evaluate improvement strategies.

## Data Collection and Validation

[Explore More](#)

## Data Training

[Explore More](#)

## Data Stratification and Reporting

[Explore More](#)

## DEI Initiatives and Programs

[Explore More](#)

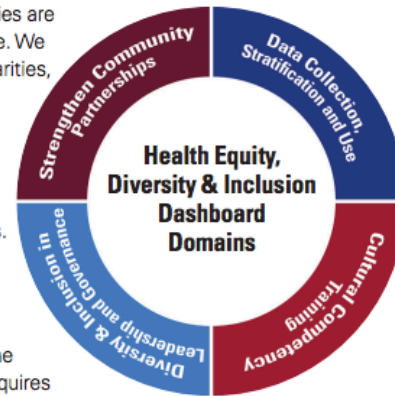
# Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards

## Introduction

Among the American Hospital Association's top priorities are addressing equity, diversity and inclusion in health care. We believe that health inequities contribute to health disparities, a well-documented factor in both the cost of care and **quality outcomes**. We are proud to collaborate with our members and other stakeholders to continue to support the shared goal of advancing the health and well-being of all individuals and communities. These are necessary actions to improve health and save lives.

Health equity is core to AHA's vision of a society of healthy communities, where all individuals reach their highest potential for health. Health equity is not the same as health equality, in which everyone receives the same opportunities for health. Rather, health equity requires an interdisciplinary, team-based approach to ensure everyone can achieve optimal health that is fair and just, especially for individuals who have the greatest need.

Hospitals and health systems are actively engaged in addressing inequities and reducing disparities in their communities through various strategies and mechanisms. A dashboard can provide health care leaders with the necessary information on their journey to advance health equity, diversity and inclusion. A basic level health equity, diversity and inclusion dashboard may include measures to include the following: race, ethnicity and language preference (REaL) data collection, stratification and use; cultural competency training; diversity and inclusion in governance and leadership; and community partnerships. As hospitals and health systems begin to tackle these areas of opportunity, dashboards may become more advanced to include measures related to supplier diversity, employee satisfaction and other areas of organizational importance.



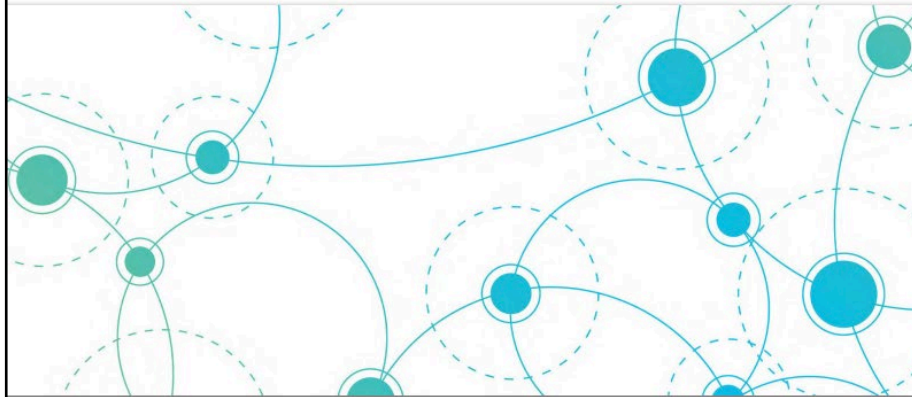
## How to Use this Document:

- An interdisciplinary team reporting to the C-suite executives is best positioned to utilize this document.
- The measures under each domain are intended to be easily integrated into existing dashboards.
- The "Operationalizing this Measure" column describes ways in which hospitals and health systems may engage stakeholders across the system.
- The supporting tools and resources feature briefs, guides and toolkits to help hospitals and health systems make progress toward achieving that measure.

## Domain 1: Data Collection, Stratification and Use

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
<p>Increase the <b>collection, stratification and use</b> of race, ethnicity, language (REaL) preference data.</p> <p><b>Measure(s):</b></p> <ul style="list-style-type: none"> <li>• Percent of workforce (staff and clinicians) trained regarding collection of self-reported REaL data.</li> <li>• Percent of patient records with REaL data preference complete with opportunity for verification at multiple points of care, beyond just registration.</li> </ul>	<p>Data collection, stratification and use are essential to developing initiatives to eliminate disparities in health outcomes. By collecting, stratifying and using REaL patient data along with other data points such as sexual orientation, gender identity, geographic location, veteran status and disability status, hospitals and health systems can better identify disparities in patient populations.</p>	<p>REaL data can be collected at various points of care or within the community. For example, Henry Ford Health System, an AHA 2020 Carolyn Boone Lewis Equity of Care Award Honoree, collects REaL data for more than 90% of patients, as a result of their “<b>We Ask Because We Care</b>” campaign. The data is stratified and used to implement programs and improve outcomes in maternal and infant health, diabetes management and prevention, and other areas.</p>	<p><b>Addressing Health Care Disparities through Race, Ethnicity and Language (REaL) Data (2020)</b> This brief contains multiple resources and case studies of how hospitals are using REaL data to better understand disparities in care. <b>URL:</b> <a href="https://fdhe.aha.org/addressing-health-care-disparities-through-race-ethnicity-and-language-real-data">https://fdhe.aha.org/addressing-health-care-disparities-through-race-ethnicity-and-language-real-data</a></p> <p><b>Building an Organizational Response to Health Disparities (2020)</b> This resource features a compilation of reports, guides, toolkits, training tools, webinars, books and articles regarding REaL data collection, stratification and use. <b>URL:</b> <a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf">https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf</a></p> <p><b>Evaluation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) (2018)</b> This toolkit describes the National CLAS Standards and provides meaningful and practical guidance on delivering culturally and linguistically appropriate services. <b>URL:</b> <a href="https://minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf">https://minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf</a></p> <p><b>Framework for Stratifying Race, Ethnicity &amp; Language Data (2014)</b> This guide provides a framework that allows hospitals and health systems to stratify patient data to identify health care disparities. This framework consists of five steps. <b>URL:</b> <a href="http://www.hpoe.org/Reports-HPOE/REAL-data-FINAL.pdf">http://www.hpoe.org/Reports-HPOE/REAL-data-FINAL.pdf</a></p>

# Equity of Care: A Toolkit for Eliminating Health Care Disparities



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



American Hospital  
Association<sup>®</sup>

Equity of Care

## Health Care Equity Certification Resource Center

Our health care equity certification resource center is designed to support your journey to safe, high quality, and equitable care for all.



## About the Resource Center

The Certification Resource Center provides practical strategies for organizations pursuing Health Care Equity Certification to help them meet the standards and elements of performance. Resources are organized by certification domain. Click on each domain to find resources relevant to the certification requirements.

We will be continuously monitoring the literature and talking with organizations so we can expand and improve the resource center. Sign up to be alerted when new resources are added.

[Sign up for E-Alerts](#)



# Data Collection

It is essential for an organization to collect data and conduct analyses to understand the specific health care disparities that may exist at the organization and within the community it serves. The organization should collect data to understand the sociodemographic characteristics and health-related social needs of the individuals in its community. In addition, data from the organization's staff and leaders should be collected to identify opportunities to increase diversity and racial, ethnic, and language concordance.

A collection of curated resources have been identified to help organizations meet the certification requirements. Resources can be filtered by element of performance (EP), which have been labeled to indicate the focus of the requirement.

Certification Resource Center
<a href="#">Leadership</a>
<a href="#">Collaboration</a>
▶ <a href="#">Data Collection</a>
<a href="#">Provision of Care</a>
<a href="#">Performance Improvement</a>

## Learn from Other Organizations

Brief written synopses and videos of successful initiatives and practices implemented by other organizations.

### Resources On Data Collection

[HCEDC.01 Community Data \(6\)](#)

[HCEDC.02 Patient Data \(20\)](#)

[HCEDC.03 Staff and Leader Data \(3\)](#)

[Strategies](#)[Spotlights](#)

## Building an Organizational Response to Health Disparities



**Disparities in the quality of care that minority populations receive**, even when they have the same insurance, socioeconomic status, and comorbidities as their non-minority counterparts are well documented. Evidence based interventions are an effective tool for reducing health disparities and lowering cost. Therefore, focused quality improvement efforts should be targeted to populations at risk for disparities.

Learn how to identify, prioritize, and take action on health disparities by championing the Disparities Action Statement in your organization. Participants receive personalized technical assistance focused on strengthening your quality improvement program through a series of consultations from subject matter experts. To learn more, contact [HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov).

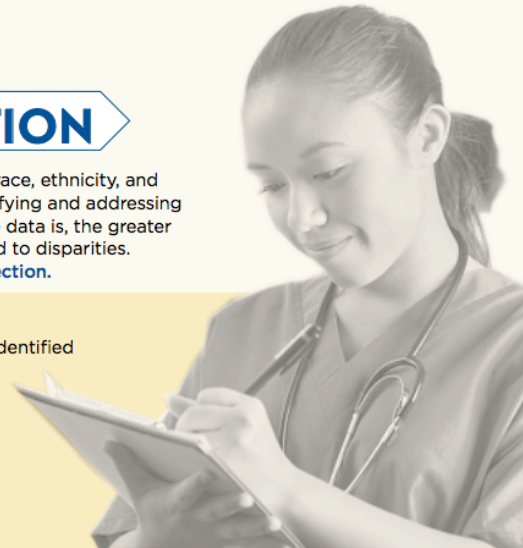


### DATA COLLECTION

A strong commitment to the collection of race, ethnicity, and language (REAL) data is essential to identifying and addressing disparities in quality of care. The better the data is, the greater the ability to accurately assess and respond to disparities.

Following are tips for improving data collection.

- **Prioritize** the collection of REAL data.
- **Align** direct patient tools to collect self-identified REAL data. Keep in mind that race differs from ethnicity.
- **Train** staff to understand that REAL data is collected to reduce health disparities.



#### FEATURED RESOURCE

**THE DISPARITIES TOOLKIT: A TOOLKIT FOR COLLECTING RACE, ETHNICITY AND PRIMARY LANGUAGE INFORMATION FROM PATIENTS** was developed by the Health Research and Educational Trust to help health professionals understand the importance of collecting demographic data.

04/08/16

# Disparities Impact Statement



This tool can be used by all health care stakeholders to achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.

This worksheet has 5 steps:

- 1 Identify health disparities and priority populations
- 2 Define your goals
- 3 Establish your organization's health equity strategy
- 4 Determine what your organization needs to implement its strategy
- 5 Monitor and evaluate your progress

Health disparities—differences in health outcomes closely linked with social, economic, and environmental disadvantage—are often driven by the social conditions in which individuals live, learn, work, and play.



1

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What other resources would be useful to California hospitals in developing their health equity plans?