Health Equity Snapshot: A Toolkit for Action

Institute for Diversity and Health Equity

An affiliate of the American Hospital Association

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Executive Summary

We would be remiss to call 2020 a normal year. Indeed, by any measure, the past 11 months have been extraordinary. We are enduring a pandemic, and social unrest across the U.S. has shone a major spotlight on the inequities across our communities.

Health care and equity are front and center.

Our nation's hospital and health system leaders are uniquely positioned to implement strategies to advance health equity, diversity and inclusion and share those successes broadly. Systemic change entails both awareness and action. Dedicating actions and policies to addressing the social determinants of health, promoting diversity and inclusion, and striving for health equity must include a long-term vision with significant timely milestones.

The American Hospital Association and its Institute for Diversity and Health Equity are committed to advancing health equity and eliminating health disparities, while supporting diversity and inclusion within health care organizations.

In this context, the IFDHE's survey into the gains and gaps in hospitals' and health systems' efforts provides a nationwide snapshot of work underway and where we must accelerate. It reflects trends that are taking hold in hospitals and health systems, and it provides strong direction we can all follow.

This report includes several sections that will inform the conversations underway across the country to address health care equity, as well as provide you with resources and best practices. They include:

- **Data Collection and Use**, to identify disparities in care and track progress in eliminating such disparities that contribute to disparate health outcomes.
- **Cultural Competency Education**, to tailor health care delivery to meet patients' social, cultural and linguistic needs.
- **Diversity and Inclusion within Leadership and Governance**, to have deeper insight into local needs and issues that result in better decision-making for communities being served.
- **Community Partnerships**, to address the societal factors that influence the health of communities outside the walls of hospitals.

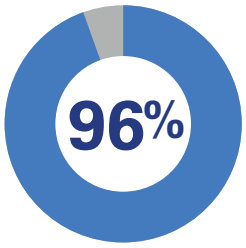
We recognize this work is complex, multifaceted and involves societal and cultural change, but America's hospitals and health systems are ready to rise to this moment and address health inequities. Together we can achieve a society of healthy communities, where all individuals reach their highest potential for health.

BACKGROUND

In 2019, the Institute for Diversity and Health Equity (IFDHE), an affiliate of the American Hospital Association (AHA), conducted a survey of hospitals and health systems to better understand the field's activities to reduce health care disparities and promote diversity in leadership and governance. Respondents were asked to comment on their plans, actions, interpretations and current progress on a variety of topics.

Responses from approximately 600 U.S. hospitals* provide insight into nationwide efforts and strategies that are underway to advance health equity, diversity and inclusion.

COMMITMENT

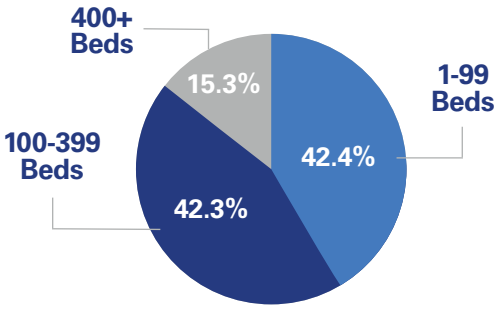


Respondents who reported moderate to high priority commitment for improving health equity and reducing disparities

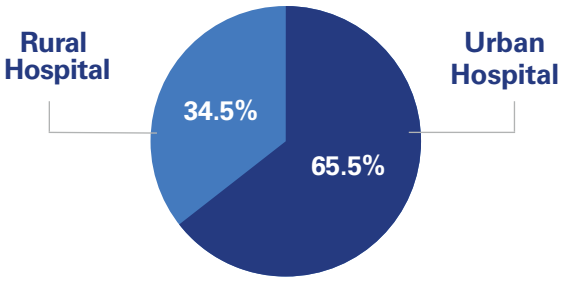
Survey results responding hospitals' and health systems' desire to advance their efforts to improve health equity, diversity and inclusion, as well as their willingness and overall progress on action steps to implement those strategies.

Despite a high percentage of respondents creating plans and goals leading toward health equity, diversity and inclusion improvements, the gap between planning and taking action remains large. Furthermore, less than half of those responding require employee trainings in cultural competency, diversity, inclusion and health equity.

Responding hospital size by number of beds



Responding Hospitals: Rural and Urban*



* A rural hospital is located outside a Core-Based Statistical Area (CBSA), as designated by the U.S. Office of Management and Budget (OMB), effective June 6, 2003.
Urban hospitals are inside a CBSA.
Micropolitan areas, which were new to the OMB June 6, 2003, definitions, continue to be classified as "rural" in AHA data offerings.

Indira Gandhi, India's first and only female prime minister said, "Have a bias toward action — let's see something happen now. You can break that big plan into small steps and take the first step right away."

This resource is a product of AHA and IFDHE efforts to support hospitals and health systems to cultivate a society of healthy communities. It serves as a guide for taking that pivotal first step and subsequent action. By championing the multipronged approach of data collection and use, cultural competency and unconscious bias education, community partnership engagement, and leadership and governance diversity/inclusion strategies as a framework; this white paper highlights successful hospital and health system innovations, discusses recommendations and shares resources aimed at ensuring **all individuals reach their highest potential for health**.

*Of the more than 6,000 U.S. hospitals surveyed, 599 hospitals responded, representing approximately 10% of all U.S. hospitals.

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KEY TERMS GUIDE

Health Equity: In general, the attainment of the highest level of health for all people. Efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Equity: Ensuring that individuals are provided needed resources so they may have access to the same opportunities as the general population. While equity represents impartiality, the distribution of resources is made in such a way to even opportunities for all people. Conversely, equality indicates uniformity, where everything is evenly distributed among people.

Equity of Care: The provision of care that does not differ by geographic location, socioeconomic status, gender, ethnicity and other patient characteristics.

Diversity: Describes the myriad ways in which people differ, including the psychological, physical and social differences that occur among all individuals, such as race, ethnicity, nationality, socioeconomic status, religion, economic class, education, age, gender identity, sexual orientation, marital status, mental and physical ability, and learning styles. Diversity is all-inclusive and supportive of the proposition that everyone and every group should be equally valued. It is about understanding these differences and moving beyond simple tolerance to embracing and celebrating the rich dimensions of our differences.

Inclusion: A dynamic state of operating in which diversity is leveraged to create a fair, healthy and high-performing organization or community. An inclusive environment ensures equitable access to resources and opportunities for all. It also enables individuals and groups to feel safe, respected, engaged, motivated and valued for who they are and for their contributions toward organizational and societal goals.

Cultural Competency: The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.

Implicit Biases: Associations that are automatically expressed and which people unknowingly hold; also known as unconscious or hidden biases. Many studies have indicated that implicit biases affect individuals' attitudes and actions, thus creating real-world implications, even though individuals may not even be aware that those biases exist within themselves. Notably, implicit biases have been shown to be favored above individuals' stated commitments to equality and fairness, thereby producing behavior that diverges from the explicit attitudes that people may profess.

Health Disparities: Preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Social Determinants of Health: Underlying social and economic conditions that influence people's ability to be healthy.

Social Needs: Individuals' non-medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.

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AREAS OF FOCUS

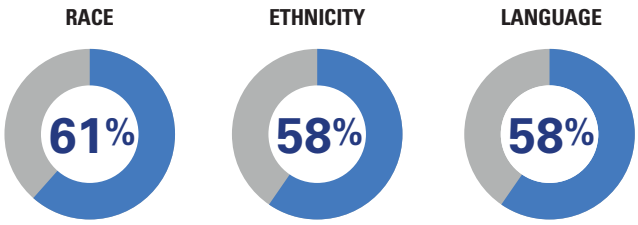
Data Collection and Use

Focus on data collection to reduce health care disparities

More than half of all survey respondents reported having specific goals to eliminate or reduce inequities in delivery of care. These goals are aimed at increased demographic data collection, stratification and analysis. These survey respondents show increasing commitment and focus compared with previous surveys, particularly in the collection of SOGI and SDOH data.

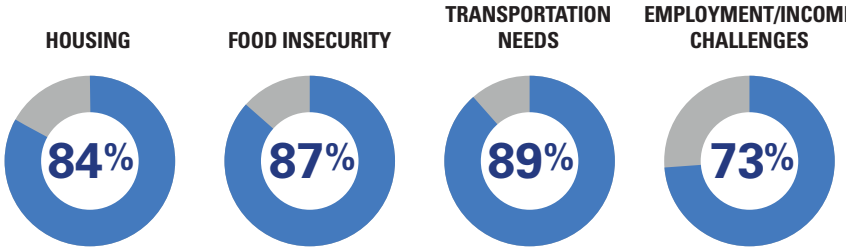
RACE, ETHNICITY AND LANGUAGE (REaL) DATA

The percentage of responding hospitals that have specific goals to eliminate or reduce inequities in the delivery of clinical care based on REaL data.



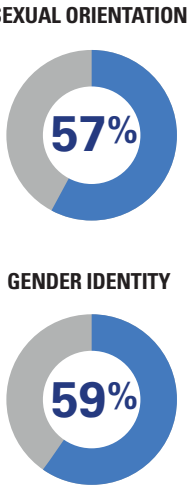
SOCIAL DETERMINANTS OF HEALTH (SDOH) DATA

A majority of respondents reported screening patients to identify several social needs, including:



SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA

The percentage of responding hospitals that have specific goals to eliminate or reduce inequities in the delivery of clinical care based on SOGI data.



Although responding hospitals are collecting patient data, opportunities remain to fully optimize and integrate data into performance improvement and tracking. For example, less than 33% reported using REaL, SOGI and social needs data for clinical performance improvement.

Leveraging data to improve health outcomes

By collecting and stratifying patient demographic data, hospitals and health systems gain the ability to recognize disparities among patient groups. Measurement, reporting and benchmarking are critical to improving care. To address disparities, hospitals and health systems have to know where disparate outcomes are presenting across demographic characteristics. Hospitals need a multifaceted approach with the right processes, systems and people to get data to identify and track disparities.

Stratifying patient data requires an organized, comprehensive planning framework that promotes collaboration across several hospital departments. Once health disparities are clearly identified among patient populations through data collection, analysis and stratification, creating and implementing a plan to meet health needs is attainable. In addition, the trend data resulting from stratification will inform hospital strategic planning and resource allocation.

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'We Ask Because We Care' campaign boosts REaL data collection

Henry Ford Health System (HFHS), a **2020 AHA Carolyn Boone Lewis Equity of Care Award** honoree, is a multi-hospital health system with more than 30,000 employees based in Detroit. Henry Ford has demonstrated an enduring commitment to health equity, cultural competency and confronting unconscious bias. Racial, ethnicity and language preference (REaL) data is now collected for more than 90% of patients, a result of its "We Ask Because We Care" campaign. The data is used to reduce disparities and improve outcomes in maternal and infant health, diabetes management and prevention, and other areas.

ACTIONABLE STEPS: In 2009, HFHS established a multidisciplinary task force to apply recommendations of its Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement. After extensive strategizing with the Greater Detroit Area Health Council (GDAHC), obtaining the Regional Quality Strategy grant through the Robert Wood Johnson Foundation and gathering community input, HFHS launched the We Ask Because We Care campaign in 2011 to collect patients' self-reported REaL data.

To reflect the demographics of the communities the health system serves, data collection specifically included questions pertaining to Hispanic/Latino and Arab/Chaldean populations. This process is now built into Henry Ford's electronic health record (EHR), and collected when appointments are scheduled or during patient registration. In outpatient settings, forms to capture this information are available in English, Arabic and Spanish. A dedicated brochure is available for patients at all points of care.

System quality dashboards monitor progress utilizing STEEEP (Safe, Timely, Efficient, Effective, Equitable, Patient-Centered) recommendations. Metrics include readmissions, mortality, length of stay (LOS) and, more recently, falls. One success of the Henry Ford program is that there is no significant difference between the English-proficient patient population and limited-English-proficient population with respect to mortality, readmissions and LOS.

At the end of 2019, 90.4% of REaL data was collected. At least 10 clinical quality and service metrics are stratified by REaL data in Henry Ford's equity dashboard.

These equity dashboard metrics are reported to the Community Health Leadership Council, a subcommittee of Henry Ford's System Board, and inform the equity- and quality-related goals of the health system to further tailor the patient care that's provided. This work is not being done in a silo. HFHS is a member of GDAHC's efforts to standardize data collection across the region, a process still underway.

Data Collection Guidance

As health care organizations transition data collection plans into actionable steps, they can use the following resources as references.

American Hospital Association™ Advancing Health in America TOOLBox

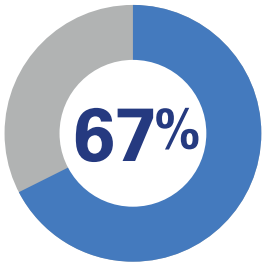
Addressing Health Care Disparities through Race, Ethnicity and Language (REaL) Data
How collecting and stratifying patient data enable hospitals and health systems to recognize disparities in patient groups at a much faster rate.

Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders
How to move beyond data collection and analysis and use data to develop targeted interventions for improving access to care for underserved populations.

For additional information and resources on data collection and use, view the appendix.

Cultural Competency Education

Cultural competence was acknowledged as a needed skill by a majority of respondents.



Respondents who identified as a goal increasing cultural competency training in their organization's strategic plan.

HOWEVER:

- A third of responding hospitals provided no information of their organization's cultural competency training programs.
- Less than half of responding hospitals require employee trainings in cultural competency, diversity/inclusion and health equity.

There is no comparable data to measure 2019 respondents' progress on cultural competency education in relation to previous survey respondents.

Cultural competency to meet every patient's needs

Cultural competency in health care describes the ability to provide care to patients with diverse values, beliefs and behaviors. This includes tailoring health care delivery to meet patients' social, cultural and linguistic needs.

Cultural competency in a hospital or care system produces numerous benefits for the organization, patients and community. Culturally competent organizations can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic disparities. In addition, cultural competency can increase respect and mutual understanding and increase participation from the local community.

If the providers, organizations and systems are not working together to provide culturally competent care, patients are at higher risk of having negative health consequences, receiving poor quality care or being dissatisfied with their care. According to a National Academies Press report, African Americans and other ethnic minorities report less partnership with physicians, less participation in medical decisions and lower levels of satisfaction with care.[1]

[1]Cooper, L. A., Roter, D. L. 2003. Patient-provider communication: The effect of race and ethnicity on process and outcomes of healthcare. In B. D. Smedley, A. Y. Stith & A. R. Nelson (Eds.) Unequal treatment: Confronting racial and ethnic disparities in health care (pp. 552-593). Washington, DC: The National Academies Press.

MEMBERS IN ACTION: CULTURAL COMPETENCY TRAINING

Advocate Lutheran General gathers cultural data to inform, improve staff training

Advocate Lutheran General Hospital is one of the largest medical centers in the Chicago area. To become a culturally competent organization, Advocate Lutheran focused on improving its staff's cultural awareness and enhancing the organization's connection to local ethnic communities the hospital served. Challenges that the organization encountered included the staff's lack of knowledge about different cultures, language barriers, and socioeconomic and ethnic barriers.

ACTIONABLE STEPS: To develop a robust educational program for staff, the hospital analyzed local demographic data and patient data to determine the ethnic composition of the individuals being served. Based on this analysis, education on the importance of cultural competence and its implications was added to new-employee orientation. The hospital also formed a diversity group made up of staff members who organize cultural awareness events. These events encourage hospital staff to interact with individuals from different cultures represented in the greater community served by the hospital.

To further engage local ethnic communities, Advocate Lutheran surveyed the community to determine potential barriers and opportunities for providing care to the South Asian American population. In response, the hospital established a South Asian Cardiovascular Center, the first cardiovascular center in the Midwest aimed at educating, screening, preventing and treating South Asian Americans, who are at high risk of cardiac disease. As a result, Advocate Lutheran has seen progress in providing culturally competent care to its ethnically diverse patient population. Patients requesting accommodation for their beliefs or practices are being identified more quickly as a result of the increased cultural competence of hospital staff.

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Cultural Competency Guidance

Cultural competency trainings increase health care professionals' understanding of factors that are important to patients and play a key role in care decisions. These trainings also provide an opportunity for health care professionals to be mindful of unconscious and implicit biases that may occur when interacting with patients and team members. As health care organizations expand cultural competency and implicit bias education/ trainings, they can use the following resources as references:

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Becoming a Culturally Competent Health Care Organization
This guide provides a high-level overview for becoming a culturally competent health care organization and includes two case studies.

Health Care Organizations Utilizing the Implicit Association Test
This guide outlines four ways organizations can use the Implicit Association Test to improve health equity and quality of care.

For additional information and resources on cultural competency education, view the appendix.

Increasing Diversity and Inclusion within Leadership and Governance

Respondents showed a strong commitment to eliminating health inequities and improving diversity and inclusion within their organizations. 2019 survey respondents show increases in diverse board representation and moderate increases in diverse executive leadership compared to previous surveys.

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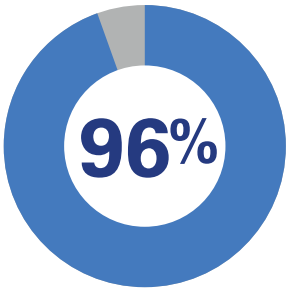
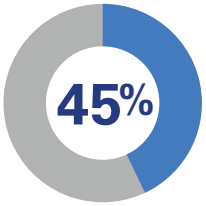


Report moderate- to high-priority commitments for fostering diversity and inclusion strategies within their organization.

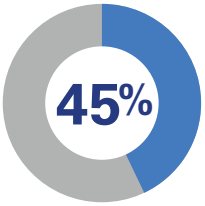
IMPLEMENTATION

Diversity



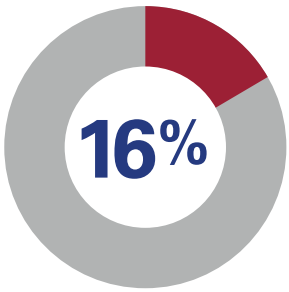
Acknowledged having a comprehensive plan and are implementing strategies fostering a culture of diversity.

Inclusion

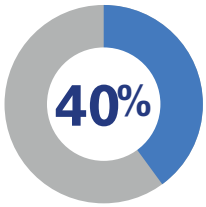


Acknowledged having a comprehensive plan and are implementing strategies fostering a culture of inclusion.

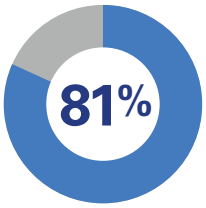
OPPORTUNITIES FOR IMPROVEMENT



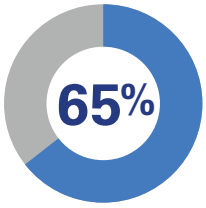
The percentage of all C-suite positions reported that are held by an ethnic/racial minority.



Indicated their organization had either implemented or achieved an increase in diversity among their C-suite positions.



Reported percentage of board positions held by someone who is white.



Percentage of reported board positions held by males.

- More than half of respondents reported they do not have a documented plan to increase diversity on their board of trustees.
- A third of respondents indicated their organization had no stated goal of increasing the diversity in their C-suite as part of their strategic plan.

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The value proposition for diversity and inclusion

The benefits of having diversity in leadership and governance are clear. Leaders and trustees who understand the cultures, issues and needs of local patient populations can provide deeper insight that results in better decision-making about how to serve those communities. Boards that have diverse membership report that their discussions are richer and more deeply informed. Trustees say that the broader perspectives shared can help their organizations avoid missteps in implementing new programs and services for patient populations.

America is growing more diverse by the day. The U.S. Census Bureau predicts that people of color will constitute a majority of U.S. residents by 2045. The need to understand these changes and develop sustainable business strategies requires leadership that can manage the intersection between diversity and health care business strategy. Health care organizations with a robust diversity and inclusion strategy integrate it into all aspects of what they do, including patient experience, employee engagement, leadership development, service excellence, and safety and quality; in doing so, hospitals and health systems can improve their communities' overall health.

MEMBERS IN ACTION: DIVERSITY AND INCLUSION

Creative steps for advancing diversity and inclusion at Cone Health

Cone Health, based in Greensboro, N.C., and winner of the **2020 AHA Carolyn Boone Lewis Equity of Care Award**, continues to make increasing the diversity on their leadership team a top priority, as demonstrated by its strategic target of 50% in fiscal year (FY) 2020. While the leadership team recognizes and appreciates all forms of diversity that its members possess, the measurement for leadership diversity at Cone Health is racial diversity, defined as the number of people of color on its leadership team (director-level or senior leadership).

ACTIONABLE STEPS: Cone Health launched a deliberate hiring effort in 2014 by establishing diversity and inclusion goals. This hiring goal was placed on the organization's scorecard and tied to leadership incentive compensation in FY 2014 and FY 2015. Both years set an annual goal for 30% of leadership hires to be people of color. The leadership team surpassed the goal at 35% both years.

In FY 2018 the goal was 30% with an achieved rate of 53%. In FY 2019, with a goal of 50%, Cone Health achieved 50%, growing the overall percentage of the leadership team from 11% diverse in FY 2017 to 21% at the start of FY 2020.

The diversity of their leadership team is the result of intentional strategic work and training.

Some of those strategies include:

- Having a diverse pool of applicants
- Setting a leader expectation for ensuring a diverse selection committee
- Posting leadership openings broadly
- Creating a formal succession planning initiative
- Focusing on pipeline development — including seminars, employee resource groups and a new career development center for employees
- Offering refresh training on bias for the leadership team
- Connecting the importance of leadership diversity with the community's health outcomes

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TOOLBox

Recruiting for a Diverse Health Care Board

This article provides board selection practices and processes to better reflect community diversity. It includes key steps to becoming a diverse board and a sample board demographic/attribute profile matrix.

Local Hiring: Building the Pipeline to a Healthy Community

This webinar features resources for health systems to develop an inclusive, local hiring pipeline through creating more external community connections and internal career paths.

Podcast: Boards Addressing Social Needs

Three trustees discuss how their boards have made community health a strategic priority for their organizations, and how they prioritize, collaborate, measure and fund these important efforts in partnership with community stakeholders.

For additional information and the latest resources on addressing diversity, inclusion and health equity in the board room, view the appendix and visit AHA's Trustee Insights.

Community Partnerships

Building community partnerships to strengthen ties

80+% of respondents indicated established, working relationships (partnerships) with organizations in their communities centered on health equity

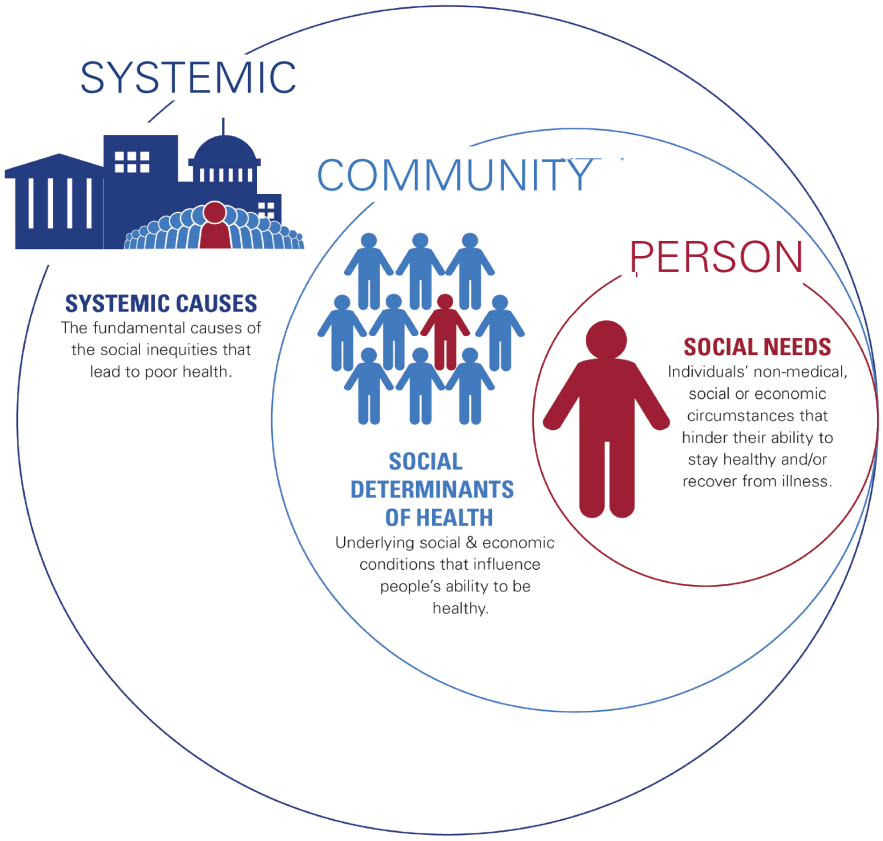
78% of respondents said their strategic plans include goals to increase and strengthen community partnerships

There is no comparable data to measure 2019 respondents' progress on building community partnerships in relation to previous survey respondents.

BARRIERS:

- **40%** of respondents reported that engaging community stakeholders was somewhat of a barrier to building community partnerships, while **5%** admitted it was a significant barrier.

Hospitals alone cannot solve the immense impact of social needs issues, which are complex and wide-ranging. Establishing community partnerships can strengthen the influence hospitals and health systems have as anchor institutions in the areas they serve. In addition, leveraging that influence and recognizing the expertise, experience and relationships of others in the community to reach populations that hospitals and health systems are not able to reach on their own can further advance equity. The AHA recognizes that collaborations — specifically hospital-community partnerships — create opportunities to align efforts, reduce duplication, optimize financial resources and improve the overall health and well-being of the community.



While community partnerships are making a difference with some communities, many respondents say that creating connections between health care providers and influential members of their surrounding communities remains a challenge.

Loyola University Medicine/PP4H partnership addresses food insecurity

Chicago's Loyola University Medicine's long-established hospital-community collaboration with Proviso Partners for Health (PP4H) has greatly aided efforts to address the food insecurity needs of the vulnerable populations it serves. (Case Study)

Loyola Medicine began its community partnership with PP4H, which was incorporated in 2015, to provide services to surrounding Black and Latinx communities. The partnership addresses numerous issues affecting the community, including the lack of affordable housing, employment, educational opportunities and food insecurity.

ACTIONABLE STEPS: Relying on well-known and trusted members of the community to survey residents, the partnership identified food insecurity as a major problem for residents of Proviso Township.

One key development was the creation of the Food Justice Hub, a project jointly spearheaded by the community and the hospital. This initiative supports and strengthens the local food system through urban gardening and farm stands, increasing the availability of fresh, locally grown, high-quality produce.

Another innovative program is VeggieRx, which helps food insecure patients who have diet-related diseases. Physicians write prescriptions for fresh fruits, vegetables and other healthy foods for their patients. Those food prescriptions can be filled at designated centers throughout the community, and food packages also are delivered on a regular basis to area homes. The practice of writing prescriptions for food benefits patients and has empowered physicians to help patients experiencing food insecurity.

By leveraging skills from community members and Loyola Medicine health leaders and physicians, the food initiative has quickly transitioned from a clinic to a community-wide food delivery effort to reach individuals and families who are most in need.

Community Partnership Guidance

As previously mentioned, hospitals and health systems cannot drive improvements in their surrounding communities on their own. Building community partnerships as well as a network of key organizations to aid in engaging residents is vital for advancing health equity. Details on how to take those first steps toward building partnerships and maintaining local connections are outlined in the following resources.

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TOOLBox

A Playbook of Fostering Hospital-Community Partnerships to Build a Culture of Health

This reference provides a framework for cultivating effective partnerships between hospitals and community organizations, with practical tools and actionable strategies to build consensus and accountability within the partnership. It also places emphasis on the value created by community partnerships in building effective collaborations for identifying opportunities and improvements.

Building Hospital-Community Partnerships

Offered by AHA's Trustee Services, this is a comprehensive guide to leveraging strengths to improve community health. This resource expounds hospitals' roles in building community partnerships as well as partnership principles and such partnerships' impact on social needs exacerbated by COVID-19.

Creating Effective Hospital-Community Partnerships to Build a Culture of Health

To understand the variety of ways that hospitals and communities can develop and sustain partnerships, the Health Research & Educational Trust, with support from the Robert Wood Johnson Foundation, conducted 50 interviews with hospital, health system and community leaders from 25 diverse communities. These interviews resulted in lessons learned and best practices in identifying community health needs, potential partners and sustainable partnership structures, as well as recommendations for overcoming obstacles and challenges and assessing partnerships.

For additional information and resources on building hospital-community partnerships, view the appendix.

Discussion Guide for Health Care Leadership

In terms of progressive steps, it's common throughout the survey to see high levels of acknowledgement when asked about the importance of improving health equity and recognizing diversity and inclusion as key priorities, followed by a sometimes steep percentage drop-off reflecting next steps for taking action.

Change can be challenging. From clinicians on the front lines of care to administrators, executives and board members, now is the time to engage across the organization to develop an inclusive strategy for how to address equity. When leaders view their organizations from "10,000 feet up" and are able to see the full landscape of issues needing attention, the path forward toward improvement can become much clearer.

One of the first steps aimed at initiating change is to look within current practices and procedures to see where things stand and determine how much progress has been made. In the discussion guide below, addressing these critical questions can jump-start discussions in your health care organization about the efforts to address and prioritize diversity, inclusion and health equity. The answers may also inspire steps your board and leadership can take to ensure all have equitable access to the highest quality health care.

The questions — broken into sections focusing on data collection and use; cultural competency and diversity recruitment; and building community partnerships — would best be tackled one section per meeting to dedicate the appropriate time.

We recommend tailoring the use of this discussion guide to bring your leadership team together as part of the agenda for a leadership retreat or strategic planning session. The executive staff should be prepared to answer questions from the perspective of their department's expertise and goals.

Data Collection and Use

Well-positioned teams to guide this discussion include clinical leads and teams leading clinical informatics, quality improvement, and community and population health.

1. **Understanding our community population:** Do we know who makes up our community? What data are we currently collecting about our patients? Is there patient data that we are not collecting that we should (i.e. race, ethnicity and language (REaL) and sexual orientation and gender identity (SOGI) data)? Are we considering social determinants of health (SDoH) and other barriers preventing us from connecting with patients to collect data?
2. **Analyzing and using patient data:** What exactly is our organization doing with the data we collect? How is the data aligning with or guiding our overall strategies?
3. **Formatting and understanding data:** Is our organization organizing and displaying data in an understandable format? Health equity dashboard or scorecard?
4. **Identifying health disparities:** What steps are we taking to track disparities in health outcomes? Do we know what health disparities are impacting the populations/communities we serve? How can we analyze and stratify data to make targeted interventions? Who is responsible for collecting patient data and how should it be shared?
5. **Improving clinical performance:** How does our organization leverage patient data to help improve clinical performance?

Cultural Competency Education

A conversation led by human resources with the C-suite and board coordinator/board secretary can help evaluate current strategies and determine future action to meet the organization's goals on workforce and leader-ship diversity and cultural competency.

1. **Measurement and assessment:** Are we requiring all staff and caregivers, whether through onboarding or required continuing education, to complete cultural competency and unconscious bias trainings?
2. **Accountability and responsibility:** Who is accountable for driving cultural competency/ diversity education and ensuring it is ingrained in the culture and values of the organization?
3. **Setting goals and raising the bar:** How are we defining success regarding diversity within health care leadership, management and governance? Are these metrics defined in our strategic goals and plans and how are we tracking progress toward those goals?
4. **Progress updates and generating awareness:** Who is accountable for defining, evaluating, and communicating results on diversity and inclusion goals within leadership ranks?
5. **Identifying and strengthening diverse talent pipeline:** What programs or tools (internal or external) are we utilizing to source diverse talent? What are the barriers and is there more we can do to ensure a pipeline of diverse talent?

Community Partnerships

Well-positioned teams to guide this discussion include clinical leads, ambulatory, population and community health, and social work teams.

1. **Identifying community health partners and creating connections:** Have we identified the right community stakeholders to help us develop stronger connections with patients? Are we engaging community stakeholders and patients in meaningful ways in the Community Health Needs Assessment process? Is there a way to evolve this process to maximize the expertise and trust of other community members?
2. **Organizing community partners:** How are community members and partner organizations involved in setting our community health priorities and informing the strategies we take to tackle those areas? How are we coordinating implementation strategies to improve overall community health?
3. **Identifying strengths:** What areas of opportunity do we have to strengthen community partnerships? Are there any untapped sources for partnerships to improve the overall health of our communities (faith-based, barbershops, etc.)?
4. **Community partner communication:** What is the best communication strategy, not only to engage stakeholders, but also to communicate progress and results?

APPENDIX

- Key information on getting started, such as the IFDHE's Essential Health Equity, Diversity & Inclusion Resources guide and other resources aimed at achieving improvements in health equity, diversity and inclusion are available from the IFDHE and the AHA.

- Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards – A framework to provide health care leaders with the necessary measures, tools and resources to advance health equity, diversity and inclusion in hospitals, health systems and the communities they serve.

- Societal Factors that Influence Health: A Framework for Hospitals – A resource from AHA's The Value Initiative to support hospitals and health systems as they take action to address patients' social needs, social determinants of health in the community and the systemic causes of inequities in order to improve health equity.

- Webinar: How Advancing Racial Equity Can Create Business Value – How hospitals and health systems can advance health equity and simultaneously improve their business performance through an explicit focus on racial equity.

- Connecting the Dots: Value and Health Equity – A resource examining the connection between health equity and value through framing the complex issue of affordability.

- Screening for Social Needs: Guiding Care Teams to Engage Patients – Guidance on facilitating sensitive conversations with patients about their nonmedical needs that may be a barrier to good health.

- Health Research and Educational Trust (HRET) Disparities Toolkit – Key resources and action steps for hospitals, health systems, clinics, and health plans for systematically collecting race, ethnicity, and primary language data from patients.

- Building Your Health Care Board as a Strategic Asset – Combining the experience and wisdom of a diverse board with a skilled executive leadership team will ultimately result in optimal decision-making

- Henry Ford Health System Board Essential for Diversity – Setting diversity-related goals and monitoring metrics to ensure that goals are being achieved and leaders are held accountable.

- Building a Community Health Worker Program – Keys to better care, better health outcomes and lower costs.

- Creating Effective Hospital-Community Partnerships to Build a Culture of Health – This report highlights lessons learned and best practices in identifying community health needs, potential partners and sustainable partnership structures, as well as recommendations for overcoming obstacles and challenges and assessing partnerships.

- Community Health Assessment Toolkit – A nine-step pathway for conducting a Community Health Assessment and developing implementation strategies.

For more health equity, diversity and inclusion resources, visit IFDHE's website.

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