New and Emerging Opportunities in Maryland for Addressing Social Determinants of Health

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HEZ Summit
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Diversity and Disparities

A Benchmark Study of U.S. Hospitals in 2013
Summary Findings

Collection and use of data:

• Hospitals actively collecting patient demographic data including race (97%); ethnicity (94%); and primary language (95%)

• 22% of hospitals use data to identify disparities in treatment or outcome

Cultural competency training:

• 86% of all hospitals educate all clinical staff during orientation; an increase from 81% in 2011

• 65% of hospitals require all employees to attend diversity training

Leadership:

• Minorities represent 31% of patients nationally

• Minorities comprise:
  ▪ 14% of hospital board members, unchanged from 2011
  ▪ 12% of executive leadership positions, unchanged from 2011
  ▪ 17% of first- and mid-level management positions; up from 15% in 2011
## NAACP Report Card

### The Healthcare Industry

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<th>Ascension Health</th>
<th>Catholic Health Initiatives</th>
<th>Community Health Systems</th>
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**Equal opportunity for people of color in the United States has remained an unrealized goal, with the country on track to become a minority-majority by 2042. Racial economic inequality increasingly impedes the country's economic advancement.**
NAACP Report Card -- C-Suite

• “Yet in study after study, we see that although some of the less skilled positions are highly diverse, the middle and upper reaches of management and the so-called C-suite of corporate governance remain almost exclusively the domain of white men.

• It is paradoxical that an industry more aware of the concrete benefits of diversity than most industries has been unable to achieve it.”

• “The monitoring of procurement diversity is lacking or at best rudimentary, and reflects a blind spot that is more pronounced in the healthcare industry than any other industry the NAACP has surveyed to date.”
National Call to Action to Eliminate Health Care Disparities

AAMC
Tomorrow’s Doctors, Tomorrow’s Cures®

American College of Healthcare Executives
for leaders who care®

American Hospital Association

Catholic Health Association of the United States

AMERICA’S ESSENTIAL HOSPITALS

www.equityofcare.org
Equity of Care

• The campaign aims to improve the quality of care for every patient by:
  - increasing the collection and use of race, ethnicity and language preference data
  - increasing cultural competency training
  - increasing diversity in governance and leadership
Hospitals that Sign the Pledge

- Choose a quality measure to stratify by race, ethnicity and language preference
- Determine whether a health care disparity exists, and if so, implement a plan to address the gap
- Provide cultural competency training for all staff or finalize a plan to ensure staff receives cultural competency training
- Have a dialogue with the hospital board and leadership team on how the organization reflects the community it serves, and what actions can be taken to address any gaps if the board and leadership do not reflect the community
Universal Commitment Across Maryland Hospitals

A CALL TO ACTION

According to the U.S. Census Bureau, racial and ethnic minorities will become a majority of the nation’s population in 2042. Currently, Maryland is the seventh most diverse state in the country, with racial and ethnic minorities accounting for 46.2 percent of the population. Despite this diversity, stubborn disparities persist when it comes to health care.

That’s why the Maryland Hospital Association (MHA) is participating in the national effort to eliminate health care disparities. MHA is working with its member hospitals to secure their commitment to the national Equity of Care campaign, launched by five national health care associations (American College of Healthcare Executives, American Hospital Association, Association of American Medical Colleges, America’s Essential Hospitals and Catholic Health Association of the United States).

The campaign aims to improve the quality of care for every patient by:

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

Hospitals that commit to the campaign pledge to:

- Choose a quality measure to stratify by race, ethnicity and language preference (to jumpstart this effort, MHA is providing each hospital in Maryland with a handful of quality measures that have already been stratified by race, ethnicity and language)
- Determine whether a health care disparity exists, and if so, implement a plan to address the gap
- Provide cultural competency training for all staff or finalize a plan to ensure staff receives cultural competency training
- Have a dialogue with the hospital board and leadership team on how the organization reflects the community it serves, and what actions can be taken to address any gaps if the board and leadership do not reflect the community
Thank you