# 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.

Health Equity, Diversity & Inclusion Dashboard Domains
- Strengthen Community Partnerships
- Data Collection, Stratification and Use
- Cultural Competency Training
- Diversity & Inclusion in Leadership and Governance
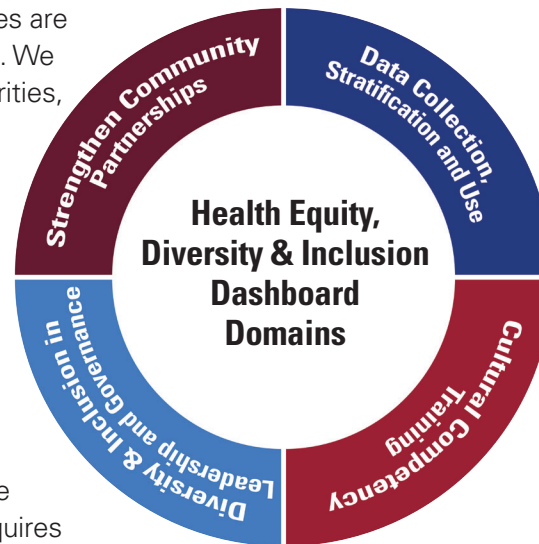
How to Use this Document:

- An interdispciplinary 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.

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Domain 1: Data Collection, Stratification and Use

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
Increase the **collection, stratification and use** of race, ethnicity, language (REaL) preference data. **Measure(s):** • Percent of workforce (staff and clinicians) trained regarding collection of self-reported REaL data. • Percent of patient records with REaL data preference complete with opportunity for verification at multiple points of care, beyond just registration**.**	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.	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 "We Ask Because We Care" 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.	**Addressing Health Care Disparities through Race, Ethnicity and Language (REaL) Data (2020)** This brief contains multiple resources and case studies of how hospitals are using REaL data to better understand disparities in care. **URL:** https://ifdhe.aha.org/addressing-health-care-disparities-through-race-ethnicity-and-language-real-data **Building an Organizational Response to Health Disparities (2020)** This resource features a compilation of reports, guides, toolkits, training tools, webinars, books and articles regarding REaL data collection, stratification and use. **URL:** https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf **Evaluation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) (2018)** This toolkit describes the National CLAS Standards and provides meaningful and practical guidance on delivering culturally and linguistically appropriate services. **URL:** https://minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf **Framework for Stratifying Race, Ethnicity & Language Data (2014)** 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. **URL:** http://www.hpoe.org/Reports-HPOE/REAL-data-FINAL.pdf

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Domain 1: Data Collection, Stratification and Use

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
Increase the **collection, stratification and use** of data (sexual orientation, gender identity and disability status) among broader culturally diverse populations. **Measure(s):** • Percent of patient records with sexual orientation, gender identity and disability status data complete with opportunity for verification at multiple points of care, beyond just registration. • Percent of workforce trained regarding collection of sexual orientation, gender identity and disability status for patients.		Atrium Health, AHA's 2019 Carolyn Boone Lewis Equity of Care Award Honoree, developed a "Demographic Data Wall," which is used to identify disparities in population health measures and stratifies race, ethnicity, language, sexual orientation and gender identity data allowing clinical leaders to identify gaps in outcomes across populations.	**Do Ask, Do Tell: A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings (2020)** This toolkit provides specific sexual orientation and gender identity (SOGI) questions recommended by national LGBTQ organizations. It also describes how to collect these data in electronic health record (EHR) systems, how to use these data to support clinical processes, and how to train clinical staff to interact with LGBTQ patients in ways that are affirming and welcoming. **URL:** https://doaskdotell.org/ehr/toolkit/ **Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SOGI) (2018)** This guide helps hospital and health systems begin to implement sexual orientation and gender identity (SOGI) data collection. **URL:** https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/03/Ready-Set-Go_2018.pdf **Washington Group Training on Disability Data Collection and Analysis (2015)** This training module aims to help understand the approach and guiding principles of the Washington Group on Disability Statics and deepen knowledge of how to collect and analyze disability. **URL:** https://hilearngo.handicap-international.org/workspaces/176/open/tool/home#/tab/-1

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Domain 1: Data Collection, Stratification and Use

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
Identify and monitor the **collection and use** of patient social needs such as: food insecurity, housing stability, transportation needs, education needs, social support, financial stability, employment, physical safety and other measures that are specific to your population's needs. **Measure(s):** • Percent of patient records with social needs data complete with opportunity for verification at multiple points of care, beyond just registration. • Percent of workforce trained regarding collection of social needs areas for patients.		Rush University Medical Center, an AHA 2019 Carolyn Boone Lewis Equity of Care Award Honoree, implemented social needs screening across the system and community settings to identify risk factors associated with social needs (food insecurity, housing instability and transportation). For example, Rush works to mitigate the social determinants of health (SDOH) through strategic partnerships that provide food delivery services to older adults.	**PRAPARE Implementation and Action Toolkit (2019)** Toolkit with resources, best practices and lessons learned to guide implementation, data collection and responses to social determinant needs. Contains standardized patient risk assessment tool as well as a process and collection of resources to identify and act on the SDOH. **URL:** http://www.nachc.org/research-and-data/prapare/toolkit/ **Screening for Social Needs: Guiding Care Teams to Engage Patients (2019)** This tool helps hospitals and health systems facilitate sensitive conversations with patients about their nonmedical needs that may be a barrier to good health. **URL:** https://www.aha.org/toolkitsmethodology/2019-06-05-screening-social-needs-guiding-care-teams-engage-patients **ICD-10-CM Coding for Social Determinants of Health (2018)** This brief provides an overview on ICD-10 coding for SDOH. It also features a list of AHA tools and resources for hospitals, health systems and clinicians that address the social needs and the SDOH. **URL:** https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf

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Domain 2: Cultural Competency Training

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
Implement and/or monitor **cultural competency training** amongst all employees and clinicians to ensure culturally responsive care within strategic planning efforts, operations, yearly employee trainings, clinical care, social services and other areas specific to your organization. **Measure(s):** • Percent of employees and clinicians who have completed cultural competency training. • Percent of patient and family complaints related to cultural competency. • Rate of patient satisfaction scores (HCAHPS, CG-CAHPS) pre- and post- cultural competency training stratified by race, ethnicity and language preference.	Cultural competency and unconscious/ implicit bias 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.	Chatham Hospital, a member of the University of North Carolina Health System and an AHA 2020 Carolyn Boone Lewis Equity of Care Honoree, administers trainings in communication, cultural competency and unconscious bias to employees. These trainings can be implemented yearly as part of continuing education for employees.	**Becoming a Culturally Competent Health Care Organization (2013)** This guide provides a high-level overview for becoming a culturally competent health care organization and includes two case studies. **URL:** http://www.hpoe.org/Reports-HPOE/becoming_culturally_competent_health_care_organization.PDF **Building a Culturally Competent Organization: The Quest for Equity in Health Care (2011)** This guide explores the case for cultural competency and provides guidance for health care leaders to build a culturally competent organization. **URL:** https://www.aha.org/ahahret-guides/2011-05-11-building-culturally-competent-organization

Domain 2: Cultural Competency Training

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
Increase **unconscious and implicit bias training** amongst all employees and clinicians to ensure that associations or attitudes that are reflexive do not alter perceptions, behaviors, interactions or decision-making. **Measure(s):** • Percent of employees and clinicians who have completed unconscious/implicit bias training. • Rate of patient satisfaction scores (HCAHPS, CG-CAHPS) pre- and post-unconscious/implicit bias training.			**Health Care organizations utilizing the Implicit Association Test (IAT) (2019)** This guide outlines four ways organizations can use the Implicit Association Test to improve health equity and quality of care. **URL:** https://www.aonl.org/system/files/media/file/2019/04/ifd-implicit-association-0419.pdf

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Domain 3: Diversity & Inclusion in Leadership and Governance

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
Identify and act on opportunities to increase and foster diversity, equity and inclusion in **governance and leadership** to reflect the community your organization serves. **Measure(s):** • Percent of governance members who represent diverse and inclusive backgrounds. • Percent of leadership who represent diverse and inclusive backgrounds. • Percent of emerging leaders who represent diverse and inclusive backgrounds. • Percent of diverse and inclusive employees who participate in employee resource groups.	Increasing diversity, equity and inclusion in governance and leadership will support hospitals and health systems to reflect communities they serve and most importantly to reduce health care disparities. It also aides in increasing employee engagement as well as promoting or attracting talent.	Northwell Health, an AHA 2019 Carolyn Boone Lewis Equity of Care Award Honoree, is committed to diversifying their workforce through a health care workforce development program. Women represent 72 percent of Northwell Health's workforce with 44 percent serving in executive roles.	**AHA's Institute for Diversity and Health Equity Summer and Fall Enrichment Program** This program provides a 10-week paid internship for graduate students from diverse backgrounds. Students engage in experiential learning in hospitals and health systems across the country. **URL:** https://ifdhe.aha.org/summer-enrichment-program-overview **Certificate in Diversity Management in Health Care** The CDM program is the only comprehensive diversity certificate fellowship focused solely on health care and developed by diversity practitioners. **URL:** https://ifdhe.aha.org/certificate-diversity-management-health-care-cdm **Recruiting for a Diverse Health Care Board (2020)** This article features best practices, processes and a sample board demographic/attribute profile matrix for recruiting diverse board members to better reflect community diversity. **URL:** https://trustees.aha.org/recruiting-diverse-health-care-board

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Domain 3: Diversity & Inclusion in Leadership and Governance			
Desired Outcomes/ Measures	**Intent of Measures**	**Operationalizing the Measure**	**Supporting Tools and Resources**
			Local Hiring: Building the Pipeline to a Healthy Community Webinar (2018) This webinar features resources for health systems to develop an inclusive, local hiring pipeline through creating more external community connections and internal career paths. **URL:** https://www.healthycommunities.org/inclusive-local-hiring-building-pipeline-healthy-community **Henry Ford Health System Board Essential for Diversity (2017)** This blog describes how Henry Ford Health System's executive diversity recruitment committee helps the organization stay committed to improving its talent pipeline, talent development practices, supplier diversity and other things essential to an inclusive culture. **URL:** https://trustees.aha.org/articles/1300-henry-ford-health-system-board-essential-for-diversity **How and Why to Increase Board Diversity (2011)** This blog provides a case and steps for increasing board diversity and guiding questions for discussion. **URL:** https://trustees.aha.org/articles/916-how-and-why-to-increase-board-diversity

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Domain 3: Diversity & Inclusion in Leadership and Governance			
Desired Outcomes/ Measures	**Intent of Measures**	**Operationalizing the Measure**	**Supporting Tools and Resources**
Increase transparency of data sharing with the governance body through ensuring health equity, diversity and inclusion data-driven practices are embedded within governance committees. **Measure(s):** • Percent of opportunities in which health equity, diversity and inclusion data are used to drive strategic decisions with governance committees.		Hospitals and health systems can work to establish a health equity, diversity and inclusion committee at the governance level and this committee could report data at a frequency deemed appropriate by the board. This committee may also operate as a subcommittee of the quality and patient safety committee of the board.	**Trustee's Guide to Population Health: Building New Foundations Linking Care with Community** This video series highlights six modules for boards to view along with a discussion guide designed to prompt conversation and reflection. **URL:** https://trustees.aha.org/trustees-guide-population-health-building-new-foundations-linking-care-community **Tackling Health Equity: A Two-Part Podcast for Trustees** This two-part podcast discusses how hospital and health system boards across are advancing health equity in their communities. **URL:** https://trustees.aha.org/tackling-health-equity-how-boards-can-do-it

Domain 3: Diversity & Inclusion in Leadership and Governance			
Desired Outcomes/ Measures	**Intent of Measures**	**Operationalizing the Measure**	**Supporting Tools and Resources**
Assess and disseminate accountability and collaboration of executives responsible for driving health equity, diversity and inclusion initiatives and programs. **Measure(s):** • Percent of executives/ leaders who have explicit roles or goals related to driving health equity, diversity and inclusion practices in their performance expectations.		Hiring health equity, diversity and inclusion professionals or aligning initiatives related to health equity, diversity and inclusion amongst existing executives is a widely recognized practice for driving initiatives within the system, especially when outcomes are tied to executive compensation.	**Best Practices for Building Leadership Diversity Programs (2020)** This guide highlights best practices for building leadership diversity programs and case studies demonstrating these elements. **URL:** https://ifdhe.aha.org/system/files/media/file/2020/08/best-practices-for-building-leadership-diversity-programs.pdf

Domain 4: Strengthen Community Partnerships

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
Increase, improve, strengthen and evaluate partnerships with community-based organizations, faith-based organizations, government agencies (including public health departments), businesses, educational institutions and other organizations to meet patients' and communities' needs. **Measure(s):** • Percent of community partners that align with strategic priorities of the hospital or health system or community health needs assessment.	Increasing, improving and/ or strengthening existing community partnerships can help hospitals and health systems better implement community health strategies to improve care, create a network of sustainable partnerships to address social needs and optimize patient navigation strategies.	After analyzing data and evaluating community health efforts, hospitals and health systems can outreach to specific community-based organizations to help meet their needs toward achieving their community health goals. Hospitals and health systems can also utilize community partners to serve as key stakeholders to help plan targeted interventions to improve community health efforts. Evaluating the effectiveness of community partnerships can be assessed through partner engagement, teamwork and community responsiveness. For example, Henry Ford Allegiance Health in Michigan supports a unified community effort to identify emerging issues, take effective action and meet people's needs during the pandemic.	**Hospital Community Cooperative** This cooperative brought together 10 hospitals with community organizations to collectively address key SDOH in their communities and promote health equity. Case studies cover addressing homelessness, reducing cancer disparities and integrating social services. **URL:** https://www.aha.org/center/population-health/hcc **Creating Cross-Sector Partnership That Succeed in Health Care (2020)** This easy-to-use guide features action steps for building trust, gaining alignment, establishing processes and operationalizing a strategic plan. **URL:** https://www.aha.org/system/files/media/file/2020/06/AHA-Crosswalk-Presentation.pdf **Hospital-Community Partnerships to Build a Culture of Health: A Compendium of Case Studies (2017)** This compendium features case studies of effective and sustainable partnerships between hospitals and the communities they serve. **URL:** https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/hospital-community-partnerships-case-study-compendium.pdf

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Domain 4: Strengthen Community Partnerships

Desired Outcomes/ Measures	Intent of Measures	Operationalizing the Measure	Supporting Tools and Resources
			A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health (2017) The playbook outlines ways to advance hospital-community partnerships by using methods and strategies to develop and evaluate effective and sustainable collaborations. **URL:** https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/A-playbook-for-fostering-hospitalcommunity-partnerships.pdf **Community Health Assessment Toolkit (2017)** This toolkit offers a nine-step pathway for conducting a community health needs assessment and developing implementation strategies. **URL:** https://www.healthycommunities.org/resources/community-health-assessment-toolkit

The AHA will continue to develop, curate and promote tools and resources to assist hospitals and health systems. For more information on additional resources to help you advance your health equity, diversity and inclusion organizational priorities, please refer to AHA's **Essential Health Equity, Diversity & Inclusion Resources** (https://ifdhe.aha.org/essential-health-equity-diversity-inclusion-resources).

For more resources and tools to help improve health equity, diversity and inclusion, please refer to the **AHA's Institute for Diversity and Health Equity** (https://ifdhe.aha.org).

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