AHA Special Advisory Group
on Improving Hospital Care for Minorities

The Case for Eliminating Barriers to Care and Reducing Disparities in Outcomes Among Minority Populations
INTRODUCTION

In December 2007, the American Hospital Association (AHA) convened the Special Advisory Group on Improving Hospital Care for Minorities, chaired by Kevin Lofton, then-chair of the AHA Board of Trustees. The purpose of this group is two-fold: one, to study ways to improve hospital care and eliminate disparities among minority populations, and two, to ensure that racial and ethnic minorities have a voice in the national debate on health care reform. The goals:

1. Provide a forum for the American Hospital Association to identify and prioritize key issues of concern to leaders of minority group organizations.
2. Create a sounding board as the AHA moves forward with Health for Life, which is a set of goals and a framework for creating better, safer and more affordable care, and a healthier America.
3. Continue building mutually beneficial relationships among hospitals, the health care field and minority leaders and leadership groups.
4. Seek input from disadvantaged minorities in the debate over health care reform.

THE CALL TO ACTION FOR HOSPITALS

The price of poor health is high – but ensuring that disparities in care are eliminated … that wellness and prevention measures are implemented in a community-partnership mode … and that America’s hospitals continue to improve care for all can dramatically reduce the social and financial costs borne by hospitals, other providers, insurers – and most importantly, patients. The effects of such health improvement will be seen in increased workforce productivity, improved indicators of social satisfaction, and more positive relationships between hospitals and their communities.

BACKGROUND

Recent research on the extent of disparities in care offers hospitals a unique opportunity to assume leadership in their communities to help close the racial, ethnic and gender gaps in care. The costs should be modest and the benefits great for patients, the community and the hospital.

Nearly one-third of Americans identify themselves as a member of a racial or ethnic minority group. By 2050, that number may reach 50 percent of all Americans. This change in the definition of the market has huge economic implications for providers.

Eliminating disparities in care – “closing the gap to zero” – is the right thing to do. It reinforces the image of the hospital as a place of healing for all. Closing the gaps in care also can help mitigate potential threats, such as:

- rigid requirements for community benefits,
- new accreditation standards mandating closing the gap,
- potential legal threats regarding equality of treatment and outcomes, and
- strife in the workforce and disruptive activities with an ethnic orientation.

Several challenges face the health care field when caring for patients of varying racial and ethnic backgrounds – that care differs for different patient populations; that significant variations exist by ethnicity and gender; and that care provided to minority patients, which can differ
greatly from that provided to Caucasians, can lead to poorer health outcomes and inefficient use of medical resources. Even when minority patients have access to providers, they may not see specialists or receive treatment with the same cutting edge diagnostic and treatments technology. Another challenge is the need for enhanced chronic disease management.

Most hospitals focus on health care and cooperate with others on health status improvement. When it comes to disparities in health outcomes, hospitals have an opportunity to assume a stronger leadership role in their communities and collaborate with local public health entities and other community organizations.

WHAT HOSPITALS CAN DO TO RESPOND

To address the issue, hospitals can make both subtle and dramatic shifts in operations – something as simple as asking a patient what his or her ethnicity or primary language is or more complex, such as tracking the care provided to Caucasians and Non-Caucasians and determining if both receive comparable care.

Hospitals and health systems can focus time, attention and resources on several areas. This in turn will strengthen their overall health care operations as well as respond to the urgent need to reduce or eliminate disparities in health care outcomes.

Reinvigorate governance. Cooperating community organizations can help identify potential candidates for hospital board service and help retain them once selected. This will make the governing body a better mirror of the community it serves.

Further investment in quality improvement. A commitment to quality improvement by hospitals improves health care for all, including minorities. Through pay-for-performance, accreditation agencies will validate and payers will reward hospitals for improved health outcomes. This data in turn will demonstrate to hospital executives and governing bodies that the investment produces measurable results.

Providing the right care, in the right place, at the right time in creative ways can lower overall costs. Such efforts should focus on reducing disparities among conditions that disproportionately affect minority populations, such as infant mortality, diabetes, asthma, HIV, heart disease, and cancer.

Enhanced transparency and data collection measures. Gather meaningful data in a systematic and uniform way that can pinpoint whether and what type of disparities may exist within their service areas. Linking this data to medical records and other patient information can provide hospital leadership with a compelling landscape of their community – the demographics of the patients, what the health care needs are, the health outcomes that are attained, and thus where there might be gaps or disparities in health outcomes that need to be addressed.

Detailed community benefit reporting. The recently revised Internal Revenue Service Form 990 and Schedule H, which details a hospital’s financial contributions to its community, can highlight the type of community services, and health care and wellness activities provided – or not provided – to minority populations. Detailed documentation of efforts already underway can enhance a hospital’s reputation in the community by improving the health status of minority
populations, and helping to avoid any regulatory or legal scrutiny about the value the hospital provides to the community or questioning the quality of care provided to all populations.

Greater focus on public health issues. The public health sector has identified several priority health issues as leading causes of poor health among minority groups – smoking, alcohol and drug abuse, obesity and poor nutrition, and lack of exercise. For many people in lower socio-economic areas, these lifestyle management issues pose just as much a risk as a genetic predisposition to heart disease, diabetes or other chronic conditions. Hospitals can work with groups that focus on mitigating these risk factors.

Improve efforts to connect with communities and populations within service areas. Use established organizations such as community-based ethnic organizations, the YMCA, churches, colleges and others as partners in promoting health. Hospitals and health care systems should develop and sustain relationships with civil rights organizations, local Latino outreach groups, African-American networks and others and determine specifically how the health care provider and community organization can work together for the benefit of the community. They can be additional advocates when the hospital is faced with the threat of Medicaid and Medicare funding cuts, and when negotiating contracts and reimbursement rates with insurers and government entities.

Enhance wellness and prevention outreach efforts among uninsured patients. Reducing the number of acute health care episodes among uninsured patients, improving their overall health, and also enhancing the financial strength of the hospital by reducing the amount of uncompensated care provided are essential. Helping connect uninsured patients with coverage and care options can ensure that they have continued access to health care services.

Enhance health care workforce opportunities. Create recruitment opportunities for minority populations by offering health care-related training, and thus “growing” a workforce from the community it serves that is clinically and culturally proficient.

Help preserve safety net providers. Whether an urban facility or a sole community hospital, safety net providers face constant financial challenges. By continuing to improve health care quality through culturally proficient care, these facilities can become leaders in efforts to reduce or eliminate disparities in care.
APPENDIX 1: WORKPLAN

REDUCING OR ELIMINATING DISPARITIES IN HEALTH CARE OUTCOMES

1. Business Case – Provide the background information and rationale to hospitals so that they will take action to reduce or eliminate disparities.

2. Governance – Create partnerships that will help hospitals nationwide recruit and retain racially and ethnically diverse board members, thus helping boardrooms mirror their communities. Provide hospital boards with research, education and resources to identify disparities in their institution and how they can work to close the gap. Use the AHA’s Center for Healthcare Governance, Committee on Governance, and Institute for Diversity in Health Management as resources along with the national organizations represented on the Advisory Group.

3. Field Assessment – Through a survey and/or literature review, provide AHA members with a baseline assessment of the field regarding disparities in health care outcomes.

4. Best Practices/Case Studies – Working with the AHA’s Quality Center, gather “best practices” and case studies that illustrate hospitals’ successful efforts to reduce or eliminate disparities. Link to the AHA program, “In Pursuit of Excellence”. Mechanisms for dissemination can include publication, posting on the AHA Web sites, and working through channels provided by Advisory Group member organizations.

5. Advocacy – Working with allied health associations, educate legislators, policymakers, committed religious organizations and other key stakeholders at the local, state and federal levels on the urgency to address disparities. Advisory Group members will be asked to help mobilize support for creative initiatives.

6. Maintain structure of Advisory Group to provide insight, recommendations and collaborative action around policies and interventions to reduce disparities.
APPENDIX 2: MEMBERS

SPECIAL ADVISORY GROUP ON IMPROVING HOSPITAL CARE FOR MINORITIES

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