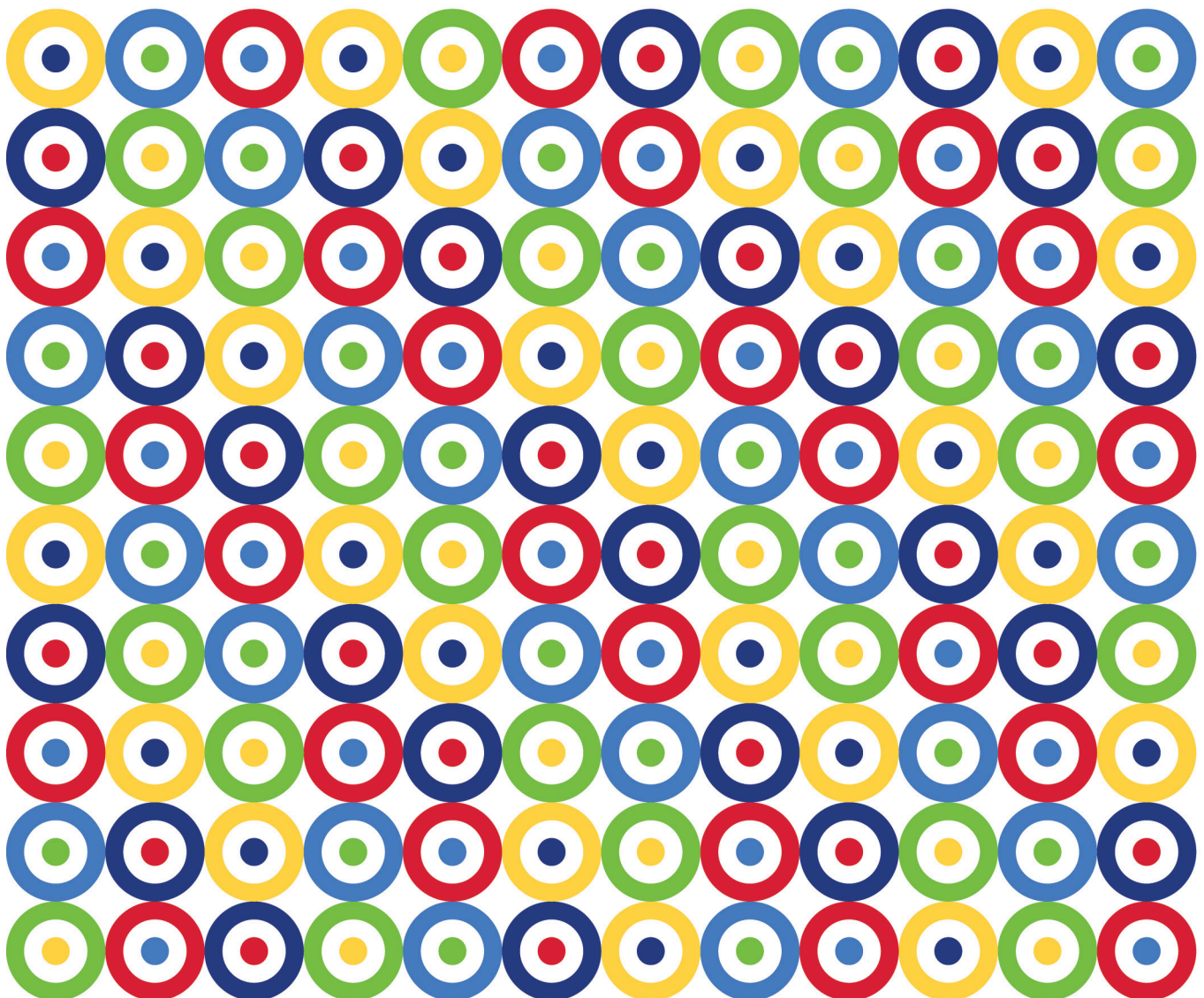


November 2023



DEI Data Insights

Diversity, Equity and Inclusion Strategies in Hospitals and Health Systems



Introduction

As the leading national advocate for hospitals and health systems, the American Hospital Association (AHA) and its Institute for Diversity and Health Equity (IFDHE) support their member organizations' efforts to improve the health of the communities they serve.

To fulfill this mission, AHA periodically surveys the field's efforts, successes and challenges in diversity, equity and inclusion (DEI). IFDHE's biennial DEI Benchmark Survey provides a snapshot of member and non-member hospitals' attitudes and practices regarding diversity in the workforce; leadership and governance; equity; and inclusive policies and behavior. The survey provides insights into hospitals' progress and highlights opportunities for improvement.

This is the first in a series of Insight Reports that highlighting results from the 2022 DEI Benchmark survey. In these reports, we will discuss the survey data and share case studies and resources that can aid hospitals in taking actions to accelerate their health equity, diversity and inclusion journey.

This set of data insights addresses **DEI strategy**.

The other four topics in this series include:

- DEI Leadership and Governance
- Workforce
- Social Drivers of Health and Equitable Care
- Data Collection

About the Survey

The survey was administered from Jan. 19 – June 3, 2022, to 6,234 AHA member and non-member hospitals in the U.S. and its territories. Of these, 1,356 completed the survey, a 22% response rate. While the sample offers valuable insights, there were statistical differences in characteristics between respondents and non-respondents. Survey responses were not necessarily reflective of the entire hospital field. The data will help set a baseline for future surveys. The next administration of the survey is expected to begin in 2024.

Key Terms

Diversity, Equity and Inclusion (DEI):

the values, practices and policies that support the representation of individuals from all backgrounds.

Health Equity:

different from DEI, is the fair and just opportunity for all individuals to achieve their highest level of health.

Diversity:

the presence of individual differences that may include race, gender, sexual orientation, religion, gender identity, age, disability, etc.

Equity:

promoting fair, just and unbiased treatment for all people, regardless of background or social status.

Inclusion:

ensuring that all populations feel safe, respected, heard and valued.

About this Topic

Hospitals and health systems across the nation have made strides toward eliminating health disparities and incorporating DEI strategies into their policies and organizational practices to create effective change for the patients and communities they serve. The data highlighted in this document reveal not only the importance of DEI to hospitals and health systems, but also how it is operationalized.

One goal of the survey was to go beyond describing the status of DEI indicators by providing a glimpse into the operations of hospital leaders as they execute their commitments to advance DEI. The results revealed several key takeaways:

1. Leadership is essential to initiating action on DEI efforts.
2. Hospitals hold different team members (or staff) accountable for health equity versus diversity and inclusion.
3. In some instances, the commitment to DEI is not supported by appropriate levels of funding to sustain the work.

The [Health Equity Roadmap](#), an IFDHE resource, is a national framework to drive improvement in health care outcomes, health equity, diversity and inclusion.

Setting the Stage for DEI in Hospitals and Health Systems

Hospitals and health systems are engaging in DEI efforts at a time of rapid evolution. Among other changes, hospitals face new federal regulatory requirements related to health equity and emerging practices. The survey shows hospitals and health systems approach this work strongly agreeing that engaging in DEI initiatives is important to the future of health care.

When asked if diversity, equity and inclusion are important to the future of health care in the U.S., the survey revealed that:

- 96% believe diversity is extremely or very important to the future of health care in the U.S.
- 97% believe equity is extremely or very important to the future of health care in the U.S.
- 97% believe inclusion is extremely or very important to the future of health care in the U.S.

The data provide a glimpse into the possible trajectory of the future of DEI in health care, despite growing concerns about the impact of financial pressures on this body of work.



DEI in Action

Take a look at what acute care hospitals in Delaware are doing to show their commitment to eliminating health disparities and improving DEI efforts!

Findings and Discussion: From Believing to Strategy

Understanding the importance of DEI in hospitals and health systems was the steppingstone for health care systems to declare a commitment to DEI.

While beliefs in the importance of DEI to the future of health care in the U.S. and within hospitals were both prevalent, the degree of public acknowledgement of that belief varied across actions taken by hospital and health system leaders.

Between 28-50% of respondents indicated support for equity by either signing an equity pledge (such as **AHA's #123forEquity Pledge**) or an anti-racism statement. When responses (*Figure 1*) to four types of public statements were examined together, analysis (not shown) reveals that almost three-quarters (72%) have signed at least one equity pledge or an anti-racism statement.

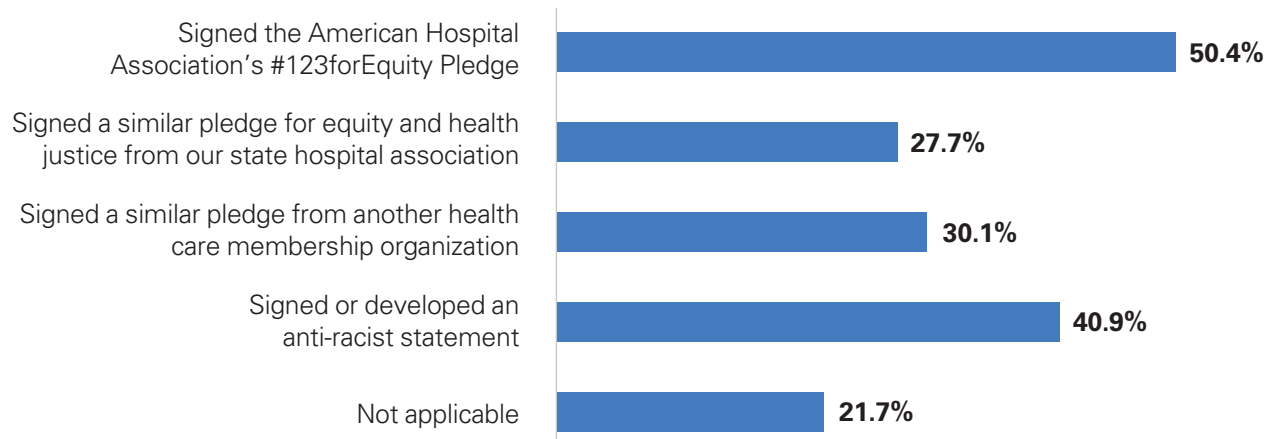
Anti-racist vs. anti-racism

While similar-sounding, these terms are not synonymous. "Anti-racist" refers to actions taken to inter-personal racism or individuals' actions. "Anti-racism" refers to actions taken to address structural racism, which the American Medical Association defines as "the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice." While different in meaning, the terms are used interchangeably.

FIGURE 1

Our hospital has taken the following steps towards advancing health equity

(Check all that apply) (N = 1,356)

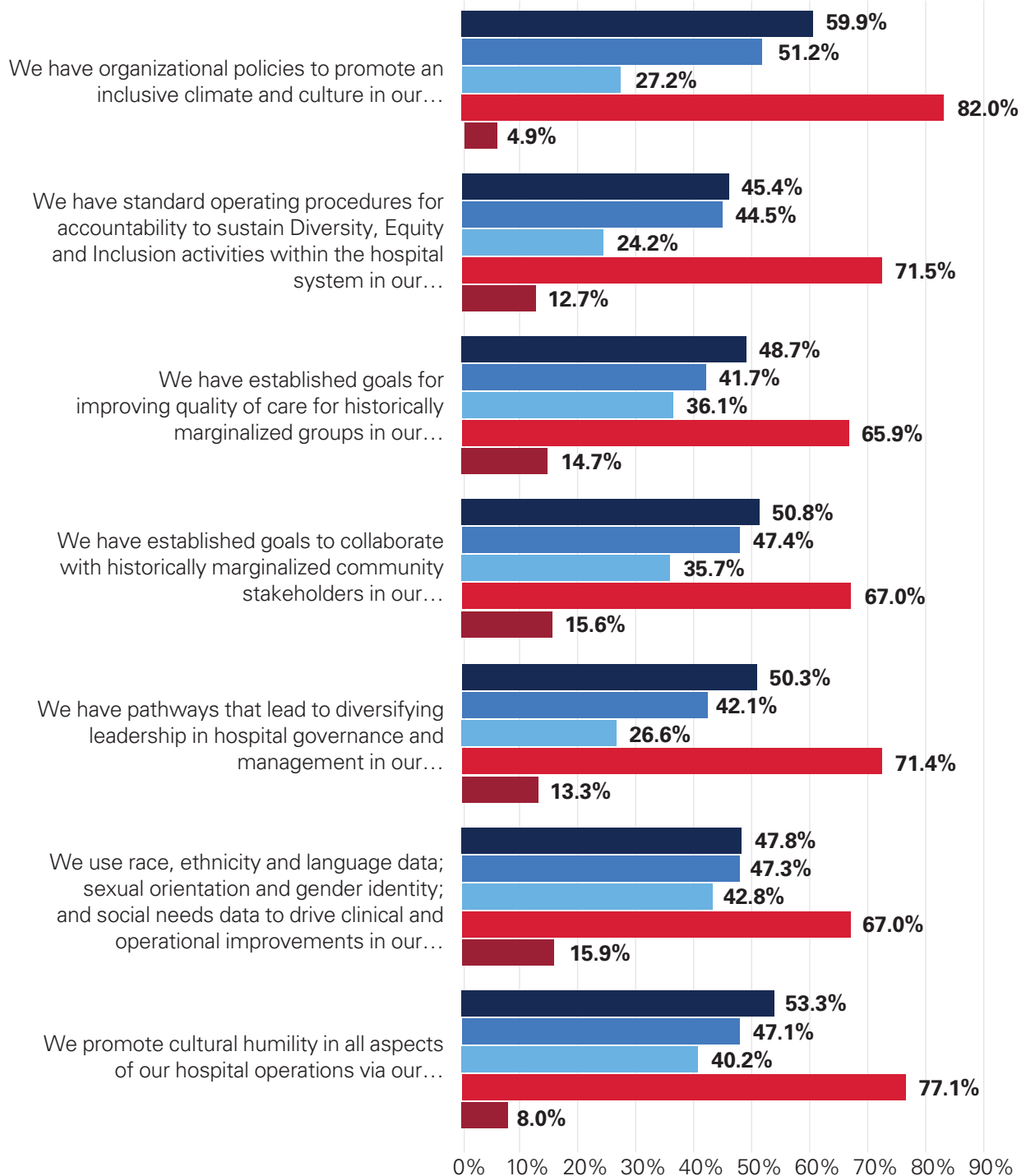


Respondents were asked (Figure 2) about four ways of committing to advancing health equity (leadership commitment, strategic plan, implementation plan and evaluation plan) across seven specific tactics.

FIGURE 2

In what ways has your hospital demonstrated its commitment to advancing health equity?
(Check all that apply) (N=1,356)

■ Strategic Plan ■ Implementation Plan ■ Evaluation Plan ■ Leadership Commitment ■ None of These

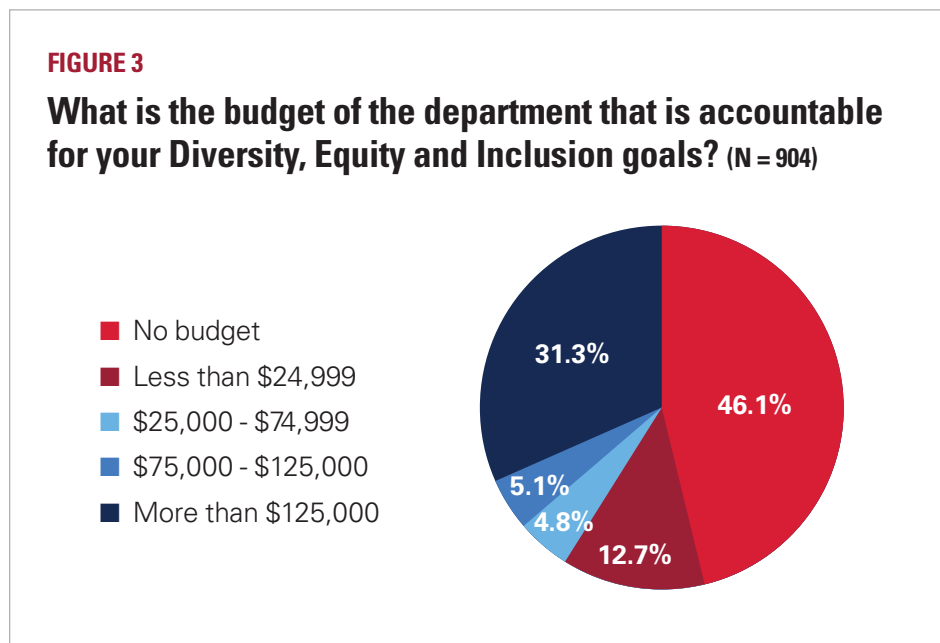


Since the four types of health equity commitments build on each other in a sequential way, it is unsurprising that the most frequently reported way of demonstrating commitment was via leadership commitment (average of 72%), followed by having a strategic plan (average of 51%), having an implementation plan (average of 46%), and lastly, having an evaluation plan (average of 33%).

The data reveal the importance of leadership commitment to planning and implementing actions to advance DEI goals. Frameworks and organizational tools, like AHA's Health Equity Roadmap, bolstered by support from CEOs and governance structures (trustees), can help hospitals further demonstrate their commitment to DEI.

The survey also asked how the commitment to diversity, equity and inclusion was being financially prioritized by hospitals.

Nearly 70% of respondents indicated that their hospital allocated funds to address DEI efforts. However, when asked how much was allocated to the department responsible for DEI goals, almost half (46%) of the 904 respondents (*Figure 3*) reported having zero budget allocated for said department. Funding allocations are essential to sustaining systems' commitments to DEI. It's worth noting that some hospitals divide DEI efforts among multiple departments; within such models funding may be spread across several departments to achieve the organization's DEI goals. For example, out of 1,285 hospitals that were asked about the department that was primarily accountable for DEI strategy, 41% of respondents indicated their DEI department was responsible, followed by human resources (32%), and "other" departments (19%).



To gauge if this discrepancy was due to different sets of hospitals responding to the two questions, we performed an analysis restricted to those that responded to both questions (866 hospitals). A majority (57%) reported that public equity statements led to their organizations allocating a budget for DEI efforts. But some within this group still reported having no budget for DEI efforts (26% versus 46% of the overall sample). This finding represents an opportunity for greater alignment between commitment and resources to move the work forward.

With many hospitals early in their DEI and health equity journeys, it is possible that some hospital budgets did not have a line item for DEI-related spending. As these efforts evolve, it will be important to track how hospitals are allocating resources towards DEI and advancing health equity.

Resources/Case Studies

- [The AHA Health Equity Roadmap](#)
- [The Health Equity Action Library](#)
- [Delaware's Commitment to Advancing Health Equity: One Hospital at a Time](#)
- [AHA's Equity of Care Awards](#)