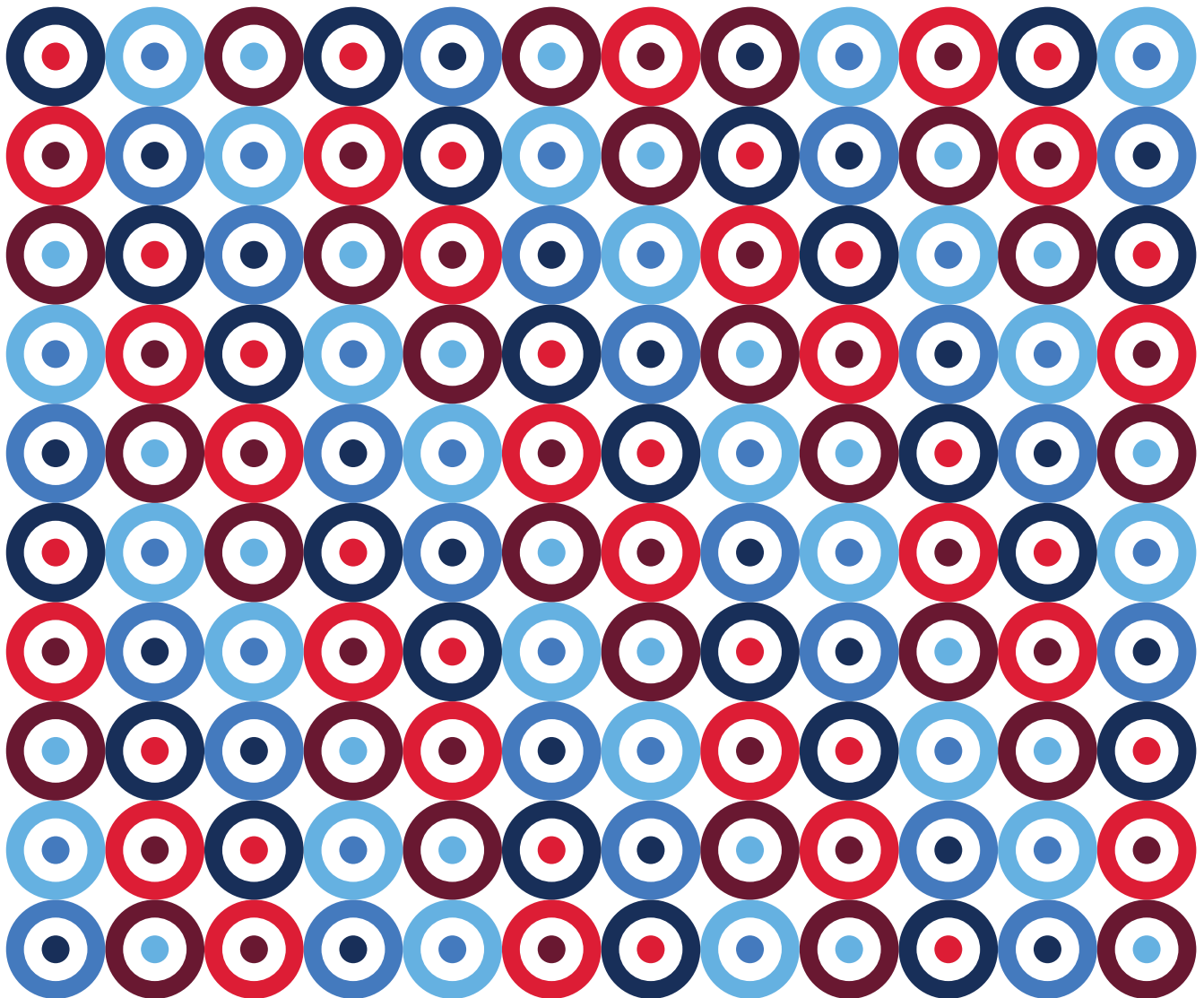


February 2024



# DEI Data Insights

## Leadership and Governance 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 third installment in a series of Insight Reports that highlight 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 Leadership and Governance**.

The other four topics in this series include:

- [DEI Strategy](#)
- [Workforce](#)
- Social Drivers of Health and Equitable Care
- Data Collection

## 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*, 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 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 establishes a baseline for future surveys. The next administration of the survey began in January 2024.

# About this Topic

Hospitals and health systems benefit from the insights, expertise and business acumen of community leaders to advance their mission. While not directly responsible for operational deliverables, many boards provide the North Star for DEI progress by providing incentives and accountability structures for CEOs and their executive leadership teams.

It is well documented that boards and executive leaders should reflect the communities they serve. To this end, the goal of establishing a diverse board — in terms of race/ethnicity, sexual orientation and gender identity, income status, age and ability, among other qualities — is an imperative for any hospital or health system if it is to deliver on the promise of equitable care.

One of the six levers in the [AHA's Health Equity Roadmap](#) is diverse representation in leadership and governance. [AHA's Trustee Services](#) provides curated, actionable resources and tools to help hospitals and health systems pursue strategies to advance equity in both the clinical and operational realms.

Organizational commitments to DEI should be used by the board as they seek to make strategic business decisions, mitigate risk, serve the community and protect the brand of the hospital or health system. The role of trustees to advance DEI initiatives cannot be overstated.



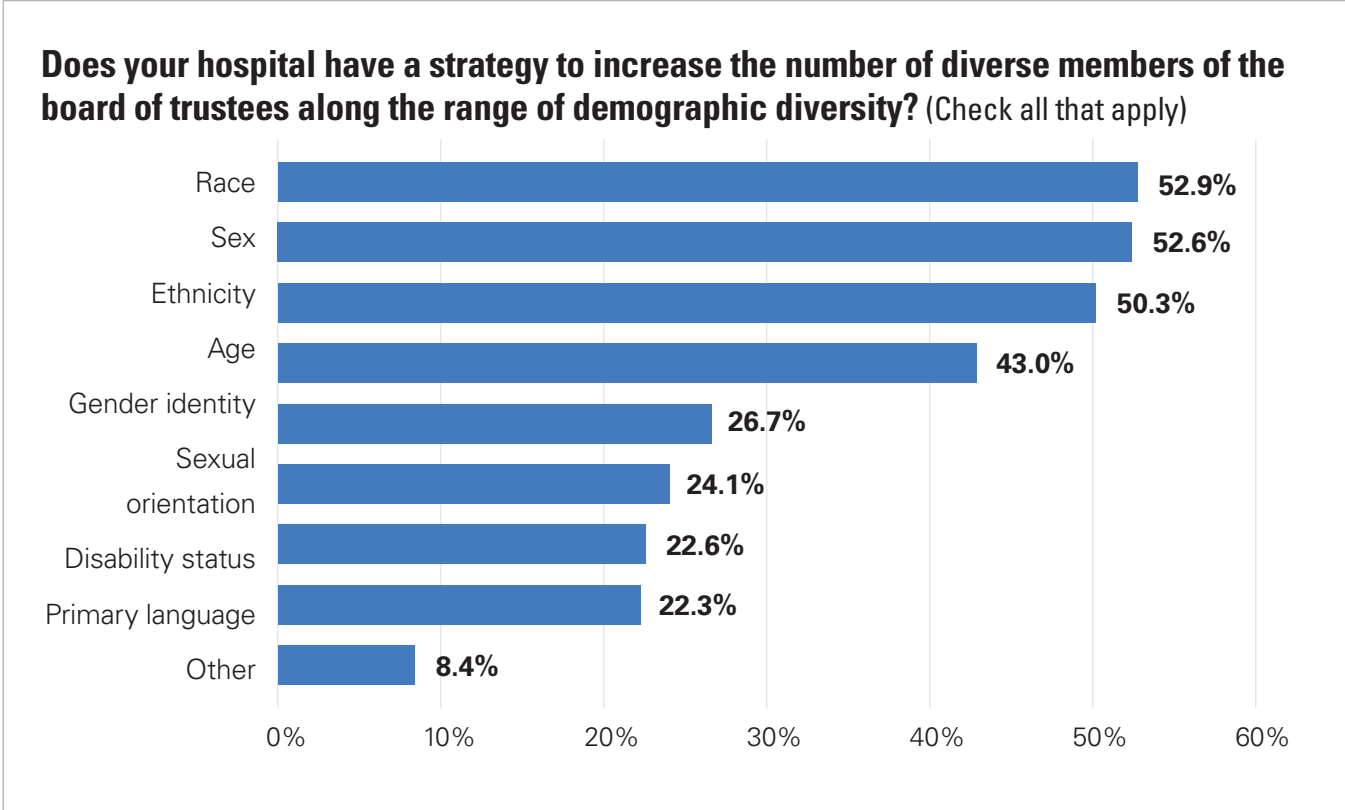
## PODCAST

### The Board's Role in Advancing Health Equity Strategies

Sue Ellen Wagner, vice president of AHA's Trustee Services, talks to Atrium Health about the board's role advancing health equity strategies.

# Setting the Stage for Leadership and Governance in Hospitals and Health Systems

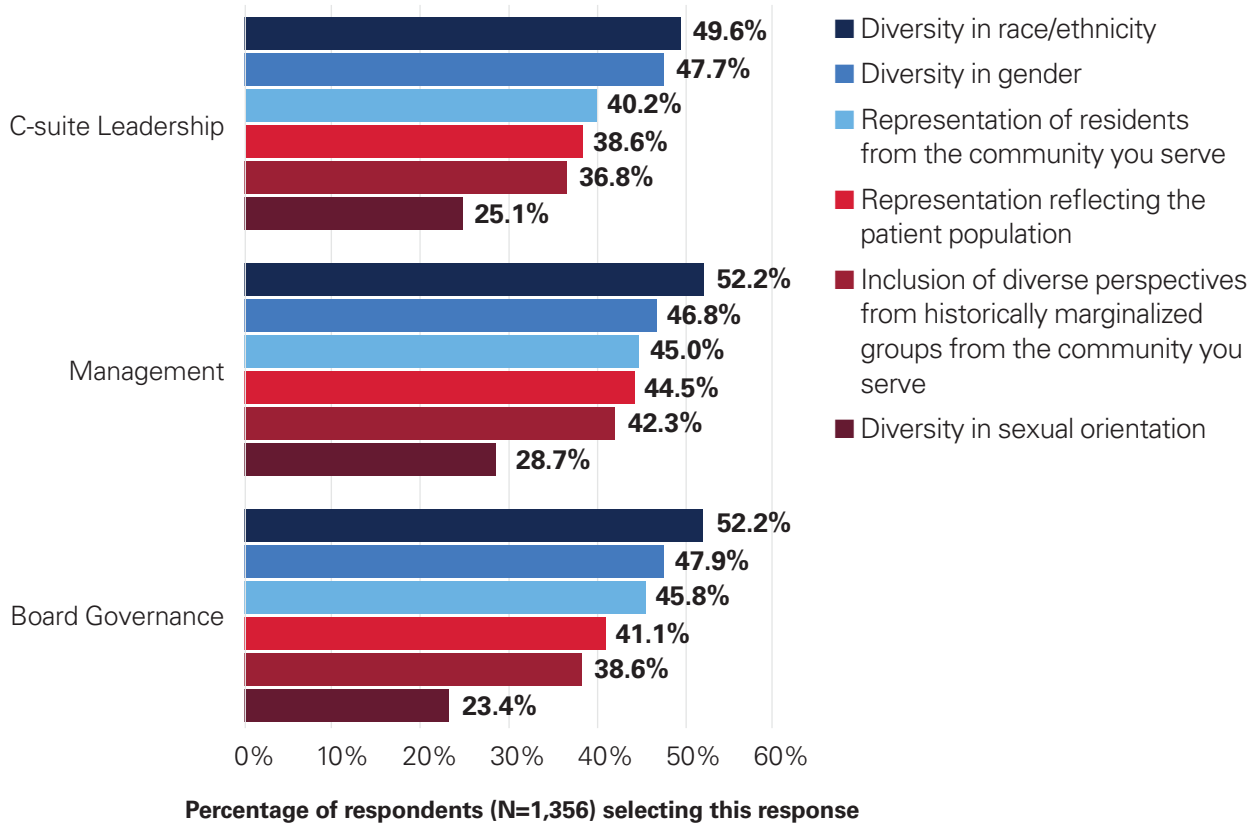
The survey findings indicate that more than half of boards prioritize strategies to enhance racial, ethnic and gender diversity. While age diversity is a focus for 43% of boards, initiatives for broader diversity dimensions like gender identity, sexual orientation, disability and language are less common, with less than 27% addressing these factors. These results highlight several key opportunities for boards to expand their definition of diversity to ensure the inclusion of additional perspectives, which is proven to lead to better decision making.



Within hospitals, strides are being made in DEI efforts within C-suites, management and boards across various demographics, but there is still room for improvement. Implementation mirrors strategy, with about half of survey respondents reporting that they have implemented efforts to diversify their executive leadership, management and boards in terms of race/ethnicity. Efforts around achieving gender diversity are slightly less common, with 48% for C-suite and boards and 47% for management. However, diversification based on sexual orientation is notably lower, with only 25% for C-suite, 29% for management and 23% for boards. These findings suggest that targeted, focused efforts are needed to shift from an acknowledgment of the need to pursuing actions that will yield greater diversity and representation in leadership and governance ranks.

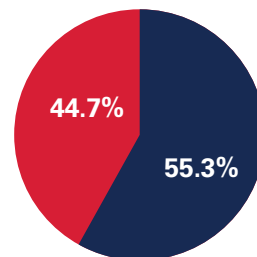
### Has your hospital implemented specific approaches to increase the following?

(Check all that apply)



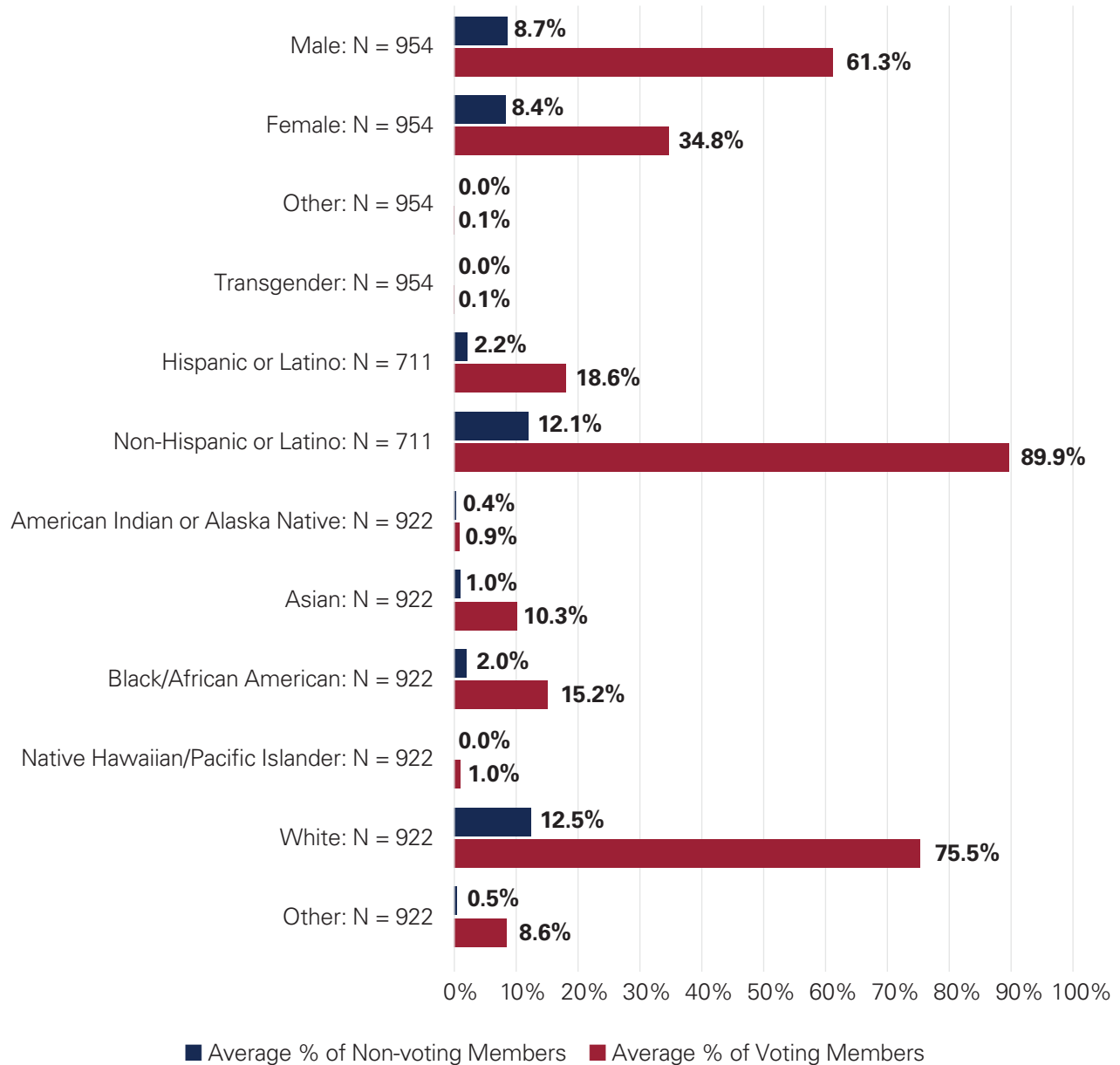
Does your hospital have a strategy to hire individuals from historically marginalized populations? (N = 1,189)

■ Yes ■ No



Hospitals and health systems should continue to pursue innovative strategies to recruit and hire talented individuals from diverse and historically marginalized backgrounds. The data revealed that 55% have embedded strategies for attracting diverse talent for management and leadership candidates. Implementing policies that support and mentor individuals from varied lived experiences can pave the way for more inclusive leadership in hospitals.

**Please indicate the number of voting and non-voting board members in each of the categories below.**



The survey indicates that a majority of voting board members were predominantly white (76%) and male (61%), with people of color and women representing 27% and 35%, respectively. We contend that without boards that are diverse, representative and inclusive, decision making is compromised and health outcomes suffer.

Given that trustees are important to the strategic and financial direction of hospitals, increasing their engagement around a DEI agenda is critical to prioritizing and advancing commitments through resource allocation and other means. AHA's Trustee Services has developed the [2022 National Health Care Governance Survey Report](#), which has a comprehensive view of the nation's governance structures and practices within health care.

Additionally, there is growing recognition by regulatory agencies and accrediting bodies for the demonstration of greater board involvement in equity issues and addressing health disparities. The Centers for Medicare & Medicaid Services is adopting health equity-focused measures in the Inpatient Quality Reporting Program, which include capturing specific hospital activities to address health inequity in strategic planning, data collection and analysis, quality improvement and leadership engagement.

## Who Is Leading? Divergence in Health Equity Leadership Versus DEI

The survey reveals that leadership support to accelerate strategic and implementation plans vary for health equity versus DEI. Clinical leaders who directly interact with patients and focus on data and outcomes were most involved (55%) around efforts to advance health equity. For diversity and inclusion initiatives, executive leaders, who oversee the broader operational aspects, were more engaged (58%). This distinction likely reflects their respective responsibilities: Clinical leaders are closer to the front lines and therefore more proximate to the disparate experiences and health outcomes across patient populations, while executive leaders typically chart the organization's overall course.

This data reveals that focusing on clinical leaders, community representatives and executive leadership may prove useful for advancing health equity, while interventions aimed at promoting diversity and inclusion may be led by executive leadership and non-clinical staff. Boards play a pivotal role in ensuring investments are appropriately targeting both health equity and DEI initiatives.



### BRIEF

## It Starts at the Top: How Boards Can Prioritize Health Equity

This brief features information trustees should know when making the business case for diversity and health equity initiatives.

## Whose House? Inconsistencies in who Takes Responsibility for DEI

It is ideal for DEI to be integrated fully into the culture, climate and standard operating procedures of a hospital. When asked about which department is primarily responsible for implementing DEI strategies, the most frequently chosen were DEI (41%), followed by human resources (32%). The "Other" category, chosen by almost 20% of respondents, indicates various departments managing DEI strategies in hospitals, ranging from leadership or administrative roles to specific or combined departments such as "Human Resources and Diversity, Equity and Inclusion." These findings are consistent with previous data that assert DEI is largely seen as an administrative task, disconnected from equity in patient care, quality and safety. The opportunity here is for boards to identify and pursue the adoption of evidence-based practices for where DEI activities should be housed. Yes, each organization is different, with its own structure, personnel and challenges — but finding a singular wellspring from which DEI activities can originate and be tracked and measured will greatly increase the likelihood of growth and improvement in this area.

The survey sought to uncover what types of efforts and interventions are used by hospitals to advance DEI objectives. The findings reveal that implementation of specific approaches for improving diversity remarkably followed a simple order: board governance, then management and C-suite leadership. This reaffirms the board's inimitable role in advancing and sustaining DEI as an organizational priority.

The key takeaway is that boards must acknowledge and continue to embrace their roles as advocates of DEI work. Such a top-down approach means empowering C-suite leaders and staff to make the necessary investments within the organization while nurturing community relationships to further advance and facilitate growth.



### BLOG

## Board Diversity Lessons Learned

Three AHA members share their insights in this [article](#) on board diversity and discuss how their efforts led to progress in their hospitals and health systems.

## Resources/Case Studies

- [AHA 2022 National Health Care Governance Survey Report](#)
- [AHA Trustee Insights: Transforming Governance](#)
- [Boardroom Brief: Health Equity](#)