

# American Society of Healthcare Risk Management Equity of Care Assessment Tool

The American Society of Healthcare Risk Management has created this Equity of Care Assessment Tool to help determine your organization's cultural competency; to assist in identifying potential gaps in equity of care and to help focus efforts on work that will enhance healthcare risk management.

This tool is not a complete listing of all actions needed to address cultural diversity or cultural competence within organizations, but is a good first step in conducting an equity of care gap analysis.

#### Introduction

Socioeconomic and racial inequity exists in health care quality. The Institute of Medicine (IOM) 2001 report, Crossing the Quality Chasm, identified equity of care as one of the six pillars of quality healthcare. The Equity of Care: A Toolkit for Eliminating Health Care Disparities defines equity of care as provision of care that does not differ by geographic location, socioeconomic status, gender, ethnicity, and other patient characteristics. In 2002 the IOM released Unequal Treatment which identified multiple factors which may contribute to health care disparities. It is important to note cultural diversity and culturally competent care are different; although closely related.

## What Is Cultural Diversity In Health Care?

Cultural diversity is the inevitable variety in customs, attitudes, practices, and behavior that exists among groups of people from different ethnic, racial, or national backgrounds who come into contact.<sup>1</sup>

### What Is Cultural Competence In Health Care?

Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups. For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services. The concept of cultural competency has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.<sup>2</sup>

- 1. www.medilexicon.org.
- 2. www.nih.gov/clearcommunication/culturalcompetency.htm



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### How to Use the Tool

This tool allows you to evaluate whether your organization is addressing areas that contribute to providing equitable care for all patients. This is not a complete listing of all actions needed to address cultural diversity or cultural competence within organizations, but is a good first step in conducting an equity of care gap analysis. You can use the right-hand column to make notes on the degree of completion or success for each item and possible steps that could be taken to make improvements if necessary.

| Discovery Questions   |      |     | Notes and Action Steps                                   |
|---|------|-----|--|
| Is data being collected on race?  | □Yes | □No | •  |
| Is data being collected on ethnicity?   | □Yes | □No |  |
| Is data being collected on language preference?   | □Yes | □No |  |
| Is there a working group that is focused on health care disparities within your organization?                           | □Yes | □No |  |
| Is data being collected regarding diversity and inclusion?  | □Yes | □No |  |
| If yes, are the following data being collected so they can be stratified by race, ethnicity and/or language preference: |      |     |  |
| quality and safety?   | □Yes | □No |  |
| regarding language services?  | □Yes | □No |  |
| admitting and registration?   | □Yes | □No |  |
| compliance?   | □Yes | □No |  |
| community outreach?   | □Yes | □No |  |
| Is data analytics from the above data collections being utilized?   | □Yes | □No |  |
| Has a priority metric been selected to identified to best serve your patient population?                                | □Yes | □No | See Additional Resources #2 and #3 for more information. |

| If yes, a priority metric has been selected:   |                               |  |
|--|-------------------------------|--|
| Accuracy: Is data self-identified by patient or  | □Patient                      |  |
| identified by registration staff?  | ☐Registration staff           |  |
| Is categorization the same throughout  | ☐Consistent categorization    |  |
| data sources?  | ☐Inconsistent categorization  |  |
| Completeness:  Are race, ethnicity and language data captured for all services areas?    | □Yes □No                      |  |
| Do you capture the percentage of unknown, declined or other data?                        | □Yes □No                      |  |
| Uniqueness: Is each patient only represented once in data collection?                    | □Yes □No                      |  |
| Are there multiple points where the data can be collected from patients?                 | □Yes □No                      |  |
| Are the data points consolidated?  | □Yes □No                      |  |
|  | □Updated each admission/visit |  |
| Timeliness: How current is the data?   | □Updated infrequently         |  |
| Tiow earreit is the data.  | ☐Never updated once collected |  |
| Consistency:  Does the data collection address the specifics of the community you serve? | □Yes □No                      |  |
| Stratification   |                               |  |
| Is stratification possible in the metric selected?                                       | □Yes □No                      |  |
| Determine reason why stratification is not possible:                                     |                               |  |
| data inconsistently collected?   | □Yes □No                      |  |
| data pool too small?   | □Yes □No                      |  |
| poor data tool utilization?  | □Yes □No                      |  |
| technology barrier?  | □Yes □No                      |  |
| Other?   |                               |  |
| If stratification is not possible, what actions should be taken:                         |                               |  |
| Staff training for data collection?  | □Yes □No                      |  |
| Redefinition of area data collection?  | □Yes □No                      |  |

| Change data collection tool?  | □Yes | □No |  |
|---|------|-----|--|
| Identification of barriers?   | □Yes | □No |  |
| Education of patients (including importance of data)?                                   | □Yes | □No |  |
| Increase data pool?   | □Yes | □No |  |
| Determine the tool you will use to stratify the selected data:                          |      |     |  |
| Dashboard?  | □Yes | □No |  |
| Display data trends?  | □Yes | □No |  |
| Other?  |      |     |  |
| Is cultural competency training offered in your organization?                           | □Yes | □No |  |
| If yes does the training include:   |      |     |  |
| Patient representatives?  | □Yes | □No |  |
| Social workers?   | □Yes | □No |  |
| Discharge planners?   | □Yes | □No |  |
| Financial counselors?   | □Yes | □No |  |
| Language resources?   | □Yes | □No |  |
| Food Service?   | □Yes | □No |  |
| Chaplain?   | □Yes | □No |  |
| Senior management?  | □Yes | □No |  |
| Management?   | □Yes | □No |  |
| Staff?  | □Yes | □No |  |
| Volunteers?   | □Yes | □No |  |
| Communication and patient services (i.e. telephone operator)?                           | □Yes | □No |  |
| Other?  |      |     |  |
| Patient resources   |      |     |  |
| Is the building signage in multiple languages?  | □Yes | □No |  |
| Are written communications for patients available in multiple languages?                | □Yes | □No |  |
| Are patient portals and other communication modalities available in multiple languages? | □Yes | □No |  |

| Are languages used reflective of your patient population?  | □Yes | □No |  |
|--|------|-----|--|
| Culturally competent disease   |      |     |  |
| management   |      |     |  |
| Do you track diseases/conditions prevalent in your minority population?  | □Yes | □No |  |
| Do you have programs to address these minority disease/conditions?   | □Yes | □No |  |
| Do your programs identify barriers to treatment for your populations?  | □Yes | □No |  |
| Diversity in the workforce   |      |     |  |
| Is a mentoring program in place to develop existing organizational talent?   | □Yes | □No |  |
| Do you measure diversity of current workforce?   | □Yes | □No |  |
| Do recruiters seek qualified diverse candidates?   | □Yes | □No |  |
| Are there strategies in place to attract and reach out to racial and ethnic minorities in the communities you serve? | □Yes | □No |  |
| Does the diversity of your workforce reflect your patient population?  | □Yes | □No |  |
| Involvement of the community   |      |     |  |
| Do you work with community organizations to improve population health?   | □Yes | □No |  |
| Do you work with:  |      |     |  |
| Schools?   | □Yes | □No |  |
| Churches?  | □Yes | □No |  |
| Business?  | □Yes | □No |  |
| Publications?  | □Yes | □No |  |
| Other?   |      |     |  |
| Senior Leadership  |      |     |  |
| Has leadership made cultural competency an institutional priority?   | □Yes | □No |  |

| Has the board set goals on improving organizational diversity, providing culturally centered care eliminating disparities in care delivered at your organization? | □Yes | □No |  |
|---|------|-----|--|
| Is training in diversity awareness and cultural competence mandatory for:   |      |     |  |
| Senior management?  | □Yes | □No |  |
| Management?   | □Yes | □No |  |
| Staff?  | □Yes | □No |  |
| Volunteers?   | □Yes | □No |  |
| Other?  |      |     |  |

Note: This tool is not a complete listing of all actions needed to address cultural diversity or cultural competence within organizations, but is a good first step in conducting an equity of care gap analysis.

#### **Additional Resources:**

- 1. Equity of Care: A Toolkit for Eliminating Health Care Disparities. January 2015. Institute for Diversity in Health Management, American Hospital Association.
- Improving Health Equity through Data Collection AND Use: A Guide for Hospital Leaders. March 2011.
   AHA, HRET
- 3. A Framework for Stratifying Race, Ethnicity and Language Data. October 2014. Hospitals in pursuit of Excellence
- 4. Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data. August 2013. Hospitals in pursuit of Excellence
- 5. Building a Culturally Competent Organization: The Quest for Equity in Health Care. June 2011. Institute for Diversity in Health Management, HRET
- 6. Becoming a Culturally Competent Health Care Organization. June 2013. . Institute for Diversity in Health Management, HRET.
- 7. Eliminating Health Care Disparities: Implementing the National Call to Action Using Lessons Learned. February 2012. AAMC, American College of Healthcare Executives, American Hospital Association, CHA, National Association of Public Hospitals and Health Systems.
- 8. Role of the Chief Diversity Officer in Academic Health Centers. November 2012. Institute for Diversity in Health Management, AAMC.
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