2021 Racial Equity in Healthcare Progress Report

Racial Equity in Healthcare Progress Report

The Racial Equity in Healthcare Progress Report ("Progress Report") is a long-term accountability tool to document progress toward achieving racial health equity. It is meant to promote collective improvement, not to drive competition. It provides for a baseline self-assessment and then an opportunity to measure progress, assess implementation of key strategies, understand provider and community assets in racial equity work, and identify areas of improvement.

Working together, Illinois hospitals and health systems have the opportunity to dismantle systemic racism in a way that no individual organization can. The Progress Report aims to highlight the important progress that organizations have already made, as well as the work ahead. ***Therefore, urge every Illinois healthcare organization to complete the Progress Report this summer.***

Below, you will find hyperlinks to a few helpful supplemental resources:

1. **Guidance Document**: To support you while completing the survey, this document will provide background information on the Progress Report, resources to guide future work, and definitions to ground everyone in similar terminology. ***Please read through the guidance document before completing the survey.***

2. **Progress Report PDF**: We recommend that you use this editable pdf document, which encompasses every question within the Progress Report, to draft and compile your answers with your team. This will make it easier to then input your final data into the online Progress Report survey monkey portal.

3. **IHA's Health Equity Resource Hub**: The Resource Hub is inclusive of tools and resources organized by the pillars of the Progress Report -- Our People, Our Patients, Our Organization, and Our Community. The Resource Hub also includes stories and descriptions of hospitals' existing programs and initiatives to advance health equity. Additionally, in the coming months, we look forward to launching an educational learning collaborative open to those organizations who have completed the Progress Report.
Please note that you may save your responses in this survey at any time and return later to add more detail or complete it. To enable the save feature, you must use the same device and web browser you used to start the survey.

If you have questions or need support while completing the Progress Report, please contact healthequity@team-iha.org.

The Illinois Health and Hospital Association and the Illinois Primary Health Care Association thank you for your dedication to moving health equity forward and for your engagement in this Progress Report.

Thank you!

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* Please provide contact information for the person who is coordinating this survey's completion within your organization.

Name

Email

* Please select your organization type.

- ◯ Independent Hospital
- ◯ Hospital and Health System
- ◯ FQHC
- ◯ Ambulatory Center

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Demographic Profile

* For which organization are you responding?

* 1. What is the self-reported racial/ethnic demographic breakdown of the staffing categories below at your organization? Please see the [guidance document](#) for racial / ethnic category descriptions.

	Board of Directors	Senior Leadership Team	Patient Facing Staff
American Indian or Alaska Native	⬍	⬍	⬍
Asian	⬍	⬍	⬍
Black or African American	⬍	⬍	⬍
Hispanic or Latino/a/x	⬍	⬍	⬍
Native Hawaiian or Other Pacific Islander	⬍	⬍	⬍
Two or More Races	⬍	⬍	⬍
White	⬍	⬍	⬍

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* 2. To evaluate and ensure your Board, Leadership (management at all levels), and patient-facing staff reflect your organizational commitment to promote racial equity, do you have:

	0 - Not in place	1 - Internal Socialization	2 – Initiation	3 – Piloting	4 – Implementation	5 - Best Practice
a) a specific goal focusing on community representation or diversity that is formally documented	○	○	○	○	○	○
b) a process to measure your progress in achieving this goal	○	○	○	○	○	○
c) strategies in place to support achieving community representation and/or diversity on your Board, Senior Leadership Team and Patient Facing Staff	○	○	○	○	○	○

Please describe your goal, process for measuring progress toward achieving your Board, Leadership, and staff demographic goals as well as your strategies in place to help achieve your outlined goal.

If no to any of the above, please explain the barriers your organization faces in implementing Board, Leadership, and staff demographic goals as well as targeted recruiting and promotion strategies.

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3. What is your payer mix percentage for inpatient services?

	Percent
Medicare	[ ]
Medicaid	[ ]
Other Public Payment	[ ]
Private Insurance	[ ]
Private Payment	[ ]
Charity Care	[ ]
Uninsured	[ ]

4. What is your payer mix percentage for outpatient services?

	Percent
Medicare	[ ]
Medicaid	[ ]
Other Public Payment	[ ]
Private Insurance	[ ]
Private Payment	[ ]
Charity Care	[ ]
Uninsured	[ ]

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* 5. What is the racial / ethnic demographic breakdown of your patient population? Please see the guidance document for racial / ethnic category descriptions.

	Percent
American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic or Latino/a/x	
Native Hawaiian or Other Pacific Islander	
Two or More Races	
White	

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* 6. For the following focus areas, do you have a process in place?

	Cultural Responsiveness	Anti-Racism Behaviors	Implicit and Explicit Bias Reduction
a) an explicit aim			
b) training modules/programs/resources in place			
c) systems to track that staff complete training in some or all of these areas			
d) policy that all staff and board members are eligible for training			
e) methods of encouragement for staff and board members to complete these trainings			
f) an evaluation system in place to measure the effectiveness of these trainings/programs/resources (e.g. staff and board satisfaction, measure of new learning, probability to attend a similar opportunity, perception of inclusivity, etc.)			
g) set improvement goals / aims based on data from your evaluation system			

If you provided activities in any of these subject areas (or other racial equity subject areas not listed) and they were well received by your staff, please share more information on the content, delivery partner/ facilitator, and thoughts on why these activities were well received.

If you did not provide activities in any of these subject areas, please explain the barriers your organization faces in implementing these activities.

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* 7. What percentage of your clinical and non-clinical staff have completed activities (trainings, workshops, etc.) in the following subject areas this year:

	Percent
a) anti-racism behaviors	⬍
b) cultural responsiveness	⬍
c) implicit and explicit bias reduction	⬍

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* 8. Does your organization provide the following types of trainings to patient-facing staff members:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) the collection of self-reported race, ethnicity and language (REAL) data	○	○	○	○	○	○
b) the collection of self-reported sexual orientation and gender identity (SOGI) data	○	○	○	○	○	○
c) the collection of self-reported social determinants of health (SDOH) data	○	○	○	○	○	○
d) the delivery of culturally and linguistically appropriate services according to CLAS standards	○	○	○	○	○	○
e) training on how to create a welcoming environment for immigrant populations	○	○	○	○	○	○

If you provided any training around the services listed above, and they were well received by your staff, please share more information on the content, delivery partner/ facilitator, and thoughts on why these activities were well-received.

If you did not provide training in self reported data collection for all types of data, please explain the barriers your organization faces in implementing these trainings.

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* 9. Do you measure the impact, success and define improvement aims (for example, for effectiveness, impact, engagement, perception of inclusivity) of your organization's trainings on REaL, SOGI, and SDoH self-reported data collection and the delivery culturally and linguistically appropriate services according to CLAS standards?

○ Yes we measure the impact of our trainings and define improvement aims

○ We only measure the impact of our trainings

○ We only define improvement aims but do not measure the impact of our trainings

○ No we do not measure the impact of our trainings or define improvement aims

○ N/A - We do not conduct these trainings

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* 10. To promote an inclusive and equitable internal working culture, does your organization complete the following activities on at least an annual basis:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) measure employee engagement	○	○	○	○	○	○
b) measure employee feelings of inclusion	○	○	○	○	○	○
c) analyze employee engagement by REaL data	○	○	○	○	○	○
d) analyze employee feelings of inclusion by REaL data	○	○	○	○	○	○
e) create improvement / action plans based on the findings of the previous data analyses	○	○	○	○	○	○

At what level (e.g. Board, Senior Leadership, department, etc.) and frequency (e.g. annually, monthly, etc.) is this information shared and reviewed?

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* 11. On at least an annual basis, does your organization conduct a pay equity (wages and benefits) analysis that:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) compares wages and benefits by REaL data	○	○	○	○	○	○
b) analyzes and reviews of your organization's entry level wages	○	○	○	○	○	○
c) compares utilization of additional employee incentive programs or advantages such as analysis of participation in employee matching retirement programs, child care subsidies, etc.	○	○	○	○	○	○

If yes, please describe changes implemented and/or insights gained that resulted from your organization's pay equity analysis. Please note that information around pay equity insights may be sensitive and require discretion.

If no, please explain the barriers your organization faces in implementing a pay equity analysis.

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12. For Research Institutions:
Does your Institutional Review Board require cultural humility training or a racial equity analysis before approving research projects?

◯ Yes

◯ No

◯ In process of implementing

◯ N/A - Organization does not have an IRB

If yes, please describe the training and/or tool your Institutional Review Board uses.

If no, please describe the limitations your organization faces in adding this step to the Institutional Review Board process.

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* 13. Has your organization prioritized the following in your strategic plan?

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) racial health equity	○	○	○	○	○	○
b) anti-racism	○	○	○	○	○	○
c) community engagement (above and beyond what is required from the CHNA)	○	○	○	○	○	○

To provide models for organizations who have not yet named racial health equity, anti-racism, and/or community engagement (above and beyond what is required in the CHNA) in their strategic plan, please share the wording your organization used in these statements.

ACHIEVING HEALTH EQUITY

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* 14. This question addresses three buckets: Racial Health Equity Work, Anti-Racism Work and Community Engagement Work. Please answer questions "a-c" for each of these three buckets below:
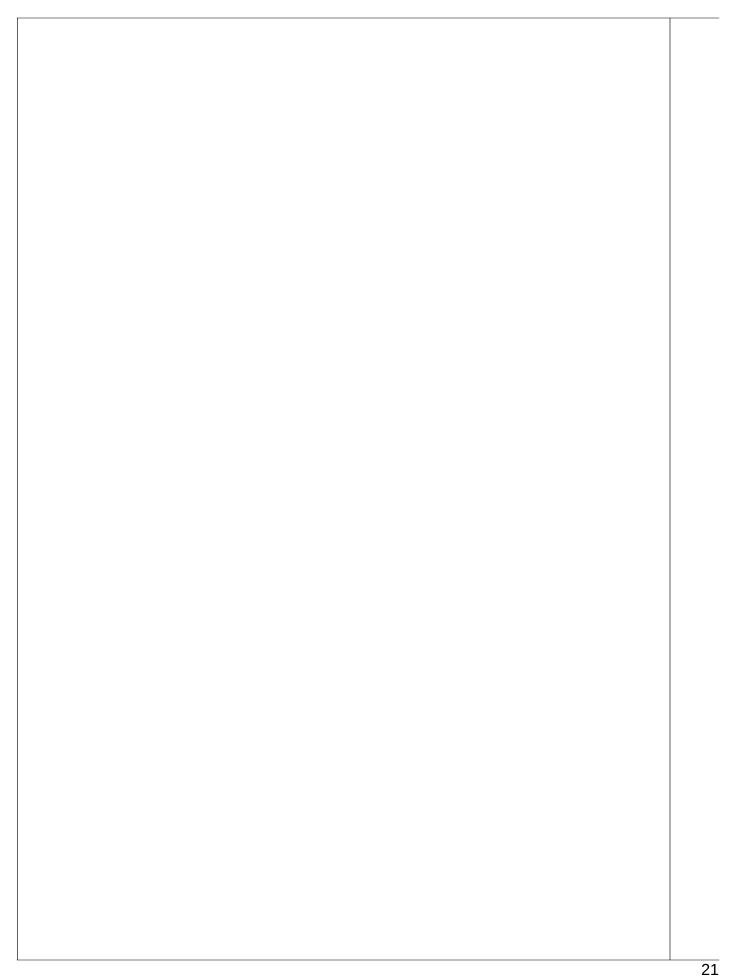
Racial health equity work	Anti-racism work	Community engagement
a) an individual / team who is responsible and accountable for leading your organization's work in this area		
[▲▼]	[▲▼]	[▲▼]
b) dedicated employee(s) in your organization focused on work in this area		
[▲▼]	[▲▼]	[▲▼]
c) explicit goals / aims formally outlined focused on your organization's work in this area		
[▲▼]	[▲▼]	[▲▼]

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* 15. Has your organization committed to using a racial equity analysis tool, or to analyzing policies through an equity team with diverse membership when creating and reviewing the three organizational policies listed below? Please see the [guidance document](#) for examples.

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) patient access, rights, and payment	○	○	○	○	○	○
b) employee recruitment, promotion, retention, compensation, and benefits	○	○	○	○	○	○
c) contracting and purchasing	○	○	○	○	○	○

If you answered yes to any of the previously mentioned policy areas, please describe your policy analysis process and let us know if you would be willing to share that process or any racial equity policy analysis tools your organization uses with us.

If yes or planning to, would you be willing to share the survey results with IHA?

- ○ Yes
- ○ We would consider it
- ○ No

If you answered "No" or "N/A" to all of the policy areas, please describe the barriers your organization faces in implementing this racial equity policy review process.

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* 16. Does your organization collect, store and maintain the following self-reported patient data

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) REaL	○	○	○	○	○	○
b) SOGI	○	○	○	○	○	○

* 17. Across your patients, does your organization have a systematic approach to assess and document the following:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) Barriers in access to care	○	○	○	○	○	○
b) SDoH	○	○	○	○	○	○

If yes, please provide a description of your organization's SDoH and barriers in access to care workflow/systemic approach.

[   ]

If no, please explain the barriers your organization faces in creating a SDoH and barriers in access to care workflow/systemic approach.

[   ]

* 18. Please select the percent of patients for whom your organization has collected the following self-reported data:

	Percent of Patients
REaL	[⬍]
SOGI	[⬍]
SDoH	[⬍]
Barriers in access to care	[⬍]

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* 19. Are you assessing the following Social Determinants of Health (SDoH) as defined by Healthy People 2030:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) education access and quality	○	○	○	○	○	○
b) economic stability	○	○	○	○	○	○
c) healthcare access and quality	○	○	○	○	○	○
d) neighborhood and built environment	○	○	○	○	○	○
e) social and community context	○	○	○	○	○	○

If you selected "yes" or "in progress" for a category, please list which metrics you are tracking.

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* 20. Do you refer patients with an identified SDoH need to social support organizations?

○ Not in place - No current plans on this process have been discussed.

○ Socialization - This process has been discussed but no action has been taken.

○ Initiation - This process is being discussed by key leaders or within meetings and action steps are being developed.

○ Piloting - This process is being piloted, but is not fully standardized or implemented.

○ Implementation - This process has been implemented and is standardized.

○ Best Practice - Organization has implemented this process, is tracking process and outcome data and would consider our process and data to be a best practice.

If yes, please explain your process for referring patients.

If no, please explain the barriers your organization faces in referring patients.

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* 21. To ensure equitable care for all patients, regardless of language status, does your organization have interpretation services:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) to help patients understand providers and care plans	○	○	○	○	○	○
b) that are available during all operating hours	○	○	○	○	○	○
c) that are available in all specialties	○	○	○	○	○	○
d) that are available in-person	○	○	○	○	○	○
e) for your patient population's most common languages	○	○	○	○	○	○

What are your patient population's most common languages?

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* 22. Does your organization complete quality audits for the following patient demographic data:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) REaL	○	○	○	○	○	○
b) SOGI	○	○	○	○	○	○
c) SDoH	○	○	○	○	○	○
d) Barriers in access to care	○	○	○	○	○	○

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* 23. For all patient demographic data that undergoes a quality audit at your organization, does the quality audit include:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) Data collection for at least 95% of patients	○	○	○	○	○	○
b) Opportunity for verification at multiple points of care (beyond just registration) to ensure the accuracy of the data and to prevent any missed opportunities for data collection (e.g., pre-registration process, registration/admission process, inpatient units, etc.)	○	○	○	○	○	○
c) A standard process in place to verify the accuracy and completeness (percent of fields completed) of patient demographic data	○	○	○	○	○	○
d) A standard process in-place to addresses any system-level issues (e.g., changes in patient registration screens/fields, data flow, workforce training, etc.) to improve the collection of self- reported patient demographic data	○	○	○	○	○	○
e) an iterative quality audit loop for continued assessment of quality and updating as needed	○	○	○	○	○	○

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* 24. How frequently does your organization communicate patient safety and health outcomes by race to the following groups? Please respond N/A to groups with which you do not communicate patient safety and health outcomes by race.

	Monthly	Quarterly/Annually/Biannually	Not implemented	N/A
a) Board	○	○	○	○
b) Senior Leadership (including clinical staff leadership)	○	○	○	○
c) Widely within the organization (i.e. quality staff, front line staff, managers, directors, providers, committees and departments or service lines)	○	○	○	○
d) Patients and families (i.e. PFAC members)	○	○	○	○
e) Community partners or stakeholders	○	○	○	○
f) On your organization's website	○	○	○	○

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* 25. Please select the statement that best describes your organization:

◯ Our organization stratifies at least one patient safety, quality, or outcome measure by REAL data

◯ Our organization stratifies more than one (or many) patient safety, quality, or outcome measure by REAL data

◯ Our organization stratifies more than one (or many) patient safety, quality, or outcome measure by REAL and other demographic data (beyond REAL) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors

◯ None of the above

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* 26. To better understand and improve patient experience within your institution, does your organization

	Yes	No
a) analyze patient experience data	○	○
b) set improvement / create action plans when gaps in patient experience data are identified	○	○

If yes, please select the characteristics by which your organization analyzes patient experience data:

☐ Race / Ethnicity

☐ Sexual Orientation

☐ Gender

☐ Zip Code

☐ Other (please specify)

[   ]

If no, please explain the barriers your organization faces in analyzing patient experience data and setting improvement goals / action plans when there are gaps.

[   ]

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* 27. Does your organization have:

	Yes	In Progress	No	N/A
a) charity care policies that are easily accessible and available to patients in language that aligns to the health literacy of the community	○	○	○	○
b) staff to assist patients in understanding charity care policies	○	○	○	○

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* 28. Does your organization have measurable goals for supplier diversity that are evaluated at least annually in the following areas:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) Percent spend with minority-owned businesses	◯	◯	◯	◯	◯	◯
b) Percent spend within your community / service area	◯	◯	◯	◯	◯	◯
c) Sourcing goods from high spend categories	◯	◯	◯	◯	◯	◯

If yes, please provide a description of your organization's progress toward achieving these goals.

If no, please explain the barriers your organization faces in implementing supplier diversity goals.

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* 29. Healthcare providers can be key players in creating sustainable economic growth and development in their communities. To support the economic vitality of your community, has your organization:

Local Purchasing	**Local Hiring and Pathways**	**Community Investment**
a) adopted best practice guidelines for		
[▲▼]	[▲▼]	[▲▼]
b) created explicit goals to increase your commitment to		
[▲▼]	[▲▼]	[▲▼]

If yes, please list (or link) the guidelines you follow.

If no, has your organization completed any work in community wealth building? If so, please list the work that your organization does to support wealth building in your community. If your organization does not support any wealth building in your community, please explain the barriers you face in addressing these priorities.

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* 30. Above and beyond clinical care, do you invest institutional dollars in community-based programs that address the five drivers of the life expectancy gap? Select all that apply.

☐ Chronic Disease

☐ Infant Mortality

☐ Gun-Related Homicide

☐ Opioid Overdose

☐ HIV/Infectious Disease

☐ None of the Above

☐ Other (please specify)

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[                                    ]
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* 31. In which of the following ways does your organization engage with clinical champions, patients and families, and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations? Select all that apply:

- [ ] Collaborate with a patient advisory board

- [ ] Partner with local community councils

- [ ] Identify and promote community-based asset development

- [ ] Ensure community based participatory research

- [ ] Partner on quality of life plans in applicable neighborhoods

- [ ] None of the above

- [ ] Other (please specify)

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Thank you for completing this assessment!
Please click the "Submit" button below to complete your assessment.