

What do Organizations Need to Improve Health Equity?

The ACTION program is developing a comprehensive resource for practical ways to improve health equity (e.g. access and quality of care). To help inform this effort, a survey was conducted to learn about organizations' needs and challenges in improving the equity of care for all patients.

An online survey invitation was distributed between January and February 2009 to individuals with known interest in cultural and linguistic issues in health care (e.g., listserv members, past participants of workshops) and those with a general interest in health professions education and practice. There were a total of 201 responses - 161 completed surveys were included in this analysis.

Summary of key findings:

- There was very little difference in responses between organizations that provide direct patient services and organizations that do not provide direct patient services.
- The majority of individuals turn to established national resources for information and tools.
- There is a much greater desire for readily accessible training resources (e.g. curricula, toolkits) than in-person trainings.
- Physicians, nurses, and front-line office staff were rated as the most important audiences for training efforts.
- The greatest barrier to organizations improving health equity is lack of funding.

Respondents and their organizations

A majority of respondents (64%) indicated that their organizations provide direct patient services. Survey respondents work in a wide variety of organizations and many (45%) are in an educational setting.

Type of organization:

Educational organizations	45%
University	26.9%
Academic health center	14.4%
Other educational institution [§]	3.7%
Health services providers	31.2%
Hospital	16.8%
Community health center or public clinic	5.6%
Health Plan	4.4%
Other health services provider*	4.4%
Government agency	9.4%
Trade organization	2.5%
Non-profit community organization	2.5%
Staff or group model HMO	1.3%
Other	6.2%

[§]Educational institutions, excluding universities, such as community colleges.

*Organizations providing health services in settings other than hospitals, clinic, etc.

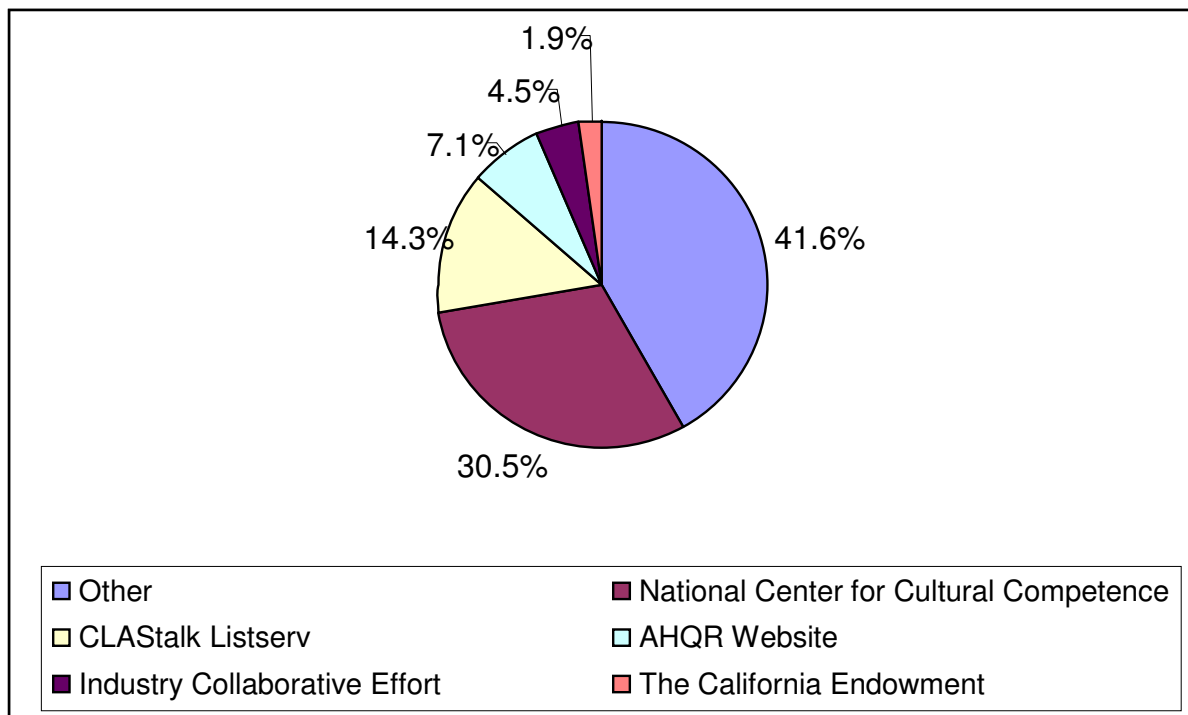
Respondents were asked to identify their role within the organization. Note, respondents were given the option of choosing more than one role. Not surprisingly, most identified themselves as educators, administrators and health professionals.

Role in organization

Educator	39.5%
Administrator	36.3%
Health Care Professional	31.2%
Researcher	15.9%
Medical Director	4.5%
Other	14.0%

Source for information, tools, and resources

Respondents were asked to identify where they most often turned for information, tools, and trainings to improve care for populations with language or cultural barriers to care. They were provided with response options that included widely known sites and were given the opportunity to indicate “other” if the source they used most often was not a response option. Interestingly, “other” was the most frequently cited source. This category included a broad range of responses such as internal resources, meetings, published literature, foundations, and consultants.



When asked what they liked best about the sources they used, the open-ended responses noted the following key themes:

- Comprehensive – breadth and depth of information; range of expert contributors
- Applicable or adaptable to specific organizational/individual needs
- Accessible
- Easy to use
- Practical tools
- Up-to-date

When asked what was missing from the resources they currently used, the open-ended responses noted the following key themes:

- Resources for specific populations (LGBT, disabilities, behavioral health, audiences in other regions of the country) and specific tools (ex: tools to assess language competency, data collection tools).
- Greater breadth of resources
- An organized, central repository of information
- More opportunity for user input and interaction (e.g. discussion groups, user-ratings)
- More frequent updating

Need for tools, resources, and training

Respondents were asked to indicate if they desired access to in-person trainings and/or training resources in their efforts to provide effective, equitable care.

	Training resources (e.g., curricula, toolkit)	In-person trainings
a) Communicating effectively with diverse populations	66.5 %	37.3%
b) Providing care to populations with low health literacy	61.5%	31.7%
c) Strategies for improving chronic disease care for diverse populations	60.9%	29.8%
d) Collecting information about race/ethnicity and preferred language	57.1%	26.1%
e) Providing quality customer service to diverse populations	55.3%	32.3%
f) Improving organizational cultural engagement	55.3%	32.3%
g) Developing collaborative partnerships with communities	54.7%	29.8%
h) Improving and maintaining workplace diversity	51.5%	29.1%
i) Approaches to providing effective care to LGBT populations	50.3%	23.6%
j) Working with medical interpreters	47.2%	28.6%
k) Approaches to caring for older populations	46.6%	23.0%
l) Strategies for providing palliative care to diverse populations	42.9%	18.6%

In general, they reported a greater need for curricula or toolkits than in-person trainings. Although there was little difference in the responses from organizations that provide direct patient care and those that do not, organizations providing direct patient services did indicate a somewhat greater need for:

- Trainings *and* training resources to for providing quality customer service to diverse populations.

Organizations that do not provide direct patient services indicated a somewhat greater need for:

- Training resources for collecting information about race/ethnicity and preferred language,
- Training resources for developing collaborative partnerships with communities, and
- Training resources for improving and maintaining workplace diversity.

When respondents were asked to rate the importance of having access to particular tools or resources, they indicated that nearly every tool and resource was very important or moderately important. The mean scores reflect the ratings from all respondents.

	Mean*
a. Updates on standards for assessing the quality of culturally and linguistically appropriate services	1.44
b. Patient satisfaction measures	1.46
c. Policy updates related to care for diverse populations	1.50
d. Tools on how to collect and record race/ethnicity and preferred language	1.75
e. Surveys to assess organizational cultural engagement	1.77
f. Instruments to assess language skills	1.78
g. Tools for meeting accreditation standards	1.78
h. Information about in-person forums on topics related to culturally competent care	1.82
i. Access to technical assistance on how to use specific tools	1.95
j. Vetted trainers or consultants for specific topics	2.01
k. An online forum for networking and sharing ideas	2.01

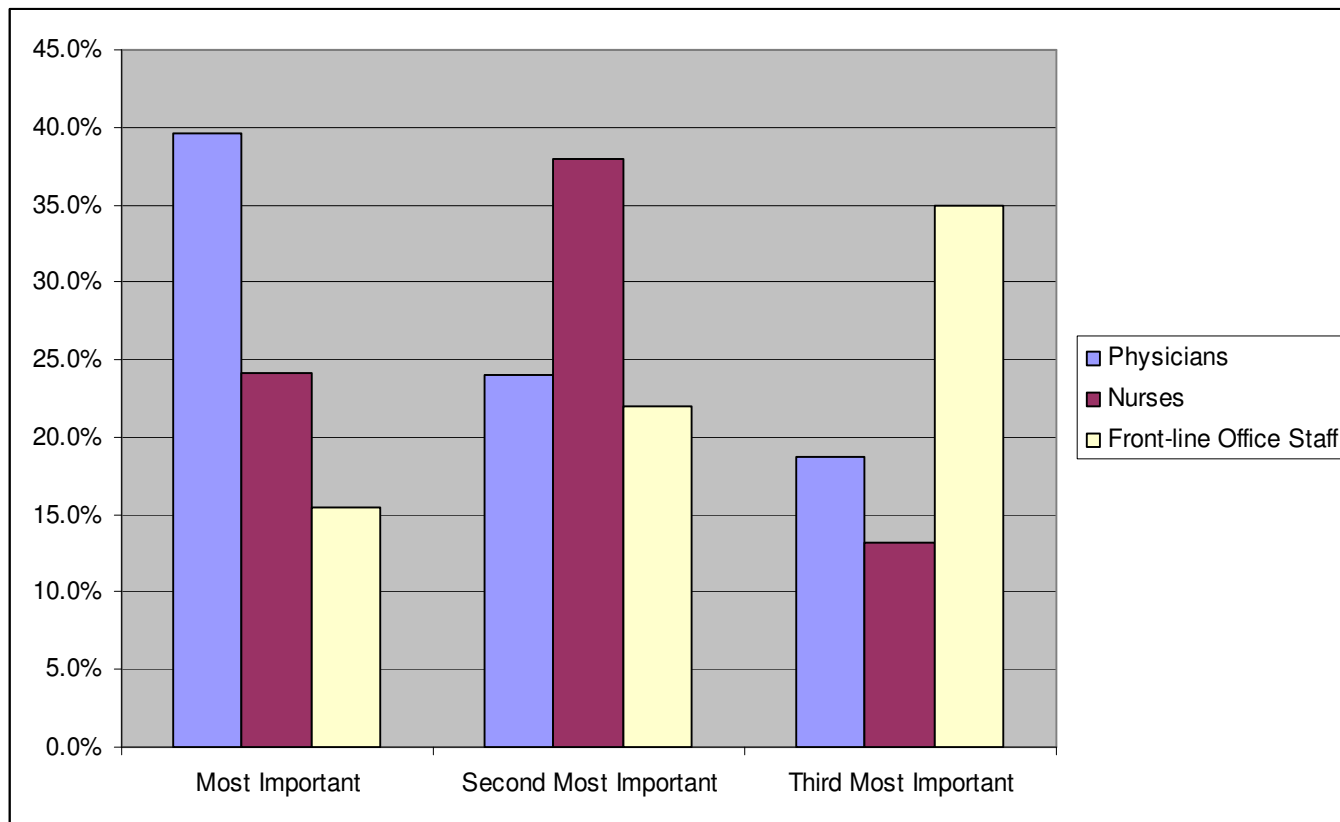
**Rating: 1 - Very Important; 2 – Moderately Important; 3 – Unimportant*

Again, there were no significant differences between organizations that provide direct patient services and organizations that do not. However, for organizations providing direct patient services, patient satisfaction measures was the highest rate item (mean = 1.25).

Audience for training efforts

Respondents were asked to rank the 3 most important audiences for their **organization's** training efforts from the following list: Physicians, Nurses, Physician Assistants, Nurse Practitioners, Medical Assistants, Front-line office staff, and Pharmacists.

There were no significant differences between organizations providing direct services and those that do not. Respondents ranked Physicians, Nurses, and Front-line Office Staff most frequently.



Barriers to improving health equity

Finally, respondents were asked to rate their level of agreement or disagreement as to whether the factors listed in the *table* below were problems for their organization. The mean scores reflect the ratings from all respondents. There were no significant differences between organizations that provide direct patient care services and those that do not. The greatest barrier was lack of funding. Respondents also indicated that more opportunities for networking and sharing ideas are needed, as is a system to easily direct organizations to resources that are relevant to their needs. Respondents also identified additional barriers:

- Limited time
- Staff resistance
- Buy-in and participation from senior leaders
- Lack of awareness/understanding
- Competing priorities

	Mean*
a. Lack of funding to undertake improvements	1.76
b. Little opportunity to share experiences with organizations working on similar issues	2.51
c. It is difficult to know which resource is best suited for our purposes	2.62
d. Resources are difficult to find	2.69
e. Lack of information on how to use the resource	3.05
f. Resources are not relevant to the organization's needs	3.13
g. Credibility of the source and the quality of the resource is unknown	3.13

**Rating: 1 – Strongly agree; 2 – Agree; 3 – Undecided; 4 – Disagree; 5 – Strongly Disagree*

Conclusion

While there has been an increase in the number and the quality of available resources, organizations still face significant barriers in taking action towards health equity improvement. Tools and resources that are affordable, practical, and easy to access need to be created and/or better promoted. The range of the type of resources needed is broad, and includes those focused on improving clinical interactions, collecting better data, and engaging senior leaders.