Illinois Health and Hospital Association

2024 Racial Health Equity Progress Report

PROGRESS REPORT PLANNING FORM

Racial Health Equity Progress Report

The Racial Health Equity Progress Report (Progress Report) is a long-term accountability tool to document progress toward achieving 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, IHA encourages all members to participate in this year's Progress Report, whether or not you've participated in the past. It is crucial that we continue to assess our progress—both individually and as a hospital community. Sustained commitment to utilizing the Progress Report allows for comprehensive benchmarking with peers and helps to inform strategies to collectively reduce health disparities in Illinois.*

Below, you will find links to helpful supplemental resources:

1. **Guidance Document:** To support you while completing the survey, the Guidance Document provides 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 Planning Form:** 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 includes 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.

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 us at healthequity@team-iha.org.

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

Voluntary Opt-In to Nationally Focused Administration of the Racial Health Equity Progress Report

The Nationally Focused Administration of the Racial Health Equity Progress Report (Progress Report National Pilot) is funded through a grant from the Commonwealth Fund and is led by Rush University Medical Center (RUSH) and University of Chicago Medical Center (UChicago) to evaluate the impact of the Progress Report. Participation in the Progress Report National Pilot is voluntary and in no way affects your membership in IHA or your participation in our State-Focused Administration of the Racial Health Equity Progress Report (State-Focused Progress Report). If you elect to voluntarily participate in the Progress Report National Pilot, then:

- Your organization does not need to answer additional survey questions. Instead, IHA will share your responses to IHA's State-Focused Progress Report (i.e., this report) with the Progress Report National Pilot.
- The Progress Report National Pilot will treat all responses as confidential and no individually identifiable hospital information will be released beyond the coordinators (i.e., RUSH and UChicago) and their subcontractor (Do Tank) without your expressed, written permission. The Progress Report National Pilot will not disclose identifiable (raw) data to the Commonwealth Fund nor will it publish any identifiable (raw) data.
- However, the Progress Report National Pilot coordinators (i.e., RUSH and UChicago) may share de-identified aggregate data derived from your answers in an effort to validate, improve, refine and scale the Progress Report. For example, sharing that XX% of national respondents reported an increase in ABC metric; or XX% of national respondents have experienced a decrease in XX metric. The Progress Report National Pilot will not share de-identified aggregate data focused solely on IHA members.
- These aggregate survey findings may be disseminated in various forms, including, but not limited to, reports, presentations, educational forums, press releases, promotions, and recruitment generally and specifically to IHA's Health Equity Leader's Workgroup subcommittee of IHA's Committee on Health Disparities and the Commonwealth Fund.
- Your organization will receive analytic reports with benchmark data that is inclusive of national organizations.
- Your organization's identifiable (raw) data from the Progress Report will be stored on a secure, encrypted network and maintained until no later than December 31, 2028 before deletion unless otherwise required by applicable law. However, there is a possibility of loss of confidentiality in the event of a data breach.

Yes, my organization agrees to voluntarily participate in the Progress Report National Pilot.

No, my organization does not agree to voluntarily participate in the Progress Report National Pilot.

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

Please select your organization type:
Note: If you are responding as an individual hospital that is part of a system, please select "Health System" and then follow the prompts to select which system you are a part of and the specific hospital(s) you are responding on behalf of.

Independent Hospital

Health System

Please indicate which hospital(s) you are responding for:

If you would like to submit individual responses for each hospital in your system, please submit the first entry and then clear the browser history and the cookies on your computer to submit subsequent entries.

Please contact us at healthequity@team-iha.org with any questions.

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.

	Governing Board	Senior Leadership (Assistant Vice Presidents and above)	Organizational Staff (excluding Senior Leadership)
American Indian or Alaskan Native			
Asian			
Black or African American			
Hispanic or Latino/a/x			
Native Hawaiian or Other Pacific Islander			
Two or More Races			
White			

2. What is the self-reported gender identity demographic breakdown of the staffing categories below at your organization?

	Governing Board	Senior Leadership (Assistant Vice Presidents and above)	Organizational Staff (excluding Senior Leadership)
Male			
Female			
Non-Binary			

3. 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	

4. To evaluate and ensure the organization's Governing Board, Senior Leadership (Assistant Vice President and above) and Organizational Staff reflect the organizational commitment to promote racial equity, does your organization 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 Organizational Staff						

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

If you responded "Not in place" 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.

5. Do you have a process in place for the three focus areas listed?

	Cultural Responsiveness	Anti-Racism Behaviors	Implicit and Explicit Bias Reduction
a) An explicit aim			
b) Training modules or programs			
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 requiring 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. measurement of staff and board experience, such as their probability of attending a similar opportunity or their perception of inclusivity in the event, 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.

6. What percentage of your organizational staff have completed activities (trainings, workshops, etc.) in the following subject areas this year?

	Percent
a) Cultural responsiveness	
b) Anti-racism behaviors	
c) Implicit and explicit bias reduction	

7. Does your organization provide the following types of trainings to patient-facing staff?

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 National 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, frequency of trainings and the plan to monitor the quality of data collected.

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.

8. To promote an inclusive and equitable internal working culture, does your organization complete the following activities listed on at least an annual basis?

a) Measurement of employee engagement	
b) Measurement of employee feelings of inclusion	
c) Analysis of employee engagement by race, ethnicity and language (REaL) data	
d) Analysis of employee feelings of inclusion by REaL data	
e) Creation of improvement/action plans based on the findings of the above 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?

9. 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 race, ethnicity and language (REaL) data						
b) Analyzes and reviews 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.						
d) Informs a standardized pay equity policy						

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.

10. 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	Not Applicable, organization does not have an IRB

11. 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 Community Health Needs Assessment)						

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

12. Have you developed annual Key Performance Indicators (KPIs) for your health equity initiatives? (Definition: a quantifiable measure of performance over time that creates accountability in advancing health equity.)

Yes	In progress	No

13. Has your organization included the term "racism" along with other social inequities as a driver of health at three different levels: (1) in your Community Health Needs Assessment/Community Health Implementation Plan (CHNA/CHIP); (2) organizational quality improvement plan; and (3) organizational strategic plan? Select all that apply.

	CHNA	Improvement Plan	Strategic Plan
Racism			
Poverty/Social vulnerability			
Veteran status			
Housing insecurities			
LGBTQ+ health			
Disabled bodies			
Gender-based			
Age-based			
Other			

Other (please specify):

14. For the three focus areas listed below, do you have:

	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			

15. Related to the policies listed below, has your organization committed to using a racial equity analysis tool or a process to analyze policies with an equity team comprised of diverse membership? Please see IHA's 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 indicated Piloting, Implementation or Best Practice for any of the mentioned policy areas, please describe your policy analysis process and/or racial equity policy analysis tools used by your organization.

If you responded "Not in place", please describe the barriers your organization faces in implementing a racial equity policy review process.

16. Does your organization ask patients about bias or unfair treatment based on race and socio-economic status in patient experience surveys?

For example:

- In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?; or
- In the last 12 months, how often have you been treated unfairly at this provider's office because of the type of health insurance you have or because you do not have health insurance?

Yes, we have standardized questions across all patient experience surveys.

Yes, we have incorporated these types of questions in some patient experience surveys.

No, we have yet to add these types of questions in patient experience surveys.

17. Does your organization collect, assess and document the following self-reported patient data?

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) Race, Ethnicity and Language (REaL)						
b) Sexual Orientation and Gender Identity (SOGI)						
c) Social Determinants of Health (SDoH)						

Please share the barriers your organization faces in creating a systematic approach to collecting and assessing REaL, SOGI and SDoH data.

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

	Percent
a) Race, Ethnicity and Language (REaL)	
b) Sexual Orientation and Gender Identity (SOGI)	
c) Social Determinants of Health (SDoH)	

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 (food insecurity, housing insecurity)						
c) Healthcare access and quality						
d) Neighborhood and built environment (transportation, utility difficulties)						
e) Social and community context (interpersonal safety)						

If you selected Piloting, Implementation or Best Practice, please list which metrics you are tracking.

20. Do you refer patients with an identified Social Determinant of Health (SDoH) need to social support organizations?

0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice

If your response is Piloting, Implementation or Best Practice, please share how your organization is involved with the coordination.

Provide patients a phone number to support organizations

Initiate a warm transfer to a support organization

Joint coordination with a support organization including a closed-loop process

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

21. What percentage of patients with an identified SDoH need have a documented referral to a social support organization?

0%	<1-19%	20-39%	40-69%	70-89%	90-100%

22. To ensure equitable care for all patients, regardless of language status, does your organization provide 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?

23. 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) Race, Ethnicity and Language (REaL)						
b) Sexual Orientation and Gender Identity (SOGI)						
c) Social Determinants of Health (SDoH)						

24. For all patient demographic data that undergoes a quality audit at your organization, does the 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 to 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						

25. How frequently does your organization communicate patient safety and health outcomes by race to the following groups?

	Quarterly	Annually	Not Communicated	Data Unavailable
a) Board				
b) Senior Leadership (including clinical staff leadership)				
c) Widely within the organization (i.e. quality staff, frontline 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				

26. To better understand and improve clinical outcomes within your facility, does your organization:

	Yes	No
a) Stratify clinical measures by demographic data		
b) Set improvement targets/create action plans when gaps or disparities in clinical outcomes are identified		

If yes, please select the characteristics by which your organization analyzes clinical outcomes:

Race/Ethnicity

Sexual Orientation

Gender

Zip Code

Other (please specify):

If no, please explain the barriers your organization faces in stratifying health outcomes and setting improvement goals when opportunities for improvement are identified.

27. To better understand and improve patient experience within your facility, does your organization:

	Yes	No
a) Stratify patient experience measures by demographic data		
b) Set improvement targets/create action plans when gaps or disparities 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 when opportunities for improvement are identified.

28. Does your organization have:

	Yes	In Progress	No/Not Applicable
a) Charity care policies that are easily accessible and available to patients in language that aligns with the health literacy of the community			
b) Staff to assist patients in understanding charity care policies			
c) Charity care policy that extends to insured patients			
d) Referral process with a Federally Qualified Health Center (FQHC) or free clinic for uninsured or Medicaid patients for non-emergency services			
e) A requirement for employed physicians to have the same charity care policy as the hospital			

29. 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.

30. 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 to) 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.

31. 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):

32. In which of the following ways does your organization engage with community partners:

	0 - Not in place	1 - Internal Socialization	2 - Initiation	3 - Piloting	4 - Implementation	5 - Best Practice
a) Collaborate with a community advisory board						
b) Partner with local community councils						
c) Identify and promote community-based asset development						
d) Ensure community-based participatory research						
e) Partner on quality of life plans in applicable neighborhoods						
Other (please specify):						

Once you complete this form follow this link to the Progress Report survey to input your responses there. After adding your responses and hitting "Submit" in the web-based survey form, you will have completed the 2024 Progress Report.

If you need to make changes to your Progress Report survey after it has been submitted, please contact Healthequity@team-iha.org for assistance. Thank you for your time and efforts to advance health equity!