Hospitals Present Diversity Collaborative Progress

On July 17, Day Kimball and Charlotte Hungerford Hospitals were featured presenters during CHA’s Diversity Collaborative monthly team webinar, speaking on their progress and strategies for action.

John Miller, Director of Human Resources, Day Kimball Hospital, explained how the hospital developed a Diversity Collaborative Committee, put in place several cultural competence education programs, and developed innovative ways for staff members to celebrate their heritage. As a result, hospital leadership realized that the northeast corner of Connecticut is more diverse than it appears. Staff gained a deeper understanding of the diversity among colleagues and an appreciation of the talents and skills people have to offer. Additionally, the hospital revamped its clinical care diversity policy and instituted a support group for transgender people, among other initiatives.

Brian Mattiello, Vice President for Organizational Development, Charlotte Hungerford Hospital, discussed the hospital's development of an action plan to reach its goal of having aspects of the hospital reflect the diversity that exists in the 11 towns which comprise its primary service area. The hospital increased cultural competence training among staff, the number of diverse programs and activities, and the utilization of interpreters. It sponsored conversational Spanish for nearly two dozen staff members and will continue the program this fall. Additionally, the hospital is integrating its community health needs assessment results with its diversity work. Increasing supplier diversity has also been an ongoing priority for Charlotte Hungerford Hospital, and it is making a concerted effort to increase both direct and indirect spending dollars with minority-owned businesses.

The Diversity Collaborative is a multi-year, statewide endeavor to improve health equity and eliminate disparities by increasing diversity in hospital governance and senior management, improving cultural competence in the delivery of care, and increasing supplier diversity. This first-in-the-nation collaborative of acute care hospitals has been recognized as a national model for advancing health equity and eliminating disparities. Hospitals are working together to conduct organizational self-assessments, identify and implement improvement strategies and interventions such as cultural competency training, share best practices, collect data, and utilize metrics to track performance and progress. Through this process, hospitals are working to improve diversity in the workforce and eliminate disparities in patient care delivery.

New England Regional Health Equity Council Studying Health Disparities

The New England Regional Health Equity Council (RHEC), co-chaired by Marie M. Spivey, EdD, RN, Vice President, Health Equity, CHA, is studying the top health problems exacerbated by health inequities and racial/ethnic disparities, with goals to raise awareness of existing health disparities, broaden leadership to impact health outcomes, and influence organizations to become more culturally and linguistically proficient.

RHEC, the region’s arm of the National Partnership for Action to End Health Disparities (NPA), is the first national multi-sector community and partnership-driven effort on behalf of health equity. There are 10 RHECs across the country. Now in its second year, RHECs are exploring regional approaches to address health disparities and the social determinants of health, including education, employment, housing, and the environment – all of which influence health outcomes.

This summer, RHEC Program Coordinator Intern Toddchelle Young, through the U.S. Department of Health and Human Services’ Office of Minority Health, is working with Dr. Spivey at CHA to develop a comprehensive report that incorporates demographic data and social determinants of health to identify key disparities impacting positive health outcomes throughout the region.

“I'm from Connecticut and have personally experienced health disparities, witnessed my community go through the system, and seen people not get the healthcare they need,” said Ms. Young. “I want to erase the disparities and create a healthier future for people, and that’s where my passion comes from.”

Ms. Young, currently working toward her graduate degree in public health at Columbia University, is gathering data from numerous sources, and is ensuring that the information is relevant and compatible across states. She will sort out health issues that universally affect vulnerable populations throughout the region and identify outcomes that can be improved by eliminating disparities. Her final product will inform the Council’s annual work plan and address its priority objectives to collaboratively improve health outcomes for people across the region.
We encourage you to follow the New England Regional Health Equity Council on Facebook.

**IOM Releases Toolkit on Crisis Standards of Care**

The Institute of Medicine (IOM) has released a new [toolkit](#) to help emergency response teams and hospitals plan for disasters and public health emergencies. During crises, hospitals may be without power, and trained staff, ambulances, medical supplies, and beds could be in short supply. The IOM report is intended to help hospitals develop indicators and triggers to activate crisis standards of care, and guide transitions along the continuum of care (from conventional standards of care to crisis surge response and standards of care, and back to conventional standards of care).

The report, which builds on two previous IOM reports on crisis standards of care, contains key concepts, guidance, and practical resources to help leaders across the emergency response system. The section on acute care hospitals can be accessed [here](#).

**CMS Accepting Applications to Become Certified Application Counselor Organizations**

Hospitals interested in training staff and volunteers to help people apply for insurance coverage through the state-based marketplace Access Health CT can [apply online](#) to become a Certified Application Counselor (CAC) organization.

Beginning October 1, CAC organizations will help people understand, apply for, and enroll in health coverage.

CAC organizations must ensure that counselors complete the required training, and that they comply with privacy and security laws as well as other program requirements. In late August, CAC training will be offered through the Centers for Medicare & Medicaid Services website. CACs will be required to complete about five hours of computer-based training modules with content tailored to the function(s) each person will perform and the training he or she already has (such as compliance with privacy rules).

Last year, CHA participated in the development of the standard plan design for Access Health CT, and CHA continues to work with the state on this and other aspects of healthcare reform. CHA will provide more hospital-related information and support on CACs and related exchange activity as information becomes available.

For more information on roles to help consumers apply for and enroll in health coverage, click [here](#).