



Texas Healthcare
Trustees

INSPIRING EXCELLENCE IN HEALTH CARE GOVERNANCE

Health Care Disparities and Board Composition Study





In 2016 Texas added 432,957 new residents, which amounts to more than 1,180 new Texans each day. Within evolving populations health disparities occur creating unique challenges for hospitals to deliver the best possible care.

To better understand the implications of changing population trends and health inequities, THT explored the composition of Texas health care boards as well as the steps hospitals and health care systems are taking to address health disparities in their communities. In 2017 THT conducted a survey on health disparities and board composition receiving more than 260 responses from members, which include hospital and system board members and CEOs. Below are key findings of THT's study.

Understanding the Community to Improve the Quality of Care

The Centers for Disease Control and Prevention defines health disparities as:

“... Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.”

Factors that impact health disparities may include poverty, race/ethnicity, age, environmental threats, disability, socioeconomic status, geography and individual and behavioral factors.

In the pursuit of delivering the highest quality of care, many organizations and national initiatives are working to end health disparities and to ensure all people are poised for the best health outcomes possible. One of the first steps in addressing health disparities is the collection and use of data. THT's survey asked how many board members and CEOs know their organization captures, analyzes and/or uses the following data for discussion.



Type of Patient Data	Percentage Who Said Their Organization Collects Data
Gender	54%
Ethnicity	56%
Language preference	48%
Socioeconomic information	55%

Creating a Culturally Responsive Organization

One primary role of the board to address health disparities is to make this a priority for the organization and ensure leadership and staff have access to appropriate resources needed to fulfill the hospital's needs. The hospital staff need to be able and empowered to provide patient-centered care and to be culturally responsive to a patient's needs. Doing so improves the quality of care, particularly from the patient perspective, and increases satisfaction scores, which can in turn impact reimbursement. From conducting community health needs assessments to reviewing the aggregated patient data, an understanding of who the organization serves allows the board to make informed decisions on the strategy it should implement to meet the needs of the community. The following are some of the tools and practices boards have in place to meet these challenges.

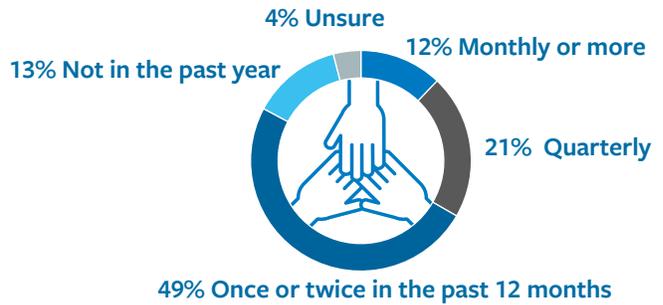
64%

of respondents says they have community members serve on councils or committees for the hospital/health system, apart from the organization's board of directors.

92%

of respondents say they feel the organization is adequately prepared to serve the needs of the community.

Frequency the board discusses the demographics of the community:



	YES	NO	UNSURE
1. Responses when asked if the hospital has a plan to address health disparities in the community it serves	64%	14%	22%
Respondents said whether the following services are available at their organization:			
2. Language services for patients	92%	3%	5%
3. Religious/pastoral services for diverse patient populations	83%	9%	8%
4. Staff education on diverse health beliefs	66%	10%	24%
5. Staff education on family and community interactions	71%	9%	20%

Percentage of respondents who says their organization has a documented plan for recruiting ethnically, culturally, and racially diverse executives and/or staff.

Yes 27% **No 35%** **Unsure 38%**

Who's at the Table

There are many ways the board can work to address health disparities. The board sets the tone and highlights areas of focus for the organization; for example, the board may choose to address health disparities as one of its strategic priorities. The board, as it relates to succession planning and recruitment, also has a responsibility to ensure it reflects the community it serves. An organization who is fully aware and in line with the needs of the whole community achieves higher patient satisfaction, fewer quality issues, enhanced understanding for service line needs and better recruitment.

Therefore, a diverse board that is reflective of Texas' diverse communities is a governance best practice. Diversity enhances boards' strategic discussions, increases critical thinking, helps to avoid conformity and improves decision-making through the diverse perspectives that are present. The following describes the makeup of health care board members in Texas based on survey responses. Some results have been compared with THT's 2012 board diversity survey.

80%

Respondents who said they participate in community activities as a representative of the hospital.

Board Composition



THT saw a slight change in the percentage of gender diversity based on 2012 survey results in which respondents reported as 75% male and 25% female.

Age

In 2012, 96 percent of respondents were 46 years and older, which remains consistent with current results reported in the 2017 survey.

39 years old or under	2%
40 - 49 years old	2%
50 - 59 years old	14%
60 - 69 years old	46%
70+ years old	36%

Race and Ethnicity

- African American or Black (e.g. African American, Jamaican, Haitian, Nigerian, etc.) **5%**
- Asian (e.g. Chinese, Filipino, Asian Indian, Vietnamese, Japanese, etc.) **1%**
- Caucasian or White (e.g. German, Irish, English, Italian, etc.) **84.5%**
- Hispanic, Latino or Spanish origin (e.g. Mexican, Puerto Rican, Cuban, Dominican, etc.) **7.5%**
- Native American or Alaska Native (e.g. Navajo Nation, Mayan, Puebloans, etc.) **2%**

Seventy nine percent of respondents in 2012 identified as non-Hispanic white. Compared to results in 2017 it appears trustees are not quite as racially and ethnically diverse as reported in 2012.

Profession and Background

Overall, 31 percent of respondents were retired but their previous professions have been included in the breakdown below.

- Agriculture and Farming **11%**
- Architecture and Engineering **2%**
- Business and Financial **23%**
- Community and Social Service **2%**
- Education **9%**
- Government and Public Service **4%**
- Health Care **26%**
- Retail and Sales **3%**
- Technology **1%**
- Legal **4%**
- Insurance **3%**
- Construction/Engineering **6%**
- Other **7%**

Board Member Recruitment

The following is what respondents said were the most important considerations when recruiting new board members.

#1 PASSION FOR THE MISSION

#2 COMMUNITY CONNECTIONS AND NETWORK

#3 DESIRED SKILLS

#4 OCCUPATION

#5 DEMOGRAPHICS

#6 ABILITY TO FUNDRAISE

For more information on THT's study on health disparities and board composition, and to view other governance resources, visit www.tht.org.

 **Diversified Search** The development of this new resource could not be done without the support of Diversified Search. One of the top ten executive search firms in the nation, Diversified Search is also the largest U.S. female-owned and -founded firm in the industry. Headquartered in Philadelphia, the firm has offices in Atlanta, Chicago, Cleveland, Miami, New York, San Francisco, Southern California, and Washington, D.C. Diversified is the exclusive U.S. partner of AltoPartners, a confederation of prestigious search firms around the world established in 2006. Today, the AltoPartners alliance covers 58 offices in 35 countries across the Americas, Europe, the Middle East, Africa, and Asia Pacific.