A Compilation Summary of Qualitative DLP Data by Key Themes

Prepared by the Leadership Learning Community

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Key Sections

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Key Themes – Qualitative Data

This document identifies the themes that emerged from the qualitative data gathered in this study. Quotes from informants were sorted using NVivo Qualitative Analysis software. In some cases a quotes may appear more than once when they are reflective of more than one theme.

What effect did the DLP program have on Leadership and Career Development?

THEME: Expanded Awareness of Equity Issues

DLP opened my eyes to the extent to which disparities affects all aspects of health care-from neighborhoods to health care systems, from the client as an individual to the system as a whole.

- Participant class of 2008-2009, Private and Public Hospital

What DLP has done for me is to awaken a part of me. It brought me to an awareness level that has made me more, well-rounded. When I was a new manager and we did personality assessments, I remember being in one quadrant of that chart. As I've evolved as a leader, now I'm in all four of the quadrants. I tell my new managers, it is ok to start in one quadrant but the goal is to make your circle of influence bigger across the quadrants. This program has made me think about patients and families differently, it has helped me think about the community differently, making my work with the community much stronger. How I work with the community is different. It has opened my eyes to how to show up and how to be present and I've improved. It has made me more sensitive and appreciative of differences. it has made me much stronger as a leader. I'm very appreciative.

-Participant class of 2009-2010, Private and Public Hospital

THEME: Increased Leadership Capacity

Having participated in DLP prepared me to feel more confident in facing organizational challenges. I feel I can speak with more authority than before. Where I've grown as a leader, we've been faced with all kinds of challenges, and we have met most of them successfully, that's led to my growth and how I manage these challenges.

-Participant class of 2008-2009, Private and Public Hospital

THEME: Confirmed a Lifetime Passion for Disparities Work

In disparities work, I have found a new passion. My intention is to make this my life's work going forward.

-DLP Survey Participant

Addressing disparities has been the focus of my public health career. It's been a big part of what we do at the health center since the patients are so diverse. I've always been interested in the health disparities in the community and what the disparities are in the health center.

- Participant class of 2008- 2009, Community Health Center

What has been the value of DLP's Network?

THEME: Supported by DSC Faculty and Staff

What has been valuable for me is the networking that came out of it. Being able to tap amazing expertise at DSC (Joe, Aswita, Roderick) to help guide program development in an advisory role. They have very graciously done so much to promote the greater good.

-Participant class of 2008-2009, Health Plan

The DLP program was helpful and the reinforcements from the program have been helpful…maybe not in the way that Joe B. and Alex intended – not necessarily from the content but from the culture and the support mechanisms.

-Participant class of 2008-2009, Public and Private Hospital

The very first thing that comes to mind as beneficial are the DSC staff members and providers. I've yet to encounter a group like that. They are pretty remarkable. Their leadership and advocacy and dedication to the cause is something incredible. I wish we could replicate.

-Participant class of 2008-2009, Public and Private Hospital

THEME: Benefited from Peer Support and Shared Learning

Peer support is extremely motivating when you are a lone voice in a meeting or an organization. It really helps to return to your 'touchstones' for advice, encouragement and validation.

-DLP Survey Participant

What stood out the most was learning from the experts and from other participants in the class about the great projects they were working on. There was a lot of sharing and it was reaffirming. Up until then it did seem like we were the only ones doing this. Other than Mass General there were no other hospital models that I could point to at that time. I think that was the most valuable thing to understand and learn from my colleagues and from the faculty.

-Participant class of 2008-2009, Public and Private Hospital

The opportunity to interact with bright, committed resourceful leaders who outranked me, but with whom I was able to interact as a peer, was a real eye-opener and boosted my self-confidence tremendously. I still can't say enough good things about how impressed I was, and am, with the caliber of the DLP and the accessibility of Betancourt, Green, King and Lopez - again, super bright, fun, down-to-earth, quality human beings and a class act (Aswita too!) all around. Refreshing and inspiring!!

-DLP Survey Participant

The greatest benefit has been learning from my peers about available resources and infrastructure from other stakeholders, and needs assessment from their programs; and consultation services that Joe brings; that has never stopped

-Participant class of 2008- 2009, Health Plan

When we were trying to get enthusiasm for a budget to hire interpreters, I knew a person from Virginia in my cohort had done this so we invited her to visit. She came up for a day and told us how they measured the value etc. It was helpful. I also made a phone call to someone in Portland from my cohort to learn from them. When we started to hire managers and job descriptions, we called others about how they marketed for this kind of person.

-Participant class of 2008-2009, Public and Private Hospital

We have been working with Highmark, and AHIP, to collect indirect data on our membership. We were able to ask them about how they handled their interpreter services, and how they handle services for their providers. We got resources and some information on how to reduce rates for our services. We wouldn't have even known where to begin had it not been for DLP. AHIP has been able to point us to folks who have been through similar issues since they focus on data collection.

-Participant class of 2008-2009, Health Plan

THEME: Established Credibility

DLP is so valuable and honestly it provides a "respect" factor thus making it easy to negotiate and make organizational change. DLP trainers and staff are superior and passionate about what they do. They are personable, approachable and invested in each and every one.

-DLP Survey Participant

The DLP is a great network with members who are knowledgeable and in the leading edge of this line of work. It enables me to show myself as a better qualified professional. I am able to say that I was a participant in a program with an excellent reputation whose members are national leaders, experts and practitioners.

-DLP Survey Participant

We won the innovation award! This is an award selected by the DSC/DLP. That was huge because by sharing this achievement internally it helped us promote our work. This award got us more support and resources for the work. I was proud that it was authentic. We earned it.

-Participant class of 2009-2010, Private and Public Hospital

What has been the impact of DLP on Organizational Culture and Infrastructure?

THEME: Created Sense of Urgency and Served as a Catalyst for Focus

For me personally, I was kind of oblivious to the issue. I didn't even know that there was a problem. After reading some of the publications, like Unequal Treatment and seeing what the issues were, I was so honored to be allowed to participate. It reinvigorated me and made me feel like I could make a difference.

-Participant class of 2008-2009, Health Plan

As I started to listen and network, at the DLP first meeting, I really started to understand how critical all of this was. I thought if we could just get one thing done we would be making an impact, as there really was nothing that existed. Our goal was to get a foundation in place so we could build from there. That is where we started.

-Participant class of 2009-2010, Private and Public Hospital

DLP helped the chief medical officer and I hone in on the work and apply it to the health center. It's hard to have that kind of focus. DLP allowed us to have the time to think about how we can do things better.

-Participant class of 2008- 2009, Community Health Center

Because it was a 9 month program, the time limits and the program structure made me crystallize my focus. When I entered the program I knew that I also had to build our interpreter services and I easily could have been pulled into doing this work and many other priorities rather than the REAL Data Project. DLP made me take this project on. I really don't think we would have done it as well if we had not been in the program.

-Participant class of 2009-2010, Private and Public Hospital

DLP offered me easy milestones and rest points in completion of my project. Because working on the project wasn't my only project, it gave me an opportunity to really sit with accomplishments and strategize how to elevate the work among our leaders.

-Participant class of 2011-2012, Private and Public Hospital

They also helped us find focus (the entire team did during the first meeting) by helping us see articulate what was really attainable. I went into the DLP wanting to develop a strategic plan and a structured framework for collecting race, ethnicity, preferred language and country of origin, but they said do just one.

-Participant class of 2009-2010, Private and Public Hospital

The DLP helped us present comprehensive goals and objectives that the senior leadership really believed in. They saw it was important. I don't think we would have had any type of a program without the DLP.

-Participant class of 2008-2009, Health Plan

I don't think we would have done this without DLP. Probably not with the expansion of naming and scope, we would have probably been doing the language services, and diversity/inclusion that would have continued. But the expansion of the scope to include health equity would not have happened.

- Participant class of 2008-2009, Private and Public Hospital

THEME: Infused Disparities Work into Mission and Increased Accountability

We have updated our mission statement. Disparities are now part of what we talk about in orientation with new staff. It is part of what the board thinks about, centered on disparities in medicine

-Participant class of 2008-2009, Community Health Center

We just put out a 2015 strategic plan and health equity is included in that plan. This is a result of many years of talking about this issue and educating our leadership. The work for doing that

is centered in this department which is the Office of Health Equity, and we are moving that agenda for the organization.

- Participant class of 2008-2009, Public and Private Hospital

If it gets onto the plan we have to pay attention to it because the board looks at this to see if we have done our job. The management team puts together the list and goes to the board – the board approves (or not) and then we go back at the end of the year to report on our efforts. The first year we said "we will study how we are doing in terms of disparity and diversity" and put together a report. This year we have two elements in this plan: 1) to understand and address 1-2 areas of disparity; and 2) to implement a process to collect and use the data on race and ethnicity. So we have elevated this to an area that we have to perform on. It is kind of like forcing the issue – no one wants to say to the board that we decided not to focus on this because if it is in the plan the board wants to see our progress.

- Participant class of 2008-2009, Public and Private Hospital

THEME: Provided Infrastructure - Staff, Office

I was able to get the ear of an external foundation who asked us to submit a grant request. I created a health equity project manager position. One piece of this person's work is REAL data work. I got external funding for .7 FTE. Just a month ago I got the position expanded to .8 FTE. Next year we hope to have it funded internally. Sustainability!

-Participant class of 2009-2010, Public and Private Hospital

We have brought this issue to the attention of leadership, we have been able to hire dedicated FTE to devote to disparities work, and we are in the process of expanding this work by integrating with existing work as well as expanding our reach

-DLP Survey Participant

In October 2010 we opened an Office of Diversity, Equity & Inclusion with myself as the manager. It has been two years now in October. We took our efforts in diversity, equity and inclusion and folded in health literacy and also interpreter language services. We hired new health literacy consultant in January. This has all been folded into the DEI work.

- Participant class of 2008-2009, Public and Private Hospital

THEME: Strengthened Systems such as the Data Collection System

Reducing the unknown race category is really the building block for what we hope to do which is to start collecting our quality data by race ethnicity and reviewing quality data for where we find disparities so we can implement quality improvement programs. Reducing the unknown race category. We've made quite a bit of improvement.

- Participant class of 2008-2009, Public and Private Hospital

We worked with the EPIC transition team to make race and ethnicity separate categories. For the first time we are going to be able to ask the question to patients where race will be one entity and ethnicity will be a whole separate entity with about 25- 30 options that they can respond to. We've never had that before. We've been able to work with the Electronic medical records team to set up what our system is going to look like. The first hospital is going

live in 2 months. This has been a 2 year process getting ready for this. This is a huge transition. All records from registration, appointments to discharge to payments- everything is going to be on this one system going forward.

- Participant class of 2008-2009, Public and Private Hospital

We changed practice measurement systems (our registration and billing system - this is where you have the data on race and ethnicity) we were using one that was over 20 years old and it didn't even have fields for this data. We've been able to have acknowledgement and acceptance of the definitions and data fields. We just started the new system. We've had the system customized. It took five years with lots of reasons why it took longer than hoped.

- Participant class of 2008-2009, Public and Private Hospital

What has been the impact of DLP on Organizational Services and Partnerships?

THEME: Improved the Ability to Collect, Stratify and Use Data

We specifically started by looking at diabetes. We found that Native American populations had worse outcomes. When we rolled up our data, it looked good with increasing our trends; but when we stratified we found the Vietnamese patients were doing great. We started to study why this difference exists? We found that we have one clinic in the international district, which is primarily Vietnamese. This clinic has full-time interpreters; everything is in Vietnamese and in Spanish. It has classes in Vietnamese for diabetics. The Native Americans are spread out among our other clinics and may not have the language support or the intensity.

- Participant class of 2009-2010, Public and Private Hospital

For example we have a large Hmong population (25% of births in one of our hospitals are Hmong). When we looked at breast feeding rates in new moms and sliced it by demographics, we found white moms more likely to breastfeed than Hmong moms. This data is helpful to us because now we can ask- Why is this? We ended up meeting with a group of Hmong moms to learn how to improve breast feeding.

- Participant class of 2009-2010, Public and Private Hospital

We've now pulled in the Indian health services to look at what they are doing statewide because they are working with native populations and improving diabetes outcomes. We've been meeting IHS around this topic. Just to have awareness, dialogue, and a plan is great. I would say this is an example of something on a good track. Hopefully we will be able to positively impact the health outcomes with new interventions now that we can look at the data pulled apart.

- Participant class of 2008-2009, Public and Private Hospital

THEME: Developed New Programs and Materials

The relationship with Aswita and the continued information that comes from Joe and the program is helpful. Because of the relationship with DSC last year, we were contacted about being involved in a pilot program called Team Steps to help hospital systems improve provision of services to those with limited English proficiency. Aswita called to ask if we were interested in piloting this program at our hospital system. So we were one of two hospital systems to pilot

this program. There is a webinar based on the pilot which is about to be rolled out across the country.

-Participant class of 2008-2009, Public and Private Hospital

There is a hesitancy about asking questions about race. Many of our staff thought it was illegal. We are constantly training people. We were able to develop a good training program. We have about 40 people now trained.

- Participant class of 2009-2010, Public and Private Hospital

We have an annual mandatory/set of educational modules (we have over 10,000 employees) every employee has to participate in each year – one is a diversity and inclusion module. Last year it was part of an employee (financial) incentive program. Employees needed to complete that module to be eligible. So we've been able to expose a whole lot of people to the issues.

- Participant class of 2008-2009, Public and Private Hospital

We work with managers to look at unique settings and increase cultural competency in our staff members. We want them to think about "What does this mean for different groups when they are planning things?" For example, think about "what does this mean for a Vietnamese patient/family or what does this mean for a Navajo patient/family?" We want to make sure they understand so the care begins to mold in a different way.

- Participant class of 2009-2010, Public and Private Hospital

As a direct result of feedback we got from DLP participants (hospitals and community health centers), coupled with consumer market research that we connected, we developed a program a Medical Consumer Online Training Program geared towards health educators to address the gap that came out of DLP alum discussions about the fact that patients don't know where to receive appropriate care so they end up at ER all the time. This program would not have been developed if it weren't for our DLP alum during the class mentioning that this was a real community need. We are still trying to get people to adopt this program.

- Participant class of 2008-2009, Public and Private Hospital

Before we always heard that we make our materials relevant because there are multi-cultural pictures, or translation in Spanish. That's a great start but...now we have developed a clear guide of what culturally competent means, and crafted messages so that it is culturally relevant and institutionalized those in our style guides. We developed a roadmap to culturally competent communication based on the five F principles: food, family, faith, fear, finances.

- Participant class of 2008-2009, Public and Private Hospital

We have changed our communications style guides and writing guides to promote plain languages and cultural sensitivity.

-DLP Survey Participant

THEME: Strengthened Community Engagement

In my clinics, I've had them create patient advisory boards which help us problem solve etc. They meet once a month to help guide us around population health issues, health fairs, and

bring the voice of the community into our leadership models. Our board of trustees is appreciative of hearing the voices of the community to help guide us.

- Participant class of 2009-2010, Public and Private Hospital

THEME: Formed New Partnerships and Collaborations

Internally we are trying to make an impact supporting community programs of various kinds, working with them to identify a health equity agenda. We have a robust childhood obesity program. We are partnering with them in their own data, since their data points to a higher percentage of black and Hispanic youth that are obese compared to their white counterparts. And they don't recognize this as health equity. Those who are most in need are the underserved. So we are working with them to put in place strategies to do outreach and provide services to the underserved.

- Participant class of 2008-2009, Public and Private Hospital

What are Factors that Facilitate Success in this work?

THEME: Team Approach

It is easier for us as team to bring back ideas and discuss with our staff; and to get voices heard, and a shared way of thinking about it.

-Participant class of 2008-2009, Community Health Center

THEME: Persistence

We wanted to pilot this interpreter program for the Hispanic/Spanish speaking population, the biggest ethnicity group here. We went to the ER and they said "we don't want interpreters here, we can figure it out, it will slow us down and we can figure out what the patients need", but we were persistent. We found funding and hired one emergency room interpreter. We then collected data about patient satisfaction. We found it was a winner! We heard people say "wow! This is great. How can we get by with just 40 hours a week of just one interpreter?" We broke down the resistance to the interpreter services in the ER.

-Participant class of 2008-2009, Public or Private Hospital

THEME: Flexibility and Adaptation

We've done a decent job in developing our language services program out of necessity because our community is so diverse. We've had these services since 2001. They are well-established. We have onsite, staff and telephonic interpreting. The most recent piece has been the video remote interpreting. Originally it was set up for sign language services, now we are piggy-backing on that platform and offering a video remote for language services. This extension has a lot of promise.

-Participant class of 2008-2009, Public or Private Hospital

THEME: Build on External Opportunities

Overall, as the noise gets louder outside of our walls, health equity continues to be a larger issue. Now it's part of the Affordable Care Act. That has certainly helped us out; there is no escaping it.

-Participant class of 2008-2009, Public or Private Hospital

In health care reform, the "meaningful use requirement" includes collecting patient demographic data, for example on language and race. We met the requirement this summer because of the project I started at DLP. If we didn't meet it we would have lost millions "meaningful use" dollars.

- Participant class of 2009-2010, Public and Private Hospital

What are Challenges and Barriers to doing this work?

THEME: Lack of Leadership & Commitment

It was enlightening and helped me realize my organization really isn't committed to this work, and so I will be leaving. It's a shame because much needs to be done and there really isn't anyone left to pick up where I am leaving off.

-DLP Survey Participant

The challenges I faced in my position was how do you elevate the program so that it becomes a business imperative; that remains a struggle, but has gotten much easier with the passage of the Affordable Care Act, and the coming of the exchanges.

-Participant 2008-2009, Health Plans

There were several folks, particularly in leadership positions, that were cautious. They were saying 'what are you doing exactly'. Not everyone thinks we should care for everyone; not everyone thinks we need change. They think we are doing fine as we are. We did a survey of employees last year around beliefs around cultural competency and diversity, there were people who responded around reverse racism and that this work was anti-white. It bothered me but I realized that we were going to have to have a strategy that addressed and heard these people but we had to move ahead. I realized that, there are going to be sabotagers along the way but we would have to work around it. It was particularly shocking -particularly leaders being out of touch. It is sad.

-Participant class of 2009-2010, Public and Private Hospital

We don't have a large enough group of leaders to advocate for this work.

-DLP Survey Participant

THEME: Prejudice and Bias

When we do employee surveys or studies we find that prejudice has not gone away. People say, I don't know why I should be helping these other people; others say, I now see things differently. We are now at least having conversations.

Participant class of 2008-2009, Public and Private Hospital

We had discussions around conscious and unconscious bias - the discussions would boil up… People would say 'what are you trying to say, I'm a racist? We tapped some nerves in some people. We found that there is a lot of work to do. But these conversations are new. We haven't talked about it a lot before.

- Participant class of 2009-2010, Public and Private Hospital

THEME: Lack of Funding and Infrastructure

The resistance is more in terms of funding. Obviously we recognize that no program has an unlimited budget. Our funding and budget is rather limited. While it's not direct push back, we are limited in terms our budget. We are limited in terms of the staff and having a small department is an issue (3 people). It's hard to do what we know can be done.

-Participant class of 2009-2009, Public and Private Hospital

We have been trying to develop formal partnerships with community groups that would be interested in partnering with us. This is one area that is exciting. Community partnerships can be slow work, no one has money.

- Participant class of 2009-2009, Public and Private Hospital

THEME: Defensiveness

A big challenge when we are addressing these issues with a practitioner is that they don't feel like there is an issue. They tune us out. What we have found helpful is by starting off by sharing that sometimes we all forget that we are dealing with a socio-economically challenged population. We try to frame it as a challenge we are all dealing with. Some practitioners get defensive or say that this doesn't pertain to their practice. But we share some statistics. We think the specific stories about specific struggles that our membership has had around language can really draw them in.

-Participant class of 2008-2009, Health Plan

As a nurse, we are trained to treat everyone the same which can be detrimental. We learn that we should do what you need to do to take care of a patient. But, as health care professionals we may take offense to someone mentioning that we didn't take into consideration the cultural aspects, or if we said, you missed this because of language differences. They may feel sensitive to these types of comments. They think they are thinking of the whole patient. And they will say "Well I treat all people the same" but the truth is that you really need to look at what they need. We shouldn't treat people the same; we actually need to meet their unique needs."

-Participant class of 2009-2010, Public/ Private Hospital

THEME: Staff turnover

The manager left this summer and we are trying to fill this position but we can't find folks with all the things that we need – someone that can run language services, health literacy and everything with DEI. So, we are at a struggle point right now. I am at a point where I am talking to leaders and saying if you are not able to attend the steering committee meetings, we will cancel. This means we've had to cancel two meetings in a row. We are losing steam but we have lots of important work to do. We are wondering now, how to build the momentum again.

-Participant class of 2009-2010, Public/ Private Hospital

The major issue was I was the project leader of this project and I had lots of other stuff on my plate. I used interns to help but they moved in and out of the organization so the project would always come back to me. Also we lost team members every 6 months which was difficult to always bring others up to speed. It was difficult for me to pick up on and off. (At the time we did not have the project manager position that I got funding for. That position came after the DLP)

-Participant class of 2009-2010, Public/Private Hospital

What are the needs and recommendations from DLP alumni?

THEME: Changes to the Curriculum

Workforce diversity: Add a talk on increasing workforce diversity (e.g., preparation, methods on how to, methods on retaining diversity)

-DLP Survey Participant

Project discussions: Group discussions of each project were too rushed. It would seem there are some creative ways to handle this differently. Maybe through preset phone calls amongst the group more frequently throughout the year or a day spent diving into each project.

-DLP Survey Participant

Communication skills: I think more training on the interpersonal and communication skills needed to do this work, as well as some kind of support group. A lot of intrapersonal work is needed too, which wasn't addressed in the DLP. I learned a lot from the White Privilege Conference that helped me be realistic about what is truly required to encourage and lead organizational change around issues like race, racism, disparities, etc. -- not just what is required organizationally and contextually but what is necessary in those of us that are doing the work.

-DLP Survey Participant

Interdisciplinary team: I would suggest adding a Nurse Leader to your core team to create an interdisciplinary approach to this important work.

-DLP Survey Participant

Class composition: It would have been beneficial, to have more health plans to discuss solutions you have been able to develop. On the other hand having cross-fertilization, you hear about the capacities and challenges at the point of care level. We get perspectives of challenges and barriers at point of care. There would be tremendous value in that.

-Participant class of 2008-2009, Health Plan

Onsite visits: Increase the onsite visits to one more at the close of the year.

-DLP Survey Participant

THEME: Develop a web-based platform

I know we are all busy, but perhaps a bit more active email network to pose and respond to day-to-day questions and ideas. When I worked with VHA we had a listserv that included all the VPMA's of member hospital systems and it was constantly active asking questions and sharing ideas. It required some facilitation by the VHA staff to keep it going and to create a data storage and retrieval process. I would be happy to discuss any of this further. I was sorry to have missed the California meeting but had some family emergencies I needed to stay home.

-DLP Survey Participant

Use the website as a repository for tools you can download, like a library.

-Participant 2008-2010, Public/Private Hospital

Provide a list of projects and fellows contact info.

-Participant 2008-2010, Public/Private Hospital

Have a place where you can post job listings. [Example: California Health Care Fellows – leadership program]

-Participant 2008-2010, Public/Private Hospital

Develop a platform for coalitions of change agents to connect and exchange

-Participant 2008-2010, Public/Private Hospital

THEME: Provide Opportunities for Continued Learning & Support Post-Program

Provide an opportunity for DLP graduates from all years to come together to share experiences and knowledge.

-DLP Survey Participant

Having an opportunity to reconnect in person with DLP alumni and DLP leadership would be very helpful. Our organization lacks resources for attendance. Be great if DLP could find funding to bring us back together every few years.

-DLP Survey Participant

Community of practice around collecting data would be helpful.

- Participant class of 2008-2009, Health Plan

Continued motivation from the mount on high..... When we return to our institutions, the challenges can be so overwhelming that we need to be re-energized and pushed to move forward

-DLP Survey Participant

Many of us in the field are stretched beyond capacity and serve on numerous internal committees. It would be nice if a DLP intern reached out by other means besides e-mail (e.g., phone) to "tickle" us with reminders.

-DLP Survey Participant

I would like to see more opportunity to interact with DLP alums.

-DLP Survey Participant

I would like more opportunities for collaboration, either by phone or face-to-face meetings.
-DLP Survey Participant

Make recorded conferences available online
Participant class of 2008-2009, Public/private hospital

Allow alumni to participate via Skype

I would embrace the opportunity of class reunions to share progress on common goals as well as provide mentorship to new DLP participants.
-DLP Survey Participant

If DSC could do an annual bringing people together would be helpful. Coming together keeps us focused and it is a safe environment to share. Just keep the lifeline out there. I recognize that DSC can't hold our hands the whole way but if they can continue the support that would be great
-Participant class of 2009-2010, Public/Private hospital

I thought expectations and goals could be raised. I appreciate that a lot of time has to be/has been, spent determining how to asses ethnicity. But I would like to have seen somewhat larger and even riskier goals, i.e. stepping out honestly and directly about the role of race in disparities. My experience has been that institutions are anxious to be engaged about disparities, but want to be cautious about how to approach it. It seems that many boards of directors feel one of two things: 1) they feel the work their institution is doing is so noble that they could not possibly be guilty of disparities or institutionalized racism; or 2) they want to be sure they do not get out ahead of the membership of their institution or organization. People get fired when they admit their institution is guilty of perpetuating health care disparities. If they study it in perpetuity, then they will never be subject to criticism. But DLP and the Disparities Solution Center have clout. They are too important and powerful to dismiss. I believe we could all be more aggressive in identifying and addressing disparities without retreating behind being unable to do so because of incomplete data. DSC might be able to give smaller and more vulnerable institutions some cover by taking lead roles in addressing uncomfortable disparities. If anything, I wonder if DSC realizes the questions it could ask of health care institutions without fear of retribution. This support would be helpful.
-DLP Survey Participant

THEME: Develop How-To Guides

Create a "How to guide" on how to analyze databases, e.g., how to know where and how important disparity levels are. I'm not a data person so any support would be very much appreciated.
-Participant class of 2008-2009, Public/ Private Hospital