

Race, Ethnicity and Language Data: Measurement and Monitoring

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We Ask Because We Care is a component of HANYS *Advancing Healthcare Excellence and Inclusion* learning collaborative, launched with generous support from the [Mother Cabrini Health Foundation](#). The goal is to improve the accuracy and completion of patient demographic data while cultivating community understanding of how hospitals use this data to inform patient care and improve health outcomes.

Agenda

- **Introductions**
 - HANYS AHEI team
 - AHEI faculty
- **Our partners**
- **Session 2:**
 - Race, ethnicity and language data:
Measurement and monitoring
- **Upcoming sessions**

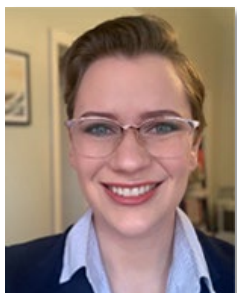
HANYS AHEI team



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Assistant Vice President, Corporate Health System Affairs
Mount Sinai Office for Diversity and Inclusion

Our funder and partner



OUR FUNDER

Funding from the [Mother Cabrini Health Foundation](#) allows HANY to expand its capacity to provide education, direct support, tools and data to our members in a strategic way. With this learning collaborative, we strive to effect lasting change in health equity at the local level by engaging providers and community stakeholders to address health disparities.



OUR PARTNER

Through a partnership with Socially Determined, provider of Social Risk Intelligence™ solutions, [DataGen](#) will develop custom analytics for participants to help them understand how and where communities are affected by social risk so they can develop tailored intervention strategies.

Session objectives

After this session, participants will be able to:

- 1) review data for completeness and accuracy;
- 2) create meaningful reports for stakeholders;
- 3) stratify quality data by race, ethnicity and language; and
- 4) identify disparities and articulate the need for action.

Presenter



Julia E. Iyasere, MD, MBA

Executive Director, Dalio Center for Health Justice;
Senior Vice President, Health Justice and Equity,
New York-Presbyterian; and Assistant Professor of
Medicine, Columbia University Irving Medical Center

[Bio](#)

We Ask Because We Care: Race and Ethnicity Data Collection

A Case Study at NewYork-Presbyterian

Julia Iyasere, MD

STAY
AMAZING

NewYork-
Presbyterian

Measurement and Monitoring

“Although the collection of race, ethnicity and language data does not necessarily result in actions that will reduce disparities and improve care, the absence of the data guarantees that none of that will occur.”

We Ask Because We Care

We Ask Because We Care: Core Elements of the Program





**Monitoring &
Targeted
Intervention**

What does success look like?

How do you identify areas for improvement?

Reporting Best Practices

About Race & Ethnicity Reporting

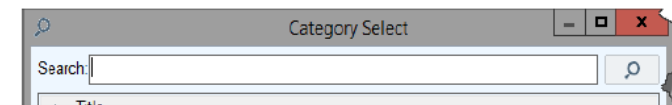
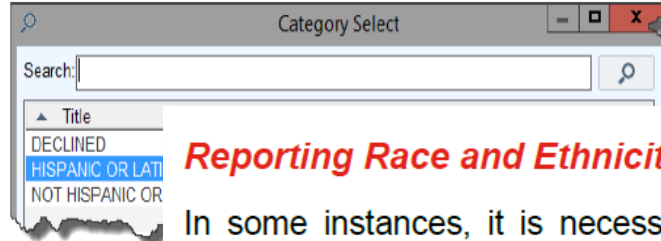
At NYP, Columbia, and Weill Cornell, we collect racial/ethnic background information so that we can review the

treatment that all patients receive at that race is artificial; and differentially acknowledge that race continues to be merely a social construct, collecting our school partners Columbia and Weill Cornell.

As such, we have jointly developed recommendations for “grouped” categories.

Overview of Race and Ethnicity Capture in Epic

Race and Ethnicity values are typically captured during registration and are found in four fields in Epic: Ethnicity, Granular Ethnicity, Race, and Granular Race. Epic allows users to enter multiple values for the Race fields. The values in these fields are standardized and match the NYS Department of Health reporting standards, which are based on the Office of Management and Budget (OMB) standards. Race and Ethnicity value options in Epic are:

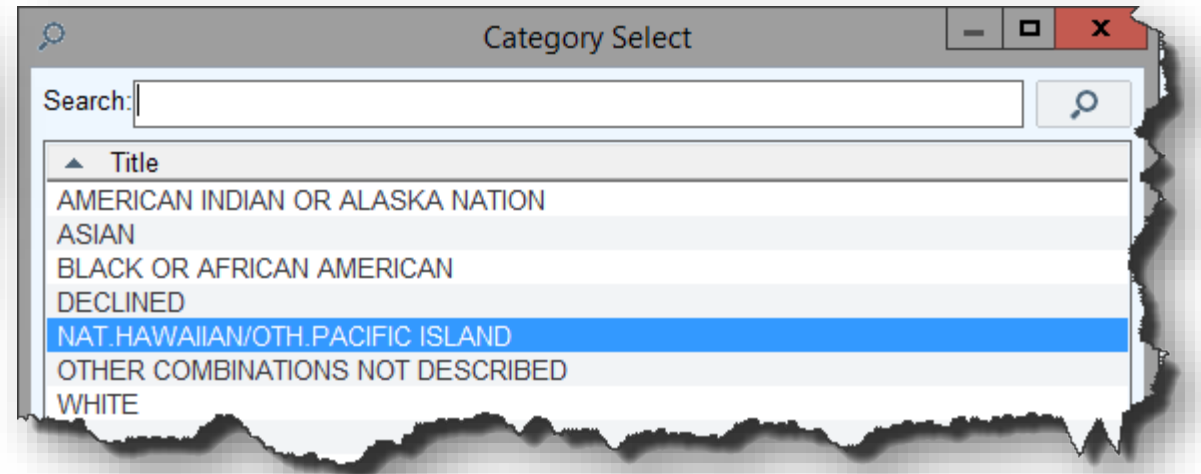
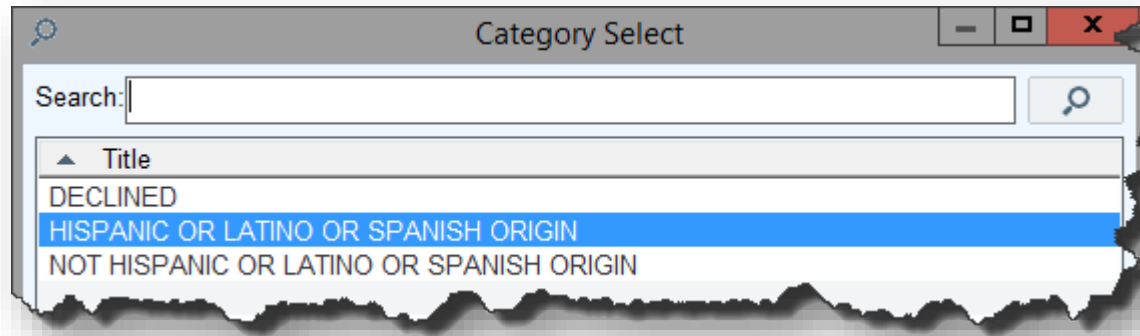


Reporting Race and Ethnicity together

In some instances, it is necessary to report Race and Ethnicity values together, in a combined category. Examples of this combined approach can be found in numerous government and public health reports, including reports produced by the [CDC](#), [NYSDOH](#), and [NYCDOHMH](#).

Identifying Race/Ethnicity values that don't match reportable values

Epic has a limited number of options for “Ethnicity” (3) and “Race” (7)



These options match the NYS DOH SPARCS reporting standards, which are based on the OMB definitions.

Note: Epic also has “Granular Ethnicity” and “Granular Race” fields with additional detail. These also match the NYS DOH standards.

Identifying Race/Ethnicity values that don't match reportable values

When Epic was launched, historical data was ported over and – for a small # of patients – the race or ethnicity values do not match the standard Epic options

ETHNICITY
CAUCASIAN (0.09%)
AFRICAN AMERICAN (0.14%)
HISPANIC OR LATINO OR SPANISH ORIGIN
AMERICAN INDIAN / ESKIMO (0.002%)
ASIAN / PACIFIC ISLANDER (0.01%)
MULTI-RACIAL (0.23%)
UNKNOWN
NOT HISPANIC OR LATINO OR SPANISH ORIGIN
DECLINED

RACE
ASIAN
ASIAN INDIAN (0.00%)
BLACK OR AFRICAN AMERICAN
WHITE
OTHER COMBINATIONS NOT DESCRIBED
AMERICAN INDIAN OR ALASKA NATION
NAT.HAWAIIAN/OTH.PACIFIC ISLAND
DECLINED
SEPHARDIC JEWISH (0.00%)
ASHKENAZI JEWISH (0.05%)

Addressing Race/Ethnicity values that don't match reportable values

Recommendations for Race

PROPOSAL: For reporting purposes, race values that do not match the reportable values will be grouped according to the table below. BUT, *the original values will still be accessible in the underlying data.*

RACE	GROUPED RACE
ASIAN	AAPI
ASIAN INDIAN	AAPI
BLACK OR AFRICAN AMERICAN	BLACK OR AFRICAN AMERICAN
WHITE	WHITE
OTHER COMBINATIONS NOT DESCRIBED	OTHER NOT DESCRIBED
AMERICAN INDIAN OR ALASKA NATION	AIAN
NAT.HAWAIIAN/OTH.PACIFIC ISLAND	AAPI
DECLINED	DECLINED
SEPHARDIC JEWISH	OTHER NOT DESCRIBED
ASHKENAZI JEWISH	OTHER NOT DESCRIBED

AAPI is Asian American Pacific Islander. AIAN is American Indian or Alaska Nation.

Addressing Race/Ethnicity values that don't match reportable values

Recommendations for Ethnicity

PROPOSAL: For reporting purposes, ethnicity values that do not match the reportable values will be grouped to “Unknown”. BUT, *the original values will still be accessible in the underlying data.*

ETHNICITY	GROUPED ETHNICITY
CAUCASIAN	UNKNOWN
AFRICAN AMERICAN	UNKNOWN
HISPANIC OR LATINO OR SPANISH ORIGIN	LATINO
AMERICAN INDIAN / ESKIMO	UNKNOWN
ASIAN / PACIFIC ISLANDER	UNKNOWN
MULTI-RACIAL	UNKNOWN
UNKNOWN	UNKNOWN
NOT HISPANIC OR LATINO OR SPANISH ORIGIN	NOT LATINO
DECLINED	DECLINED

Grouping Race & Ethnicity for Reporting Purposes

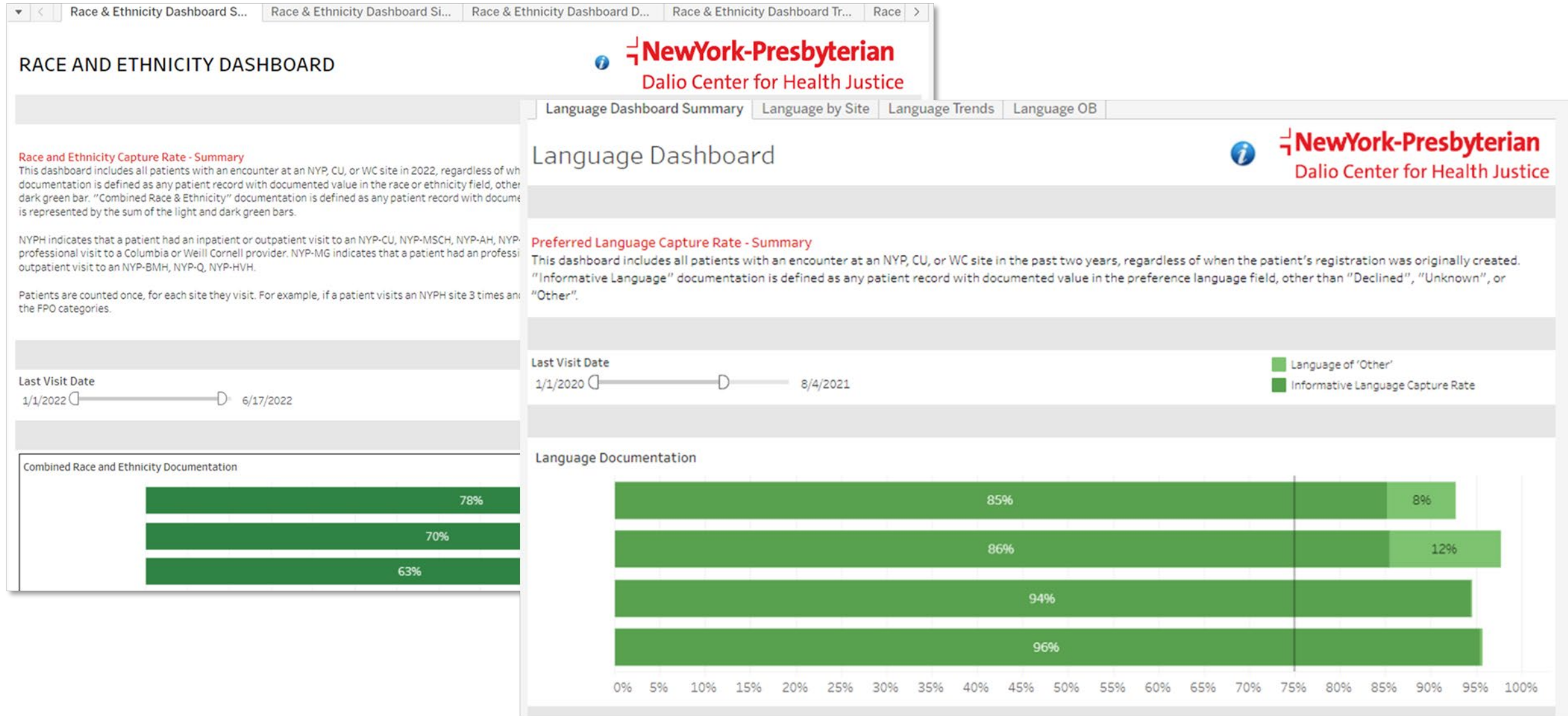
PROPOSAL: Methodology for grouping Race & Ethnicity:

1. If Ethnicity is “Hispanic”, then the ***Grouped Race/Ethnicity*** = “Hispanic”
2. Otherwise, the ***Grouped Race/Ethnicity*** = “Non-Hispanic”+ Race

This method is consistent with CDC, NYS DOH, NYC DOHMH, and ASPE reporting standards (see appendix for examples). A detailed table of the grouping logic follows on the next page.

All underlying data is preserved, so clinicians and researchers can still identify the detailed intersections of this data

Data Dashboards for Real-time Visualization



Weekly Push Reports – Newborns and Delivering Persons

	By Date	T
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-Q Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-Q	4/22/2022	
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-MSCH Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-MSCH	4/22/2022	
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-LMH Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-LMH	4/22/2022	
NYPAnalytics@nyp.org [Data Bot] FB 15240 - NYP-AH Newborn REaL Weekly Report Good Morning, Please see the attached file for the NYP-AH	4/22/2022	

NYPAnalytics@nyp.org
[Data Bot] FB 15240 - NYP-Q Newborn REaL Weekly Report

To Iyasere, Julia; Shapiro, Amelia;

Good Morning,

Please see the attached file for the NYP-Q Newborn weekly report.

This is an automated email; please reach out to NYPAnalytics@nyp.org with any questions.

NYP-Q Newborn Discharges; Race and Ethnicity Documented at Time of Discharge
03-21 to 03-27 03-28 to 04-03 04-04 to 04-10 04-11 to 04-17

Documented

Challenges → Solutions

Challenge:
**Ensure that self-reporting by
patients is easy and incorporated
into a standard work flow**

Solution:

Add race/ethnicity questions to patient-facing screens during **check-in, in our **kiosks**, and on the patient **online portal****

Challenge:
**Substantial volume of “NULL” values for
Race and Ethnicity**

Solution:

Make both questions *required* fields in the electronic medical record

Challenge:
**Inconsistent displays and ordering of race
and ethnicity questions across
our multiple hospital sites**

Solution:

Align with published **best practice, move questions on ethnicity before race**

Challenge:

Listing of options for “granular ethnicity” and “granular race” was very long; patients and staff had difficulty finding the correct values

Solution:

Develop a list of **top 10 “granular ethnicity” and “granular race” options to display to end users (*while still providing access to the full list of 44 granular ethnicities and 55 granular races*)**

ASIAN

Asian Indian	Thai
Bangladeshi	Madagascar
Bhutanese	Singaporean
Burmese	Nepalese
Cambodian	Maldivian
Chinese	Iwo Jiman
Taiwanese	Vietnamese
Filipino	Okinawan
Hmong	Laotian
Indonesian	Malaysian
Japanese	Pakistani
Korean	
Sri lankan	

ASIAN

Asian Indian

Bangladeshi

Chinese

Taiwanese

Filipino

Japanese

Korean

Laotian

Vietnamese

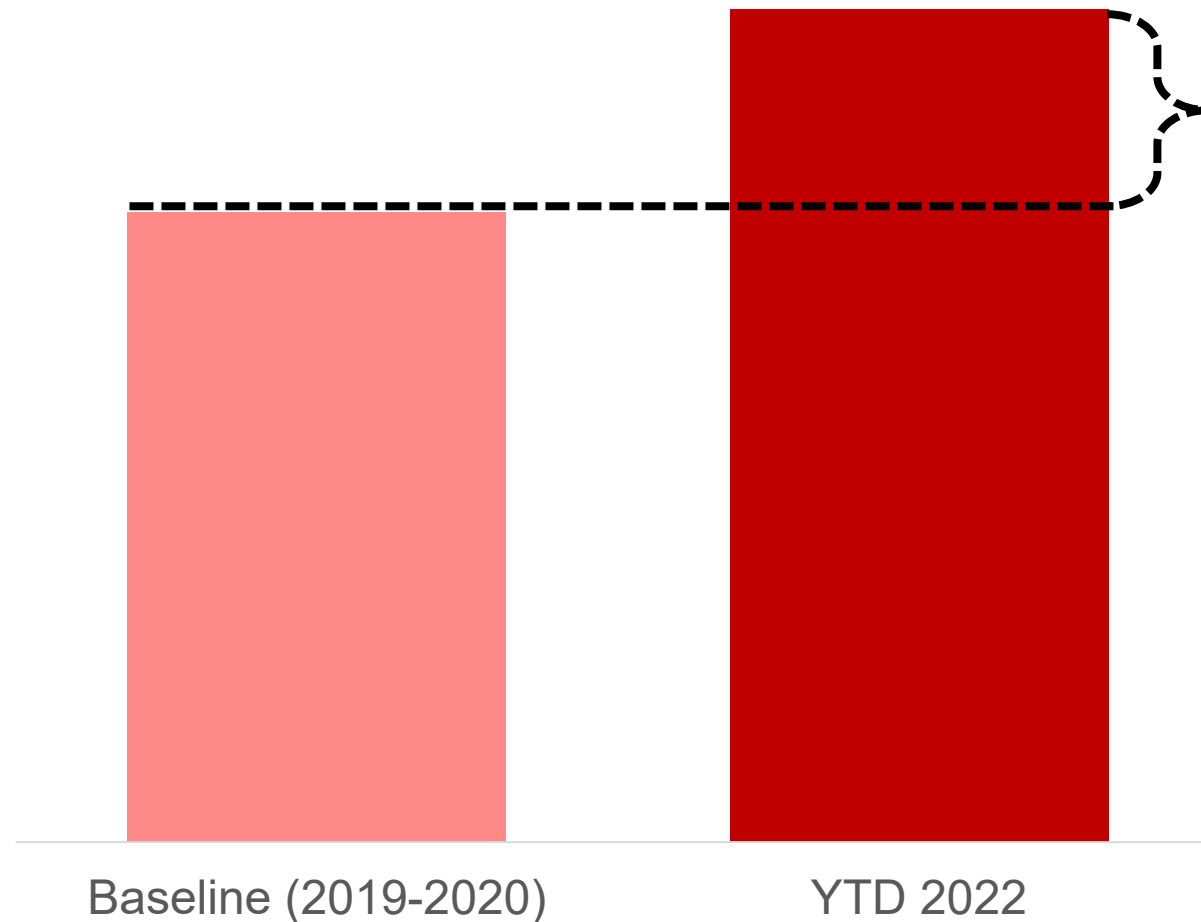
Pakistani

Challenge:
**Substantial volume of “Declined” values
for Race and Ethnicity**

Solution:

Developing a process for how and when to prompt users **to re-ask the question if “Declined” was selected**

Race and Ethnicity Capture Before and After Program Launch



NYPH improved Race & Ethnicity Capture by **20 percentage pts**

A woman with long, dark braids is wearing a dark blue suit jacket over a light blue collared shirt. She is standing in front of a chain-link fence with green foliage in the background. The text "Questions?" is overlaid in white on the image.

Questions?

Thank you!

Next session

Monday, Apr. 17 | Noon – 1:30 p.m. (this is a 90-minute session)

Sexual Orientation and Gender Identity Data

Understanding patients' sexual orientation and gender identity provides valuable context that enables us to improve and enhance treatment and care. LGBTQ+ patients experience higher rates of discrimination in healthcare, and may have specific needs that providers should be able to address. This session discusses the importance of SOGI information and provides strategies for collecting data and delivering affirmative and quality care.

The final session in the *We Ask Because We Care* series will be held on **Monday, Apr. 24 at noon.**

Office hours with Dr. Iyasere

Do you have any further questions about *We Ask Because We Care*? You can speak with Dr. Iyasere during her office hours! Contact ahei@hanys.org for an invitation to any of these sessions.

April 14, 1p.m - 2p.m.

April 25, 11a.m - 12p.m.

May 4, 2p.m - 3p.m.

We recommend that hospitals come with questions or problems they want to talk through with Dr. Iyasere. Office hours are optional, and open to all attendees.



ADVANCING HEALTHCARE
EXCELLENCE AND INCLUSION

Questions?

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