

# Using data to identify disparities (1/2)

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**Julia E. Iyasere, MD, MBA**

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



# Agenda

- **Introductions**
  - HANYS AHEI team
  - AHEI faculty
- **Our partners**
- **Session 6**
  - Using data to identify disparities (1/2)
- **Upcoming sessions**

# HANYS AHEI team



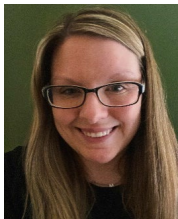
**Kathleen Rauch, RN, MSHQS, BSN, CPHQ**

Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care



**Morgan Black, MPA**

Director,  
AHEI



**Rachael Brust, MBA**

Project Manager,  
North Country



**Christina Miller-Foster, MPA**

Senior Director, Quality Advocacy,  
Research and Innovation



**Maria Baum, MS, RN, CPHQ**

Project Manager,  
Mohawk Valley



**Kira Cramer, MBA**

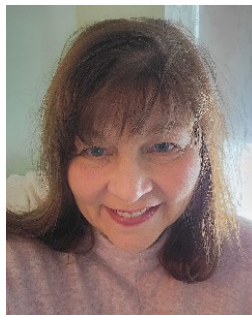
Project Manager,  
Downstate

# HANYS faculty



**Julia E. Iyasere, MD, MBA**

Executive Director, *Dalio Center for Health Justice*,  
*NewYork-Presbyterian*  
Senior Vice President, *Health Justice and Equity*,  
*NewYork-Presbyterian*  
Assistant Professor, *Medicine, Columbia University*  
*Irving Medical Center*



**Theresa Green, PhD, MBA**

Director, *Community Health Policy and Education*,  
*Center for Community Health and Prevention, University*  
*of Rochester Medical Center*



# 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

[DataGen](#) develops custom analytics for participants to help them understand how and where communities are affected by health disparities so they can develop tailored interventions.

# Presenter



## Julia E. Iyasere, MD, MBA

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



STAY  
AMAZING

NewYork-  
Presbyterian

WITH WORLD-CLASS DOCTORS FROM

COLUMBIA

Weill Cornell  
Medicine

# Dalio Center for Health Justice at NewYork-Presbyterian

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April 2024

Julia Iyasere, MD  
SVP, Health Equity and Justice & Executive Director, Dalio Center

# Our Enterprise Data Analytic Services and Structure

## Advanced Analytics

- Predictive modeling
- Artificial Intelligence
- Innovation

## Analytics

- Consultative support for key areas (Quality, Finance, Access, Service Line, etc)

## Standard Reporting

- Standardized Epic Reporting
- Tableau Dashboards

## Infrastructure

- Epic Electronic Medical Record
- SQL Data Warehouse
- Data core development

# Dalio Center Engagement and Equity Alignment

## Advanced Analytics

- Predictive modeling
- Artificial Intelligence
- Innovation

## Analytics

- Consultative support for key areas (Quality, Finance, Access, Service Line, etc)

## Standard Reporting

- Standardized Epic Reporting
- Tableau Dashboards

## Infrastructure

- Epic EMR
- SQL Data Warehouse
- Data core development

## ✓ We Ask Because We Care

- Race & Ethnicity
- Language
- Sexual Orientation
- Gender Identity
- Social Determinants of Health

## ✓ Standardized Definitions

## ✓ Staff Training

# Dalio Center Engagement and Equity Alignment

## Advanced Analytics

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## Infrastructure

- Epic Electronic Medical Record
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- Data core development

✓ **Standardized Dashboards to track documentation improvement**

- **Race & Ethnicity**
- **Language**
- **Sexual Orientation**
- **Gender Identity**
- **Social Determinants of Health**

✓ **Internal guides for reporting best practices**

✓ **Staff Training**

# Dalio Center Engagement and Equity Alignment

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## ☑ Disaggregated Analysis

- Inpatient Quality Measures
- Access Measures
- Virtual Care
- GME Measures
- ED Length of Stay
- Hospice Referral

## ☑ Service Line Support

## ☑ Project-based Evaluation

## ☑ Quality Collaboration

# Dalio Center Engagement and Equity Alignment

## Advanced Analytics

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## Standard Reporting

- Standardized Epic Reporting
- Tableau Dashboards

## Infrastructure

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- SQL Data Warehouse
- Data core development

## ☑ NYP Governance Process

- Principles for Assessing Bias
- Internal review of predictive models

## ☑ Staff surveys and training

## ☑ Collaboration with other Health Systems

- Health AI Partnership
- Coalition to End Racism in Clinical Algorithms



“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.”

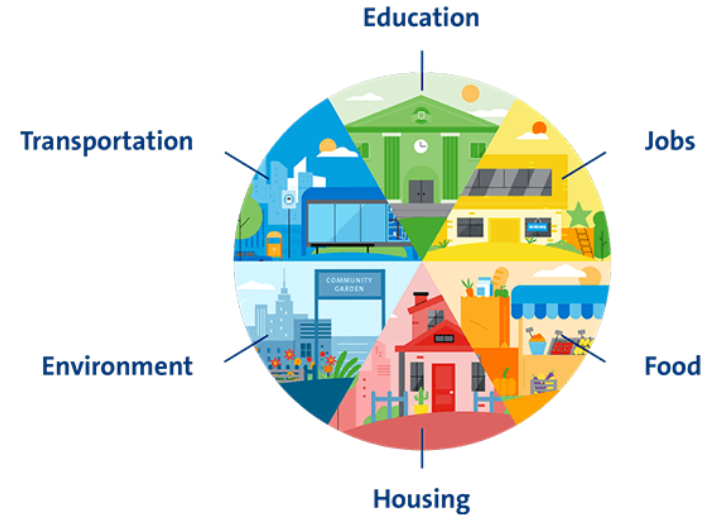
***We Ask Because We Care***

# Patient-Level Data



## Race, Ethnicity, and Language

## Social Determinants of Health



## Census Data

### HCAHPS Comparison

Race/Ethnicity reported in the **US Census**, by zip code is **compared** to Race/Ethnicity documented in **Epic**

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Results were reviewed for **discordance**, and to identify areas for re-education

## Census Data

### HCAHPS Comparison

Race/Ethnicity self-reported in the **HCAHPS** survey is **compared** to Race/Ethnicity documented in **Epic**

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**88% Concordance**

Epic Value = HCAHPS Value

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**7% Clarifying Discordance**

No Epic Value → Informative Value Captured in HCAHPS

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**5% Informative Discordance**

Epic Value ≠ HCAHPS Value

## Internal White Papers

## Race and Ethnicity Grouping, Visualization, and Reporting

## Measuring Health Equity



### We Ask Because We Care About the Question

NewYork-Presbyterian Cornell Medicine celebrates the best care possible regardless of race, background, or language. We are committed to a wide approach to improve the health of all.

- **Enterprise Co** developing and
- **Technical Supp** convenient, and
- **Staff Education** understand our
- **Patient Comm** encourage their
- **Monitoring and** improvement on

### We Ask Because

We have combined all of the data from the Center page of the NYF

1. **Program Over** along with recon
2. **Staff Education** ethnicity, and b
3. **Patient Comm** external-facing

### About the Dalio C



### Measuring Health Equity at NYP

A key pillar of our work to address health inequities includes equity measurement and monitoring. Our equity measurement strategy starts with identifying quality measures that reflect our organizational priorities and disaggregating them by demographic, descriptive variables (i.e., ethnicity, language, sexual orientation, gender identity, payor, and social determinant of health survey data). Our goal is to review and monitor measures to make sure that everyone gets the highest quality of care.

We acknowledge that race is a social construct and not a valid way to understand human difference; however, because race continues to differentially shape lives, opportunities, and health of many, NY

### NCQA Example of relationship between sys

Racial/Ethnic Inequities in Health Disparities in availability, access to, and quality of

**Health Care Systems**  
Ambulatory, Inpatient, Outpatient, Long-Term Services and Support

Source: NCQA Future of HEDIS series, 2018, 2019



### About Race & Ethnicity Grouping, Visualization, and Reporting

At NYP, Columbia, and Weill Cornell, we treat patients that all patients receive and make sure that race is a social construct and not a differentially shape the lives, opportunities, and health of many. Collecting data on race and ethnicity is therefore fundamental to our ability to deliver the best care possible to the communities that we serve.

As such, we have jointly developed standard recommendations for "grouped" categories

### Overview of Race and Ethnicity

Race and Ethnicity values are typically categorized by Granular Ethnicity, Race, and Granular R values in these fields are standardized and based on the Office of Management and

Category Select

Search

• Title

• Ethnicity

• Race

• Granular Ethnicity

• Granular Race

• Granular R

• Granular Ethnicity

• Granular Race

• Granular R

### Best Practices for Reporting

#### Alignment of Race and Ethnicity V

When Epic launched, historical patient categories – the race or ethnicity values of small subset of patients (<0.5%) have a R For Race or Ethnicity values that do not group those values to the standard option been loaded into the NYP data analytics



### The Validation of Race and Ethnicity Data at NYP

At NewYork-Presbyterian, Weill Cornell, and Columbia, we collect information on race and ethnicity to ensure that patients of all backgrounds receive equitable and quality healthcare. Documenting and analyzing the race and ethnicity of our patients allows us to identify health disparities within our healthcare system, which we can later address through targeted interventions. We acknowledge that race is a social construct and not a valid way to understand human difference; however, race shapes the lives, opportunities, and health of many. Collecting data on race and ethnicity is therefore fundamental to our ability to deliver the best care possible to the communities that we serve.

To maximize the efficiency and effectiveness of our health equity and justice projects, the race and ethnicity data we collect must be reliable, accurate, and as complete as possible. A thorough and valid understanding of the communities we serve allows us to create impactful intervention strategies and allocate resources where they are most needed. We employ several data validation strategies to maintain our race and ethnicity data at a high standard of quality, which include the following:

- Standardizing data collection fields in Epic
- Comparing multimodal race and ethnicity data
- Monitoring data collection rates
- Comparing Epic data to census and patient experience data
- Conducting targeted data reviews

### Standardizing Data Collection Fields in Epic

At NYP, race and ethnicity are documented in patients' health records in Epic. Following the recommendation of the New York State Department of Health and in alignment with US Census standards, questions of race and ethnicity in Epic are presented as follows across our campuses:

Category Select

Search

• Title

• Ethnicity

• Race

• Granular Ethnicity

• Granular Race

• Granular R

• Granular Ethnicity

• Granular Race

• Granular R

We have standardized the order in which our questions of patient race and ethnicity are presented in the Epic system as research shows that asking ethnicity before race increases response rate, particularly within the Latino/a/x community. To minimize the number of "NULL," or missing values for race and ethnicity within our system, our race and ethnicity questions are required fields in Epic, and we provide patients with the option to decline to answer. We also train our staff how to appropriately ask for race and ethnicity and to remind patients that they can select more than one option under the race field. This has been a successful strategy to improve data capture, as it optimizes patient response rates and increases the completeness of our datasets.

## Internal White Papers

### Race and Ethnicity Grouping, Visualization, and Reporting

### Measuring Health Equity

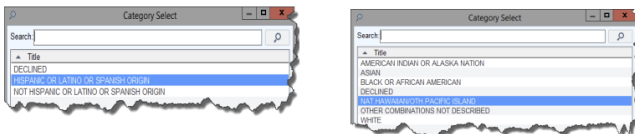
#### About Race & Ethnicity Grouping, Visualization, and Reporting

At NYP, Columbia, and Weill Cornell, we collect racial/ethnic background information so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care. We acknowledge that race is a social construct and not a valid way to understand human difference. However, race continues to differentially shape the lives, opportunities, and health of many. Therefore, to ensure that we continue to provide the highest quality of care regardless of racial or ethnic background, collecting and analyzing race and ethnicity data continues to be important for NYP and our school partners Columbia and Weill Cornell.

As such, we have jointly developed standardized ways to present and report race & ethnicity data, which includes recommendations for "grouped" categories as well as best practices for visualization.

#### 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:

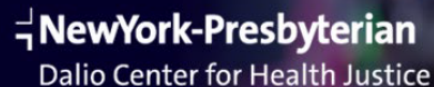


#### Best Practices for Reporting

##### Alignment of Race and Ethnicity Values

When Epic launched, historical patient data from legacy systems was imported and – for a small number of patients – the race or ethnicity values do not match the standard Epic options shown above. For example, a small subset of patients (<0.5%) have a Race value of "Asian Indian", "Sephardic Jewish", or "Ashkenazi Jewish". For Race or Ethnicity values that do not match the standard Epic options, a crosswalk has been developed to group those values to the standard options. This crosswalk is available on the Daly Center Infonet site and has been loaded into the NYP data analytics warehouse (Jupiter).

- **Alignment of Race and Ethnicity Values**
- **Patients who Report Multiple Races**
- **Reporting Race and Ethnicity Together**



## About Race & Ethnicity Reporting

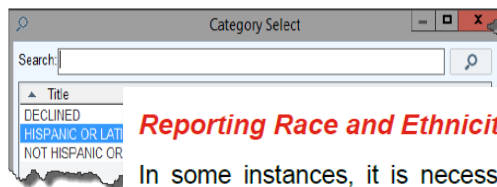
At NYP, Columbia, and Weill Cornell, we collect racial/ethnic background information so that we can review the

treatment that all patients receive and ensure that race is artificial; and differentiate between race and ethnicity to acknowledge that race continues to be a social construct, collecting data from 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:

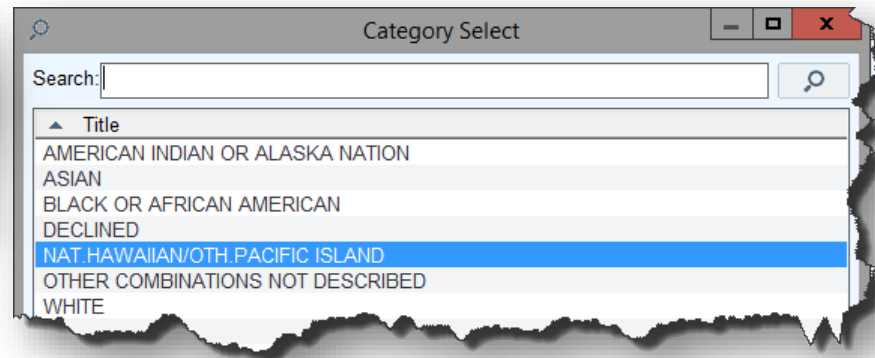
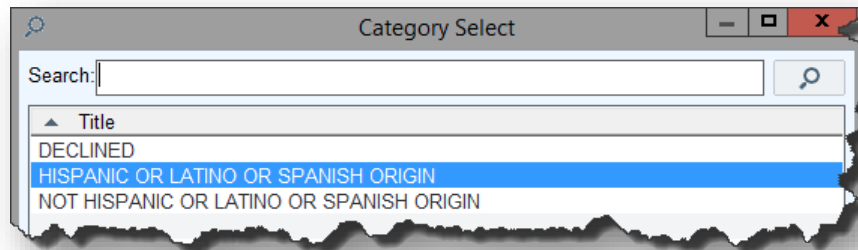


## Reporting Race and Ethnicity together

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](#).



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.

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%)

**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 are still 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

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

**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

**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**

## Internal White Papers

## Race and Ethnicity Grouping, Visualization, and Reporting

## Measuring Health Equity

### Measuring Health Equity at NYP

A key pillar of our work to address health inequities includes equity measurement and monitoring. Our equity measurement strategy starts with identifying quality measures that reflect our organizational priorities and disaggregating them by key demographic, descriptive variables (i.e. race, ethnicity, language, sexual orientation, gender identity, payor, and social determinant of health survey data). Our goal is to review and monitor these measures to make sure that everyone gets the highest quality of care.

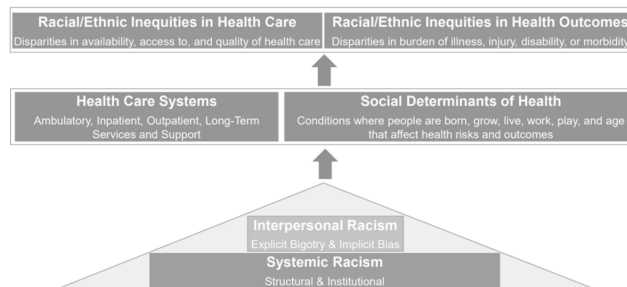
We acknowledge that race is a social construct and not a valid way to understand human difference. But, because race continues to differentially shape the lives, opportunities, and health of many, NYP and

our school partners Columbia and Weill Cornell are collecting and analyzing race and ethnicity data.

To facilitate health equity measurement across the NYP enterprise, we have developed this primer, which includes:

- **Principles** for health equity measurement
- Recommendations for **selecting measures**
- Standardized ways to **disaggregate measures**
- Key considerations for **analyzing results**
- **Terminology** best practices
- **Resources** to learn more about health equity measurement
- **Examples** of disaggregation dashboards and in-depth disparities analyses

NCQA Example of relationship between systemic & interpersonal racism and racial/ethnic health inequities:



Source: NCQA Future of HEDIS series, <https://www.ncqa.org/hedis/the-future-of-hedis/>



Weill Cornell Medicine



NewYork-Presbyterian



COLUMBIA

- **Principles of Equity Measurement**
- **Selecting Measures for Disaggregation**
- **Measuring Disaggregation**

## Entire Enterprise

- Health equity training module
- Intranet resource pages
- Social Determinants Video Series
- Quarterly presentations to Patient Centered Academy
- Newsletters

## First-line Staff

## Project-specific Training

## Data Analytics



## Entire Enterprise

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## First-line Staff

## Project-specific Training

## Data Analytics

The screenshot displays the 'info.net' website for NewYork-Presbyterian. The main content area is titled 'Social Determinants of Health Information Center'. It features a circular diagram with icons for Education, Transportation, Environment, Housing, Food, and Jobs. Below this, there is a table titled 'About Social Determinants of Health (SDoH)' which lists various programs and their contacts.

Campus	Physician Lead	E-Mail Contact
NYP-CUMC	Nate Kratz	nk2864@cumc.columbia.edu
NYP-WCMC	Gwendolyn Jack	gaj9003@med.cornell.edu
NYP-LMH	Amanda Ramsdell	ar7003@med.cornell.edu
NYP-BMH	Jonathan Lagrese	jel9157@nyp.org
NYP-Q	Robyn Rosenblum	ror9018@nyp.org

What is health justice?



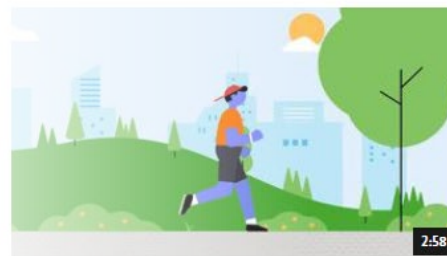
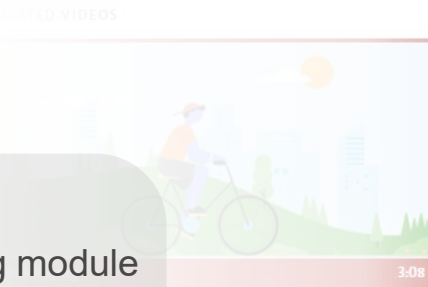
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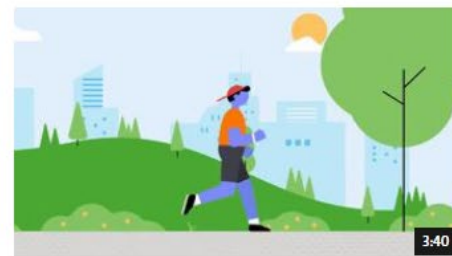
## First-line Staff

## Project-specific Training

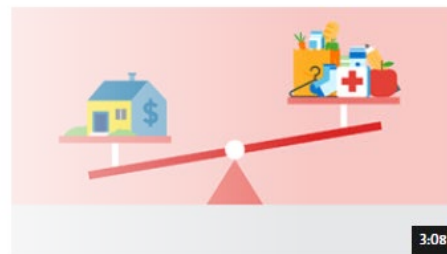
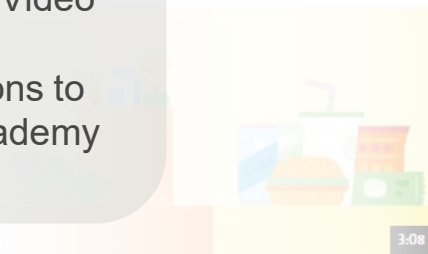
## Data Analytics



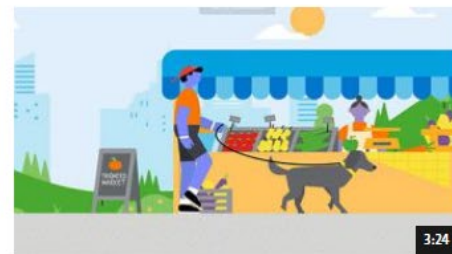
Education



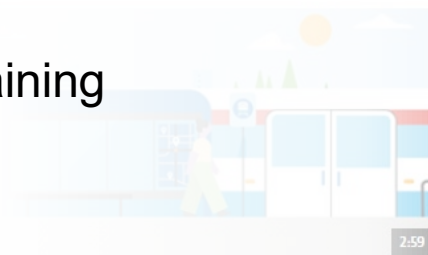
Environment



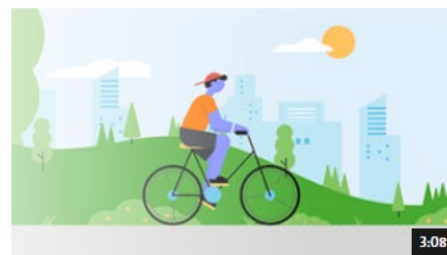
Housing



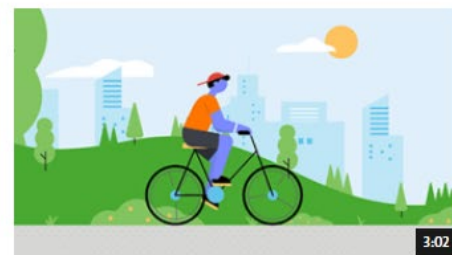
Jobs



Transportation



Descripción general de SDoH



Educación de SDoH

- Health equity c

- Unit-by-unit site visits

## Interpreter Services


NIH staff will be able to provide access to effective communication for patients and their families when they are seeking health care services at the National Institutes of Health. Provided below are the options for the sign language interpreter services.

What does VRS offer?	How to Request
<ul style="list-style-type: none"> <li>• On-line Video Relay (Audio Interpreting)</li> <li>• Video Remote Interpreting</li> <li>• On-Site Medical Interpreting (in-person)</li> <li>• English Proficient and American Sign Language Interpreting</li> </ul>	<ul style="list-style-type: none"> <li>• Contact The PHS Language Center</li> <li>• Use Language Line Relay App on your smartphone</li> <li>• Use the Audio system on the Video Relay</li> <li>• VRS Interpreter on the Infrared</li> <li>• Contact Language Line Services</li> <li>• During an on-business hours, contact the Language Center</li> <li>• After business hours, the page interpreter (during the page interpreter)</li> </ul>

**Key Points:**

- Interpreting patient's preferred language is critical to ensuring that patients receive the best possible medical care.
- Many are miscommunicated with the Limited English Proficient and their families. This can result in medical errors.
- Scheduling an interpreter in advance is recommended for languages other than Spanish.
- Linguistic Cultural Awareness (LCA)

NIH staff will be able to provide access to effective communication for patients and their families when they are seeking health care services at the National Institutes of Health. Provided below are the options for the sign language interpreter services.



NIH PUBLISHED BY THE U.S. GOVERNMENT PRINTING OFFICE: 2015

## Health Literacy

A pathway to measure and understand information to make good health decisions.

 • Only 12% of Americans have proficient health literacy

- Below basic health literacy skills to higher healthcare costs, 10% more hospital visits, and 2.6 times longer hospital stays

**Patients who understand health information report better outcomes and more satisfaction with their hospital experience.**


**How Can We Help It?**

- Use a variety of educational/teaching and learning preferences
- When talking to patients (use plain language)
- Avoid medical jargon (e.g. low glycemic material instead of "hyperglycemic")
- Help patients learn skills through demonstration and practice
- Assess patient's understanding using teach-back method
- Use visual aids, graphics, and pictorial statements when communicating
- Document barriers in the education assessment



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[illegible][illegible][illegible][illegible][illegible][illegible][illegible]



# NewYork-Presbyterian

## Dan Center for Health Justice


### Our mission

To be a leader in understanding and improving health equity and productivity within the collective research and practice domains that ensure conditions for a more just society.

### To Learn More

[www.dancenter.org](http://www.dancenter.org)  
[info@dancenter.org](mailto:info@dancenter.org)  
[www.nyupresbyterian.org](http://www.nyupresbyterian.org)  
[www.nyupresbyterian.org/health-justice](http://www.nyupresbyterian.org/health-justice)

### Strategic Framework & Key Projects



#### Education & Leadership

- Expanding on existing leadership training programs
- Expanding on existing leadership training programs
- Expanding on existing leadership training programs

#### Research & Collaborative Science

- Expanding on existing research programs
- Expanding on existing research programs
- Expanding on existing research programs





#### Clinical & Community Programs

- Expanding on existing clinical programs
- Expanding on existing clinical programs
- Expanding on existing clinical programs

#### Disparities & Health Equity

- Expanding on existing disparities programs
- Expanding on existing disparities programs
- Expanding on existing disparities programs

**Julia Krasner, MD, MBA**  
Executive Director

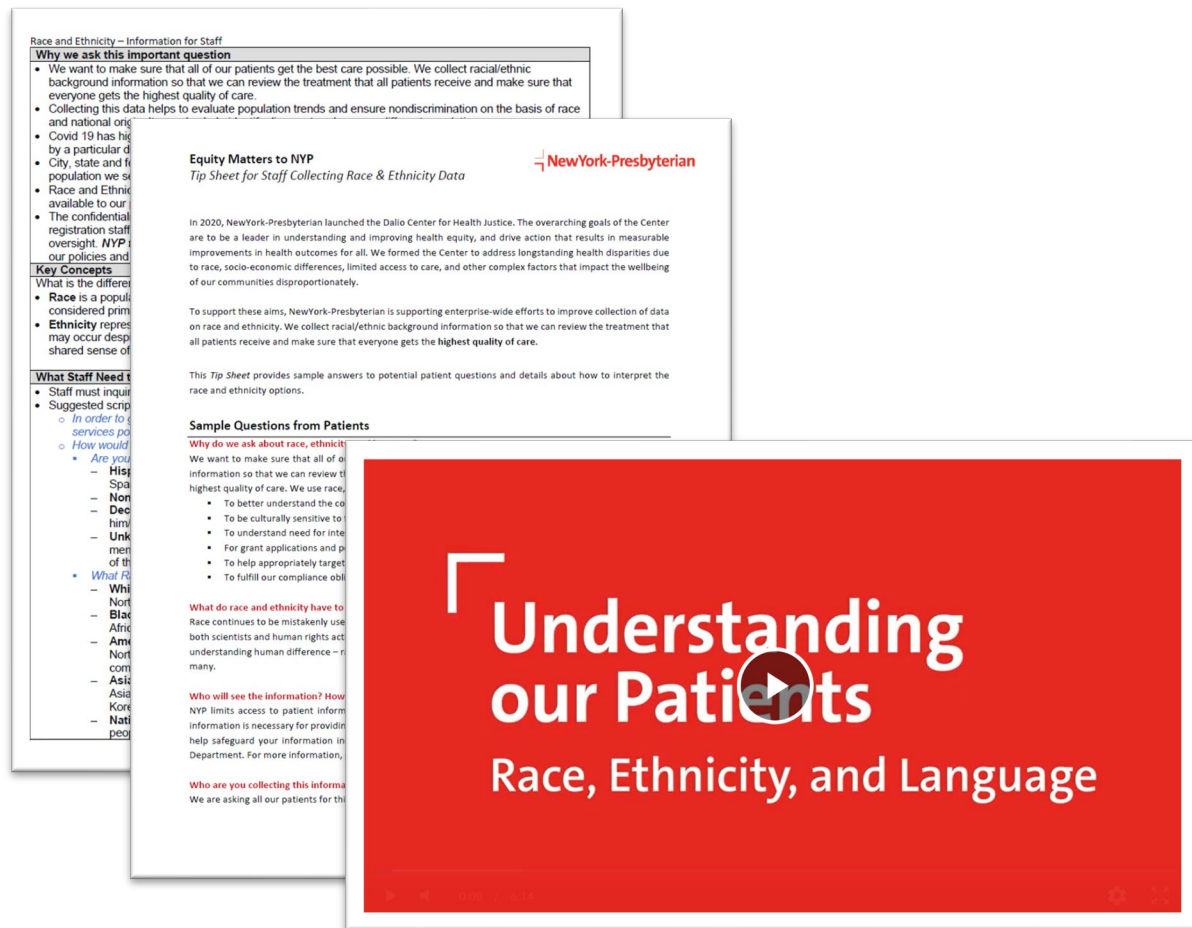
Entire Enterprise

First-line Staff

Project-specific Training

- WABWC Training
- Tip Sheets
- FAQs
- Ongoing Support

Data Analytics



# Entire Enterprise

## First-line Staff

## Project-specific Training

- WABWC Training
- Tip Sheets
- FAQs
- Ongoing Support

## Data Analytics

### Social Determinants of Health: Sample Scripts

To address the health-related social needs that affect patient health outcomes, NYP is committed to implementing Social Determinants of Health (SDOH) screening and navigation in departments and practices across the enterprise. Below are sample scripts for interacting with patients and requesting that they complete the SDOH screener, as well as post-screening scripts. We have also provided FAQs for staff completing screening.

#### Sample Script for pre-visit, facilitated phone

"Hello, may I speak with Patient's Name?"

"Hi Mr./Ms. Patient's Name, my name is Your Name, Clinic's Name. I am calling all patients to remind questionnaire prior to their doctor visit. Before I start, can I confirm your date of birth?"

"Thank you for verifying your identity Mr./Ms. \_\_\_\_\_ questionnaire. Your answers are confidential and will good time for you?"

*If he or she says yes, conduct SDOH questionnaire. If*

#### Sample Script for in waiting-room, patient-

"While you wait for your appointment, we are asking our team connect you to free resources in the con questionnaire by scanning this QR code. Your answer

#### Sample Script for in waiting-room, facilitat

"Are you a patient at Clinic's Name or are you here w *If he or she is a patient, proceed with script. If he or s*

"My name is Your Name. I am conducting screening o 5-7 minutes. Your answers are confidential and will I okay if I asked you a few questions right now prior to

#### Referrals for Social Needs: Tips for New York City

After Social Determinants of Health (SDoH) screening is completed, care teams can take action by referring patients to community based organizations (CBOs) that fit identified SDoH needs. To find appropriate resources, team members can use this [link](#) for a list of resources. Starting in October 2023, a CBO directory will be available via a link under the Epic HealthyPlanet wheel in Snapshot.

#### Resources for Patients with Transportation Needs

For patients that identify transportation needs, we recommend the following resources:

##### Fair Fares NYC

Fair Fares NYC helps low-income New Yorkers save 50% on public transportation including subway fares, eligible bus fares, and Access-A-Ride paratransit trips. <https://www.nyc.gov/site/fairfares/index.page>

Call 311 or visit <https://portal.311.nyc.gov/> for more information.

#### Resources for Patients with Food Needs

Emergency Food: For patients that identify food needs, we recommend the following resources: The Food Bank website allows users to find food pantries near them. <https://www.foodbanknyc.org/>

##### West Side Campaign Against Hunger

263 West 86th Street  
New York, NY 10024  
<https://www.westside.org/>

##### The Campaign Against Hunger

2004 Fulton Street  
Brooklyn, NY 11233  
<https://www.cahungry.org/>

##### NY Common Pantry

8 East 109th Street  
New York, NY 10029

##### St. John's Bread and Life

795 Lexington Avenue  
Brooklyn, NY 11221  
<https://breadandlife.org/>

Food Benefit Programs: Additionally, we can direct patients to the following programs:

- SNAP (Food Stamps) helps people with limited income on an electronic card (like an ATM card) and accept
- Food for Women, Infants, and Children (WIC) provides children with healthy food and support for prenatal

Call 311 or visit <https://portal.311.nyc.gov/> for more information.

NewYork-Presbyterian | Dalio Center for Health Justice | Division of Community & Population Health

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and Population Health

## Social Determinants of Health

A guide for implementing screening and referral

Winter 2023

Weill Cornell Medicine | NewYork-Presbyterian | COLUMBIA

Entire Enterprise

First-line Staff

Project-specific Training

Data Analytics

- White papers on equity analysis
- Health Equity training for data analytics
- Reporting Tip Sheets
- Health Equity data dictionary

**NYP Health Equity Data Curriculum Slide Outline**

**Part 1: Health Justice Background + Data Foundations**

1. Introduction:
  - a. Dalio Center
  - b. Staten
2. Defining Health Equity
  - a. <iframe src="https://www.youtube.com/watch?v=..." height="100px">
3. "We Ask Because We Care"
  - a. Explain the concept of health equity
  - b. Detail the importance of health equity
  - c. Detail the role of the Dalio Center
  - d. Other resources

**Part 2: Principles of Data Analysis**

4. SlicerDicer
5. Best Practices
  - a. Why data matters
  - b. Why data is important

**NewYork-Presbyterian Dalio Center for Health Justice**

**Accessing Race and Ethnicity Data in Epic using SlicerDicer**

As NYP we collect information on the race and ethnicity of our patients to make sure that patients of all backgrounds are receiving equitable healthcare. We acknowledge that race is a social construct and not a valid way to understand human difference. However, race continues to shape the lives, opportunities, and health of many, so we believe it is important to collect and analyze information on race and ethnicity across all our campuses.

Race and ethnicity are collected in two separate fields in Epic, but for reporting, we often group those two fields together. For more information about why we group those two fields together and the logic used to combine those fields, please read the "Race and Ethnicity Grouping, Visualization, and Reporting" white paper on the Dalio Center's Infonet site.

With the help of the Information Technology Team for Epic at NYP, combined race and ethnicity is now available for use in SlicerDicer. SlicerDicer is a useful tool within Epic that allows healthcare providers to design customized searches for data on patients that meet their selected inclusion and exclusion criteria. Adding the ability for users to disaggregate patient data by combined race and ethnicity within SlicerDicer is highly beneficial, as it allows Epic users to better understand the demographics of their patient populations and identify trends. This paper provides a brief overview of how to access combined race and ethnicity data in SlicerDicer.

**Instructions**

After accessing the SlicerDicer tool through Epic, the user should first select a Data Model.

Select a Data Model			
1,000,000	977,000	12,700,000	12,700,000
Medication Inventory	Medication Inventory	Medication Inventory	Medication Inventory
64,647,276	67,428	2,671,707	247,807
100,000,000	100,000,000	100,000,000	100,000,000
100,000,000	100,000,000	100,000,000	100,000,000

Once the Data Model is chosen, a graph will appear showing the total count of patients within that group. On the right-hand side of the screen, users will find a section titled "Slices" and should select the green "+" button corresponding with that section. A pop-up will appear, and users should select "Patient Demographics" and then "Combined Race and Ethnicity."

**Resources**

Additional information on how we collect and analyze data is provided below.

- [Interpreting Demographic Data](#)
- [Race and Ethnicity Grouping, Visualization, and Reporting](#)
- [Measuring Health Equity at NYP](#)
- [The Validation of Race and Ethnicity Data](#)

**Weill Cornell Medicine**





Thank you



# Upcoming sessions

**Tuesday, May 14 | 11 a.m. to noon.**

*Using data to identify disparities (2/2)*

This is the second session on best practices for disaggregating and analyzing data to identify disparities.

Sessions will be held on the following Tuesdays from 11 a.m. to noon:

- May 21 | Community partnerships
- May 28 | Patient and family engagement

Register [here](#).



**ADVANCING HEALTHCARE**  
**EXCELLENCE AND INCLUSION**

# Questions?

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