Standardized staff education

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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 3: Standardized staff education**

- **Upcoming virtual sessions**

- **New July 27 session added**

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, Advancing Healthcare Excellence and Inclusion

Rachael Brust

Project Manager, North Country

Christina Miller-Foster, MPA

Senior Director, Quality Advocacy, Research and Innovation

Maria Baum

Project Manager, Mohawk Valley

Kira Cramer

Project Manager, Downstate

AHEI faculty

Julia E. Iyasere, MD, MBA

Executive Director, Dalio Center for Health Justice at NewYork-Presbyterian

Bio

Theresa Green, PhD, MBA

Director of Community Health Policy and Education, URMC Center for Community Health

Bio

Our funder and partner

OUR FUNDER

Funding from the [Mother Cabrini Health Foundation](#) allows HANYS 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 overview

By the end of this session, participants will be able to:

- articulate the critical role of patient registration and access staff;

- address common concerns on asking patients questions about race, ethnicity and language; and

- support a culture of open communication.

We Ask Because We Care:
Race and Ethnicity Data Collection

A Case Study at NewYork-Presbyterian
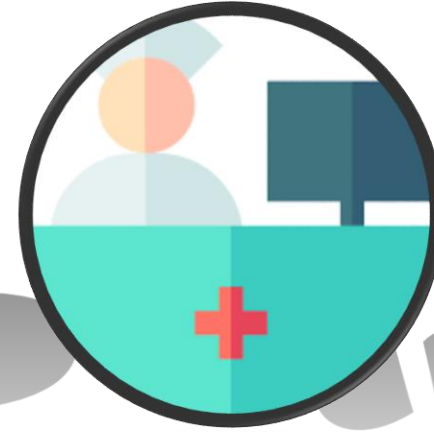
Julia Iyasere, MD
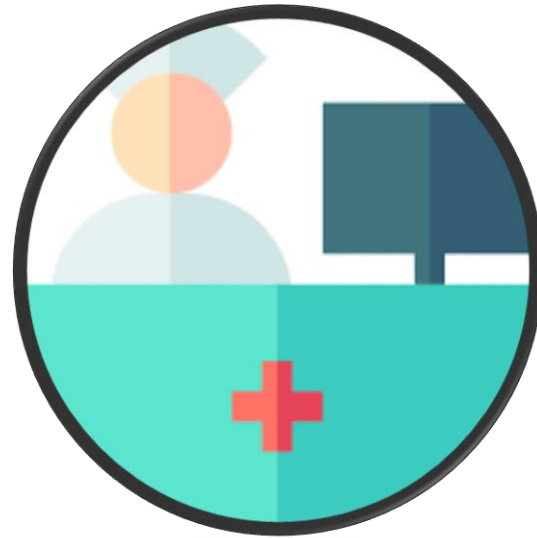
Session 3: Standardizing Staff Education

What are some of the challenges you have with data collection?

Identify key stakeholders, get direct feedback, and co-develop interventions

REaL Data Improvement – Patient Journey Mapping

REaL Data Improvement – Patient Journey Mapping

Should a healthcare organization collect race and ethnicity data at all, given that race is a *social construct* and not a clinically valuable identifier?

Should we *purchase* data to augment our existing race and ethnicity data?

Should we use algorithms to *infer* patient race and ethnicity?

Should we leverage *natural language processing* to pull race and ethnicity from clinical notes?

"*We acknowledge that race is artificial and that differentiating by race is not a valid way to understand human difference.*

We also acknowledge that racism continues to shape the lives, opportunities, and health of many. So, even though race is merely a social construct, race and ethnicity data are critical to inform retrospective research and analysis on health equity.

We believe that self-identified race and ethnicity are the gold standard; thus, we did not purchase data or use inferred race and ethnicity to augment self-identified race and ethnicity in the electronic medical record."

"For us to truly understand health inequities, we have to be able to identify and measure them. That's why collecting race and ethnicity data is so important, so we can understand gaps and take action that will reduce disparities and improve care."

Introductory Letter

- **Emailed to all staff before formal training launched**

Training Video

- **Assigned to every staff member with an access role and to SW/CC staff**

Understanding our Patients

Race, Ethnicity, and Language

1-page Job Aid

- Scripted language available for all registration/access staff as a guide

Race and Ethnicity – Information for Staff

Why we ask this important question
- We want to make sure that all of our patients get the best care possible. 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.
- Collecting this data helps to evaluate population trends and ensure nondiscrimination on the basis of race and national origin. It can also help identify disease trends across different populations
- Covid 19 has highlighted the importance of knowing what population of people are affected by a affected by a particular disease
- City, state and federal agencies require hospitals to collect this data so we know the characteristics of the population we serve
- Race and Ethnicity data is sometimes used in research studies to help improve medical care we have available to our patients
- The confidentiality of what you say is protected by law. The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement and oversight. *NYP takes patient privacy very seriously*, and therefore this information is also protected by our policies and practices.

Key Concepts
What is the difference between race and ethnicity?
- **Race** is a population considered distinct based on physical characteristics and self-identification but is not considered primarily biological or genetic in nature
- **Ethnicity** represents a social group with a shared sense of identity, geography, and cultural roots, which may occur despite racial differences. Example: Puerto Ricans are of many different races, but they have a shared sense of Hispanic culture and customs

What Staff Need to Know and Do:
- Staff must inquire about patients' race and ethnicity and should not make assumptions.
- Suggested script during the patient interview:
  - *In order to guarantee that all patients receive the highest quality of care and to provide the best services possible, we are asking all patients about their race, ethnicity, and language*
  - *How would you like your race and ethnicity recorded in our system?*
    - *Are you of Hispanic or Spanish background?*
      - **Hispanic** (person of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish origin regardless of race)
      - **Non-Hispanic**
      - **Declined**. A person who is unwilling to choose/provide a race category or cannot identify him/herself with of the races listed.
      - **Unknown**. Select this category if the patient is unable to respond, there is no available family member or caregiver to respond for the patient, or if for any reason, the demographic portion of the medical record cannot be completed.
    - *What Race do you associate with?*
      - **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
      - **Black or African American** – A person having origins in any of the Black racial groups of Africa.
      - **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
      - **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
      - **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

4-page FAQ and Tip Sheet

- **Best practices, references, and sample answers to potential questions**

Equity Matters to NYP
Tip Sheet for Staff Collecting Race & Ethnicity Data

NewYork-Presbyterian

In 2020, NewYork-Presbyterian launched the Dalio Center for Health Justice. The overarching goals of the Center are to be a leader in understanding and improving health equity, and drive action that results in measurable improvements in health outcomes for all. We formed the Center to address longstanding health disparities due to race, socio-economic differences, limited access to care, and other complex factors that impact the wellbeing of our communities disproportionately.

To support these aims, NewYork-Presbyterian is supporting enterprise-wide efforts to improve collection of data on race and ethnicity. 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**.

This *Tip Sheet* provides sample answers to potential patient questions and details about how to interpret the race and ethnicity options.

Sample Questions from Patients

Why do we ask about race, ethnicity, and language?
We want to make sure that all of our patients get the best care possible. 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 use race, ethnicity, and language data:
- To better understand the community we serve
- To be culturally sensitive to the workforce and our patients
- To understand need for interpreter services
- For grant applications and potential donors
- To help appropriately target quality initiatives
- To fulfill our compliance obligations

What do race and ethnicity have to do with health?
Race continues to be mistakenly used as a marker of biological, genetic, and social differences in humans. While both scientists and human rights activists have been successful in discrediting the validity of race as a concept to understanding human difference – racial discrimination continue to shape the lives, opportunities, and health of many.

Who will see the information? How will it be shared?
NYP limits access to patient information, including into patients' race and ethnicity, to instances where the information is necessary for providing care, hospital operations, and billing. NYP has dedicated teams in place to help safeguard your information including the Office of Corporate Compliance and the Information Security Department. For more information, please see the Notice of Privacy Practice (NOPP).

Who are you collecting this information from?
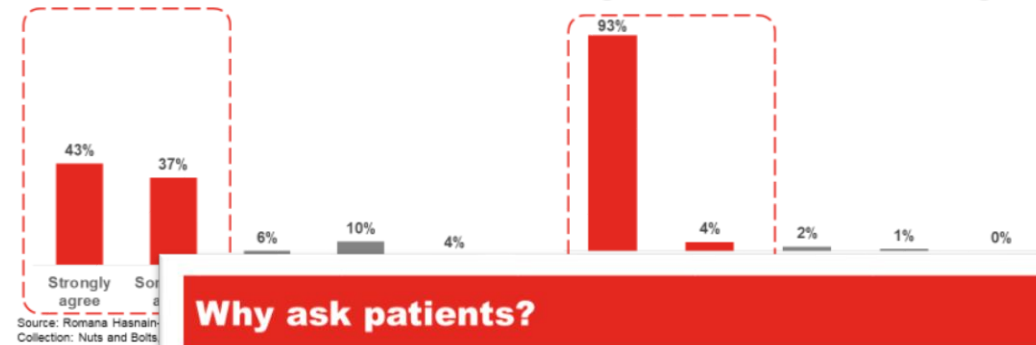We are asking all our patients for this information.

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NewYork-Presbyterian

Small Group Presentations
- In person sessions with open Q&A

*"By educating staff about disparities,
we were able to reframe race and ethnicity collection,
moving away from concerns about stereotyping
and toward understanding the equity goals."*

Questions?

Thank you!

NewYork-Presbyterian

Next virtual session

Wednesday, July 6 | noon — 12:30 p.m.

Direct patient communication

This session will address successful strategies for engaging patients and communities in the effort to improve race, ethnicity and language data collection. A suite of patient-facing material will be shared, including posters, a patient-facing website and standardized text that can be used in patient newsletters and emails.

Remaining sessions in the *We Ask Because We Care* series will be held on the following Wednesdays from noon — 12:30 p.m.

- July 13 - Measurement and monitoring
- July 20 - Office hours

New session added July 27

Wednesday, July 27 | noon – 1 p.m.

How three hospitals used patient demographic data to address disparities

This panel discussion will explore how three organizations, Mount Sinai Health System, NewYork-Presbyterian and University of Rochester Medical Center used patient race, ethnicity and language data to identify and address disparities.

Register

Questions?

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