

Using data to identify disparities (1/2)

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



Christina Miller-Foster, MPA

Senior Director, Quality Advocacy, Research and Innovation



Morgan Black, MPA

Director,
AHEI



Maria Baum, MS, RN, CPHQ

Project Manager,
Mohawk Valley



Rachael Brust, MBA

Project Manager,
North Country



Kira Cramer, MBA

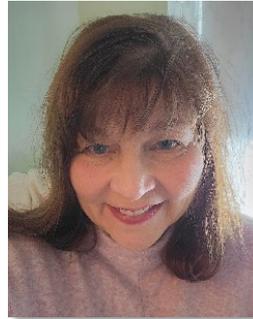
Project Manager,
Downstate

HANY 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 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

[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



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STAY
AMAZING

NewYork-
Presbyterian

WITH WORLD-CLASS DOCTORS FROM
COLUMBIA Weill Cornell
Medicine

Dalio Center for Health Justice at NewYork-Presbyterian

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

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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

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☑ **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

Advanced Analytics

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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

- Predictive modeling
- Artificial Intelligence
- Innovation

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

We ask because we care.

By asking about your race, ethnicity and language, we are better able to deliver health care equally to all patients.

What is your race?

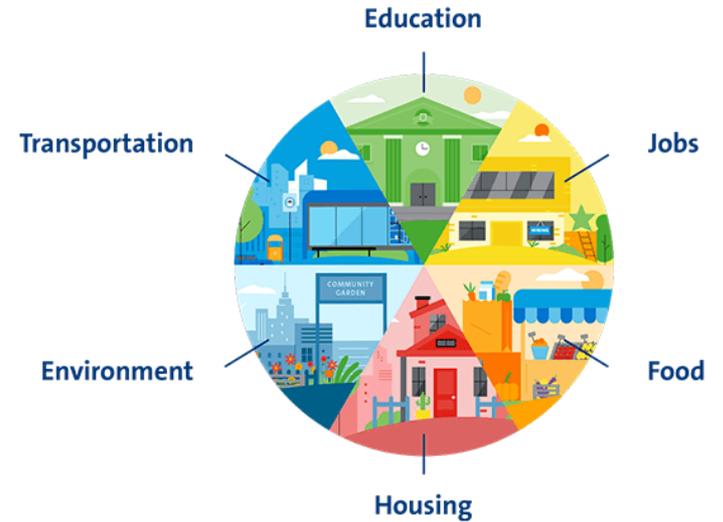
What is your ethnicity?

What is your preferred language?

Respecting every difference, treating each equally.

NewYork-Presbyterian
Dallo Center for Health Justice

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Census Data

HCAHPS Comparison

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

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**

88% Concordance

Epic Value = HCAHPS Value

7% Clarifying Discordance

No Epic Value → Informative Value Captured in HCAHPS

5% Informative Discordance

Epic Value ≠ HCAHPS Value

Internal White Papers

Race and Ethnicity Grouping, Visualization, and Reporting

Measuring Health Equity



We Ask Because

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

- **Enterprise Co-developing and**
- **Technical Support** convenient, and
- **Staff Education** understand our
- **Patient Communities** encourage their confidential and
- **Because We Care**
- **Monitoring and Improvement** focused 'push' n

We Ask Because

We have combined all of our data into a single Center page of the NYP

1. **Program Overview** along with recon
2. **Staff Education** ethnicity, and b
3. **Patient Communities** external-facing v

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, payer, and social determinant of 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 differences because race continues to differentially shape lives, opportunities, and health of many, many.

NQQA Example of relationship between syst

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: NQQA Future of HEDIS series, 2019, October 7



About Race & Ethnicity Grouping, Visualization, and Reporting

The Validation of Race and Ethnicity Data at NYP

At NYP, Columbia, and Weill Cornell, we ensure that all patients receive and maintain the highest quality of care regardless of race. We acknowledge 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.

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:

Overview of Race and Ethnicity

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



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



Standardizing Data Collection Fields in Epic

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 differences; 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
- Compiling multidimensional 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:



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:

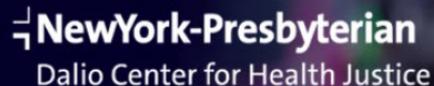


Best Practices for Reporting

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 Dalio 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

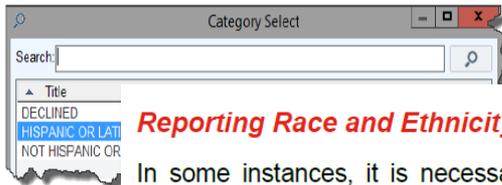
At NYP, Columbia, and Weill Cornell, we collect racial/ethnic background information so that we can review the

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

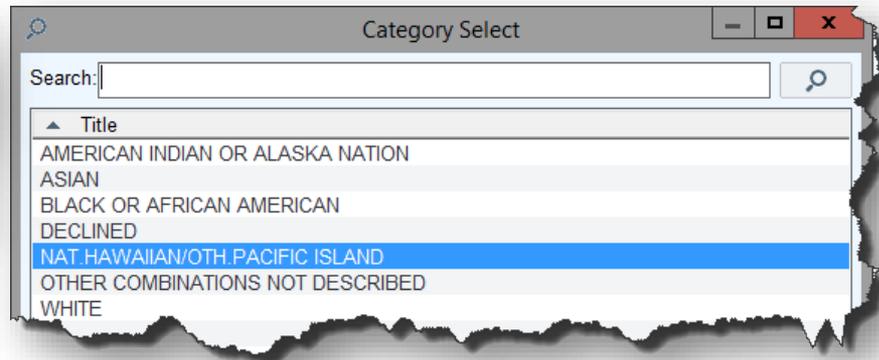
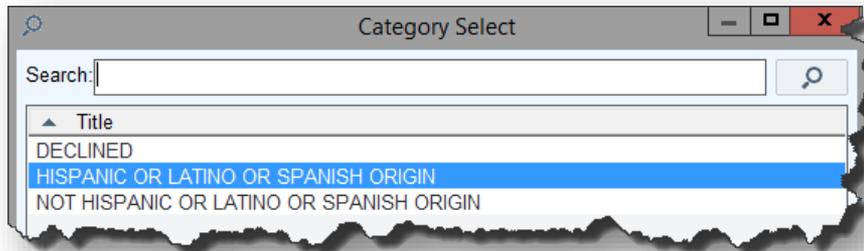
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Reporting Race and Ethnicity together

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

AAPI 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.

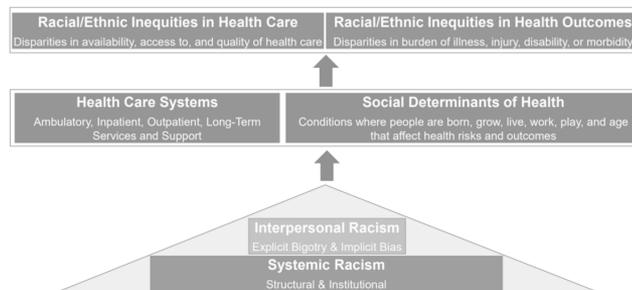
We acknowledge that race is a social construct and not a valid way to understand human difference. But, because race continues to differentially shape the lives, opportunities, and health of many, NYP and

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/>

- **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

- Health equity training module
- Intranet resource pages
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Data Analytics

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Dallo Center for Health Justice

Addressing inequities in Healthcare

Welcome

The Dallo Center for Health Justice at NewYork-Presbyterian addresses the root causes of health inequities. Through its change-and-leave measurable improvements in health outcomes.

In order to understand the health outcomes that are a direct result of social determinants of health, we are engaged in a series of projects and initiatives across NYP and our academic, medical and health care partners. In partnership with local community organizations, we are committed to addressing the health inequities that undermine our current health outcomes.

Progress Report - 2022
Health Equity Report - 2022
Progress Report - 2021

To view our past newsletters and to subscribe please visit [this link](#).

Mission

To be a leader in understanding and improving health equity and creating conditions for your health.

Areas of Focus

Our work in the Dallo Center for Health Justice includes:

- Data & Infrastructure:** We identify disparities, support community connections.
- Clinical & Community Strategies:** We develop and implement interventions to address social determinants of health.
- Education & Leadership:** We provide educational and leadership development opportunities for our staff and community partners.
- Research & Implementation:** We conduct research and implement interventions to address social determinants of health.

News & Events

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Social Determinants of Health Information Center

About Social Determinants of Health (SDoH)

Health-related social needs, such as food insecurity, inadequate or unstable housing, and interpersonal violence, increase the risk of developing chronic conditions and reduce individuals' ability to manage these conditions. They are also associated with increased emergency department visits and inpatient hospital admissions. 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.

Campus	Physician Lead	E-Mail Contact
NYP-CUMC	Nate Kratz	nr2864@cumc.columbia.edu
NYP-WCNC	Gaerndolyn Jack	gaj9003@med.cornell.edu
NYP-LMH	Amanda Ramsdell	akr7003@med.cornell.edu
NYP-BMH	Jonathan Lagrese	jel9157@nyp.org
NYP-Q	Robyn Rosenblum	ror9018@nyp.org

SDoH Basics

The information below provides in-depth videos and brief introduction to the social determinants of health.

General Information

- Housing
- Food
- Transportation
- Education
- Jobs
- Environment

SDoH Programs at NYP

Community Service Plan

Addressing the Needs of the Community through Its Administration (ANCPAD)



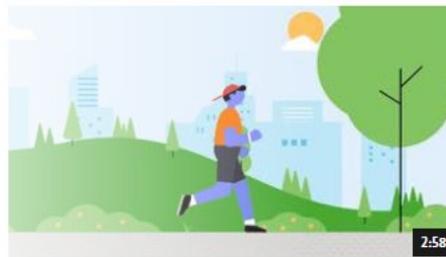
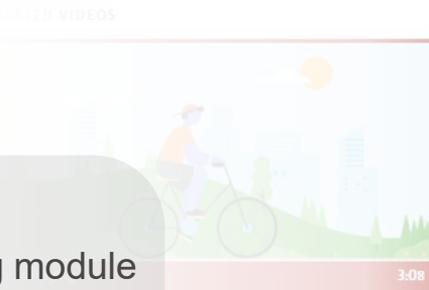
Entire Enterprise

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- Intranet resource pages
- Social Determinants Video Series
- Quarterly presentations to Patient Centered Academy
- Newsletters

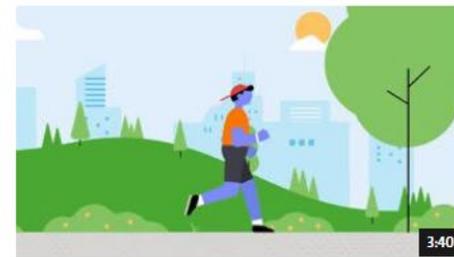
First-line Staff

Project-specific Training

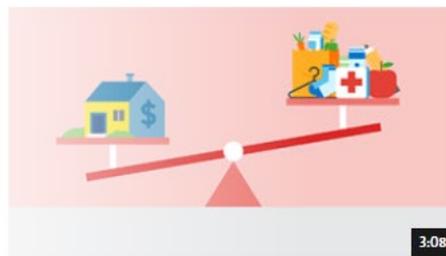
Data Analytics



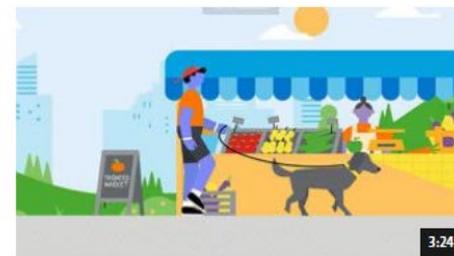
Education



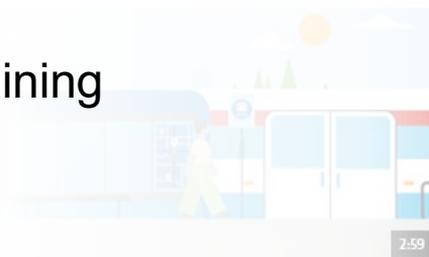
Environment



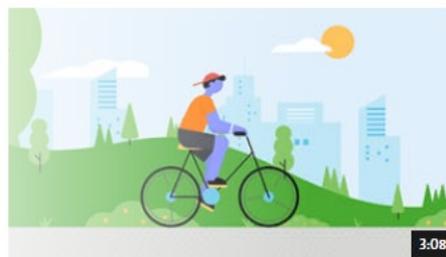
Housing



Jobs



Distribution



Descripción general de SDoH



Educación de SDoH

Entire Enterprise

First-line Staff

Project-specific Training

- WABWC Training
- Tip Sheets
- FAQs
- Ongoing Support

Data Analytics

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.
- Covid 19 has hit by a particular d
- City, state and fi population we se
- Race and Ethnic available to our
- The confidential registration staff oversight. *NYP* our policies and

Key Concepts

What is the differ

- Race is a popul considered prim
- Ethnicity repres may occur despi shared sense of

What Staff Need

- Staff must inquir
- Suggested scrip
 - In order to services po
 - How would
 - Are you
 - Hisp
 - Spa
 - Non
 - Dec
 - him
 - Unk
 - ment
 - of th
 - What R
 - Whi
 - Nort
 - Blac
 - Afric
 - Am
 - Nort
 - com
 - Asi
 - Asia
 - Kore
 - Nat
 - peo

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?

We want to make sure that all of our information so that we can review the highest quality of care. We use race, ethnicity, and language to better understand the community. We collect this information to:

- To be culturally sensitive to
- To understand need for inte
- For grant applications and p
- To help appropriately target
- To fulfill our compliance obli

What do race and ethnicity have to do with my care?

Race continues to be mistakenly used by both scientists and human rights activists to understand human difference – r many.

Who will see the information? How do I know my information is necessary for my care?

NYP limits access to patient information. We collect this information to help safeguard your information in our Department. For more information, please contact your privacy officer.

Who are you collecting this information for?

We are asking all our patients for this information to help us provide the best care possible.

Understanding our Patients

Race, Ethnicity, and Language

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 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 a 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 for a list of resources. Starting in October 2023, a CBO dis via a link under the Epic HealthyPlanet wheel in Snapshot.

Resources for Patients with Transportation Needs

For patients that identify transportation needs, we recomm

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 info

Resources for Patients with Food Needs

Emergency Food: For patients that identify food needs, we for New York City. The Food Bank website allows users to senior center near them. <https://www.foodbanknyc.org/> superpantries, or high-capacity food pantries, in New York

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.cahunger.org/>

NY Common Pantry
8 East 109th Street
New York, NY 10029

1290 Hoe Avenue
Bronx, NY 10459
<https://www.nycommonpantry.org/>

St. John's Bread and Life
795 Lexington Avenue
Brooklyn, NY 11221
<https://breadandlife.org/>

Food Benefit Programs: Additionally, we can direct patient 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) provide children with healthy food and support for prenatal

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

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and Population Health

Social Determinants of Health

A guide for implementing screening and referral

Winter 2023

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 for Health Justice
 - b. Staten Island
2. Defining Health Equity
 - a. <iframe src="https://www.youtube.com/watch?v=..." height="100px">
3. "We Ask Because We Care"
 - a. Explain the importance of health equity
 - b. Detailed information on the importance of health equity
 - c. Detailed information on the importance of health equity
 - d. Other information on the importance of health equity

Part 2: Principles of Data Analytics

4. SlicerDicer
 - This will generate a graphical representation of data that is disaggregated by combined race and ethnicity or inclusion criteria through SlicerDicer.
5. Best Practices
 - a. Why do we use SlicerDicer?
 - b. Why do we use SlicerDicer?

Resources

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

- [Improving Demographic Data](#)
- [Race and Ethnicity Grouping](#)
- [Measuring Health Equity at NYCPH](#)
- [The Validation of Race and Ethnicity Data](#)

Accessing Race and Ethnicity Data in Epic using SlicerDicer

At 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	917,000	12,702,000	10,000
Medication Inventory	Specialty Pharmacy	Outpatient Pharmacy	Inpatient Pharmacy
16,647,276	67,424	2,671,707	147,807
Pharm Transfers	Pharm Inventory	Pharm Inventory	Pharm Inventory
381,618	3,764,131	12,215,477	166,303

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."







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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](#).



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EXCELLENCE AND INCLUSION

Questions?

Morgan Black, MPA

mblack@hanys.org

AHEI Team

ahei@hanys.org