

Colorado Perinatal Substance Use Integration Conference

May 3rd – May 4th, 2023

Avon, Colorado





Health Equity

"But I treat everyone the same"

2023 Colorado Perinatal Substance Use
Disorder Intergration Conference

Ashley Sherrill
Jennifer Halfacre



Scan QR code to
reference resources

May 4th, 2023



Land Recognition

*We recognize that the Town of Avon is located on the territories and ancestral homelands of the Ute peoples, past and present. We also recognize the 48 contemporary tribal nations that are historically tied to the lands that make up the State of Colorado.

It is important to not only recognize the land that we are working and living on, but to also *take action* in your region to support the needs and rights of indigenous communities.

Learn More:

- Spirit of the Sun, partnering with Native American communities in Colorado: <https://www.spiritofthesun.org/>
- Ute History and the Ute Mountain Ute Tribe: <https://coloradoencyclopedia.org/article/ute-history-and-ute-mountain-ute-tribe>
- The Original Coloradans: The Southern Ute Tribe: <https://blog.walkingmountains.org/curious-nature/2020/01/original-coloradans-southern-ute-native-american-tribe>



Overview

01

Health Equity –
Race & Ethnicity Basics

02

Data Collection Considerations

03

Scripting for uniform, respectful
screening

04

PDSA Cycle





GROUNDING EXERCISE

COLONOSCOPY!



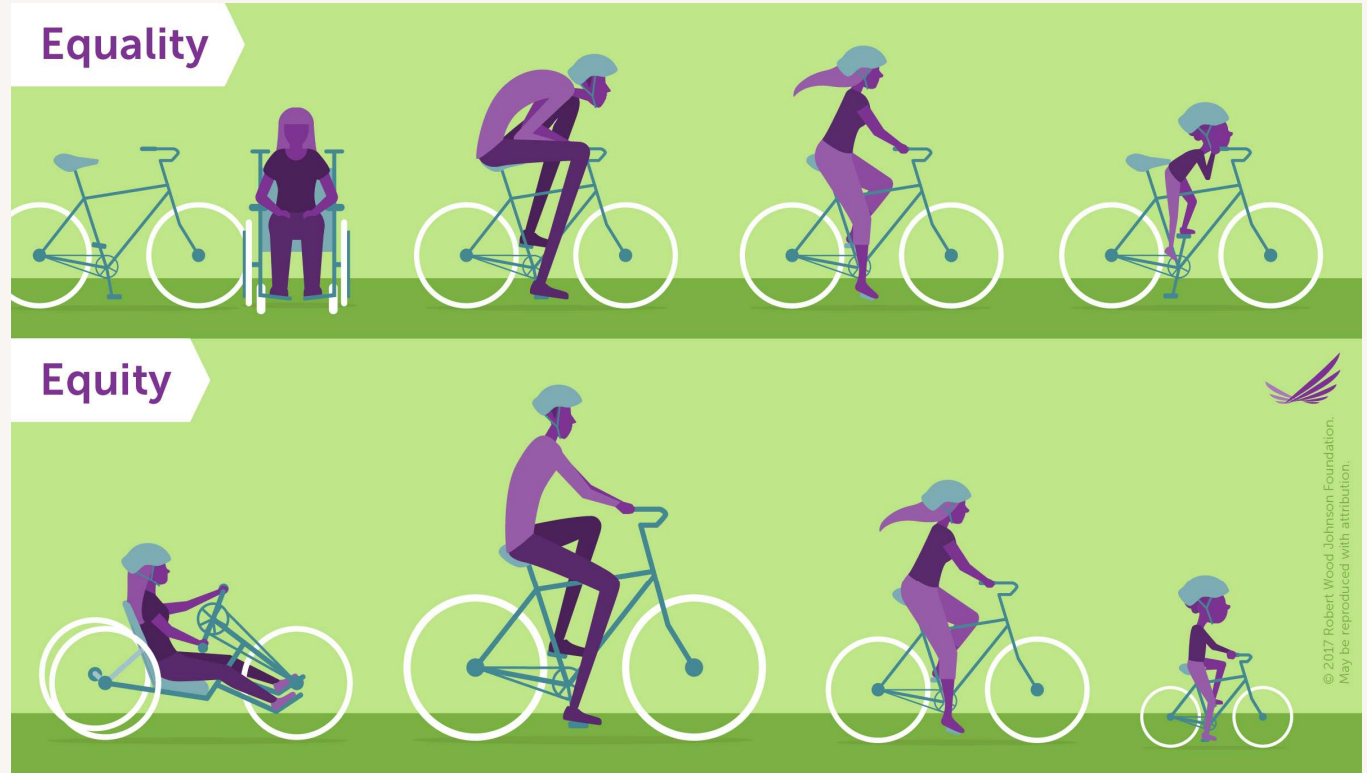
- MICROAGGRESSIONS
- TRUSTWORTHINESS OF MEDICAL SYSTEM
- TRANSPORTATION
- TIME OFF FROM WORK
- INSURANCE STATUS

“What’s the matter?
It’s the same distance!”

emanu.se

Health Equity

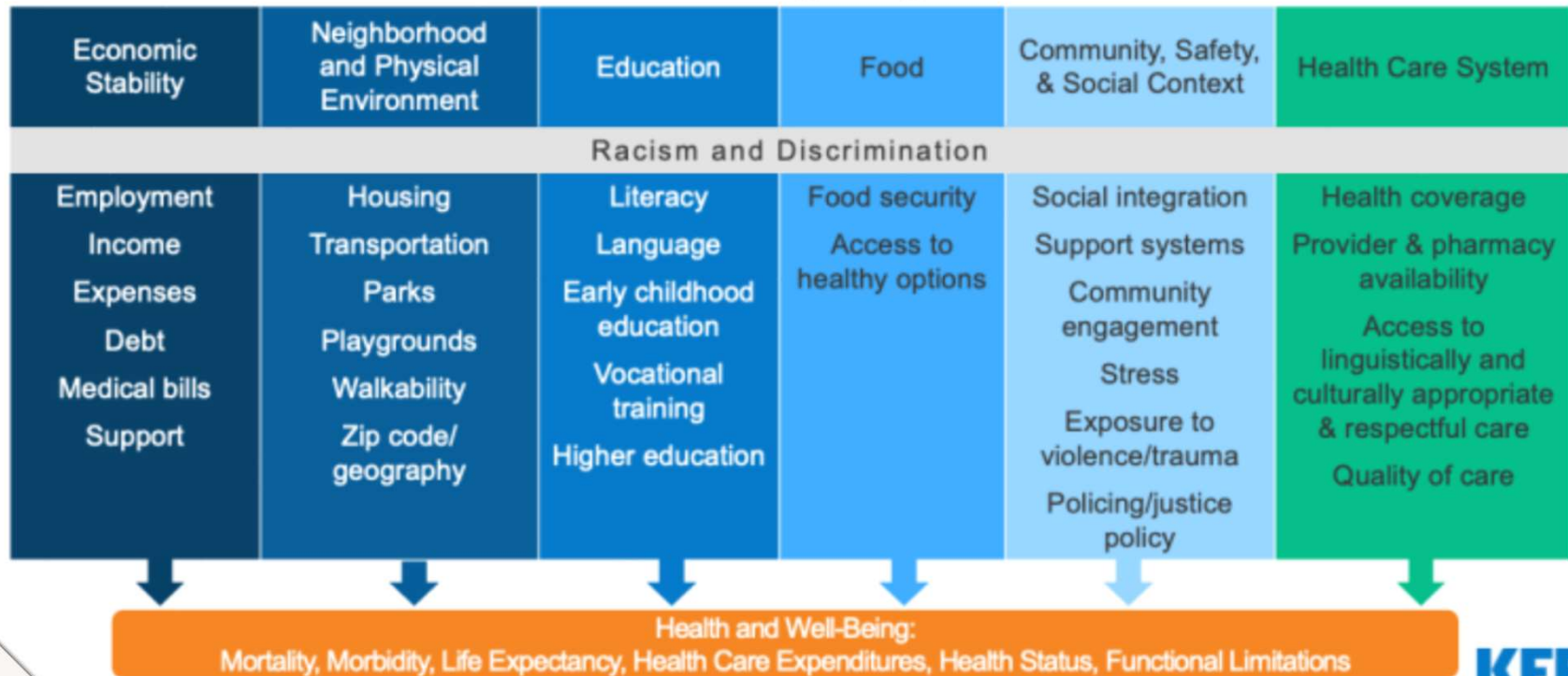
Health equity means that each person gets what they need to achieve optimal health.



Disparities are preventable differences in health outcomes that may arise due to *health inequities*.

Figure 6

Health disparities are driven by social and economic inequities that are rooted in historic and ongoing racism and discrimination





Pregnancy-related mortality rates

Black and American Indian/Alaskan Native (AIAN) women have pregnancy-related mortality rates about **three and two times higher, respectively**, compared to the rate for White women



Between ages 30 to 34 mortality widens to **over four times higher** for black women (and nearly 4 times higher AIAN) than the rate for White women



College educated or higher black women or higher have mortality rates **5.2 times higher than the rate for White women with the same educational attainment** and 1.6 times higher than the rate for White women with **less than a high school diploma**.



Black patients **were 70% less likely to receive a prescription for buprenorphine at their visit** when controlling for payment method, sex, and age (Lagisetty et al., 2019).



Maternal death rates increased during the COVID-19 pandemic and racial disparities widened for Black women



Race & Ethnicity Basics

CREDITS: This presentation template was created by Slidesgo,
including icons by Flaticon, and infographics & images by
Freepik.

What are the Definitions of Race and Ethnicity?

Race

A social construct based on skin color and other physical differences. No basis in biology.

Ethnicity

A construct that encompasses common cultural characteristics including language, religion, dietary practices, and nationality; it may also reflect common ancestry or geographic origin.

(Lu 2022)





Why It is Important to Collect Race, Ethnicity, Language Data

1. Identifying the populations you serve
2. Uncovering and addressing inequities in quality of care
3. Meeting the needs of populations you serve through tailored care, fostering an inclusive environment, recruiting personnel that reflect your patients' communities

Self-reported race and ethnicity can change over time, depending on...



Classification of racial/ethnic categories

Cultural or federal changes

Stage of life

Leaving childhood home, getting married, etc

Context where it is being disclosed

Home vs work vs school vs other

Bi/Multi-racial identity

In general, this can be a slowly changing dimension



Data Collection Considerations

CREDITS: This presentation template was created by Slidesgo, including icons by Flaticon, and infographics & images by Freepik.

Different Ways to Ask Race and Ethnicity



Two questions

Asking about ethnicity, then race

One question

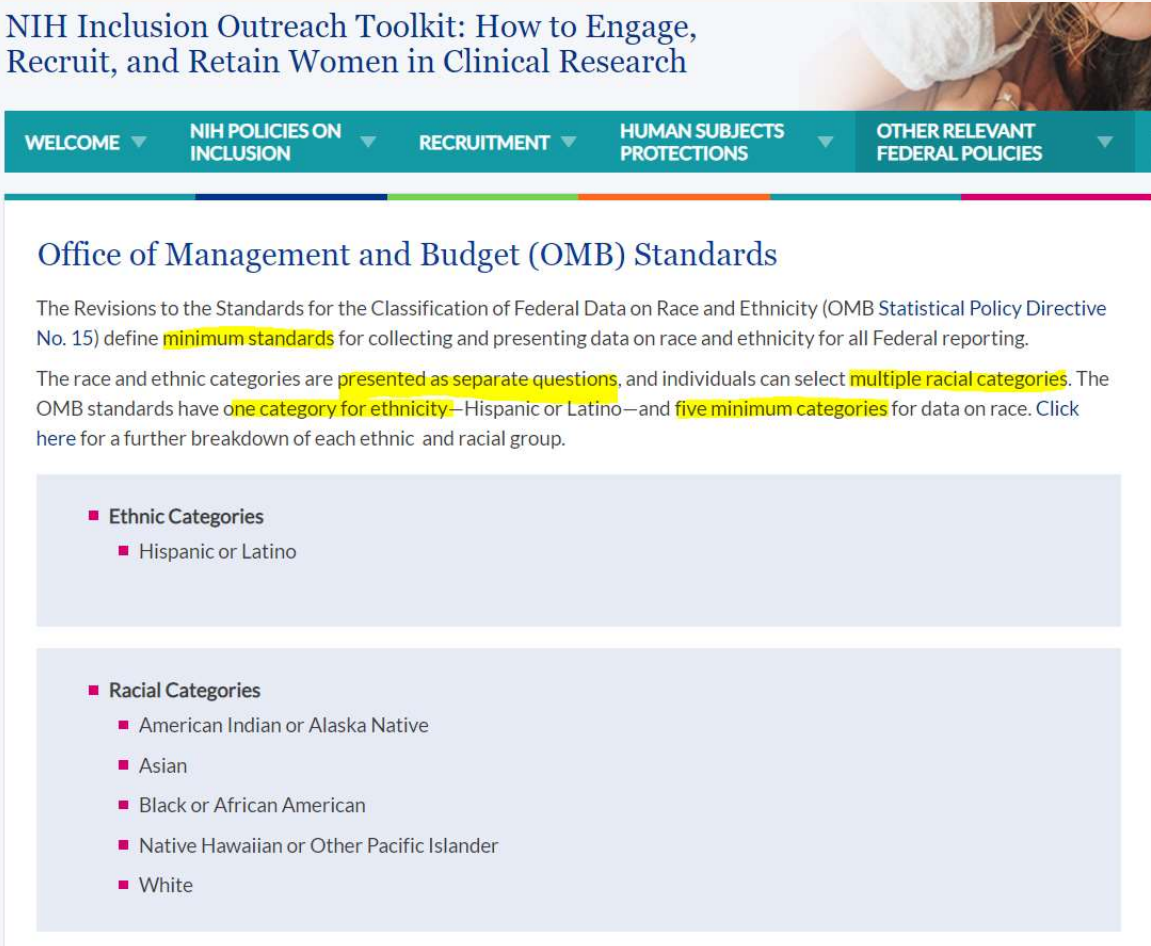
Asking about race and ethnicity in the same question

Open Ended

Ask patients to identify their race and ethnicity in their own words

OMB Standards for Federal Data on Race and Ethnicity

NIH Inclusion Outreach Toolkit: How to Engage, Recruit, and Retain Women in Clinical Research



The screenshot shows a navigation bar with the following items: WELCOME, NIH POLICIES ON INCLUSION, RECRUITMENT, HUMAN SUBJECTS PROTECTIONS, OTHER RELEVANT FEDERAL POLICIES, and a partially visible 'A R'. Below the navigation bar is a section titled 'Office of Management and Budget (OMB) Standards'. The text in this section states: 'The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (OMB Statistical Policy Directive No. 15) define **minimum standards** for collecting and presenting data on race and ethnicity for all Federal reporting. The race and ethnic categories are **presented as separate questions**, and individuals can select **multiple racial categories**. The OMB standards have **one category for ethnicity**—Hispanic or Latino—and **five minimum categories** for data on race. Click here for a further breakdown of each ethnic and racial group.'

- **Ethnic Categories**
 - Hispanic or Latino
- **Racial Categories**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

- OMB initially developed the Statistical Policy Directive No. 15 (SPD 15) in 1977 to enforce civil rights laws
- Revised in 1997 (Select multiple race selections, Asian and Pacific Islander categories are disaggregated, and “Hispanic” was changed to “Hispanic or Latino”)
- Summer 2024 revisions – more disaggregation for race and ethnicity, and potentially combining the race and ethnicity question

Proposed Combined Question with Minimum and Detailed Categories

Figure 3. Proposed Example for Self-Response Data Collections: Combined Question with Minimum Categories

What is your race or ethnicity?
Select all that apply.

White

Hispanic or Latino

Black or African American

Asian

American Indian or Alaska Native

Middle Eastern or North African

Native Hawaiian or Pacific Islander

Figure 2. Proposed Example for Self-Response Data Collections: Combined Question with Minimum and Detailed Categories

What is your race or ethnicity?
Select all that apply AND enter additional details in the spaces below.
Note, you may report more than one group.

WHITE – Provide details below.

German Irish English
 Italian Polish French
Enter, for example, Scottish, Norwegian, Dutch, etc.

HISPANIC OR LATINO – Provide details below.

Mexican or Puerto Rican Cuban
 Mexican American
 Salvadoran Dominican Colombian
Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

BLACK OR AFRICAN AMERICAN – Provide details below.

African American Jamaican Haitian
 Nigerian Ethiopian Somali
Enter, for example, Ghanaian, South African, Barbadian, etc.

ASIAN – Provide details below.

Chinese Filipino Asian Indian
 Vietnamese Korean Japanese
Enter, for example, Pakistani, Cambodian, Hmong, etc.

AMERICAN INDIAN OR ALASKA NATIVE – Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc.

MIDDLE EASTERN OR NORTH AFRICAN – Provide details below.

Lebanese Iranian Egyptian
 Syrian Moroccan Israeli
Enter, for example, Algerian, Iraqi, Kurdish, etc.

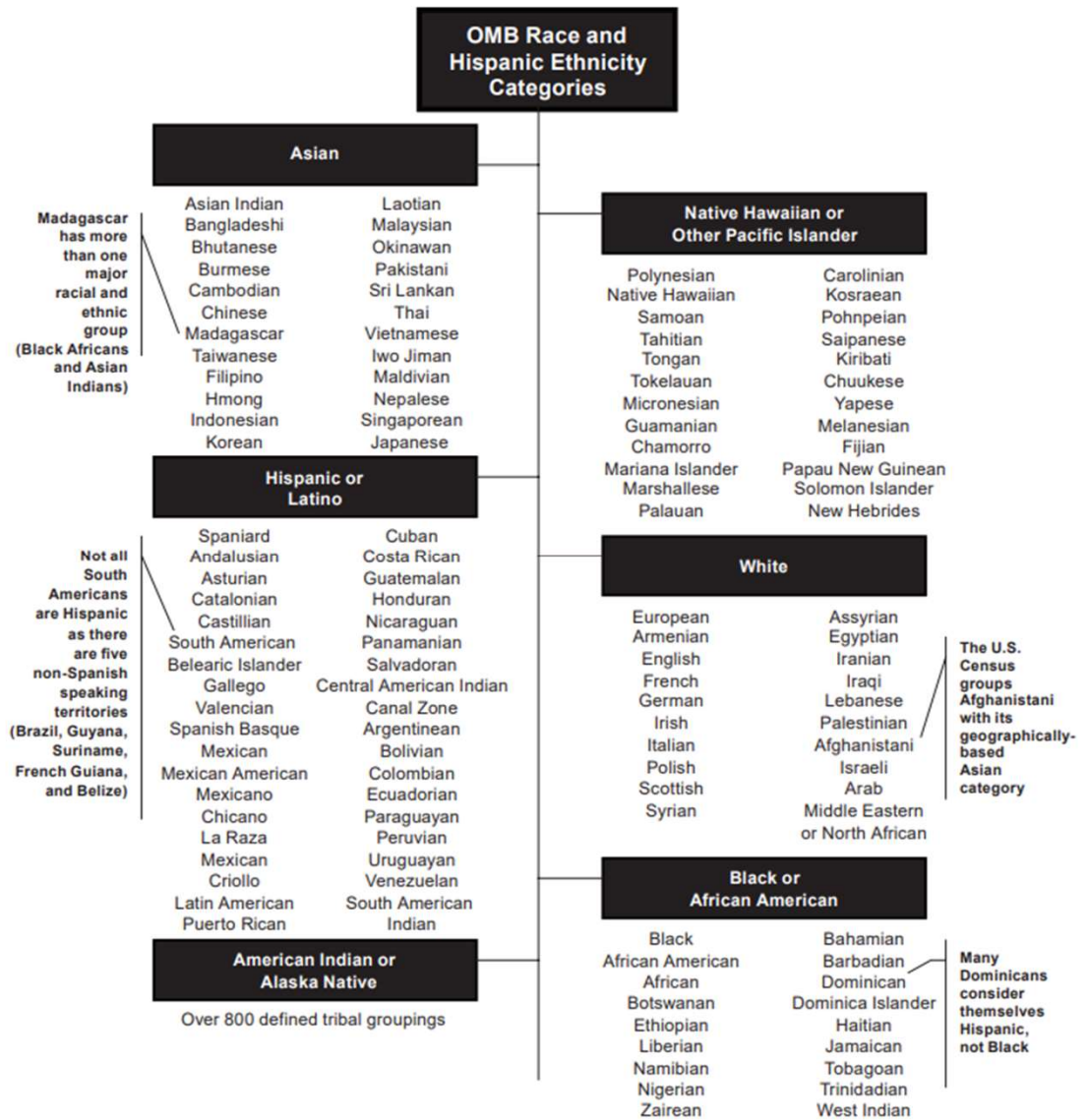
NATIVE HAWAIIAN OR PACIFIC ISLANDER – Provide details below.

Native Hawaiian Samoan Chamorro
 Tongan Fijian Marshallese
Enter, for example, Palauan, Tahitian, Chuukese, etc.

Expanded Ethnicity/Race Categories

Ethnicity Data Standard	Categories
<p><i>Are you Hispanic, Latino/a, or Spanish origin</i> <i>(One or more categories may be selected)</i></p> <p>a. <input type="checkbox"/> <i>No, not of Hispanic, Latino/a, or Spanish origin</i> b. <input type="checkbox"/> <i>Yes, Mexican, Mexican American, Chicano/a</i> c. <input type="checkbox"/> <i>Yes, Puerto Rican</i> d. <input type="checkbox"/> <i>Yes, Cuban</i> e. <input type="checkbox"/> <i>Yes, Another Hispanic, Latino, or Spanish origin</i></p>	<p>} These categories roll-up to the Hispanic or Latino category of the OMB standard</p>
Race Data Standard	Categories
<p><i>What is your race?</i> <i>(One or more categories may be selected)</i></p> <p>a. <input type="checkbox"/> <i>White</i> b. <input type="checkbox"/> <i>Black or African American</i> c. <input type="checkbox"/> <i>American Indian or Alaska Native</i></p>	<p>} These categories are part of the current OMB standard</p>
<p>d. <input type="checkbox"/> <i>Asian Indian</i> e. <input type="checkbox"/> <i>Chinese</i> f. <input type="checkbox"/> <i>Filipino</i> g. <input type="checkbox"/> <i>Japanese</i> h. <input type="checkbox"/> <i>Korean</i> i. <input type="checkbox"/> <i>Vietnamese</i> j. <input type="checkbox"/> <i>Other Asian</i></p>	<p>} These categories roll-up to the Asian category of the OMB standard</p>
<p>k. <input type="checkbox"/> <i>Native Hawaiian</i> l. <input type="checkbox"/> <i>Guamanian or Chamorro</i> m. <input type="checkbox"/> <i>Samoan</i> n. <input type="checkbox"/> <i>Other Pacific Islander</i></p>	<p>} These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard</p>

Expanded Ethnicity/Race Categories (CDC)



Tribal Nations

- Southern Ute Tribe
- Ute Mountain Ute Tribe



Native Land Digital

native-land.ca

About Us ▾

Media ▾

Contribute ▾

Resources ▾

Contact

▾

Support Us

Territories Languages Treaties

Search your address, or toggle switches above to add shapes. Click around! [Think critically about this map.](#)

Avon, Colorado, United States

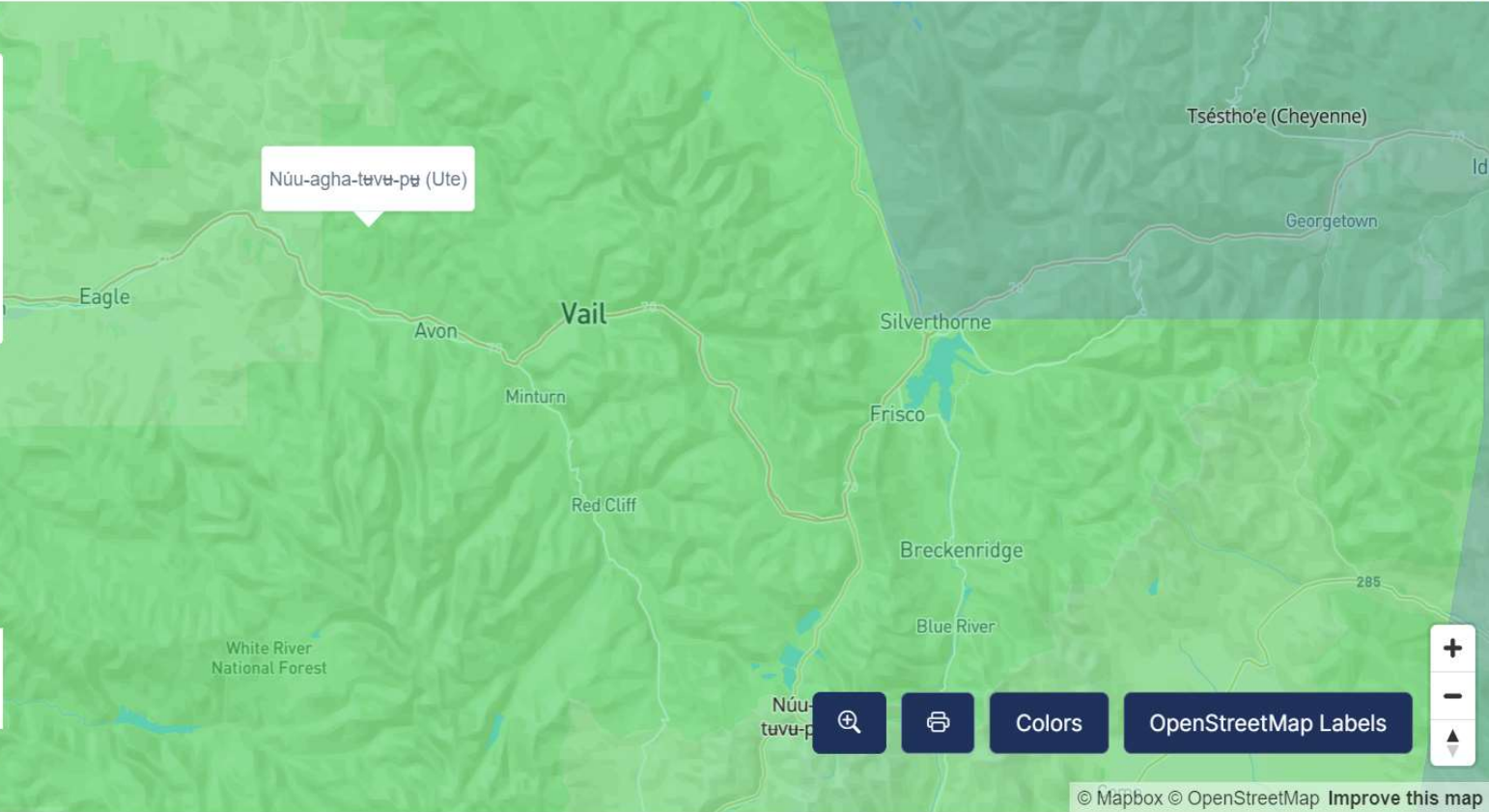
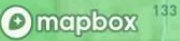
Territories ▾

Languages ▾

Treaties ▾

Contact local nations to verify:

Núu-agma-təvə-pə (Ute)



© Mapbox © OpenStreetMap Improve this map

Barriers to Collecting Race/Ethnicity Data

Concern about pushback from patients

Uncertain of benefit/usefulness

EMR constraints

Concerns about patient privacy

Questions about legality

Staff discomfort



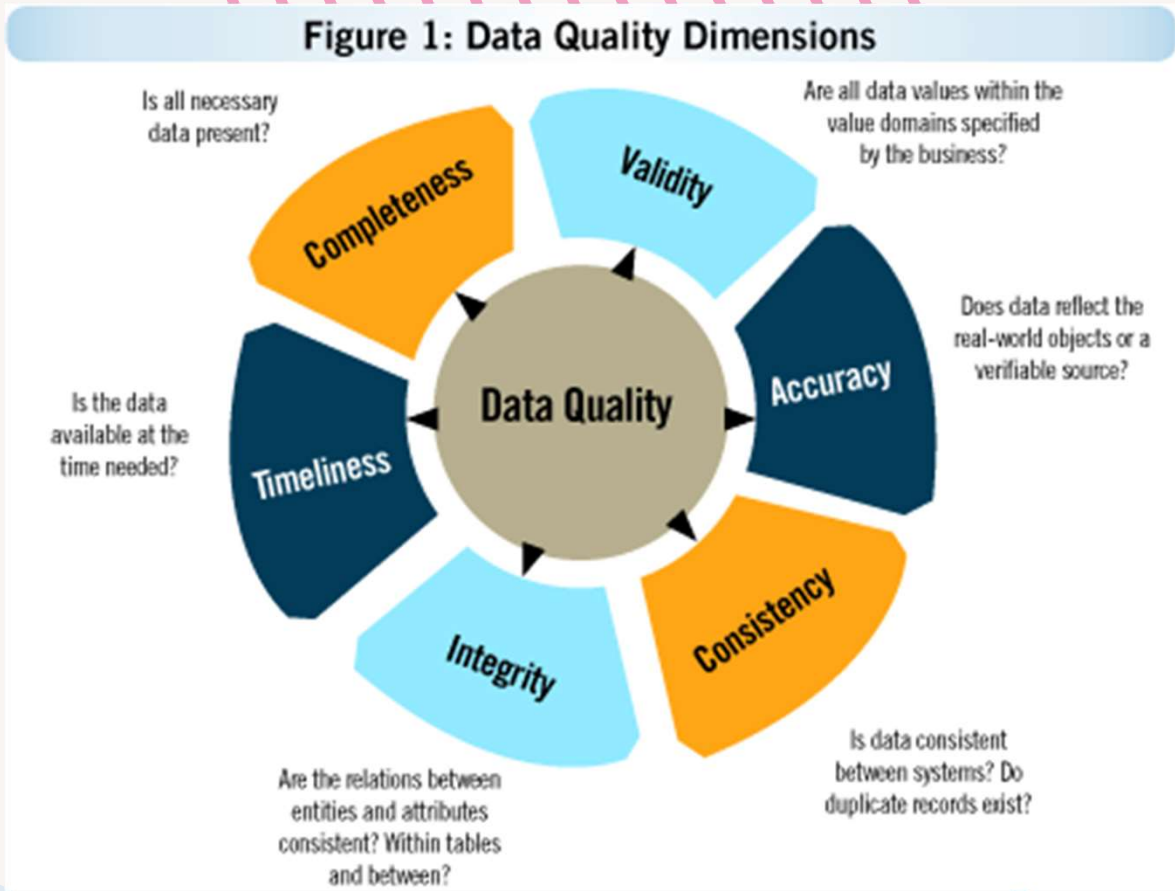
The slide features a central text area flanked by two clusters of diverse hands reaching out towards the center. The hands are in various shades of brown, tan, and orange. Above the text is a decorative pattern of pink diagonal lines, and below it are two light blue abstract shapes. The background is a light beige color.

Accuracy of Electronic Medical Record Data...

Studies have shown that EMR data may underrepresent BIPOC and multiracial patients.

Klinger 2015
Samalik 2022

Figure 1: Data Quality Dimensions



Data Quality



Scripting for Uniform, Respectful, Screening

CREDITS: This presentation template was created by Slidesgo,
including icons by Flaticon, and infographics & images by
Freepik.

Patient attitudes about data collection

White

Black

Hispanic/Latino

It is important for hospitals and clinics to collect information from patients about their race and ethnic background. (somewhat or strongly agree)

68%

76%

55%

It is important for hospitals and clinics to conduct studies to make sure all patients get the same high-quality care regardless of their race or ethnic background (somewhat or strongly agree)

87%

93%

86%

Patient attitudes about data collection

White

Black

Hispanic/Latino

High levels of comfort telling registration staff race/ethnicity information.

75%

68%

58%

How worried would you be that this information could be used to discriminate against you? (Somewhat or very worried)

18%

47%

72%

How worried would you be that this information could be used to find undocumented immigrants? (Somewhat or very worried)

43%

47%

85%

Scripting – Introductory Statement

“In order to guarantee that all patients receive the highest quality of care and to ensure the best services possible, we are asking all patients about their race, ethnicity, and language.”

- Tailor to your practice's uses, context, and experience
- Consider adding comment about confidentiality



Scripting – Ethnicity

“Are you Hispanic, Latino/a/x, or Spanish origin?”

- No
- Yes

OR

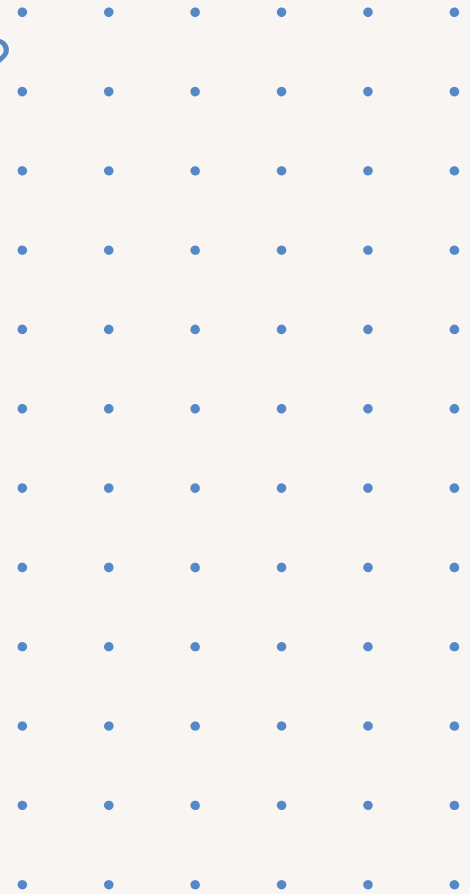
- No
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Another Hispanic, Latino/a/x or Spanish origin: _____



Scripting – Race

"Which category or categories best describe your race?
(You may choose more than one)."

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Some other race: _____
- Declined
- Unavailable/Unknown



Asking About Language

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

Would you like an interpreter?

- Yes
- No
- Declined
- Unavailable

What language do you feel most comfortable speaking with your doctor or nurse?

In which language would you feel most comfortable reading medical or healthcare instructions?

Provide a list of languages reflecting languages spoken in the practice's community



Design Question	Options	Considerations / Suggested Method
Who should collect the data?	<ul style="list-style-type: none"> • Registration staff • Medical assistant • Registered nurse 	<ul style="list-style-type: none"> • Using registration staff has been proven to increase collection rates, although one study found patients preferred being asked in the exam room by nursing staff.⁸ Providers should assess staffing levels and determine who is best suited to collect the data. • Suggested: Registration staff
When should the data be collected?	<ul style="list-style-type: none"> • At time of check-in • Over the phone • Pre-exam 	<ul style="list-style-type: none"> • Collecting preferred language data over the phone when a patient is scheduling an appointment can help in planning for interpretation services. • Suggested: At check-in or over the phone
What format should be used to collect the data?	<ul style="list-style-type: none"> • Paper format • Electronic kiosks / tablets • Verbal discussion 	<ul style="list-style-type: none"> • Paper forms, kiosks and tablets allow for patient privacy, although one study has shown that collection rates are highest when patients have the option to also report REAL data verbally.⁹ • Paper forms, kiosks and tablets may pose a challenge for patients with limited literacy. • Kiosks or tablets will eliminate the need for staff to transcribe data into the electronic medical record. • Suggested: Provide options for a more private form of entry (paper form, kiosk or tablet) as well as verbal discussion

Source: American Hospital Association, 2013.

http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF

Responding to Tough Questions from Patients

Patient Response	Suggested Response	Context (Historical, etc.)	Recommended Documentation
"I'm American"	Typically, we would classify this as your nationality. Is there another term to describe your ethnicity/race?	People may question the validity of racial identities. The grouping of race can be interpreted as divisive.	Respect their answer and refer to your data plan for classification.
"Can't you tell by looking at me?"	We think it's better to let people tell us. I don't want to put in the wrong answer. I'm trained to not make assumptions.	Never assume someone's identity.	This can be classified as unknown or did not answer. Refer to your data plan for classification.
"Why do you care? We're all human beings."	We are all human. However, our social identities (age, race, gender, abilities etc.) can impact health. With this information we can correctly set up a healthcare plan with resources relevant to your needs and our communities needs.	People may question the validity of racial identities. The grouping of race can be interpreted as divisive.	Respect their answer and refer to your data plan for classification
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	*show choices* There is value in understanding how we classify race/ethnicity to ensure quality of care, however if these don't work for you, it is more valuable that you use the terms you prefer.	Our categories for race and ethnicity can't fully capture a patient's lived experiences. Self-identifying honors their experience.	Document how they chose to identify. Understanding groups of people that emigrated from other countries can be valuable to determining needs, describing, and stratifying your patient population
A patient returning for care with the "DECLINED" code	Respect their decision to decline.	Work on building trust, then utilize an annual visit to try again	Document that they declined.
A patient returning for care with the "UNKOWN" or "Unable to provide information" code.	Proceed to ask for the information per routine.	As we are constantly building trust with patients, they may be more willing to share their social identities.	Review your PDSA. Utilize a pre-specified periodic visit to try again

DO



Ask patients about their concerns/ comfort level (e.g. patient experience assessment)

Have a data plan!
Consider how the data will be linked to clinical data and analyzed

Understand and disclose why this data will be useful to your organization

Train and retrain staff on demographic scripts / PDSAs

Allow patients to select multiple races

Ask about demographic data periodically – racial and ethnic identities can change over time

DONT

DON'T force a response

DON'T combine race and ethnicity questions without careful consideration

DON'T “eyeball” and assume a patient's demographics

DON'T use jargon

DON'T keep data in nonsecure platforms



PRACTICE EXAMPLE

Pediatric Partners



Practice Innovation Program

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

How do we go from training and education to improvements in practice?



Introduction and Background

- Pediatric Partners, Glenwood Springs, CO.
- Inclusivity and equity building blocks into the Innovation Support Project (ISP) program.
- Health equity and inclusion conversations from a quality improvement perspective began.
- The topic of Spanish resources resonated with the practice.
- The project focused on language preferences for Well Child checks communications.





Results

- The practice realized they were not sending recalls for patients due for WCC in the patients preferred language.
- Pediatric Partners found that patients with a preferred language of Spanish were more likely to be due or overdue for a WCC. (35% vs. 31%).
- The practice also noticed that they were not capturing preferred language for all patients.

Baseline Data and PDSA Cycle #1

Baseline Data – October 2022

	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	3,877	1,161	321
Due for Preventative Visit	1,222 31%	407 35%	124 38%

PDSA Cycle 1 Plan (10/01/22 – 01/31/2023)

- Translate recalls in Spanish
- Pull preferred language reports monthly
- Send recalls in patients preferred language
- Unknown language is sent in English

Data and PDSA Cycle #2

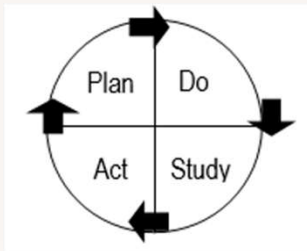
PDSA Cycle 1 – January 2023

	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	3969	1266	401
Due for Preventative Visit	1,414 35.6%	490 38.7%	168 41.8%

PDSA Cycle 2 Plan (02/01/2023 – 05/31/2023)

- Continue cycle 1 intervention of sending recalls in patients' preferred language
- Training registration staff collecting preferred language
- Increase availability for WCC openings
- Collect missing preferred language

Conclusion



- Pediatric Partners has completed one PDSA cycles and is currently in their second PDSA cycle.
- Changes that Pediatric Partners has implemented:
 - New workflow to ensure completion of preferred language
 - Translated reminders in Spanish
 - WCC data by preferred language reviewed quarterly in QI meetings

Next steps for PDSA:

New data is suggesting decreases in patients overdue for previous visit in both population. Practice completed language preference for those who were unknown or blank. Making the preferred language question a mandatory field for patients to answer upon check-in will ensure that this process remains sustainable.

Resources

CREDITS: This presentation template was created by Slidesgo, including icons by Flaticon, and infographics & images by Freepik.

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.

Aligning Forces for Quality | Improving Health & Reducing Health Disparities

GET REAL
Race, Ethnicity, and Language

Hospital
Logo

Preguntamos porque nos importa.

Al preguntar sobre su raza, descendencia étnica e idioma, nosotros estamos mejor capacitados para proveer cuidado médico a todos los pacientes por igual.

Preguntamos porque nos importa.

Al preguntar sobre su raza, descendencia étnica e idioma, nosotros estamos mejor capacitados para proveer cuidado médico a todos los pacientes por igual.

¿Cuál es su raza?

¿Cuál es su descendencia étnica?

¿Cuál es su idioma preferido?



Respetando cada diferencia, tratando cada uno por igual.

GET REAL
Race, Ethnicity, and Language

¿Cuál es su raza?

¿Cuál es su descendencia étnica?

¿Cuál es su idioma preferido?



Respetando cada diferencia, tratando cada uno por igual.

GET REAL
Race, Ethnicity, and Language

<http://forces4quality.org/node/4185.html>

Resources



HEALTHCARE COST & UTILIZATION PROJECT

User Support

DO YOUR OWN ANALYSIS

DATABASE INFORMATION

RESEARCH TOOLS

REQUEST DATA

RACE AND ETHNICITY DATA IMPROVEMENT TOOLKIT

Data Improvement through Education and Training of

The documents in this section were developed by the [AHRQ Enhanced State](#) particular needs. Investigators from California used training and educational staff and patients to evaluate factors that influence and impede data collect stakeholders of their population demographics, existence of healthcare disp

Once resources for undertaking a project to educate and train hospital staff

- [Ensuring Adequate IT Infrastructure](#)
- [Training Frontline Data Collectors](#)
- [Collecting R/E/L Data from Patients](#)
- [Measuring the Effectiveness of Education and Training Efforts](#)



INVENTORY OF RESOURCES FOR STANDARDIZED DEMOGRAPHIC AND LANGUAGE DATA COLLECTION

Collecting standardized patient demographic and language data across health care systems is an important first step toward improving population health. Comprehensive patient data on race, ethnicity, language, and disability status are key to identifying disparities in quality of care and targeting quality improvement interventions to achieve equity. Here you will find an overview of:

- Minimum standards for data collection as outlined by the U.S. Department of Health and Human Services;
- Best practices and guidelines for health care organizations in implementing standardized data collection, including information to address key challenges in collecting these data;
- Training tools and webinars to help health care organizations educate their staff on the importance of standardized data collection and best practices for data collection; and
- Sentinel articles and books that provide in-depth discussion of issues, challenges, recommendations, and best practices in standardized data collection.

The resources in this document are grouped by REaL and Disability categories as well as by the type of resource it is. Please click on the desired topic area or type of resource on the table of contents below.

March 2022



TARGET:BP | |

RACE & ETHNICITY DATA COLLECTION ESSENTIALS

STEPS TO IMPROVE DATA COLLECTION

- 1. How would you describe your team's current practice for data collection?**
It is important that you know how race and ethnicity data are currently being collected from your patients.
 - Do you first provide information to patients regarding why race and ethnicity data are important before asking for their response?
 - Do you ask patients to self-report their race and ethnicity?
 - Do you provide training/scripts on how to ask patients about their race and ethnicity?
 - Do you have a standard process for collecting and recording race and ethnicity data in the electronic health record (EHR)?

If you answered "No" to 1 or more questions, you can take action to improve health care equity
- 2. What gaps do you see in your team's education and training?**
Build your team's knowledge and skills to accurately document race and ethnicity data.
 - Watch the [Target:BP Race & Ethnicity Data Collection webinar](#) (free CME/CE credit), or
 - Watch [Collecting Patient Data: Improving Health Equity In Your Practice](#) (free CME credit)

Use existing resources to train staff:

 - Start with the [Race, Ethnicity, and Language Data Collection Nuts & Bolts](#) (PDF)
 - For additional details, see the [Inventory of Resources for Standardized Demographic Data Collection](#)
- 3. How can your team's processes be strengthened?**
Improve your routine for standardizing the collection, entry, and use of accurate and complete patient-level race and ethnicity data in the medical record.
 - Define a standard procedure for your health care team
 - Offer patients written information about the importance of race/ethnicity data – see [We Ask Because We Care](#)
 - Use scripts to support your health care team in effective communication
 - Evaluate the impact of your efforts using quality improvement methods, by observing staff use of new skills, tools, and procedures

Consider examples of scripts and clinic procedures such as:

 - [Sample Script for Collecting Race, Ethnicity, & Tribal Affiliation Data](#)
 - [Sample Script for Health Care Teams](#)
 - [Sample Patient Demographics Questionnaire](#)

Once you have completed the first steps toward systematically collecting standardized race and ethnicity data, you can use this data to identify and address health care disparities through your quality improvement efforts. See [Inventory of Resources for Standardized Demographic Data Collection](#) for additional examples of how to achieve equitable health outcomes.

Disclaimer: The materials in this guide represent guidance based on research and should not be relied upon as legal or other advice. Results in achieving health equity are not guaranteed. Race and ethnicity data should be collected and provided in accordance with state and federal laws.

REFERENCES

1. AHA STATISTICAL UPDATE: Heart Disease and Stroke Statistics—2020 Update: A Report from the American Heart Association Circulation. [https://doi.org/10.1161/STROKEAHA.119.438960](#)
2. [Report: Racial Disparities in Hypertension Risk Among African Americans in the Jackson Heart Study](#). [https://www.ahaassn.org/about/3.1161/CIRCULATION.19.13436C](#)
3. Office of Management and Budget, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity: Final Report. October 30, 1997. [https://www.fda.gov/oc/ohrt/standards/standards.html](#). Accessed December 1, 2021.
4. JGIM (Journal of General Internal Medicine). 2019. Race, Ethnicity, and Language Data Standardization for Health Care Quality Improvement. [https://doi.org/10.1093/gim/kwz001](#)
5. Centers for Medicare & Medicaid Services (CMS) Comparison of Resources for Standardized Demographic and Language Data Collection. March 2018. [https://www.cms.gov/medicare/medicare-eligibility/standardized-demographic-and-language-data-collection/standardized-demographic-and-language-data-collection.html](#)

Signature Leadership Series



Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data

August 2013

Equity of Care



- https://www.hcup-us.ahrq.gov/datainnovations/raceethnicitytoolkit/data_improve_edu.jsp
- <https://www.cms.gov/about-cms/agency-information/omh/downloads/data-collection-resources.pdf>
- https://targetbp.org/tools_downloads/race-ethnicity-data-collection-essentials/
- http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF

More Resources

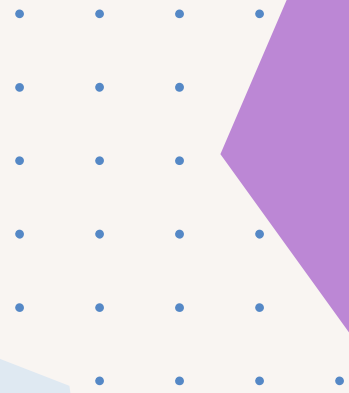
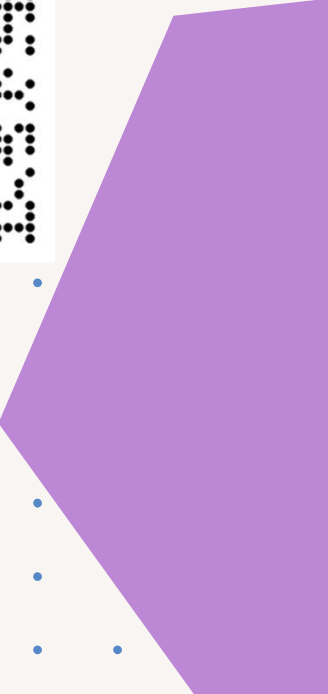
- ISP HE&I Milestones



- IHI PDSA Video



- AHRQ PDSA Cycle Template



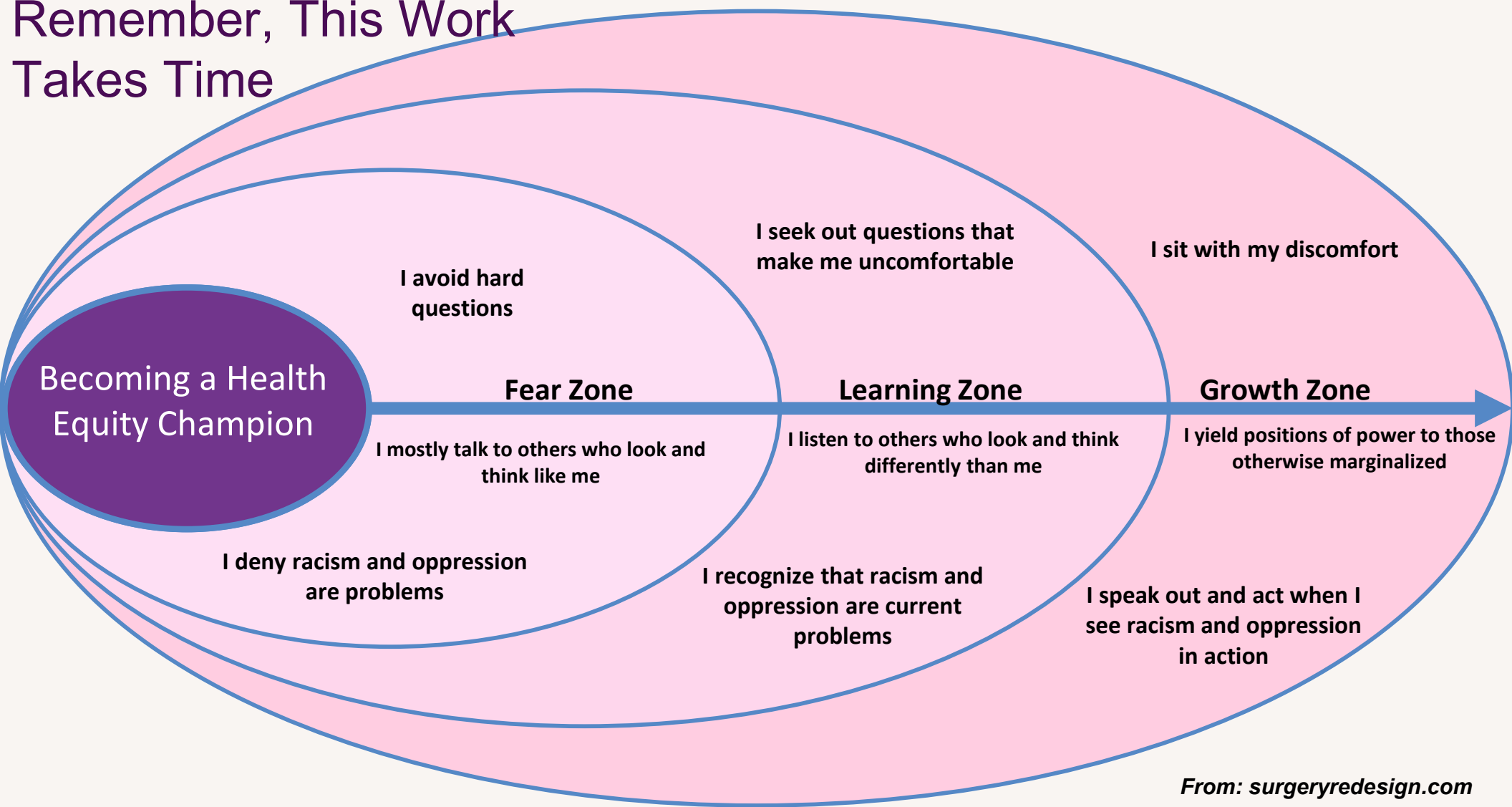
References

- Baker DW, Cameron KA, Feinglass J, et al. Patients' attitudes toward health care providers collecting information about their race and ethnicity. *J Gen Intern Med.* 2005;20(10):895-900.
- Baker DW, Hasnain-Wynia R, Kandula NR, Thompson JA, Brown ER. Attitudes toward health care providers, collecting information about patients' race, ethnicity, and language. *Med Care.* 2007;45(11):1034-1042.
- Hasnain-Wynia R, Van Dyke K, Youdelman M, et al. Barriers to collecting patient race, ethnicity, and primary language data in physician practices: an exploratory study. *J Natl Med Assoc.* 2010;102(9):769-775.
- IOM (Institute of Medicine). 2009. *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement.* Washington, DC: The National Academies Press.
- Klinger EV, Carlini SV, Gonzalez I, et al. Accuracy of race, ethnicity, and language preference in an electronic health record. *J Gen Intern Med.* 2015;30(6):719-723.
- Lagisetty PA, Ross R, Bohnert A, Clay M, Maust DT. Buprenorphine Treatment Divide by Race/Ethnicity and Payment. *JAMA Psychiatry.* 2019 Sep 1;76(9):979-981. doi: 10.1001/jamapsychiatry.2019.0876. PMID: 31066881; PMCID: PMC6506898.
- Lu C, Ahmed R, Lamri A, Anand SS (2022) Use of race, ethnicity, and ancestry data in health research. *PLOS Glob Public Health* 2(9)
- Samalik JM, Goldberg CS, Modi ZJ, et al. Discrepancies in Race and Ethnicity in the Electronic Health Record Compared to Self-report. *J Racial Ethn Health Disparities.* 2022;10.

Thank You!



Remember, This Work
Takes Time



Becoming a Health
Equity Champion

From: surgeryredesign.com

Top Ten Maternal Equity Actions Health

- 1. Engage maternal voices and community stakeholders** to craft, build and sustain a holistic maternal health program. Form public and private partnerships to address root causes of disparities, inequalities and social determinants of health (SDOH).
- 2. Provide access to cultural humility and unconscious bias training** for everyone in the maternal care continuum.
- 3. Include nurse-midwives and birthing centers** in provider networks and **design programs to increase education and awareness** for health plan members.
- 4. Facilitate access to doulas and community health workers** for maternal support services.

- 5. Implement facilitated self-management** or peer prenatal care models such as CenteringPregnancy.™
- 6. Expand benefit coverage to ensure postpartum care** including behavioral health care to one year postpartum.
- 7. Align quality measurement with national standard-setting organizations** and tie back to provider quality programs.
- 8. Join and participate in a Perinatal Quality Collaborative.**¹²
- 9. Implement value-based contracts** specific to maternal health.
- 10. Amplify programs of special significance** such as **vaccination programs** with a focus on COVID-19 and influenza.