Welcome to the Community Leaders Webinar

We Ask Because We Care: Community Leader’s Role in Educating the Community About Sharing Information for Better Health

We will begin shortly
Please make sure your speakers are turned on.

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Today’s Webinar

• Please designate one person at the computer.

• Adobe Features:
  • Chat Box
  • Polls

• Today’s session is being recorded.
Today’s Presenters

Dr. Ruth Browne,  
Chief Executive Officer  
Arthur Ashe Institute for Urban Health

Dr. Marilyn White,  
Deputy Executive Director  
Arthur Ashe Institute for Urban Health

Training Agenda

- Background
- Data Collection in Hospitals across New York State (NYS)
- Guidance and Tools for Community Leaders

Training Objectives

- Define healthcare disparities
- Describe the expanded race and ethnicity data collection standards being implemented in NYS hospitals
- Identify the importance of collecting standardized expanded race and ethnicity data to address healthcare disparities
- Describe the importance of self-identification and sharing of race and ethnicity
**Audience Poll**

- Have you heard about the collection of more expanded race and ethnicity information in hospitals across NYS?
  - Yes
  - No
  - Not Sure

**Background: The Patient Protection and Affordable Care Act (PPACA)**

- Commonly called the Affordable Care Act (ACA) or “Obamacare”
- Requiring better collection of information on race and ethnicity
- Help healthcare providers to identify disparities in health and healthcare
- Create greater accountability for reducing these disparities

**What are ‘Health’ and ‘Healthcare’ Disparities?**

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<tr>
<th>Health Disparities</th>
<th>Healthcare Disparities</th>
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<td>Differences in health among groups of people. These differences can include: how frequently a disease affects a group; how many people get sick; or how often the disease causes death.</td>
<td>Differences in the quality of health care that are not due to access-related factors or clinical needs but are due to race and ethnicity.</td>
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Source: Medline Plus, NIH, National Cancer Institute

Source: Stith AY, Nelson AR, Institute of Medicine
THE WHAT, WHY AND HOW OF
DATA COLLECTION IN HOSPITALS
ACROSS NEW YORK STATE

What is Collected

- Demographic information is collected including expanded (more detailed) race and ethnicity information

- An example of the patient questionnaire provides a listing of what information is collected regarding race and ethnicity

How is this Information Collected
Different than What was Collected in the Past?

- The information collected is now standardized so it is uniform across all hospitals
- The information is more detailed and allows for more than one race and ethnicity to be reported
- It is now required that this information is asked of all patients
- Patients will self-identify rather than having someone make assumptions by “eye balling” the patient.
Why Collect Better Race and Ethnicity Data?

• This information will allow hospitals and facilities to develop an understanding of the patients and communities they serve and to address the differences in health outcomes they may face.

How will Information be collected?

As of January of 2014:
• All NYS hospitals and ambulatory surgery centers are required to collect this information from each patient.

• Hospital staff will ask patients to self-identify their race(s) and ethnicity either verbally or by having the patient fill out a form.

This may happen at registration or admission depending upon the hospital system.

Self-Identification

• When an individual provides information about how they personally see themselves.
THE ROLE OF COMMUNITY LEADERS

Role of the Community Leader
Community leaders and organizations can help reduce barriers to collecting race and ethnicity data by:
• Improving their understanding of barriers that impact collection of data,
• Having discussions with community members about why data are being collected by hospitals,
• What community members can expect when they go to the hospital.

Brainstorm
What are barriers that can impact the collection of Race and Ethnicity Data?
Barriers to Collecting Race and Ethnicity Data

- Legal
- Cultural
- Linguistic, communication
- Immigration-related
- Socio-economic
- Lack of provider knowledge
- Racism
- Discrimination & bias
- Historical distrust
- Institutional

Addressing Barriers/Concerns

- Materials and training of hospital staff for this initiative is available to everyone (all materials/webinars and training for the hospitals is available on improvepatientdatanys.org)
- Materials for patients are being translated into 7 languages
- Educate communities about what to expect and why the information is being collected

Importance of Collecting Race and Ethnicity Data in Hospitals

- Better identify areas of health care disparity in their communities
- More objectively assess their community needs
- More effectively plan programs and service interventions that would address the identified needs
- Respond to the individual needs of racially and ethnically diverse patients
- Close the existing gaps by providing culturally sensitive and appropriate services to racial and ethnic groups; and
- Improve access and quality of care for all New Yorkers
Although we share similarities, our racial and ethnic backgrounds may place us at differing risks for some diseases. We can work to reduce these risks by ensuring that everyone gets ‘appropriate’ and high quality health care.

What is the impact of race and ethnicity on health?

If We Were All Treated the Same would healthcare improve?

Treating everyone the same may not be enough. Patients may respond differently when presented with the same information from a clinician. Ensuring the highest quality of care possible to all patients requires understanding and adapting care to the patient’s unique needs and perspectives, which are often influenced by their social and cultural backgrounds. Only then can high-quality care be achieved in a patient-centered manner.

Examples of Race and Ethnicity on Health

Disparities in care can have a detrimental effect on the quality of care provided to patients.
Example of Race and Ethnicity Impact on Health

Some diseases occur differently in some ethnic groups. For instance, African Americans, Hispanic/Latino Americans, American Indians, Asian Americans, and Pacific Islander Americans are disproportionately affected by type 2 diabetes.

Is this legal to ask about Race and Ethnicity?

Yes, collection of this information is a requirement of Section 4302 of the Affordable Care Act. This information will ONLY be used to enhance the ability of public healthcare systems to identify and track disparities in health and health care.

Who will see this information?

This information will be kept private and confidential and is protected by law. The only people who will see this information are members of the health care team and others who are authorized to see the medical record.
The race and ethnicity questions are not being asked to identify or determine immigration status; responses to the questions will not be reported to the authorities.

- Hospitals do not collect any information related to immigration or visa at all.

What if a person has a concern about their immigration status when being asked about race and ethnicity?

Hospitals do not collect any information related to immigration or visa at all.

What to Expect?

- Hospital registration staff or admission staff will be asking demographic information of all patients, this includes age, gender, race and ethnicity.
- Patients should be asked to self identify this information, it should never be assumed by “eyeballing”

Resources for patients available:

- Frequently Asked Questions
- Example Race and Ethnicity Questionnaire (may be used by hospitals to collect information)
- Flyer and Poster (to hang in patient waiting areas and cafeterias at hospitals)

Hospitals Need to Address Healthcare Disparities

Healthcare disparities has an impact on hospital regulatory and accreditation standard:

- The Joint Commission has released new disparities and cultural competence accreditation standards, and the National Quality Forum has released cultural competence quality measures.
- These efforts have further enhanced the need for providers to re-examine health care disparities in their organizations and identify solutions to provide more equitable care.
Tools to Educate Communities

• Information and Tools provided in the Guide for Community Leaders are a resource to help educate communities
• All materials and this webinar will be recorded and available ‘on demand’ for future viewing at http://improvepatientdatanys.org/
• All patient materials will be available in 7 different languages and can be downloaded for free

Questions

• Ask via chat or phone.

Thank You

• Evaluation
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