

Let's Get REaL

Advancing Health Equity Through the Power of Race,
Ethnicity, and Language Data

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Agenda



CHCANYS HEALTHY EQUITY GOALS

Review of NYS community health center landscape and network-level health equity goals.



REAL GROUP ADMIN

Overview of REaL group admin functionality & use cases.



JERICO ROAD IMPLEMENTATION

Highlight Jericho Road's REaL implementation experience.



Q&A

Answer questions regarding lessons learned & best practices.

Community Health Care Association of New York State (CHCANYS)



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

Membership organization representing New York's **70+ Community Health Centers**.

CHCs provide care for **1-in-9 New Yorkers** at more than **800+ locations** across the state.

Diverse membership, from the large metropolitan community health systems of New York City to the rural health centers of Upstate and Western New York, and **everything in between.**

New York State CHC Overview

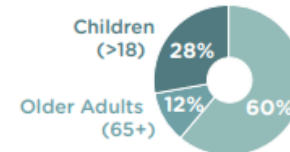
Each year, CHCs serve 1 in 9 New Yorkers:

2.3 million people

That's more than the entire population of New Mexico

40%

are kids and seniors



The majority of them live in poverty:

73%

live at or below the Federal Poverty Line



That's \$13,590 for a single adult and \$27,750 for a family of four

And over 104,000 (5+%) are unhoused

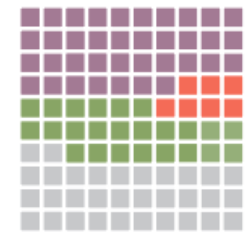


68%

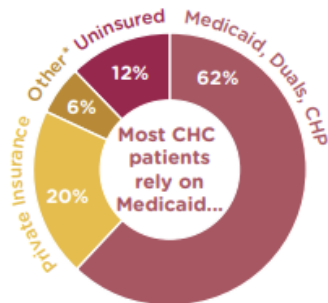
identify as BIPOC

Black, Indigenous, People of Color

Hispanic/Latinx 37%



Non-Hispanic White 32%



... but our rate of patients with no insurance is nearly 3x the statewide average

*Other includes Medicare and Non-CHP Public programs

CHCs serve patients in every congressional district of New York State



Scan the QR code to learn more!

28%

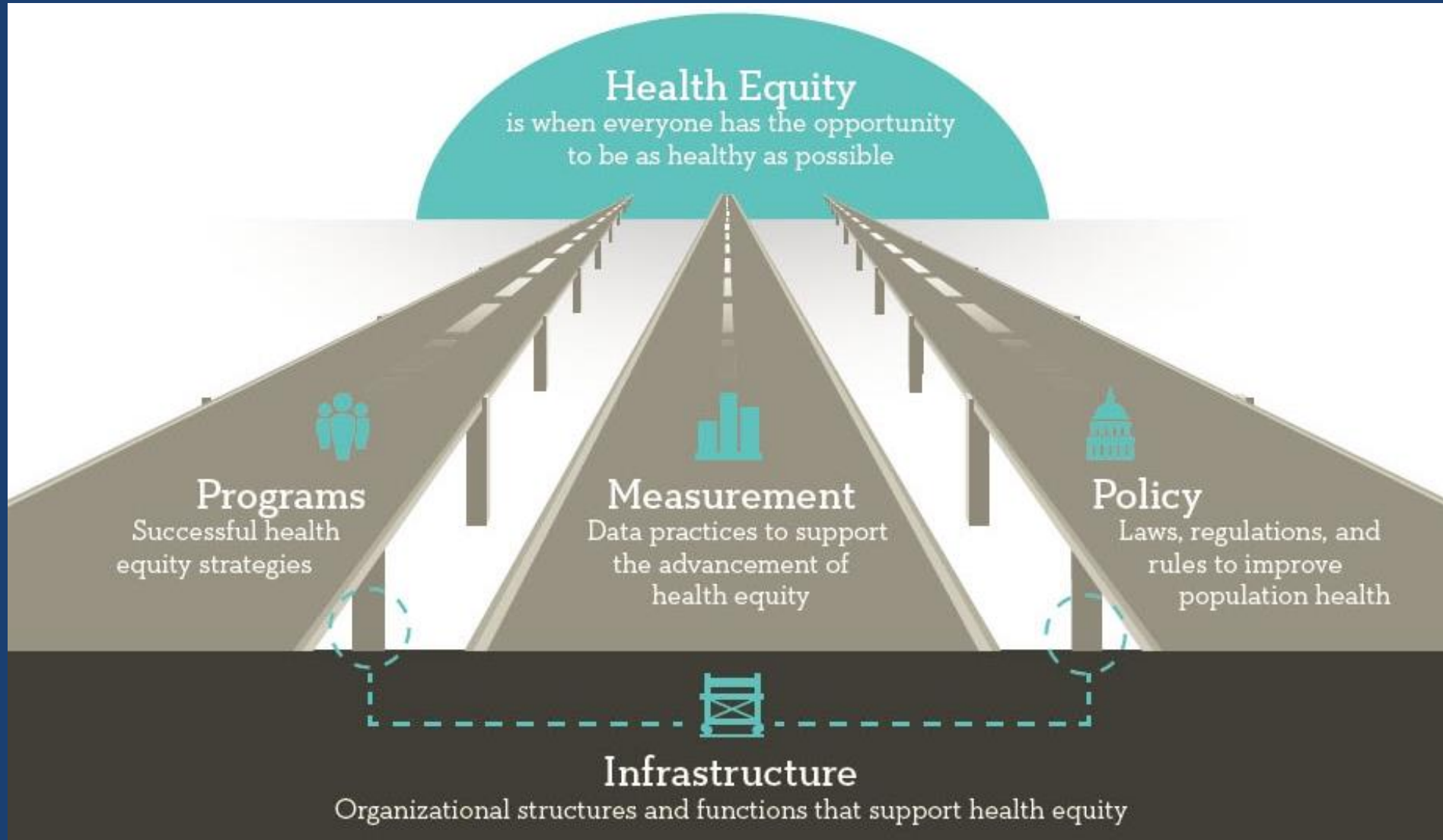
are non-native speakers

¿qué?

என்ன?

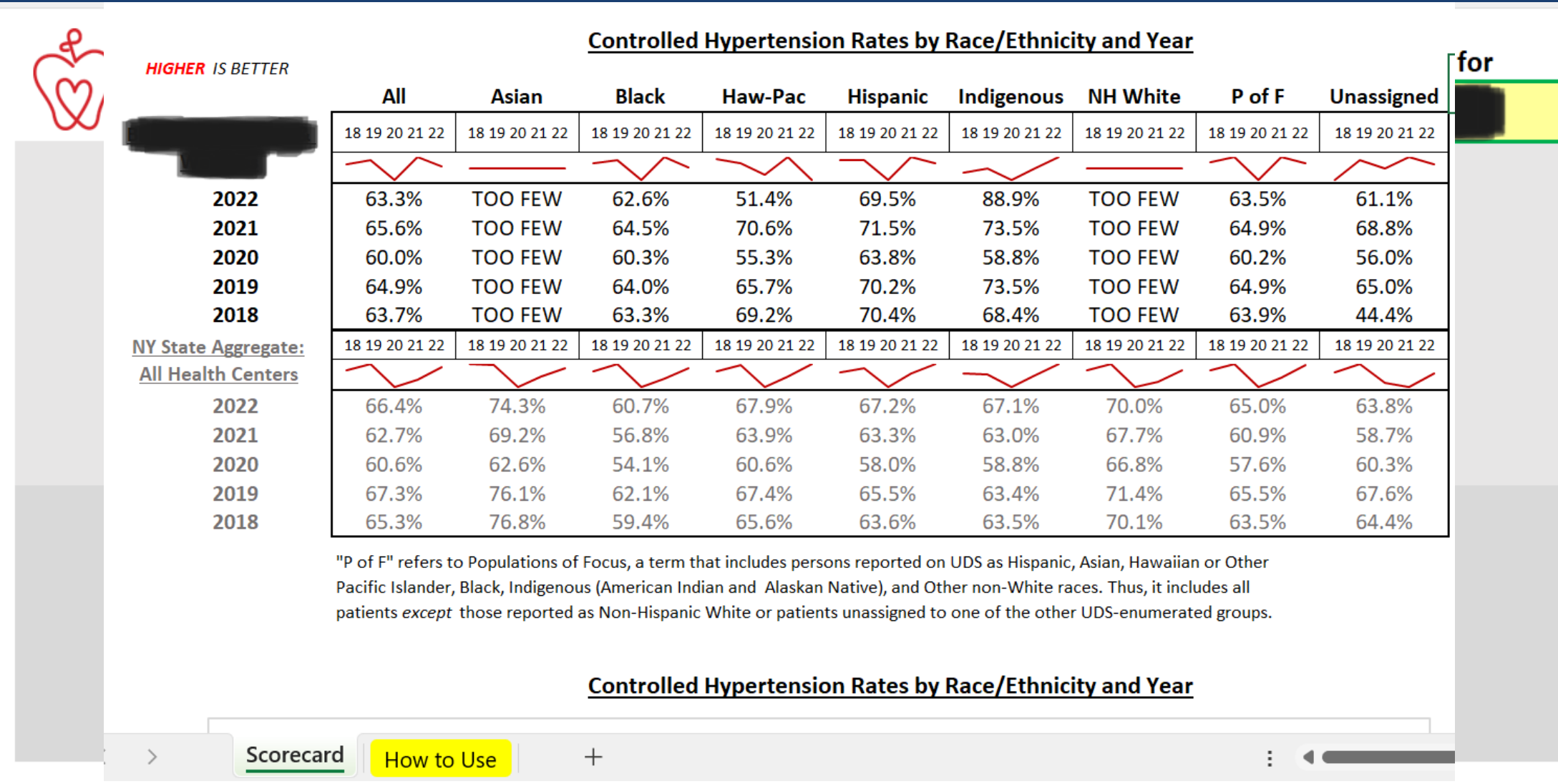
Kisa?

CHCANYS' | Health Equity Commitment



Source: cdc.gov

CHCANYS' Clinical Equity Scorecard



Responding to the Broadening Landscape

- 1 Expansion of federal race and ethnicity standards
- 2 Expansion of UDS race and ethnicity categories
- 3 Race and ethnicity stratification requirements for HEDIS measures
- 4 Incorporation of race & ethnicity data in value-based care contracting

Reducing Disparities in New York State



HRSA data from 2022 shows that about **30% of FQHCs patients** in New York State **did not report a race.**

Getting Granular, Getting REaL

REaL refers to race, ethnicity and language data.

You can use REaL data to...



Use data to **inform hypotheses** about health disparities in your practice



Tailor interventions (e.g., interpreter services, stronger connections with community-based organizations, etc.)



Pursue programs and grant opportunities that align more closely with your patient population and the identified needs

Root Causes of REaL Data Gaps



Understanding
the difference
between race &
ethnicity



Mistrust



Health Literacy



Staff
Engagement

REaL Data | Advancing Health Equity



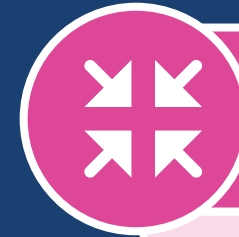
Collect Data

- Select granular categories
- Train staff
- Optimize workflow
- Validate data



Identify Disparities

- Analyze the collected data
- Stratify populations & outcomes
- Root cause analysis



Close Equity Gaps

- Create programs & quality initiatives
- Track interventions
- Manage referrals

Introducing REaL Group Admin

Meeting the Evolving Landscape
in Partnership with Azara



Introducing REaL Group Admin



To help health centers respond to the evolving healthcare landscape, Azara & CHCANYS collaborated to create REaL Group Admin functionality.



Offers **more granular perspective on health outcomes** by specific racial, ethnic, and linguistic factors.

REaL Groups will help networks and practices better identify, understand, and address **health inequities**.

CHCANYS REaL Network Goals



Transform DRVS into a more **robust data tool** for analyzing & reporting REaL data.



Validate CHCs' data to **ensure consistent, high-quality REaL data** collection.



Stratify health outcomes by race, ethnicity, and language to **identify disparities** and **address upstream barriers to care**.

Race, Ethnicity, & Language Expansion



18

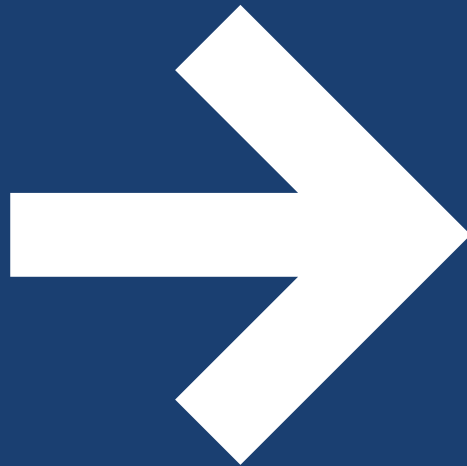
Races

9

Ethnicities

149

Languages



47

Races

237

Ethnicities

135

Languages

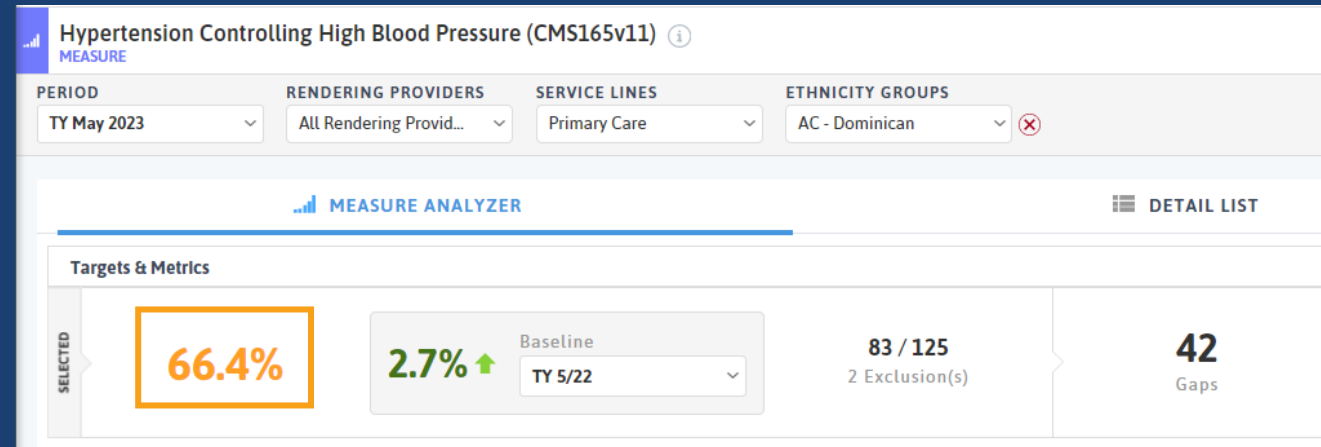
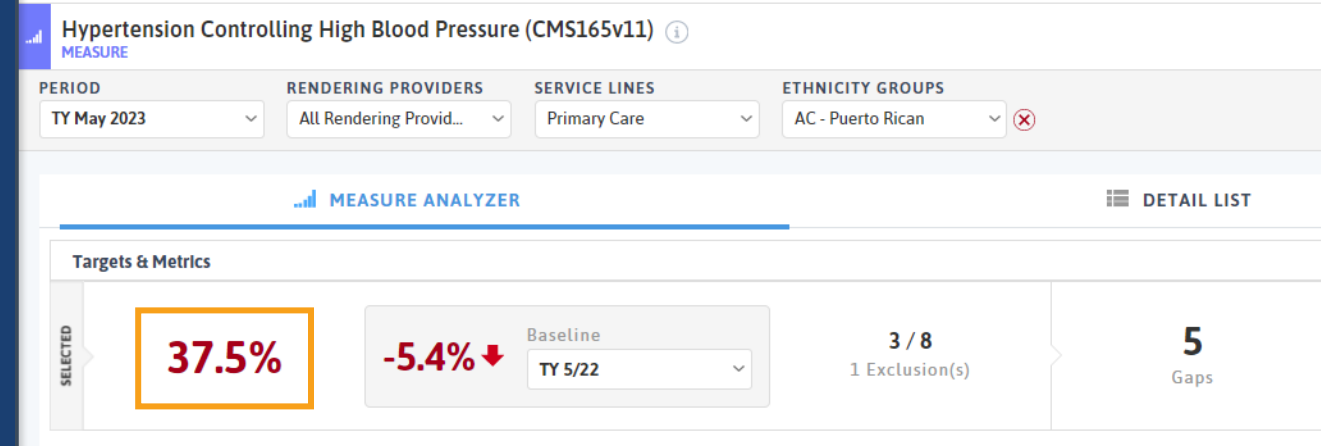
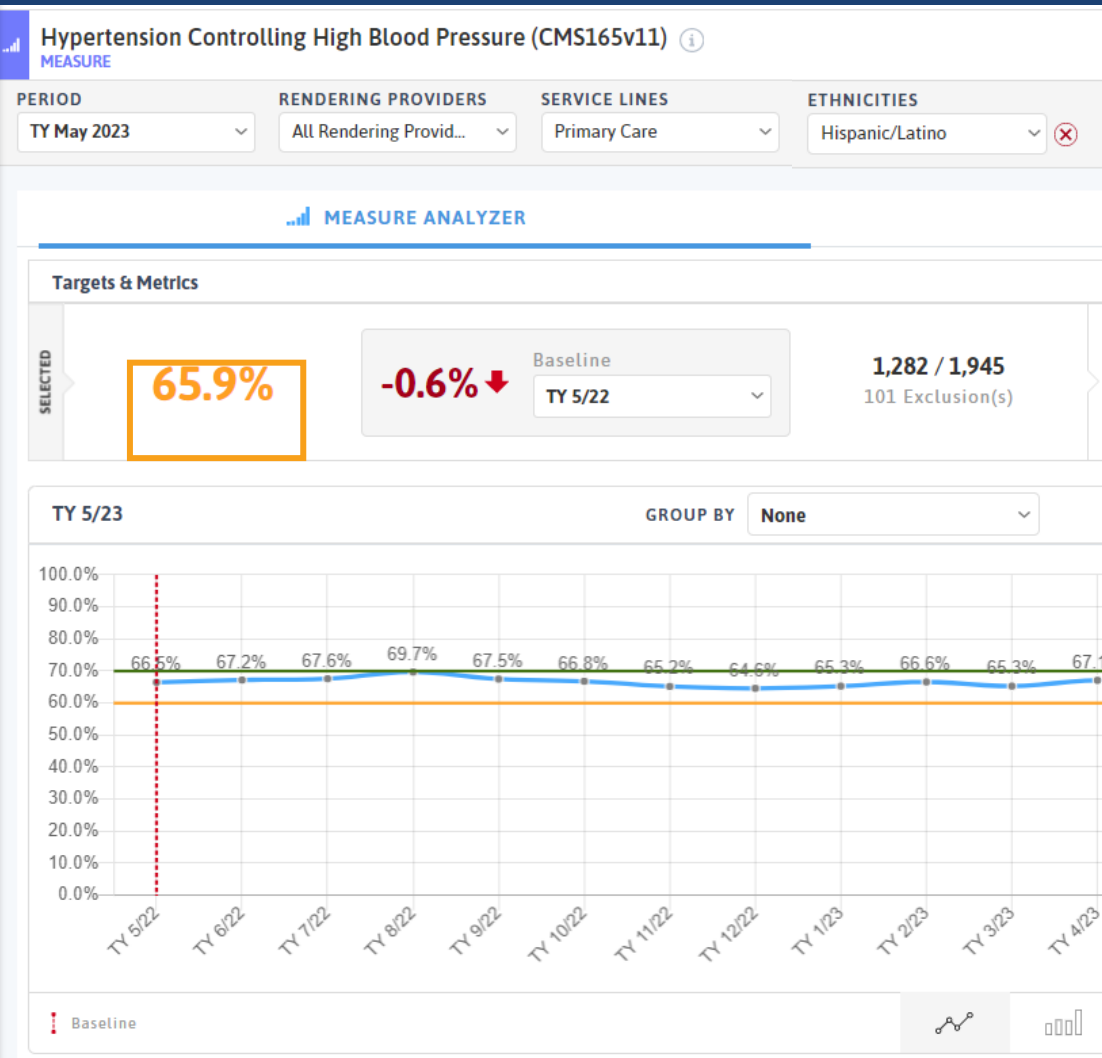
REaL Utility | Greater Specificity



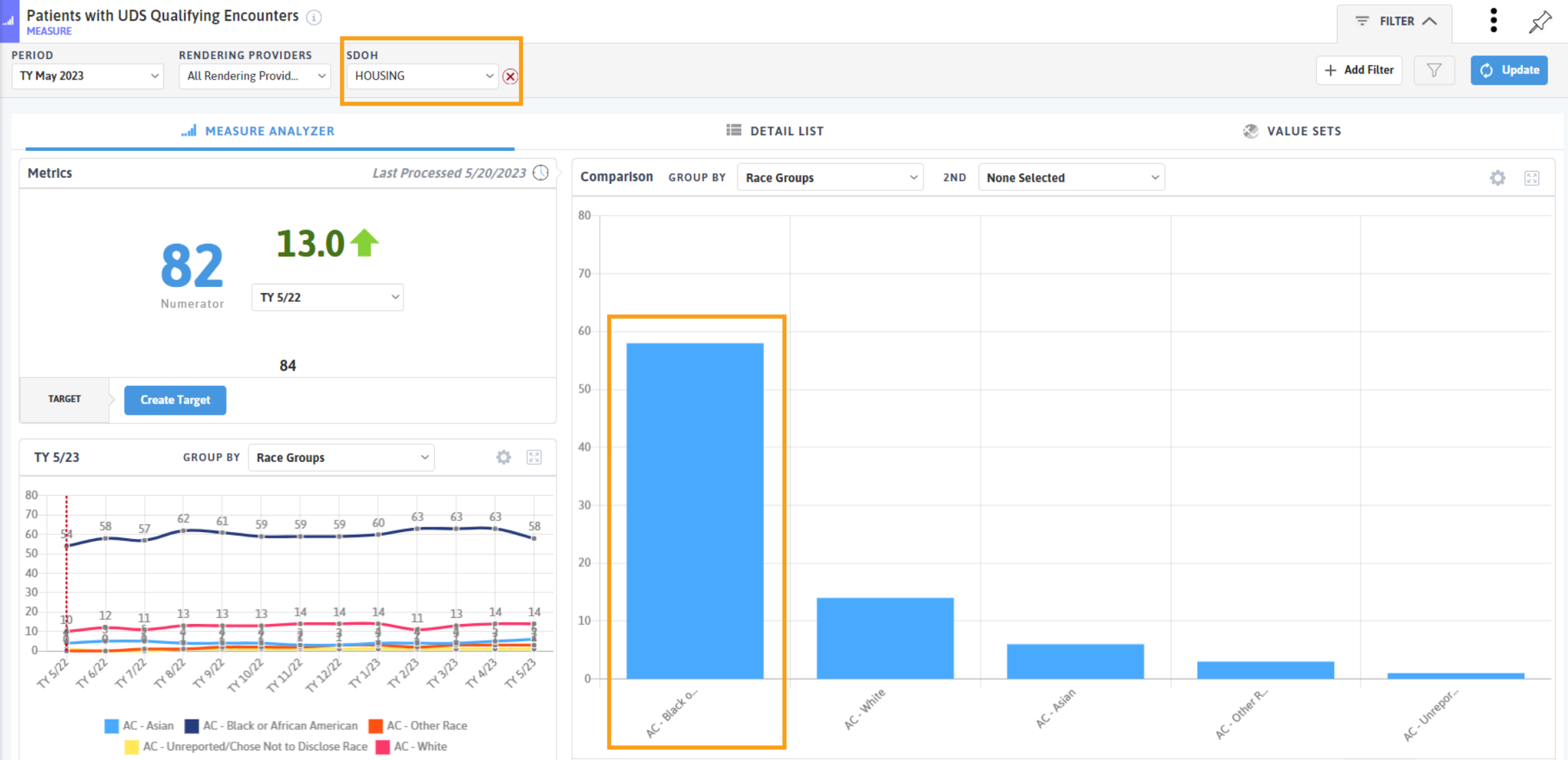
Hispanic/Latino

Puerto Rican

Dominican



REaL Utility | Identify Barriers to Care



REaL Utility | Identify Barriers to Care



Immunization Measures by Type

REPORT

PERIOD

TY May 2023

RENDERING PROVIDERS

All Rendering Provid...

LANGUAGE GROUPS

14 selected

FILTER

+ Add Filter

Update

REPORT

CARE GAPS

GROUPING

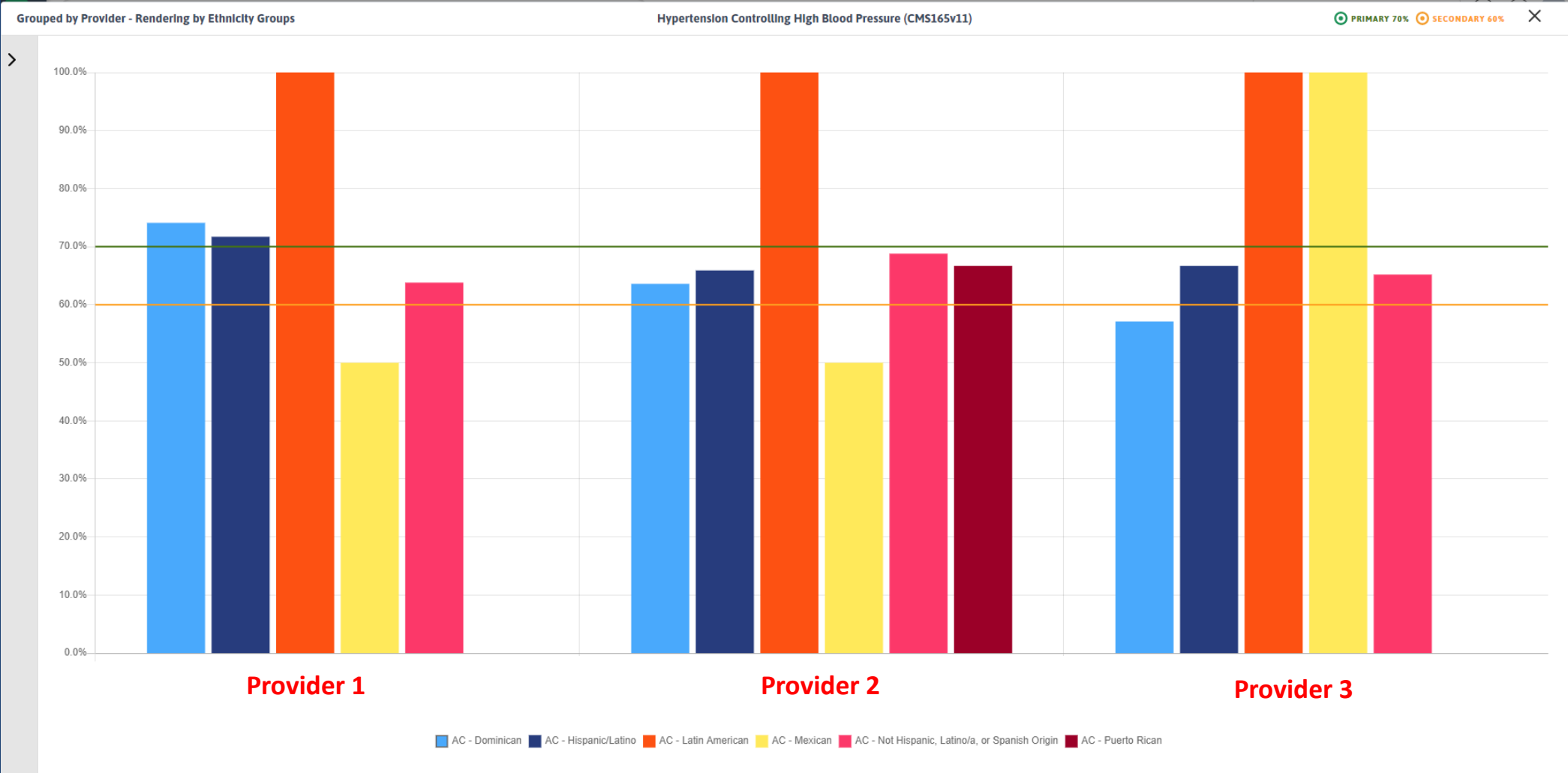
Language Groups

REPORT FORMAT

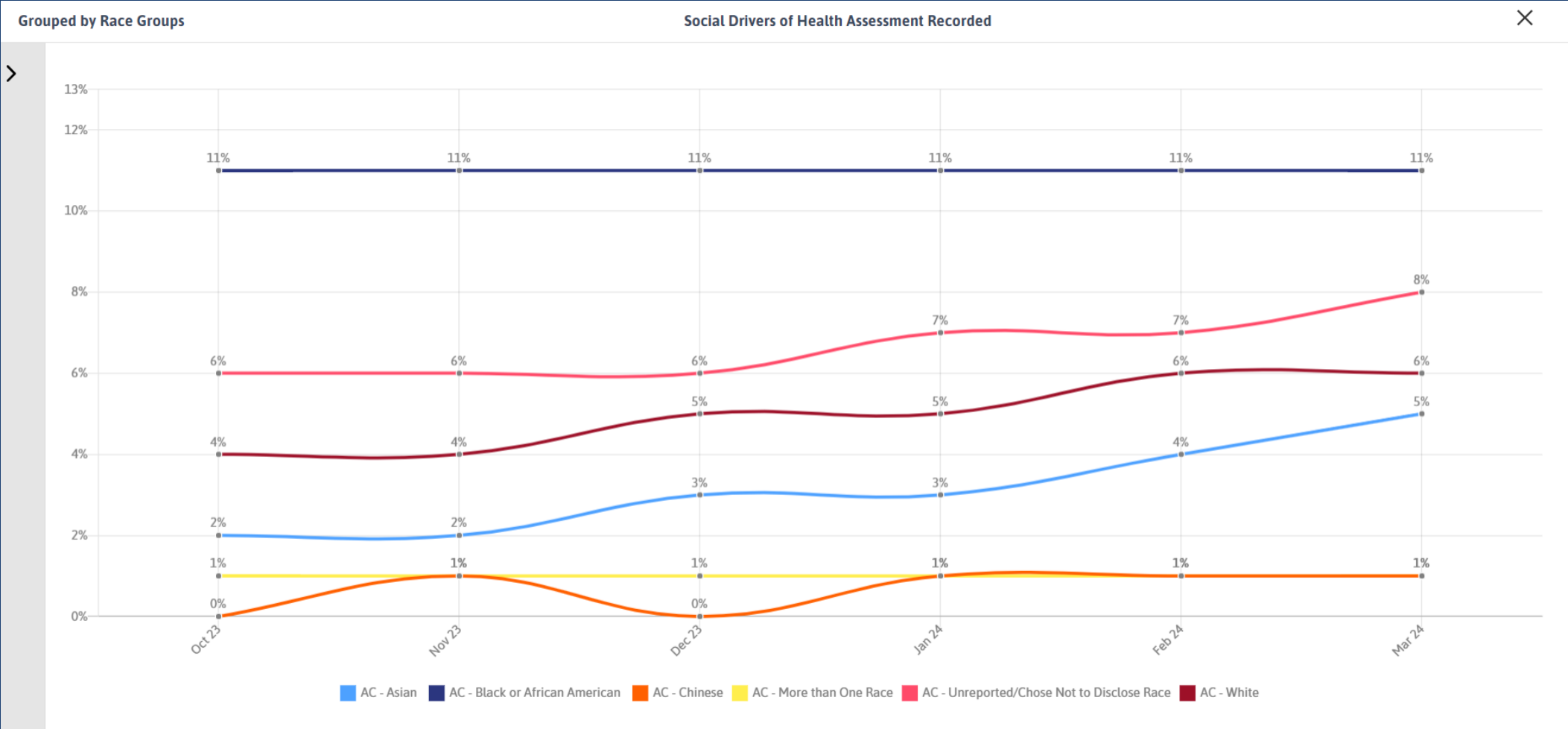
CrossTab

LANGUAGE GROUPS	CHILDHOOD IMMUNIZATION STATUS - DTP (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - FLU (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - HEPA (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - HEPB (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - HIB (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - IPV (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - MMR (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - PCV (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - ROT (CMS 117V10 BREAKOUT)	CHILDHOOD IMMUNIZATION STATUS - VZV (CMS 117V10 BREAKOUT)
AC - Arabic	50.0%	38.9%	77.8%	77.8%	55.6%	77.8%	77.8%	55.6%	55.6%	77.8%
AC - Bengali	81.6%	78.9%	89.5%	92.1%	78.9%	94.7%	94.7%	84.2%	60.5%	92.1%
AC - Burmese	81.1%	73.0%	86.5%	97.3%	81.1%	94.6%	94.6%	73.0%	75.7%	94.6%
AC - Dari	28.6%	28.6%	71.4%	42.9%	14.3%	42.9%	85.7%	14.3%	14.3%	85.7%
AC - English	67.9%	50.0%	76.0%	83.7%	62.2%	83.7%	84.1%	61.4%	53.7%	82.1%
AC - Karen Languages	88.2%	76.5%	94.1%	88.2%	88.2%	94.1%	100.0%	88.2%	76.5%	100.0%
AC - Maay Maay	25.0%	37.5%	62.5%	75.0%	50.0%	87.5%	75.0%	37.5%	37.5%	75.0%
AC - Nepali	69.2%	69.2%	84.6%	84.6%	69.2%	84.6%	76.9%	61.5%	69.2%	76.9%
AC - Pashto	7.1%	35.7%	85.7%	71.4%	7.1%	78.6%	92.9%	0.0%	0.0%	85.7%
AC - Rohingya	37.5%	62.5%	62.5%	62.5%	50.0%	62.5%	62.5%	50.0%	25.0%	62.5%
AC - Somali	66.7%	80.0%	93.3%	93.3%	60.0%	100.0%	100.0%	66.7%	46.7%	100.0%
AC - Spanish	25.0%	16.7%	25.0%	33.3%	25.0%	33.3%	25.0%	25.0%	33.3%	25.0%
AC - Swahili	75.0%	57.1%	67.9%	89.3%	75.0%	89.3%	89.3%	71.4%	57.1%	78.6%
AC - Tigrinya	70.0%	70.0%	80.0%	70.0%	60.0%	80.0%	90.0%	70.0%	50.0%	80.0%

REaL Utility | Evaluate Equity of Services



REaL Utility | Evaluate Equity of Services



Supporting Health Centers in New York State

Bringing the Work to Fruition



Inner Workings | What We Did



- 1 Provided training and technical assistance (T/TA) to enhance granular race and ethnicity data collection, analysis, and reporting.
- 2 Explored and implemented workflow re-design to best capture patient race and ethnicity categories.
- 3 Identified data-driven strategies to analyze and respond to race and ethnicity data to advance health equity.
- 4 Supported workforce skill-building around collaborative screening using a cultural humility approach.

Lessons Learned | Barriers to Success



Health centers fell into three levels of “readiness”, each requiring different levels of support & resources:

- Exploring adapters
- Delayed adapters
- Ready adapter



Health literacy level and preferred language can be barriers to collecting accurate REaL data



Limited access to technology may reduce patient portal utilization

Lessons Learned | Facilitators to Success



Importance of a **cultural humility** approach to data collection

Importance of having **buy-in** from staff at **all levels of the organization**

Benefits of creating **a targeted list of race and ethnicity groups** that is more reflective of community

Impact of expanded list of REaL categories on **patients' ability to self identify**

Tools for Enhanced Patient Engagement



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State
chcanys.org

Race, Ethnicity and Language Data Collection Talking Points



We want to ensure everyone gets the best care possible.

We have some questions about your racial and ethnic background and preferred language. This will help us ensure we can provide care that is culturally relevant and in your preferred language.

We also want to be sure everyone receives the highest quality of care. Sharing your demographic data will allow us to see how we are doing across all the people we serve.

Your specific information will not be shared and we will keep your information confidential.



COMMUNITY HEALTH CARE ASSOCIATION of New York State

8 Frequently Asked Race, Ethnicity and Language (REaL) Data Questions

What is REaL data?

REaL stands for Race, Ethnicity and Language

1

Race: a group of people who identify as part of a collective with similar physical characteristics.

Ethnicity: a shared cultural background that defines or shapes a group.

Language: a shared understood system of voiced or written expressions of letters, characters or symbols used to communicate among a particular group.

2

Why are you asking for my race, ethnicity and language preference?

Community health centers work hard to ensure that the best quality of care is provided to all patients and that the care is in line with how our patients identify.

3

Do I have the option to skip, not answer or refuse to answer?

Yes, it is your right to choose to not answer the question. However, providing this information will help us to learn more about your individual health needs.

4

How often do I need to provide this information?

You will be asked to provide this information the first time you become a patient and every two years after that.

5

Who will ask these questions?

These questions will be asked by staff in a sensitive and understanding way, primarily at the point of registration.

6

How will the health center use this information?

The information you provide will be used to ensure you receive the best quality of care based on available health data based on race and ethnicity.

7

Where will this information be stored?

This information is protected by strict privacy laws and will be stored securely by the health center in your chart.

8

Who will have access to this information?

The information you provide will only be accessible to health center staff and partners bound by Health Insurance Portability and Accountability Act (HIPAA) regulations.

A Window into REaL Implementation

Jericho Road Community
Health Center



Jericho Road CHC | Mission & Vision



JERICHO ROAD
COMMUNITY HEALTH CENTER

Care for our communities and advocate for **systemic health equity** to help individuals, families, and communities to become healthy and whole.

Culturally sensitive community health center serving refugee and low-income community members.

Facilitate wellness and self-sufficiency by **addressing health, education, economic and spiritual barriers.**

Jericho Road | Services Overview



102,051 visits across 5 locations in Buffalo NY

24,472 unique patients served

405 babies delivered



JERICO ROAD
COMMUNITY HEALTH CENTER

Jericho Road | Practice Diversity



Race

- Asian: 36.5%
- Black/African American: 30.5%
- White: 16.7%
- More than One Race: 9.0%
- American Indian/Alaskan Native: 0.24%
- Native Hawaiian: .02%
- Unreported/Unknown: 7.0%

Ethnicity

- Not Hispanic/Latino: 86%
- Hispanic/Latino: 10%
- Declined to Specify/Unknown: 4%

Jericho Road | Practice Diversity



49% of patients are best served in a language other than English.

English	48.7%
Burmese	8.1%
Bangla	6.4%
Spanish	4.8%
Karen	4.8%

Nepali	3.4%
Burmese	3.2%
Bangla	2.8%
Spanish	1.9%
Karen	1.8%

Kinyarwanda	1.3%
Pashto	1.1%
Tigrinya	1.0%
French	0.9%
Dari	0.9%

Persian	0.8%
Maay Maay	0.7%
Vietnamese	0.6%
Sudanese	0.6%
Kirundi	0.5%

Urdu	0.4%
Amharic	0.3%
All Others	3.1%
Unreported	2.0%

Community-Based Programming



ViVe

Shelter that houses refugee claimants waiting for appointments/interviews with the Canada Border Services Agency and asylum seekers wishing to apply for U.S. asylum. Patients represent 70 countries and 36 languages.



ParentChild+

Engaging language- and culturally-matched home visitors, critical support is provided to families challenged by low education levels, literacy, and language barriers.

Community-Based Programming



Pricilla Project

Works to achieve healthy birth outcomes by empowering socially isolated, at-risk women as they go through the process of pregnancy, labor, delivery, and the postpartum period.



Hope Refugee Drop in Center

Provides non-traditional case management for refugees and immigrants who now call Buffalo home.

Goals for Collecting REaL Data

Leverage more accurate, granular race, ethnicity, and language data to...



Monitor quality of care.



Develop innovative programs to eliminate disparities & improve patient care.



Better meet the needs of our patient population.



Provide care and services that are easily accessible, personalized, high quality, and affordable.

Challenges Collecting REaL Data



High rates of unreported race & ethnicity



Limited race & ethnicity categories in the EHR



Inconsistent workflows for REaL data collection



Addressing Unreported Rates

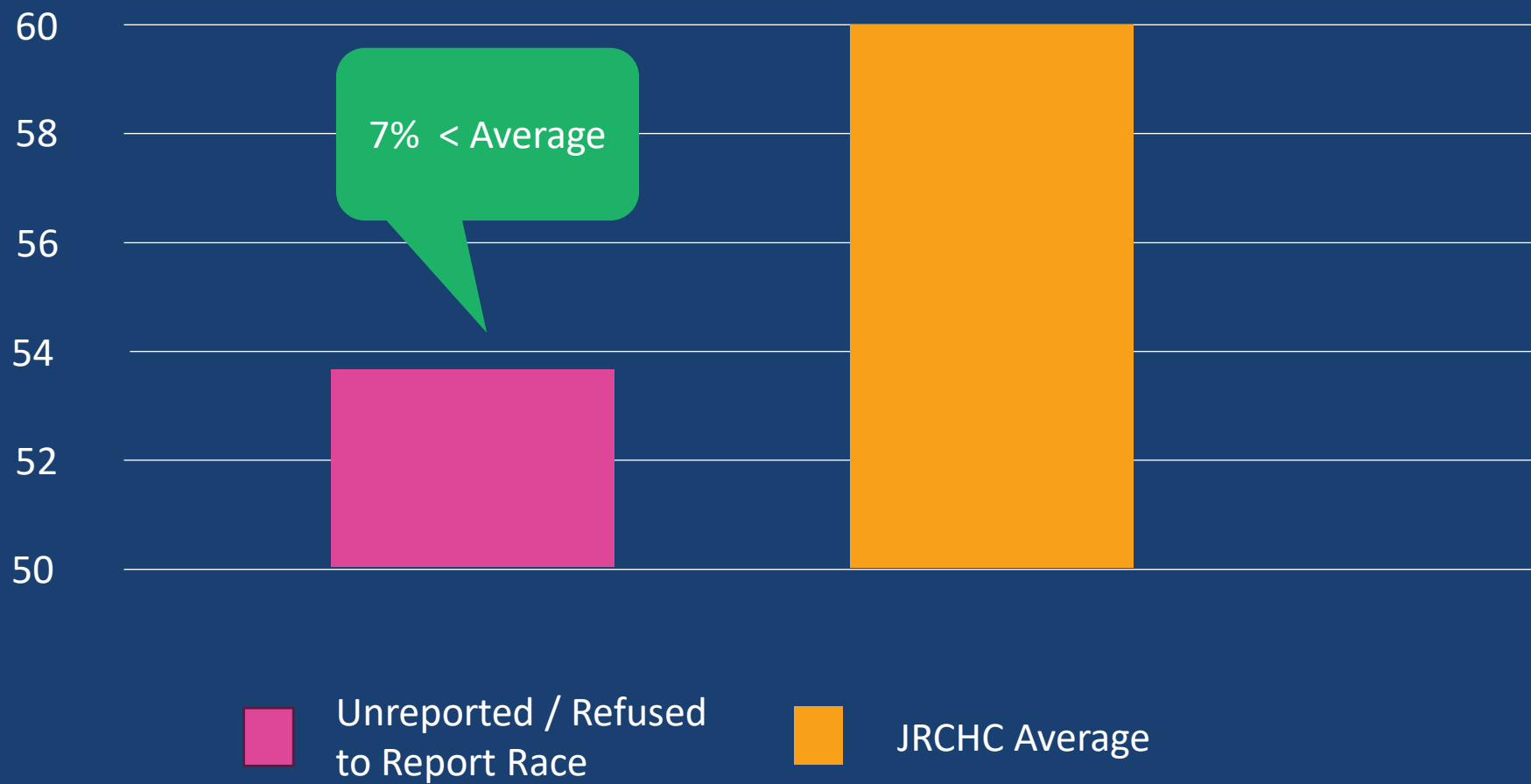


“I was excited to participate because I noticed a pattern in our data where patients who were classified as **unknown/refused to report** were **consistently performing more poorly across multiple clinical quality measures** than other patients who had reported their REaL data”

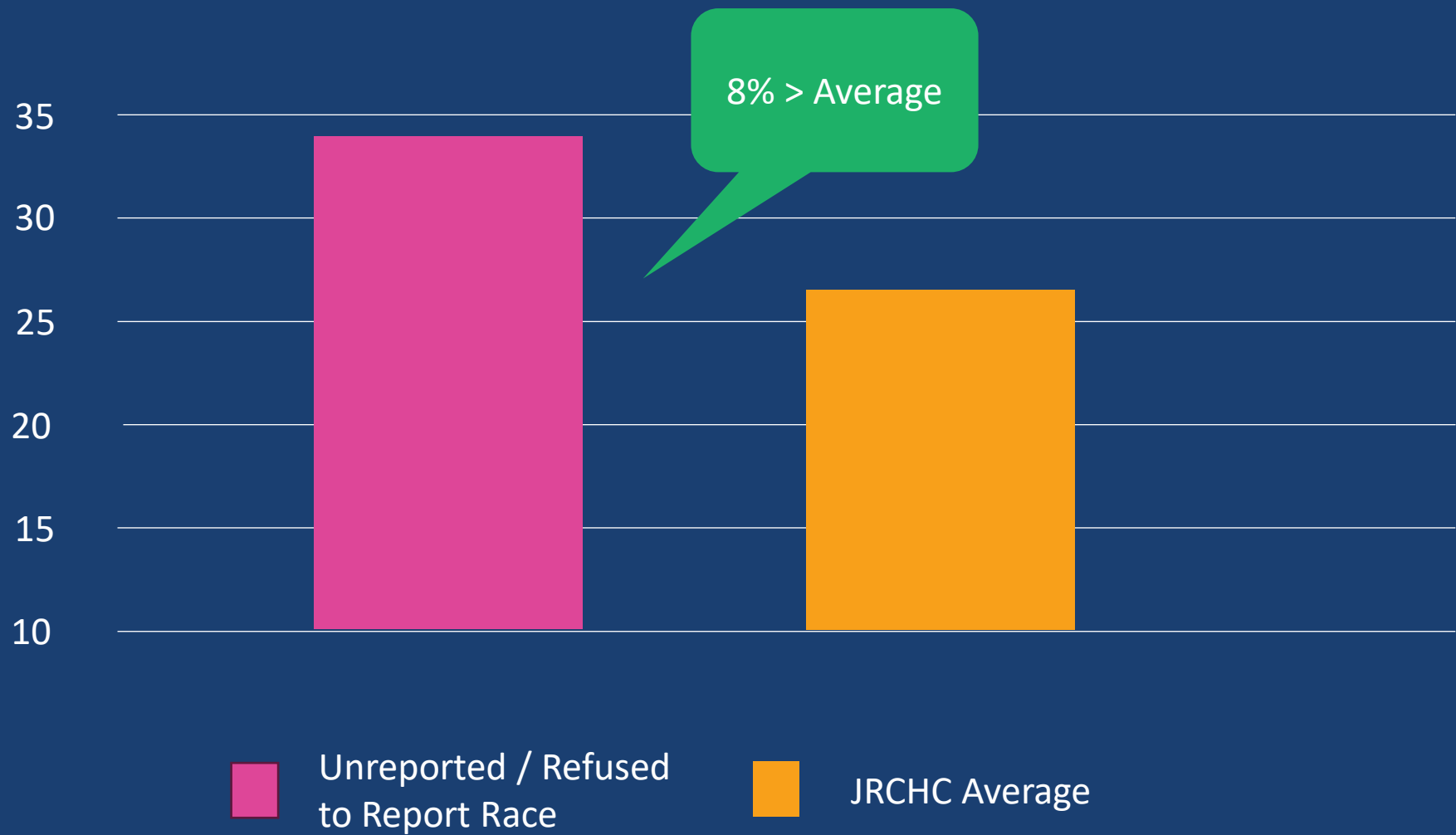
Karlin, Director of Clinical Quality Improvement



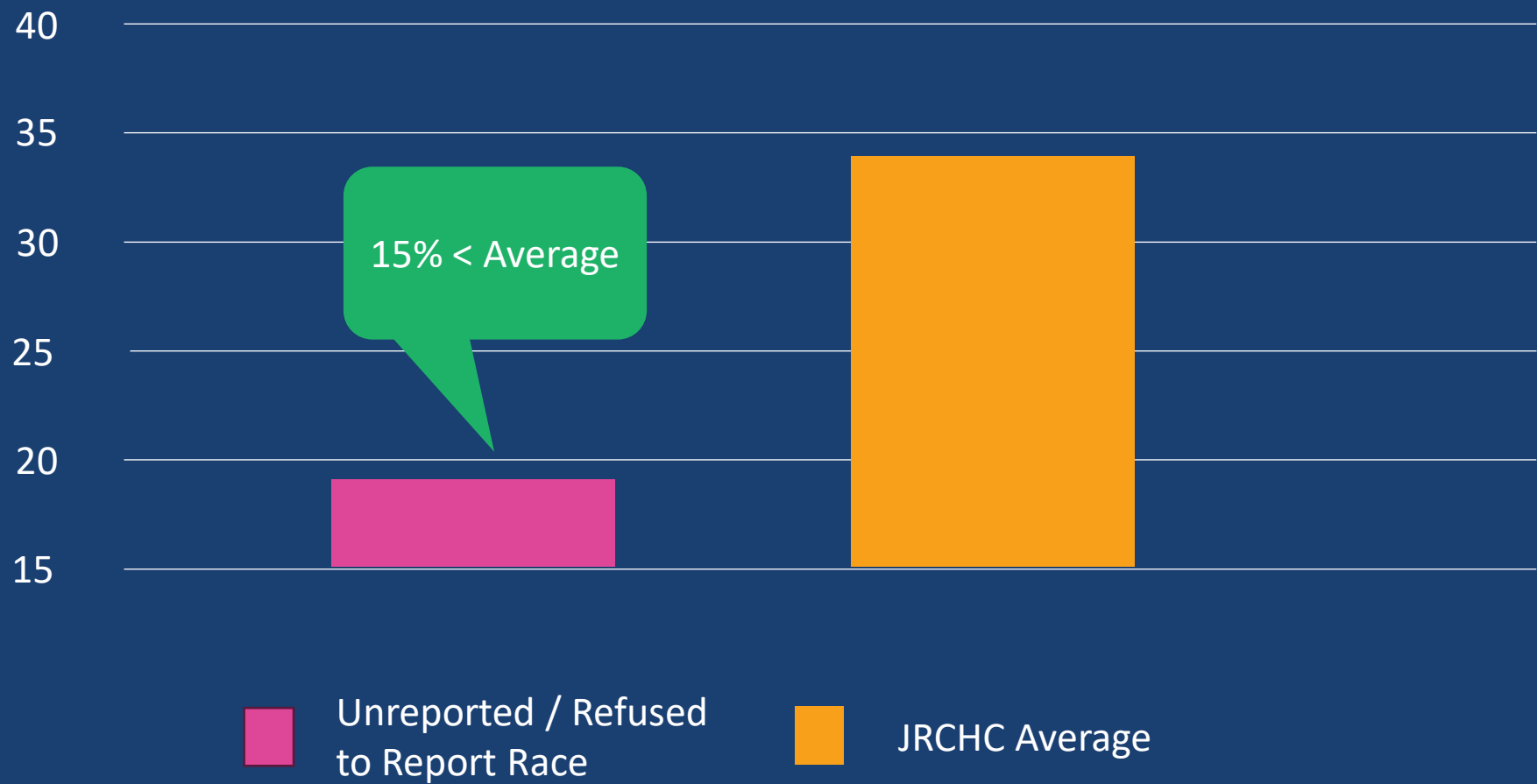
HTN Controlling High Blood Pressure



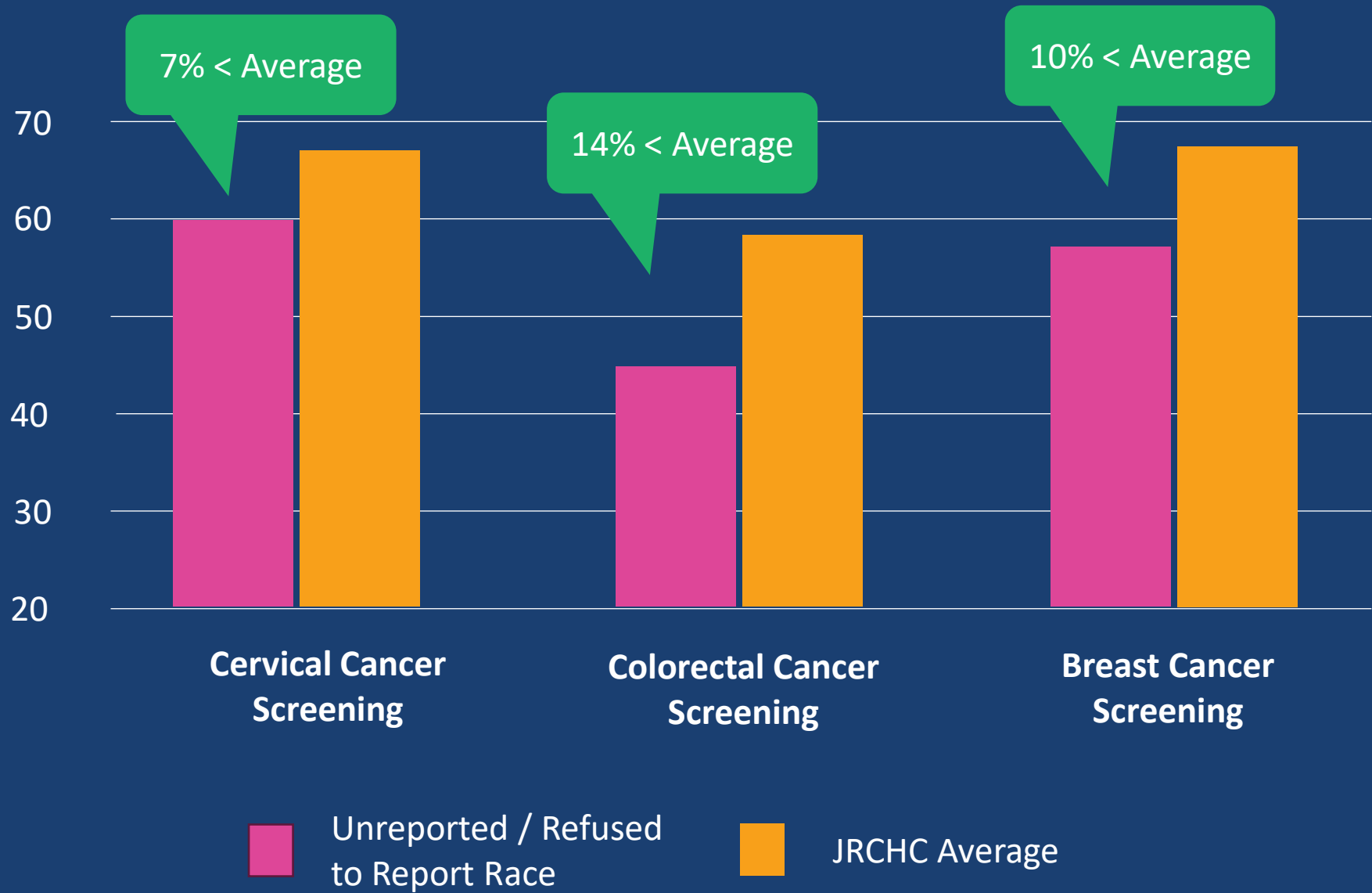
Diabetes A1C > 9 or Untested



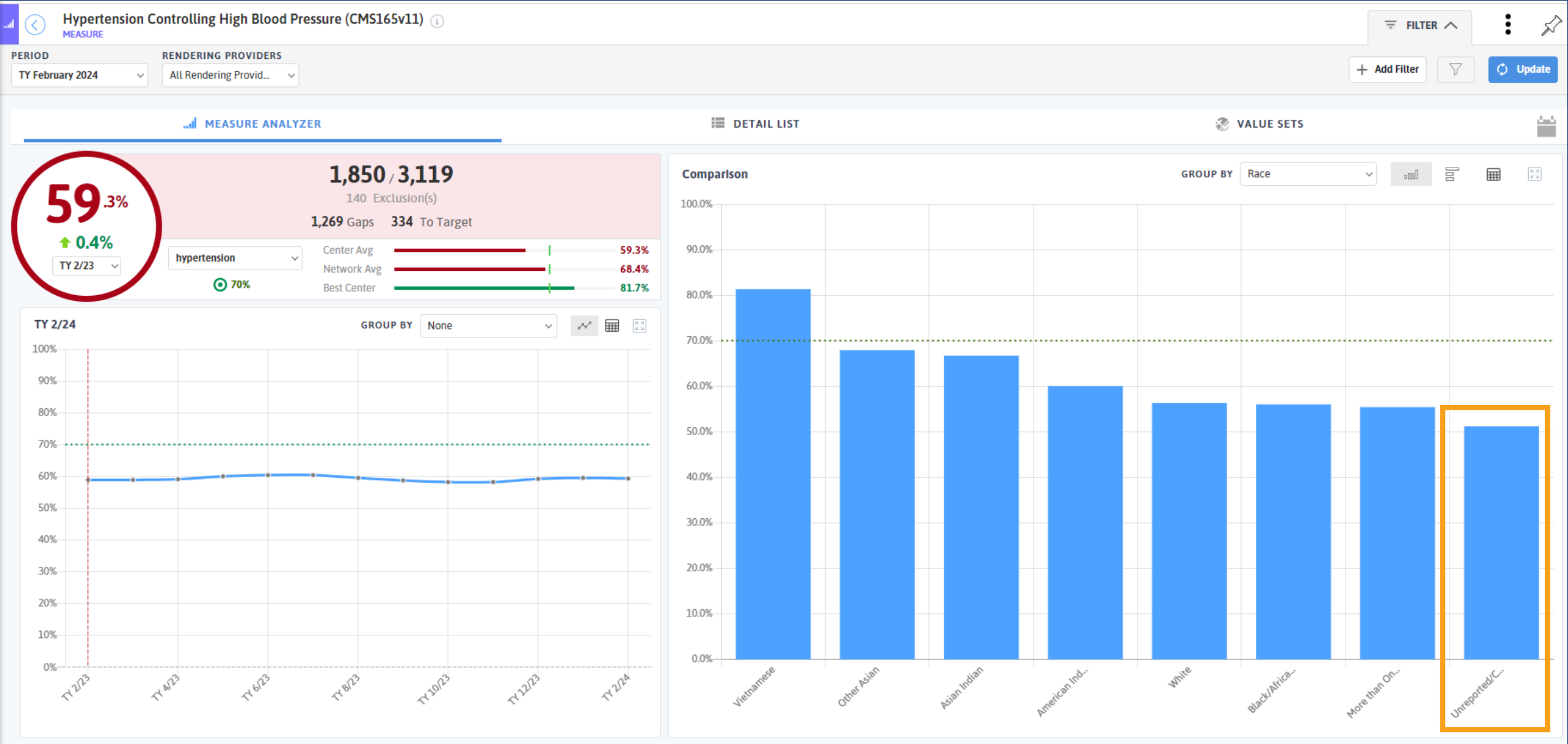
Childhood Immunization Status



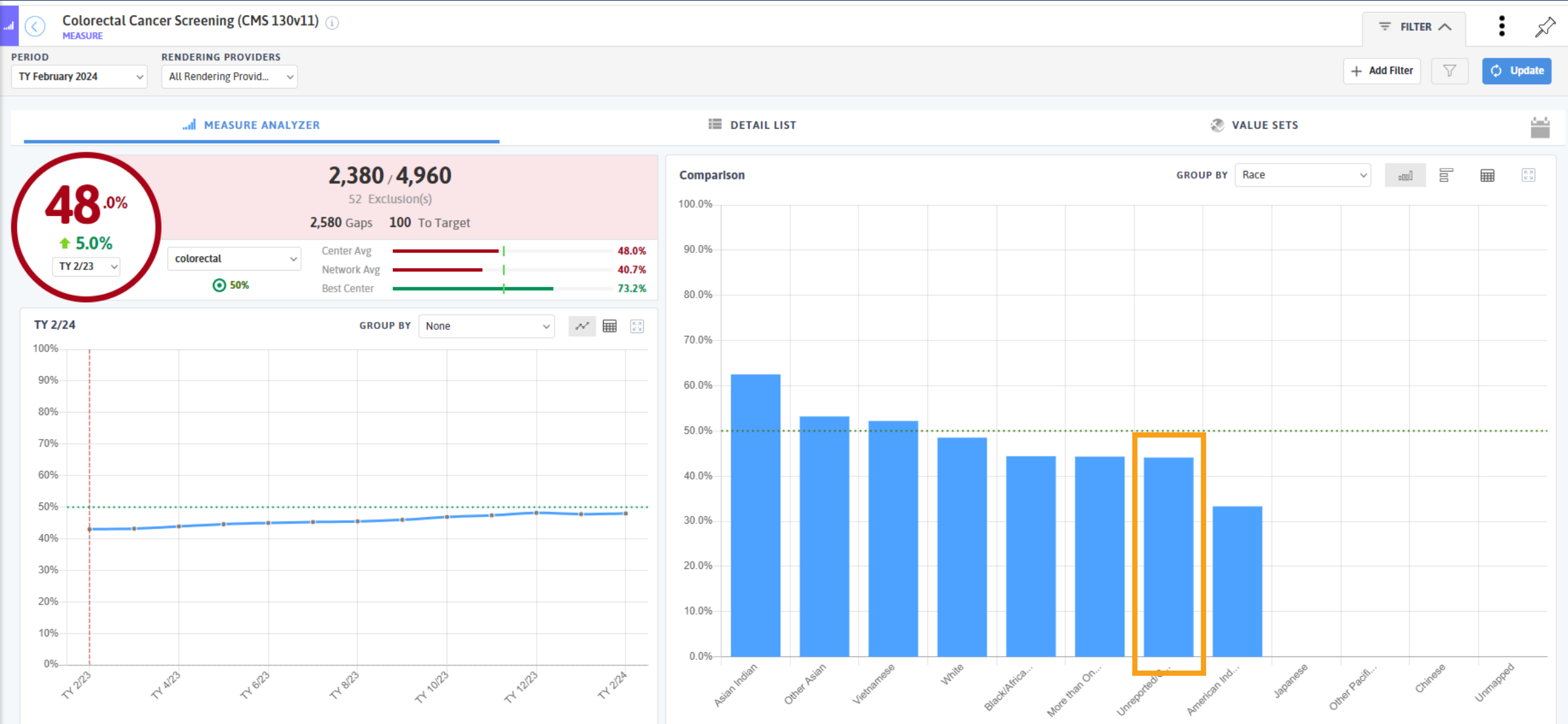
Cancer Screenings



Addressing Unreported Rates



Addressing Unreported Rates



Expanding REaL Options Available in EHR



Address Preferred Lab

← ✓ X White

- ☐ White
- ☐ Afghanistani
- ☐ Arab
- ☐ Armenian
- ☐ Assyrian
- ☐ Egyptian
- ☐ English
- ☒ European
- ☐ French
- ☐ German
- ☐ Iranian
- ☐ Iraqi
- ☐ Irish
- ☐ Israeli
- ☐ Italian
- ☐ Lebanese
- ☐ Middle Eastern or North African
- ☐ Palestinian
- ☐ Polish
- ☐ Scottish
- ☐ Syrian

Address Preferred Lab

← ✓ X Black / African American

- ☐ Black / African American
- ☐ Black
- ☐ African American
- ☐ African
- ☐ Bahamian
- ☐ Barbadian
- ☐ Botswanan
- ☐ Dominica Islander
- ☐ Dominican
- ☐ Ethiopian
- ☐ Haitian
- ☐ Jamaican
- ☐ Liberian
- ☐ Namibian
- ☐ Nigerian
- ☐ Tobagoan
- ☐ Trinidadian
- ☐ West Indian
- ☐ Zairean

Address Preferred Lab

← ✓ X American Indian / Alaska Native

- ☐ American Indian / Alaska Native
- ☐ American Indian
- ☐ Alaska Native
- ☐ Abenaki
- ☐ Absentee Shawnee
- ☐ Acoma
- ☐ Agdaagux
- ☐ Agua Caliente
- ☐ Agua Caliente Cahuilla
- ☐ Ahtna
- ☐ Ak-Chin
- ☐ Akhiok
- ☐ Akiachak
- ☐ Akiak
- ☐ Akutan
- ☐ Alabama Coushatta
- ☐ Alabama Creek
- ☐ Alabama Quassarte
- ☐ Alakanuk
- ☐ Alamo Navajo
- ☐ Aleutian

Address Preferred Lab

← ✓ X Asian

- ☐ Asian
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Bhutanese
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Iwo Jiman
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Madagascar
- ☐ Malaysian
- ☐ Maldivian
- ☐ Nepalese
- ☐ Okinawan
- ☐ Pakistani
- ☐ Singaporean

Expanding REaL Options Available in EHR

A screenshot of an EHR interface showing a dropdown menu for 'Ethnicity'. The menu is titled 'Ethnicity' with a checkmark icon. Below the title is a 'Clear All' button. The menu lists four options, each with a checkbox and a lightning bolt icon: 'Hispanic / Latino' (selected), 'Not Hispanic / Latino', 'Declined to Specify / Unknown', and 'None'.

✓ Ethnicity

Clear All

Hispanic / Latino >

☐ Not Hispanic / Latino ⚡

☐ Declined to Specify / Unknown ⚡

☐ None ⚡

A screenshot of an EHR interface showing the expanded 'Hispanic / Latino' dropdown menu. The menu is titled 'Hispanic / Latino' with a checkmark icon. It lists 20 specific ethnicities, each with a checkbox and a lightning bolt icon: 'Hispanic / Latino', 'Andalusian', 'Argentinean', 'Asturian', 'Balearic Islander', 'Bolivian', 'Canal Zone', 'Canarian', 'Castilian', 'Catalonian', 'Central American', 'Central American Indian', 'Chicano', 'Chilean', 'Colombian', 'Costa Rican', 'Criollo', 'Cuban', 'Dominican', and 'Ecuadorian'.

← ✓ Hispanic / Latino

☐ Hispanic / Latino ⚡

☐ Andalusian ⚡

☐ Argentinean ⚡

☐ Asturian ⚡

☐ Balearic Islander ⚡

☐ Bolivian ⚡

☐ Canal Zone ⚡

☐ Canarian ⚡

☐ Castilian ⚡

☐ Catalonian ⚡

☐ Central American ⚡

☐ Central American Indian ⚡

☐ Chicano ⚡

☐ Chilean ⚡

☐ Colombian ⚡

☐ Costa Rican ⚡

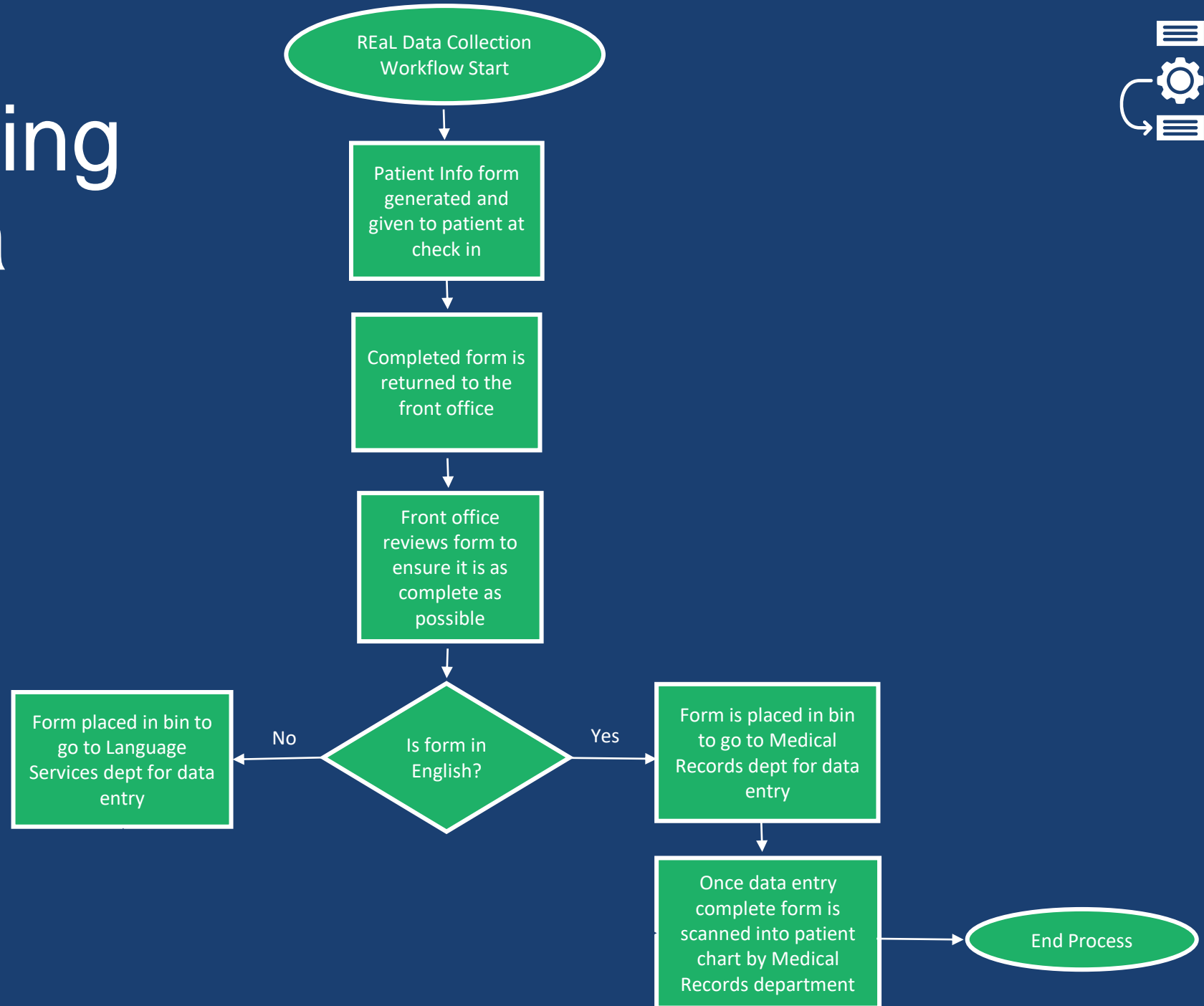
☐ Criollo ⚡

☐ Cuban ⚡

☐ Dominican ⚡

☐ Ecuadorian ⚡

Standardizing REaL Data Collection



Pause & Re-Evaluate



Barrier:

Hoped to secure kiosk and iPads to assist in patient check in process, but ultimately lacked resources to implement.



Resolution:

Worked with our facilitator at CHCANYs to develop a project to improve our data collection with the resources available.

Data Collection Process



In lieu of tablets, Jericho Road is implementing a “Pre-Check in” process.

In this process, Jericho sends a link to forms that need to be completed before the visit via text message or email that will include the expanded race and ethnicity data in the EHR.

Pause & Re-Evaluate



Barrier:

Identified practice was not collecting race and ethnicity data for the newborn population.



Resolution:

Developed a separate, paired-down version of the intake form.



Newborn Patient Information Form



Race (Circle one)

White Black/African American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Filipino
Chinese Japanese Korean Vietnamese Other Asian Guamanian or Chamorro Samoan All Other Race
Declined to Specify/Unknown

Ethnicity (Circle one)

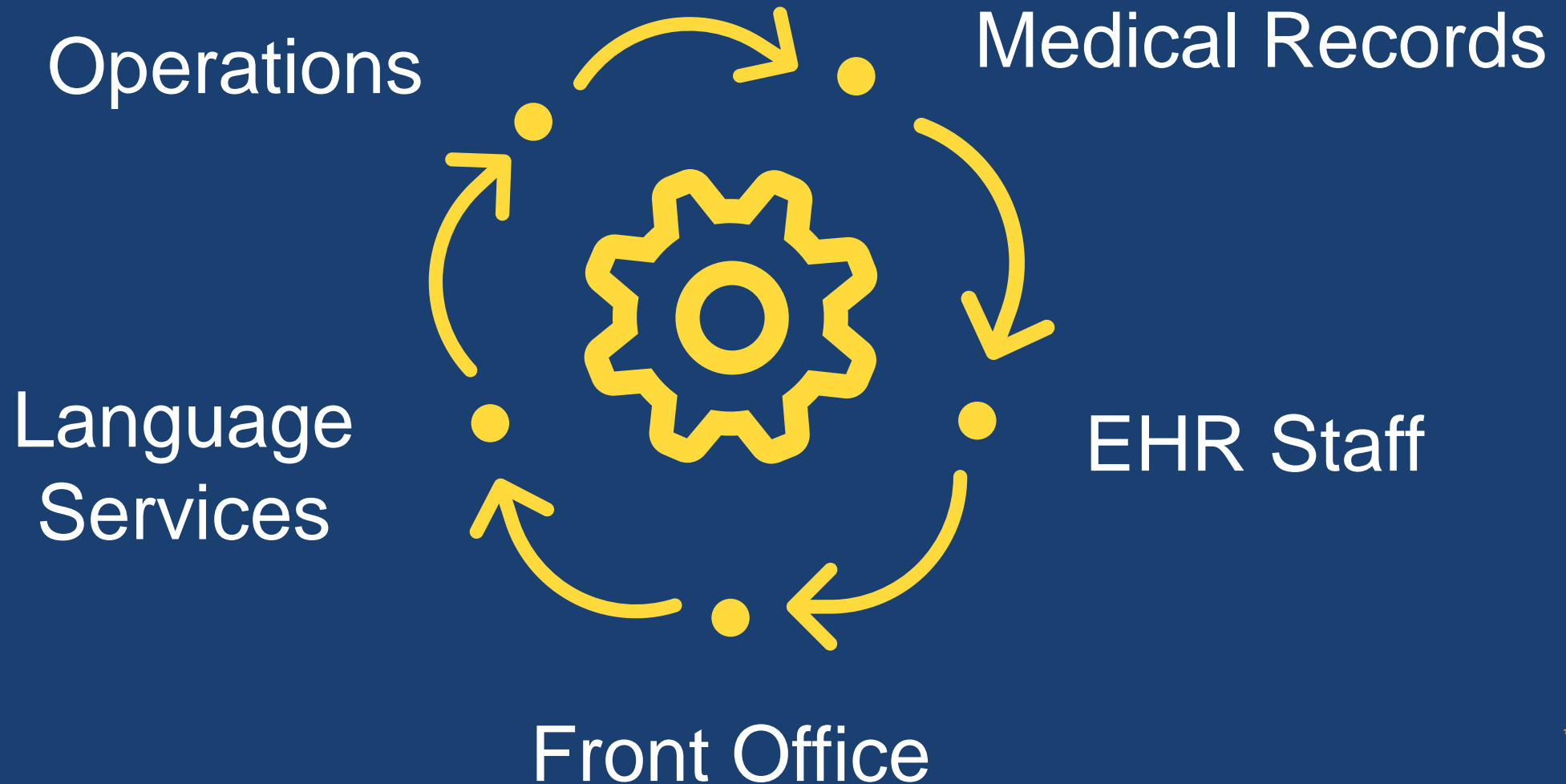
Mexican American Chicano/a Puerto Rican Cuban Hispanic Another Hispanic Latino/ or Spanish Origin
Non Hispanic/Latino/a Declined to Specify/Unknown

Language: _____ (Fill in the language you speak)

Sex at Birth (Circle one)

Male Female

Strategies for Success | Collaboration



Staff Reflections | Opportunities Ahead

“We are actively strategizing how to **engage a subset of patients** with East African roots. Based on language data collected, we have a subset of patients with a lower performance across measures, and we're trying to **engage patients at the community-level** and with increased outreach to **close some of these care gaps**.”

Karlin, Director of Clinical Quality Improvement

Staff Reflections | Opportunities Ahead

“Increased knowledge of our patient population will help us to **apply for more focused grants** to better **serve our diverse patient population with culturally appropriate services**”

Stephanie, Program Data Analyst

Looking Ahead | Future Goals



Break out care gaps by granular REaL categories to better support patients.



Combine REaL data with SDOH data to identify and address upstream barriers to care.



Develop population-based interventions.

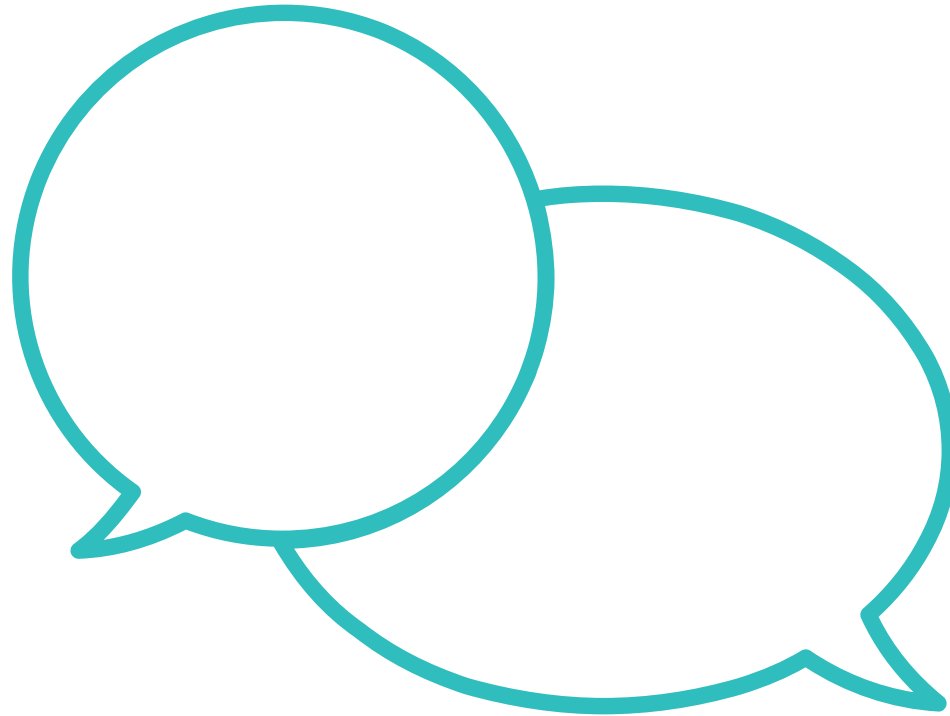


Explore Azara Patient Outreach functionality to facilitate care gap closure.

The Future is REaL

- 1 Ongoing REaL data project
- 2 NYS Medicaid 1115 Waiver
- 3 Implementation of CHCANYS' developed Clinical Equity Scorecards
- 4 Advocate for further expansion on REaL categories that is more reflective of the diverse populations of the communities served

Questions?



Achieve, Celebrate, Engage!

ACE'd it? Share your DRVS success story and become an Azara ACE!

Show your organization has used DRVS to **A**chieve measurable results, **C**elebrate improvement in patient health outcomes, and effectively **E**ngage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Win Azara swag!



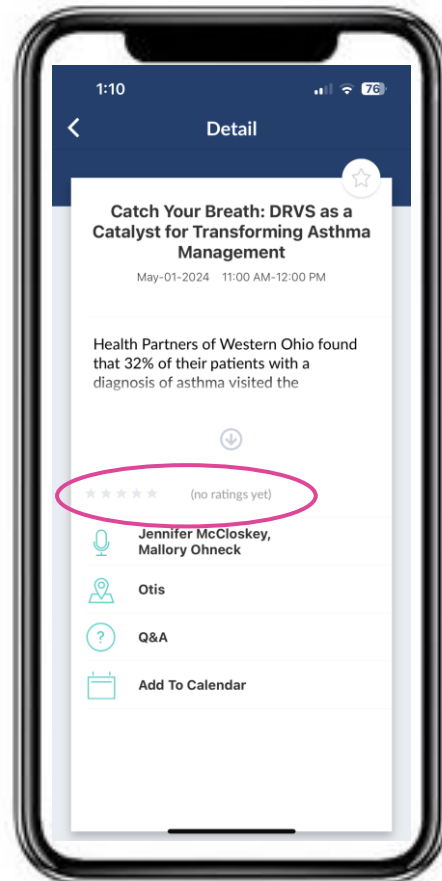
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Resources



1. [How Recognizing Health Disparities for Black People is Important for Change | KFFhange | KFF](#)
2. [Evidence of Disparities among Ethnicity Groups | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
3. <https://www.chcanys.org/document/real-data-drvs-webinar-slidespdf>
4. <https://www.chcanys.org/remote-video/azara-real-real-data-webinar>
5. <https://www.chcanys.org/remote-video/real-data-collection>



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