NewYork-Presbyterian

Dalio Center for Health Justice

Abstract

Collecting and analyzing race and ethnicity data is critically important for NewYork-Presbyterian (NYP) in our pursuit to achieve equity for all. In 2020, NYP's Dalio Center for Health Justice led a multi-disciplinary team to launch 'We Ask **Because We Care'** (WABWC) — a system-wide, coordinated campaign to improve the collection of demographic information from our patients. From the inception of the program to date, we improved overall race and ethnicity data collection by over 20%.

Introduction

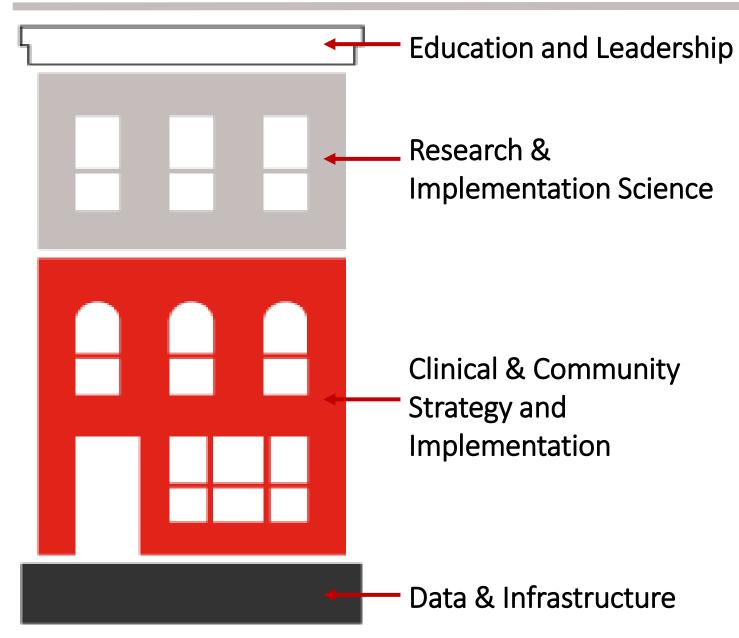
At NYP— an academic healthcare system affiliated with Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine — there have been many efforts to improve race and ethnicity data collection within our institutions, but progress and improvement have been siloed and inconsistent. For all patients seen in 2019, race or ethnicity was only documented in 60%–70% of cases.

Race and Ethnicity values are typically captured during registration. And at NYP, before we could disaggregate our measures and use sociodemographic data to understand disparities and chart our process, we needed to focus some resources on the data itself.

Focuses are:

- To better understand the communities, we serve
- To be culturally sensitive to the workforce and our patients
- To understand need for interpreter services
- To help appropriately target quality initiatives
- To fulfill compliance obligations

Dalio Center for Health Justice Framework



CMS HEALTH EQUITY CONFERENCE

We Ask Because We Care

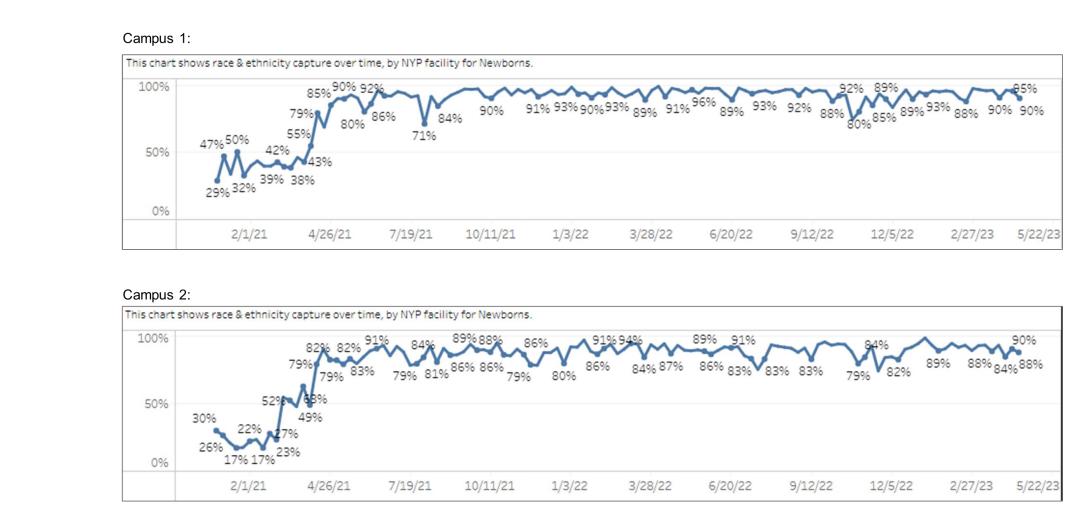
An enterprise-wide effort to improve race and ethnicity data collection to better understand and address the root causes of health inequities

Whitney C. Harris, MSN, NP; Amelia Shapiro, MBA; Molly Lawson, MAS, RN; Dodi Meyer, MD; Julia Iyasere, MD, MBA

Results







Baseline 59% - 2021

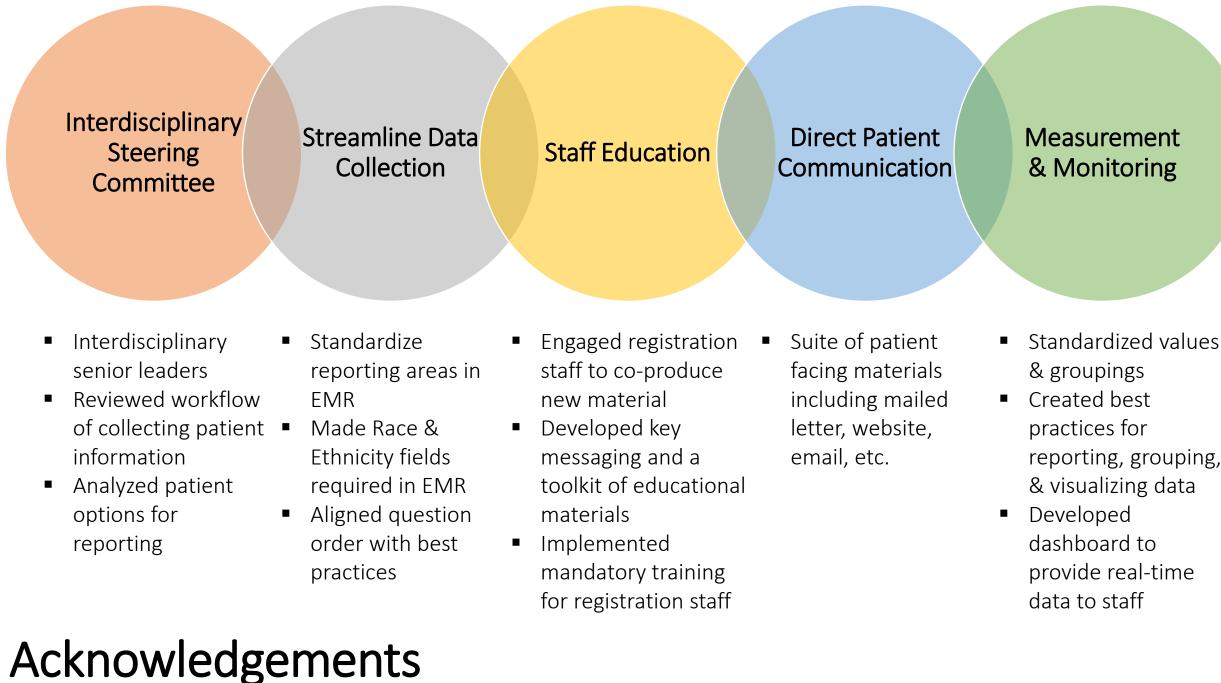
YTD 81% - 2023

Fig. 1 Improved informative race & ethnicity documentation (any value other than "Declined", "Unknown", or "Other") by 22 percentage points at NYPH in 2023.

Methods

Improving data collection became an enterprise-wide goal, with self-identification as the gold standard for race and ethnicity reporting. Resources were focused on allowing patients to self-report and for hospital staff to communicate the importance of documentation.

This campaign included five key pillars



We would like to thank NYP hospital staff, Weill Cornell Medicine, and Columbia University Irving Medical Center for their dedication to this campaign and making care better for our patients. A special thanks to the clinical and operational leaders that helped to advance this work, including Brian Kurz, MPH, Laura Riley, MD, Dena Goffman, MD, Daniel Barchi, Elaine Fleck, MD, Peter Fleischut, MD, J Travis Gossey, MD, Julie Chipman, and Julio Cruz.

WITH WORLD-CLASS DOCTORS FROM Weill Cornell Medicine COLUMBIA

☐ NewYork☐ Presbyterian

Fig 2. Race and ethnicity capture for newborn patients at two NYP campuses from 2021-2023.

Conclusion

Accurate patient race and ethnicity data builds a foundation for improving health equity. As large and small health care systems are targeting equity as a key outcome, it is important to share lessons learned so that all can move together toward shared goals.



#HealthEquityCon23