2023 VIZIENT CONNECTIONS SUMMIT
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SEPT. 18–21, 2023
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Morning Sessions Learning Objectives

- Discuss methods used to achieve diversity, equity and inclusion goals for employees.
- Identify milestones for expanding Race and Ethnicity data capture.

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Diversity, Equity and Inclusion: The Path to Meeting a Mission and Building a Workforce

David Mafe, MHRM, CDP, *Chief Diversity Officer and Vice President Human Resources, UCHealth, Aurora, CO*

Melissa McDonald, MSOL, CDP, *Director of Diversity, Equity and Inclusion, UCHealth, Aurora, CO*

About UCHealth

12 Hospitals

4 Northern Colorado
4 Metro Denver
4 Southern Colorado

2K Available

hospital beds
584 Northern Colorado
897 Metro Denver
527 Southern Colorado

150+

UCHealth affiliated clinic locations

Poudre Valley Hospital
Fort Collins

Medical Center of the Rockies
Loveland

Greeley Hospital
Greeley

Longs Peak Hospital
Longmont

Broomfield Hospital
Metro Denver

University of Colorado Hospital
Metro Denver

Highlands Ranch Hospital
Metro Denver

Memorial Hospital North
Colorado Springs

Grandview Hospital
Colorado Springs

Memorial Hospital
Colorado Springs

Pikes Peak Regional Hospital
Woodland Park

Yampa Valley Medical Center
Steamboat Springs

More than

30K employees

97K surgeries

2.7M unique patients

7.3M outpatient, urgent care and emergency room visits

14K babies delivered

6K affiliated or employed providers

149K inpatient admissions and observation visits

We improve lives.

In big ways through learning, healing and discovery. In small, personal ways through human connection.

But in all ways, we improve lives.

DEI - Defined

Standard Definition

- **D = Diversity:** Is the presence of different types of people from a wide range of identities with different perspectives and experiences.
- **E = Equity:** Aims to identify and eliminate barriers that prevent the full participation of some groups. It means everyone is given equal treatment and access to opportunities for advancement.
- **I = Inclusion:** Means that everyone feels a part of their team and the larger organization, no matter what their identity. Inclusion is diversity in action.

Working Definition

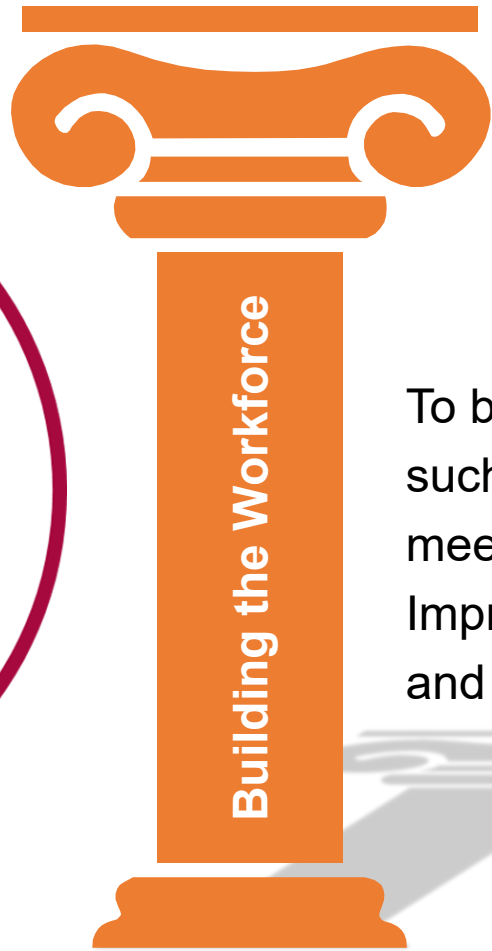
- D = Diversity: Is a fact
- E = Equity: Takes work
- I = Inclusion: Is a choice

DEI at UCHealth

To close the gap between what we say about ourselves and the lived experience of patients, staff, and the communities that we serve.

Our Mission:

We improve lives. In big ways through learning, healing, and discovery **In small, personal ways through human connection**. But in all ways, we improve lives



To build our workforce in such a way that we can meet our mission of Improving Lives both now and into the future.

UCHealth Office of Diversity, Equity and Inclusion

Chief Diversity Officer, David Mafe

Diversity, Equity and Inclusion strategy; Program implementation; Collaborate with leaders to develop and implement diversity objectives; Serve as a change agent

Director of DEI, Melissa McDonald

Partner with CDO in executing UCHealth's DEI strategy; drive business outcomes, craft thoughtful and progressive DEI programs and create continuous listening and learning opportunities.

Manager DEI Education, Andrew Miller

Diversity, Equity and Inclusion development of training content; facilitation; and leadership development for DEI

Manager of Talent Optimization and Equity, KJ Lord

Career Pathing (Succession Planning); Professional Development Plans; Career Conversations; Diverse talent visibility

Inclusion Committees

Meeting the Mission and Building a Workforce

Cultural Enhancement Trainings

- Being an Upstander
- Unconscious Bias

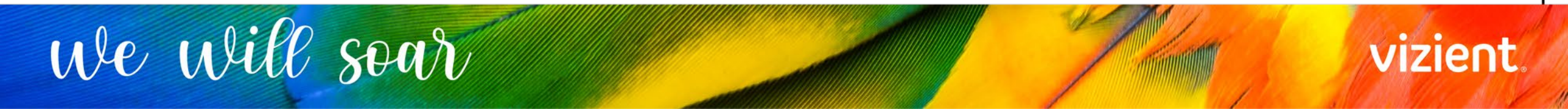
UCHealth Ascend

- Career Mobility

DEI Dashboard and Leader Accountability

- Who are Hiring
- Who are We Promoting
- Who is Our Leadership

Cultural Enhancement



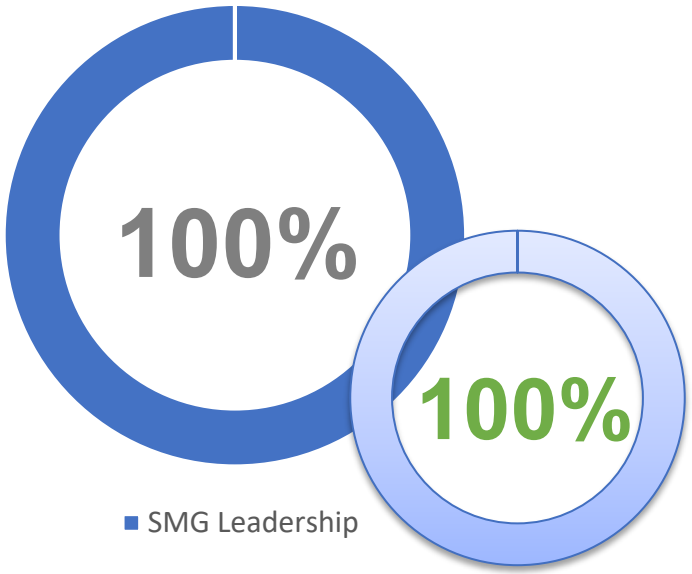
UCHealth Being an Upstander

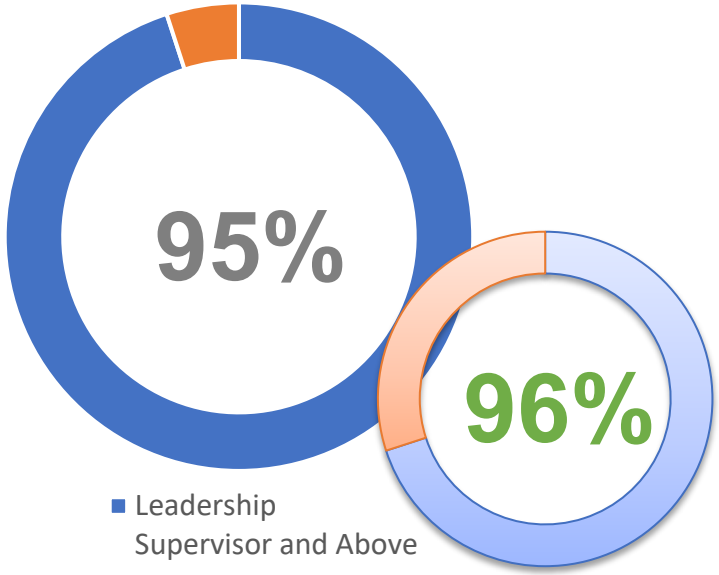
/ʌpstandə/ noun. **A person who speaks or acts in support of an individual or cause**, particularly someone who intervenes on behalf of a person being harassed or bullied.

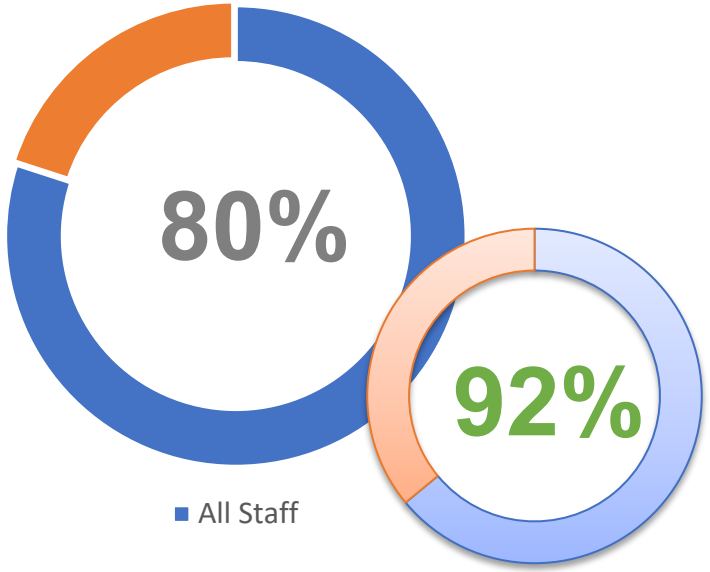
Outcomes:

- Provide tangible tools to address daily acts of incivility, harassment, and microaggressions.
- Modeling of Upstander vs Bystander in leadership.
- Provide a sense of safety, inclusion and respect

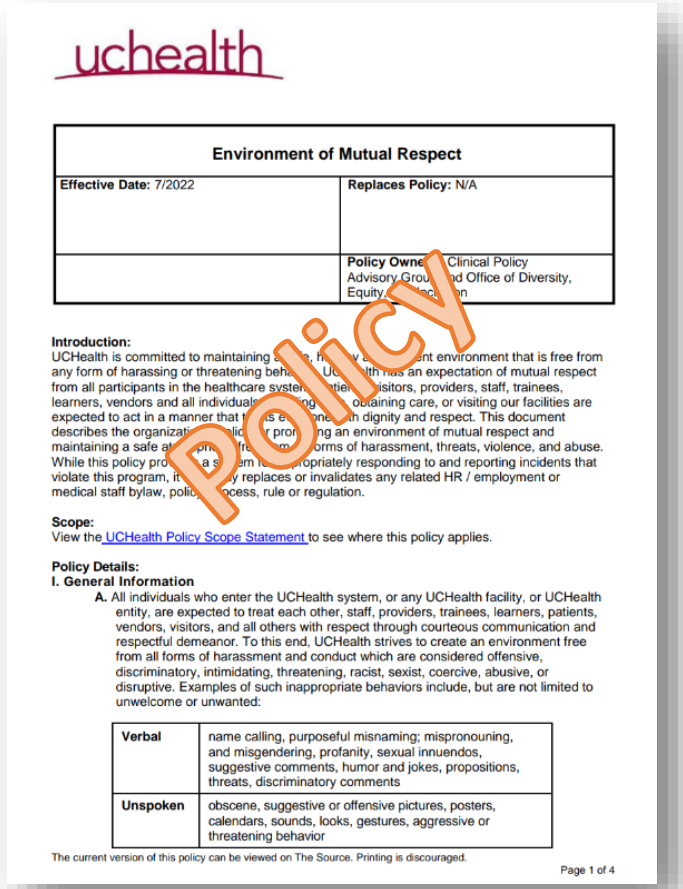
Final Results







UCHealth Being an Upstander



uchealth

Environment of Mutual Respect

Effective Date: 7/2022	**Replaces Policy:** N/A
	Policy Owner: Clinical Policy Advisory Group and Office of Diversity, Equity, Inclusion

Policy

Introduction:
UCHealth is committed to maintaining a [illegible] environment that is free from any form of harassing or threatening behavior. UCHealth has an expectation of mutual respect from all participants in the healthcare system, including visitors, providers, staff, trainees, learners, vendors and all individuals entering, obtaining care, or visiting our facilities are expected to act in a manner that treats everyone with dignity and respect. This document describes the organization's policy for promoting an environment of mutual respect and maintaining a safe atmosphere free from all forms of harassment, threats, violence, and abuse. While this policy provides a system for appropriately responding to and reporting incidents that violate this program, it does not replaces or invalidates any related HR / employment or medical staff bylaw, policy, process, rule or regulation.

Scope:
View the UCHealth Policy Scope Statement to see where this policy applies.

Policy Details:
I. General Information

A. All individuals who enter the UCHealth system, or any UCHealth facility, or UCHealth entity, are expected to treat each other, staff, providers, trainees, learners, patients, vendors, visitors, and all others with respect through courteous communication and respectful demeanor. To this end, UCHealth strives to create an environment free from all forms of harassment and conduct which are considered offensive, discriminatory, intimidating, threatening, racist, sexist, coercive, abusive, or disruptive. Examples of such inappropriate behaviors include, but are not limited to unwelcome or unwanted:

Verbal	name calling, purposeful misnaming; mispronouning, and misgendering, profanity, sexual innuendos, suggestive comments, humor and jokes, propositions, threats, discriminatory comments
Unspoken	obscene, suggestive or offensive pictures, posters, calendars, sounds, looks, gestures, aggressive or threatening behavior

The current version of this policy can be viewed on The Source. Printing is discouraged.

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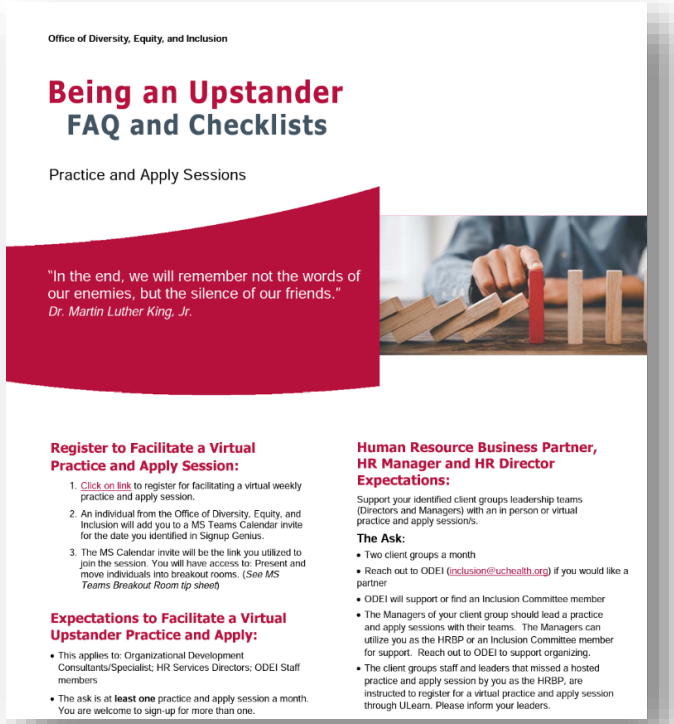


Office of Diversity, Equity, and Inclusion

Being an Upstander
FAQ and Checklists

Practice and Apply Sessions

"In the end, we will remember not the words of our enemies, but the silence of our friends."
Dr. Martin Luther King, Jr.

Register to Facilitate a Virtual Practice and Apply Session:

1. Click on link to register for facilitating a virtual weekly practice and apply session.
2. An individual from the Office of Diversity, Equity, and Inclusion will add you to a MS Teams Calendar invite for the date you identified in Signup Genius.
3. The MS Calendar invite will be the link you utilized to join the session. You will have access to: Present and move individuals into breakout rooms. (*See MS Teams Breakout Room tip sheet*)

Expectations to Facilitate a Virtual Upstander Practice and Apply:

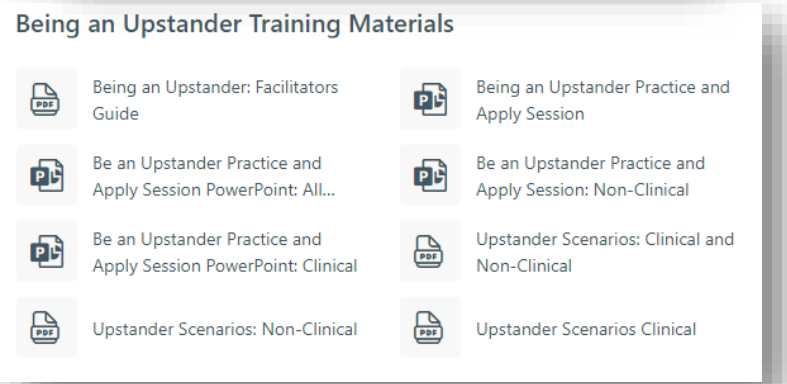
- This applies to: Organizational Development Consultants/Specialist; HR Services Directors; ODEI Staff members
- The ask is at **least one** practice and apply session a month. You are welcome to sign-up for more than one.

Human Resource Business Partner, HR Manager and HR Director Expectations:

Support your identified client groups leadership teams (Directors and Managers) with an in person or virtual practice and apply session/s.

The Ask:

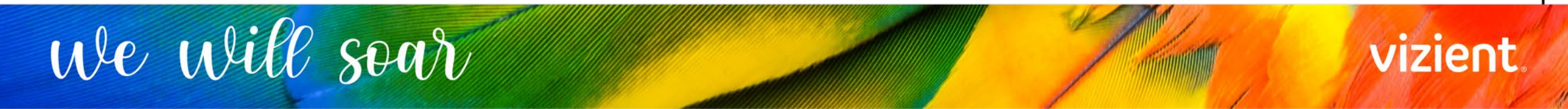
- Two client groups a month
- Reach out to ODEI (inclusion@uchealth.org) if you would like a partner
- ODEI will support or find an Inclusion Committee member
- The Managers of your client group should lead a practice and apply sessions with their teams. The Managers can utilize you as the HRBP or an Inclusion Committee member for support. Reach out to ODEI to support organizing.
- The client groups staff and leaders that missed a hosted practice and apply session by you as the HRBP, are instructed to register for a virtual practice and apply session through ULearn. Please inform your leaders.



Being an Upstander Training Materials

- Being an Upstander: Facilitators Guide
- Being an Upstander Practice and Apply Session
- Be an Upstander Practice and Apply Session PowerPoint: All...
- Be an Upstander Practice and Apply Session: Non-Clinical
- Be an Upstander Practice and Apply Session PowerPoint: Clinical
- Upstander Scenarios: Clinical and Non-Clinical
- Upstander Scenarios: Non-Clinical
- Upstander Scenarios Clinical

UCHealth Ascend



Meet Our UCHealth Ascend Graduates

Tay on becoming a Medical Assistant

"MA school was really exciting for me and also made me nervous... My Guild coach was a lot of help and encouraged me not to give up when I felt behind with classes. It was really cool to get hands-on experience at the clinics during applied learning...it's a great feeling to become an MA. I've always wanted to become an MA, and I was able to do it while working full-time and supporting my family as a mom."

Successfully placed as of 1/8/23

Kate on becoming a Medical Assistant

“The MA program was a really good program overall, and it prepared me to become an MA. I had an idea of becoming an MA for a long time but the programs I saw would take multiple years and would cost a lot of money. When I found out UCHealth’s Ascend MA program was all online, that UCHealth would pay for it, and that I would get hands-on experience, it was such a relief and exciting for my career. ”

Successfully placed as of 10/26/22

Why the Ascend Career Program

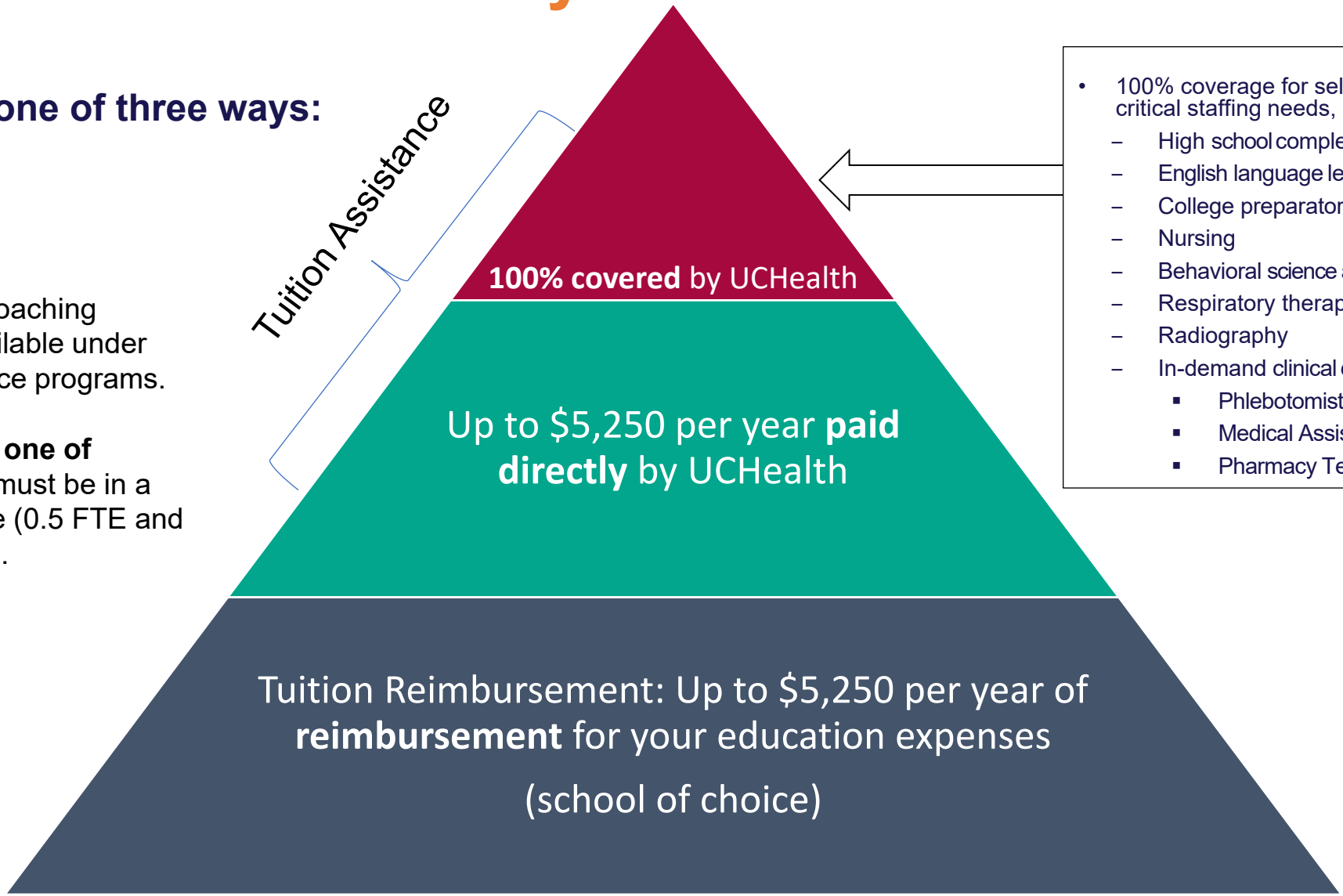
- **Supports our mission** of improving lives by building our workforce**.**
- Increases the number of applicants and hire conversions**.**
- Supports the demographic change of our staff to **reflect more of the patient population** served.
- **Drives internal career growth**, allowing UCHealth to offer career opportunities to broader and more diverse groups of people.
- **Reduces turnover** as Ascend learners are less likely to leave than their peers.

Get the Education Today for the Career in Your Future

Education in one of three ways:

Personalized coaching assistance available under tuition assistance programs.

Eligible on **day one of employment;** must be in a benefits-eligible (0.5 FTE and above) position.

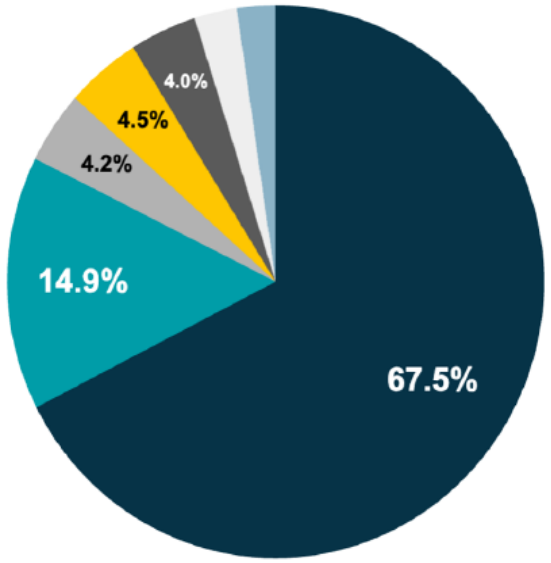


- 100% coverage for selected programs aligned with critical staffing needs, including:
  - High school completion
  - English language learning
  - College preparatory program
  - Nursing
  - Behavioral science and social work
  - Respiratory therapy
  - Radiography
  - In-demand clinical certifications:
    - Phlebotomist
    - Medical Assistant
    - Pharmacy Technician

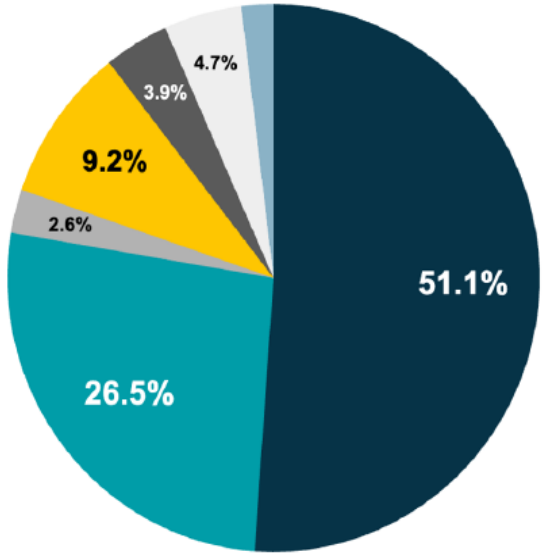
Employees from historically underrepresented groups continue to utilize TA in a differentiated way

White Hispanic Undisclosed Black Asian Polyethnic Other

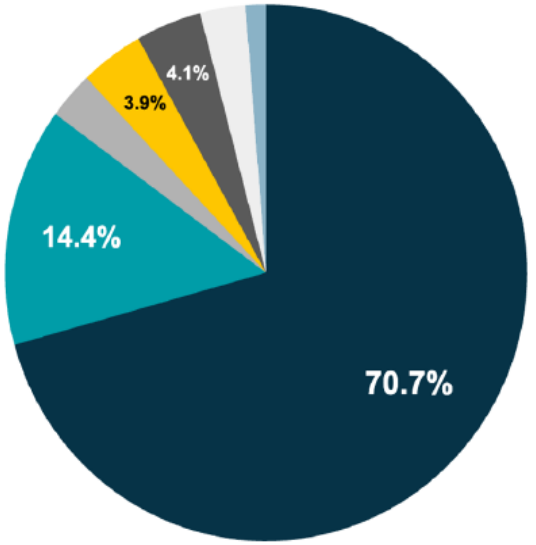
Benchmark:
UCHealth Eligible Pop Ethnic Composition



Tuition Assistance App Submitted Ethnic Composition



Tuition Reimbursement App Submitted Ethnic Composition



Source: Internal UC Health data

Engaging our Community

Building relationships with local school systems

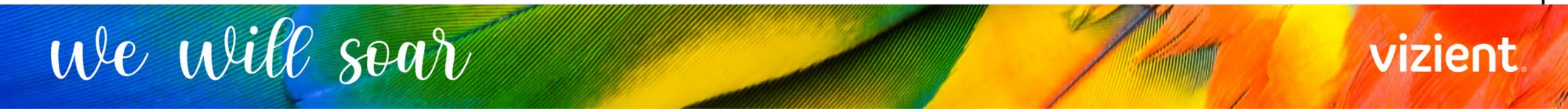
Meet Tamika

Tamika

“ I liked the care side of health versus the administrative side. I really figured that out as I'm working here, I think I'm a better caretaker than I am of records. I work in the transplant center and I am an admin of course. I schedule all the evals. I bring in the referrals, all the appointments, and I organize the clinic. I was thinking having a phlebotomy cert, I could go and help out in any kind of way. I just wanted to bring more to my team. My mom was very excited when I told her I was going back to school. So it was important for me to finish even though I was going through a bunch of different things at once. I had a rough time though with my phlebotomy program - my mom got sick and passed away but I know she's probably happy right now – I knew you could do it. And that's what she used to say to me all the time, so that was kind of my motivation. If I can be an example for my grandchildren, that's what I want to do. I wanna show them that you can do it. Oh my I did it at 45 years old. You can do it.”

Tamika Roberts
UCHealth, Transplant Center Administration
MedCerts Phlebotomy Certificate Graduate

UCHealth DEI Dashboard & Leader Accountability



What are We Measuring

Who Are We

If you can't measure it, you can't change it

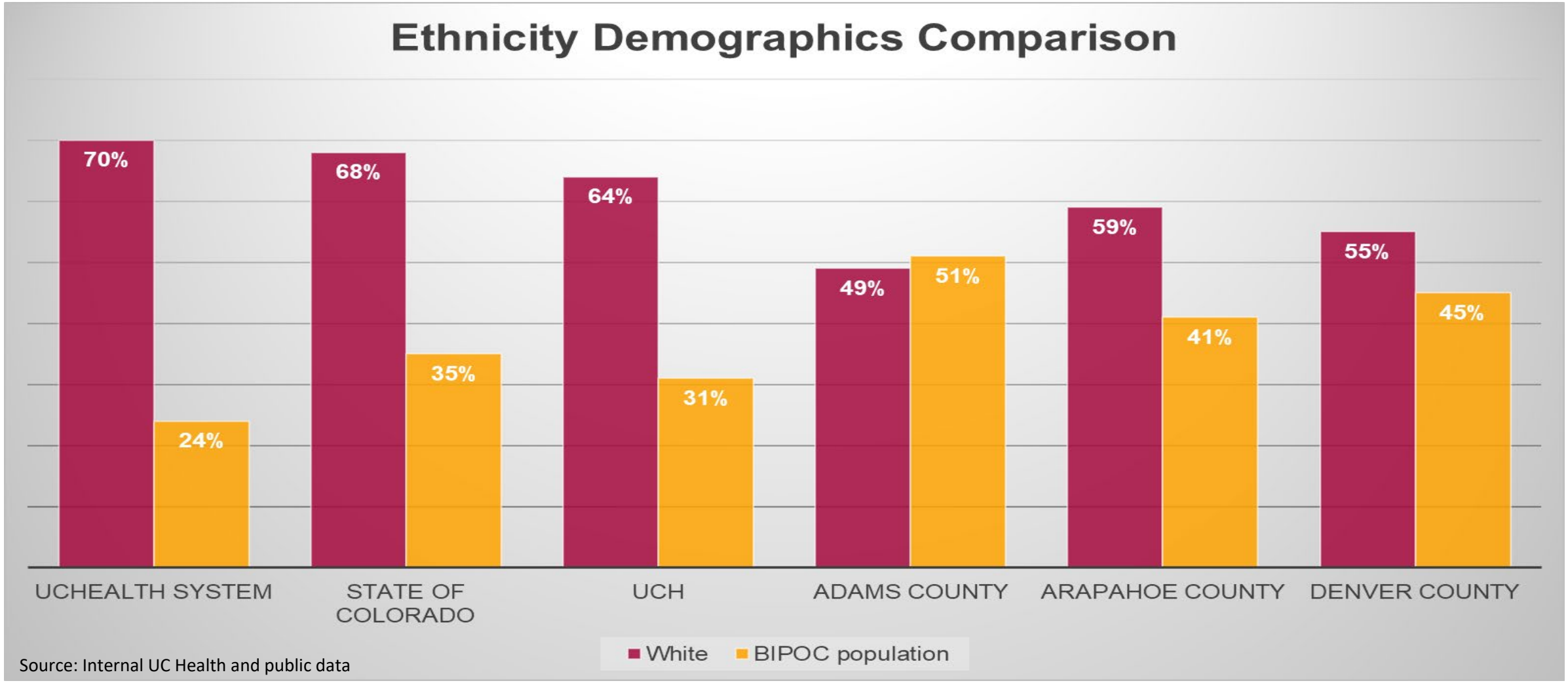
~ Peter F. Drucker

Who Are We Hiring

Who Are We Moving

Who is Our Leadership

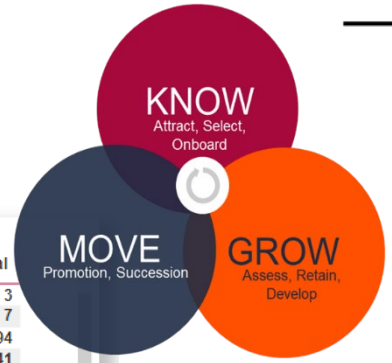
Demographic Comparison



Source: Internal UC Health and public data

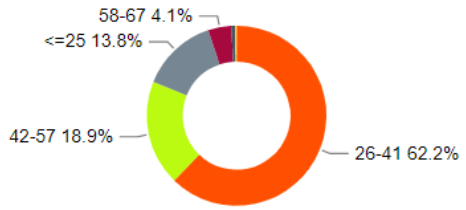
DEI Dashboard

Example – Who are We Moving



UCHealth Diversity Equity and Inclusion

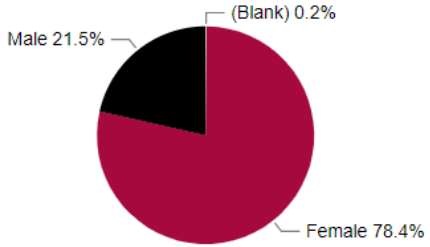
Promotions by Generations and Generations Age



Promotions by Ethnicity and Level

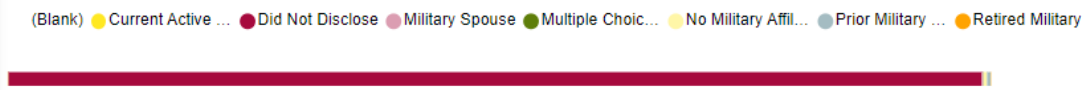
Ethnicity	Director	Lead	Manager	Providers	Senior Executive	Staff	Supervisor	Vice President	Total
	0	0	0	0	0	2	1	0	3
American Indian/Alaska Native	0	0	0	0	0	7	0	0	7
Asian	0	3	0	0	0	89	2	0	94
Black/African American	1	2	0	0	0	138	0	0	141
Did Not Disclose	0	0	0	0	0	2	0	0	2
Hispanic	0	10	5	0	0	268	4	0	287
Native Hawaiian/Pacific Islander	0	0	0	0	0	10	0	0	10
Two or More Ethnicities	0	0	1	0	0	55	3	0	59
Total	**3**	**47**	**24**	**0**	**2**	**1,635**	**54**	**0**	**1,765**

Promotions by Gender

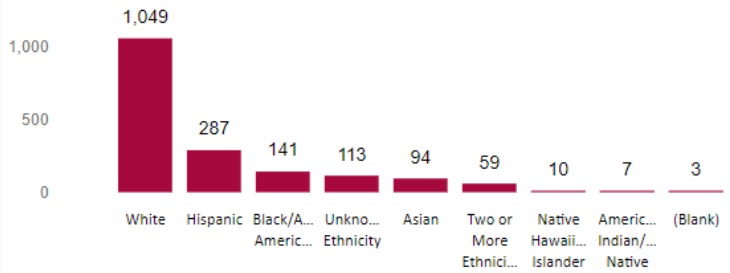


Employee by Length of Service

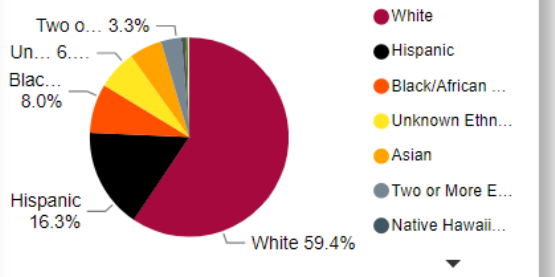
Employee by Length of Service



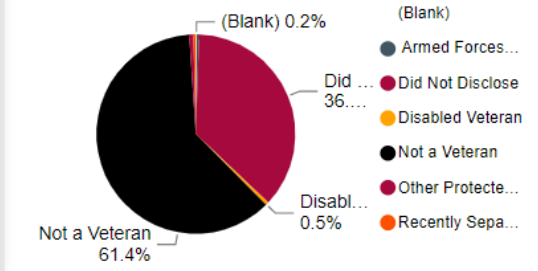
Promotions by Ethnicity



Promotions by Ethnicity



Promotions by Veteran Status



Source: Internal UC Health data

DEI Certifications

HEALTHCARE EQUALITY INDEX
LGBTQ+ HEALTHCARE EQUALITY
HUMAN RIGHTS CAMPAIGN FOUNDATION
2022
TOP PERFORMER

CERTIFIED AGE FRIENDLY EMPLOYER

MILITARY FRIENDLY 2022 COMPANY

DEI DISABILITY EQUALITY INDEX℠
Benchmarking Inclusion Practices

Where Are We Going

What's Coming

1 Cultural Enhancement

- Unconscious Bias; Just Culture; Inclusive Leadership

2 Supplier Diversity

- Reach a level 3 Supplier Diversity Program (Currently at 1&2)

3 Career Mobility

- UCHealth Ascend
- Job Description Reviews
- Partnership with Community and Schools

4 Listening and Measuring

- Listening sessions with employees
- Benchmarks and established goals for hiring, promoting, and leadership

Lessons Learned

- Connect DEI initiatives to organizational objectives.
- Get leaders to go first.
- Share vision so that metrics have meaning.
- Remove barriers and create opportunities for talent mobility
- You can’t go it alone!

Key Takeaways

- Diversity, Equity, and Inclusion can bring your mission to life.
- If you can’t measure it, you can’t change it.
- DEI provides a lens to build a strategically optimized workforce
- Certifications help to measure your progress
- Diversity, Equity, and Inclusion cannot spin in its own orbit.

Questions?

Contact:

David Mafe, David.Mafe@uchealth.org

Melissa McDonald, Melissa.McDonald@uchealth.org

This educational session is enabled through the generous support of the Vizient Member Networks program.

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HEALTH
UNIVERSITY OF UTAH

Addressing Racial and Ethnic Disparities Through Data Quality Enhancement

Gerald Cochran, MSW, PhD, *Professor of Internal Medicine, Chief, Section on Health Equity, University of Utah Health, Salt Lake City, Utah*

***Kimberly Killam**, **PMP,** Operations Project Manager, University of Utah Health, Salt Lake City, Utah*

***Mari Ransco, MA,** Senior Director of Patient Experience, University of Utah Health, Salt Lake City, Utah*

***Terrell Rohm, MBA,** Director, Quality Analytics & Technology, University of Utah Health, Salt Lake City, Utah*

Equity of Care: Race and Ethnicity (RAE) Project

Why:

Accurate, self-reported race and ethnicity data is necessary

- to create visibility of health disparities,
- provide inclusive care, and
- improve equity of health outcomes.

Photo Credit: Marcie Hopkins, University of Utah Health. Used with permission

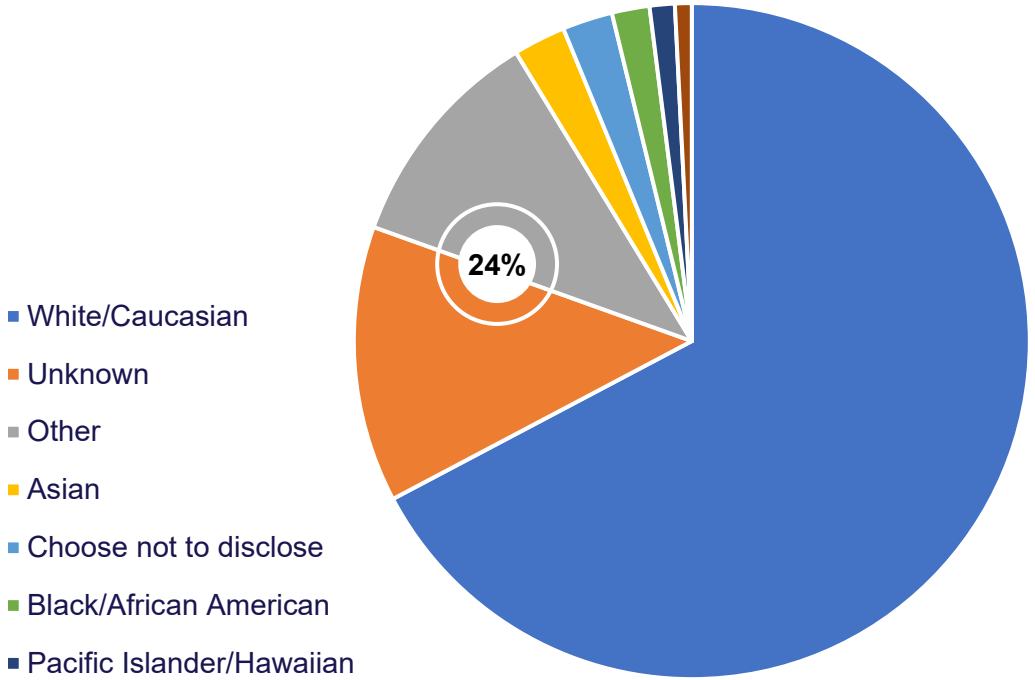
Guiding Principle:

Ensure all members of our community are seen and accounted for.

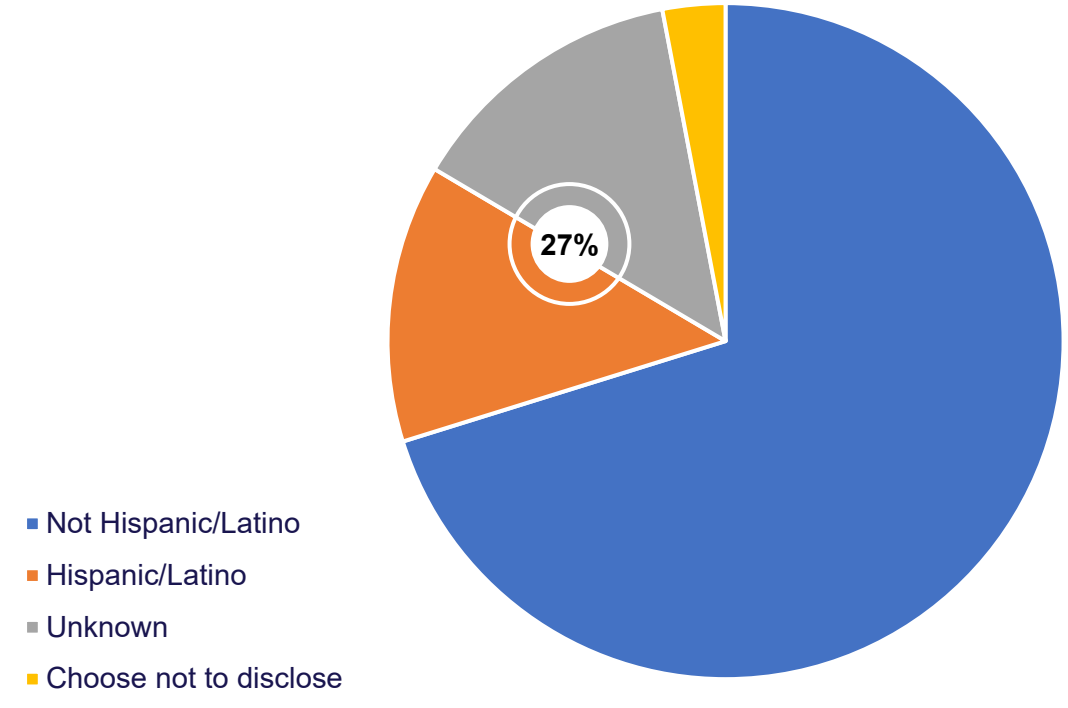
What do our patients report?

~25% patient population “unknown”/ “Other”

Race



Ethnicity



Ambulatory patient demographics, 2019-2022, retrieved 4.3.22
Source: Decision Support, https://tableau.utah.edu/#/views/PatientDemographic/OutpatientDemographic?:iid=1

A local example

Data quality impacts our ability to serve our community

HEALTH
UNIVERSITY OF UTAH

PATIENT COVID-19 VACCINE DASHBOARD
DEMOGRAPHICS

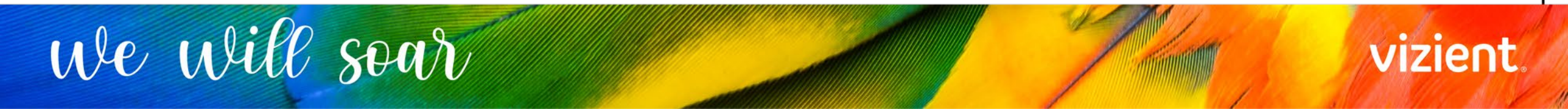
PATIENTS HM APPLIED (ELIGIBLE)	SCHEDULED OR VACCINATED	PFIZER VACCINATED 1ST DOSE	PFIZER VACCINATED 2ND D
829,067	59,859	55,000	52,001

HM APPLIED BY RACE / ETHNICITY	MYCHART ACTIVE (% OF ELIGIBLE)	MYCHART SCHEDULED	% SCHEDULED VS % HM APPLIED BY RACE	% RECEIVED 1ST DOSE VS % HM APP BY RACE
WHITE OR CAUCASIAN 495,702 (60%)	239,797 (37%)	21,525 (60%)	0%	1%
LATINO/A/X OR HISPANIC 106,515 (13%)	42,522 (32%)	3,534 (32%)	5%	4%
BLACK OR AFRICAN AM.. 14,007 (2%)	4,987 (29%)	477 (25%)	1%	1%
ASIAN 18,118 (2%)	9,794 (38%)	1,535 (58%)	2%	3%
OTHER 19,045 (2%)	8,191 (34%)	848 (40%)	1%	1%
UNKNOWN / DECLINED 157,138 (19%)	44,062 (23%)	2,497 (52%)	-11%	-11%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND.. 9,467 (1%)	4,254 (38%)	360 (39%)	0%	0%
AMERICAN INDIAN AND ALASKA NATIVE 5,513 (1%)	1,620 (23%)	128 (37%)	0%	0%
MULTI-RACE / ETHNICITY 3,411 (0%)	1,710 (38%)	179 (45%)	0%	0%
Null 111 (0%)	20 (19%)	2 (40%)	0%	0%

Source: Internal U Health data

RAE Project Outline

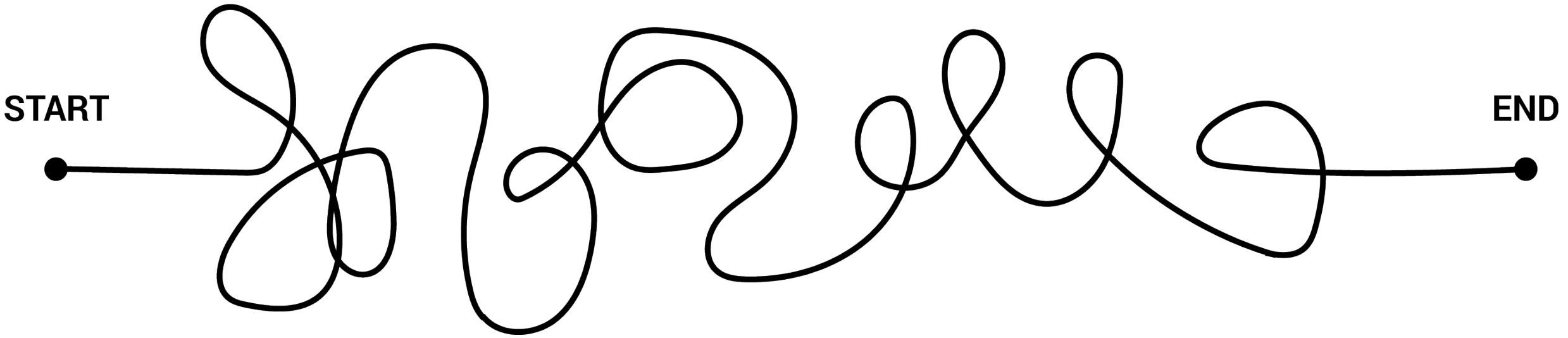
- Timeline
- Planning and Execution
- Project Lessons Learned
- Key Takeaways



Project Timeline

DEVELOPMENT | PILOT | RAE LIST | EDUCATION | IMPLEMENTATION

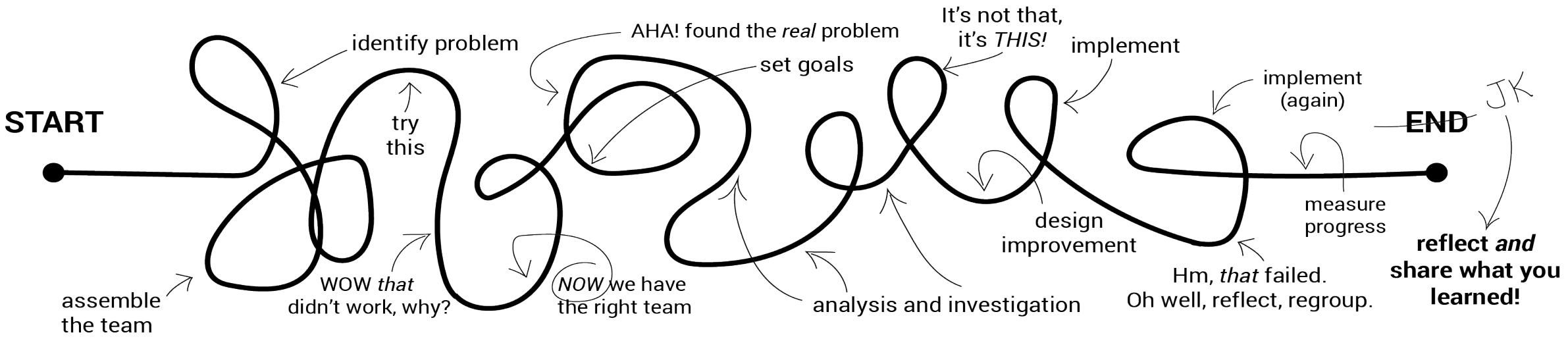
April 2021 — July 2023



Project Timeline

DEVELOPMENT | **PILOT** | **RAE LIST** | **EDUCATION** | **IMPLEMENTATION**

April 2021 — July 2023



Project Planning and Execution

DEVELOPMENT

- Multidisciplinary project team
- Research
- Learning from front-line staff

PILOT

- Focus
- Diverse locations
- Data reporting

RAE LIST

- List growth
- Draft, revise, and finalize

EDUCATION

- Audience
- Content
- Mode

IMPLEMENTATION

- Technical Build Development and Operational Workflow
- IT Build
- Data Mapping

Lessons Learned

Went Well

- Multidisciplinary Team
- Resilience and Flexibility

Did not go well

- Communication Not Getting To Affected Parties
- Various Sources of Truth
- Limitations of EMR
- Unknown Unknowns

Key Takeaways

1. This work is warranted
2. Perfection is a moving target
3. Widespread involvement is essential

Data Collection Pilot

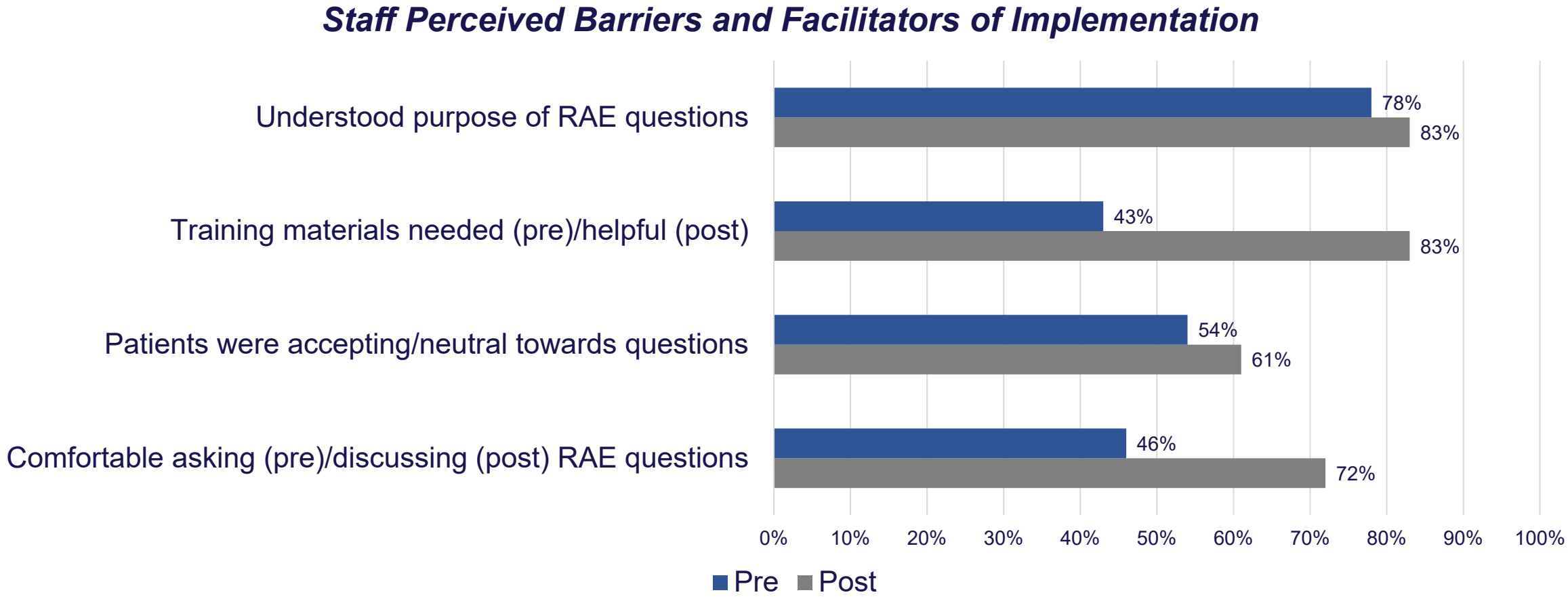
- Pilot Data Results
- Pilot Study Pre and Post-Test Results

Race & Ethnicity Pilot | Results

A substantial portion of patients in the pilot change their previous RAE designations.

Permission to ask for RAE?	Race and Ethnicity	Comments
Yes	·White-White American	
Yes	·Pacific Islander-Samoan ·White-White Australian/New Zealander	So happy so share with us!
Yes	·White-Eastern European	U employee, okay with updating info.
Yes	·White-White American	
Yes	·Accurate identification not listed	
Yes	·White-White American	
Yes	·White-Other White	
No	·Choose not to disclose	she said "Maybe later"
Yes	·Pacific Islander-Tongan	
Yes	·White-Other White	IRISH-AMERICAN
Yes	·Asian-Burmese	
Yes	·White-White American	
Yes	·Black-Somali	
Yes	·Asian-Vietnamese	
Yes	·White-White American	
Yes	·White-White American	
Yes	·Hispanic/Latino/a/x-Mexican American	
Yes	·White-White American	
Yes	·Asian-Asian American	
Yes	·Asian-Asian American ·Asian-Chinese	
Yes	·Black-Congolese	
Yes	·Pacific Islander-Samoan	
Yes	·Hispanic/Latino/a/x-Mexican, Chicano/a	

Pilot Study Pre (N=37) and Post Test Results (18)



Source: Internal U Health data

Pilot Study Post-test Results

Barriers to asking the RAE questions:

- Patient understanding
  - "*I personally think that the biggest barrier lies within the individual [**patient] and the discomfort** of asking what someone's Race or Ethnicity is. Helping the [patient] understand that there are different diseases that effect some races/cultures more that others...*"

- Staff confidence
  - "*I struggled for a bit with my **confidence** in asking this of Spanish speaking patients since this question isn't typically something they discuss or are used to hearing*."

- Patient distrust
  - "*The only barrier is **patient preconception**, distrust, or paranoia*."
  - "***Reassuring** some **patients** that this was for a positive outcome was something I did not realize I would have to do*."

Pilot Study Post-test Results

Most beneficial part of training for staff

- Gaining professional understanding
  - "*The **reason why we ask** for it and letting the patients know why also.*"

- Professional job satisfaction
  - "*Being able to introduce this **new feature** to patients was **very rewarding**. In addition, learning more about the patients calling in*."

- Having needed tools and resources
  - "*Having physical **tools to show** the **patient** the options. The frequently asked questions and answers*."
  - "*The **scenarios** of asking the questions*."

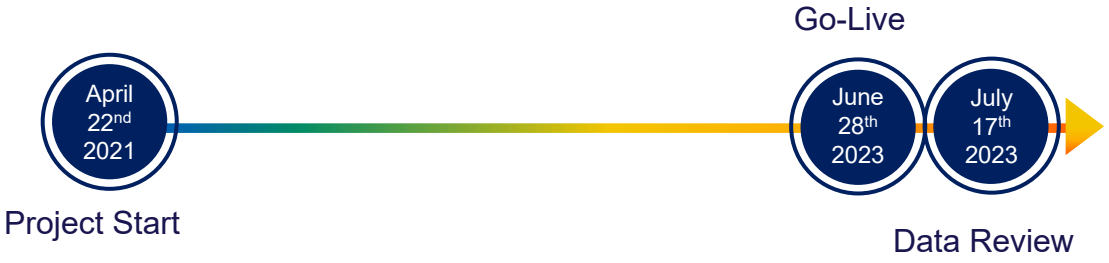
RAE Data

- Race list changes & Derived Race variable
- Data goals
- Data results

Details

Race
American Indian/Alaska Native
Asian
Black/African American
Native Hawaiian/Other Pacific Islander
White
Other
Patient opts out
Unknown/Information not available

Ethnicity
Hispanic/Latino
Not Hispanic or Latino



American Indian / Alaska Native
Diné (Navajo)
Newe (Goshute)
Newe (Shoshone)
Nuche (Ute Tribe)
Nuwuvi (Paiute)
So-So-Goi (Shoshone)
Other American Indian/Alaska Native

Asian
Asian American
Asian Indian
Bhutanese
Burmese
Cambodian
Chinese
Filipino/a
Hmong
India Indian
Japanese
Karen
Kareni
Korean
Laotian
Mongolian
Nepalese
Pakistani
Thai
Tibetan
Vietnamese
Other Asian

Black
African
African American
Burundi
Caribbean/West Indian
Congolese
Ethiopian
Ghanaian
Haitian
Jamaican
Kenyan
Nigerian
Somali
South Sudanese
Sudanese
Other Black

Hispanic/Latino/a/x
Argentinean
Caribbean/West Indian
Colombian
Cuban
Dominican
Ecuadorian
Guatemalan
Honduran
Mexican American
Mexican, Chicano/a
Peruvian
Puerto Rican
Salvadoran
Spanish/Spaniard
Venezuelan
Other Hispanic/Latino/a/x

Middle Eastern or North African (MENA)
Egyptian
Iranian
Iraqi
Israeli
Kurdish
Lebanese
Moroccan
Syrian
Other Middle Eastern or North African

Native Hawaiian / Pacific Islander
Fijian
Micronesian/Marshallese/ Palauan (COFA communities)
Native Hawaiian
Pohnpeian
Saipanese
Samoan
Tahitian
Tongan
Other Pacific Islander

White
Afghan
Bosnian
Dutch
English
French
German
Italian
Irish
Polish
Russian
Scandinavian/Nordic
Scottish
Slavic
Ukrainian
White American
White Australian/New Zealander
Other White

Other Sections
Choose not to disclose
Accurate identification not listed
User did not ask (Staff use)
Unable to obtain (Staff use)

Derived Race (DR) variable

- Solution
  - 1 to many races counts
  - Logic that rolls up multiple races into one reportable derived race and stores it outside the EMR
  - Granular race selections stored in EMR

DR Examples

DR → Black/African American
- Black-African American

DR → Hispanic/Latino/a/x
- Hispanic/Latino/a/x-Cuban
- Hispanic/Latino/a/x-Mexican American

DR → Multi-Race
- Asian-Asian American
- Black-African

DR → Unidentified
- No race in data
- Choose not to disclose
- Accurate identification not listed

Race and Ethnicity Options

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American Indian/ Alaska Native
Diné (Navajo)
Newe (Goshute)
Newe (Shoshone)
Nuche (Ute Tribe)
Nuwuvi (Paiute)
So-So-Goi (Shoshone)
Other American Indian/Alaska Native

Asian
Asian American
Asian Indian
Bhutanese
Burmese
Cambodian
Chinese
Filipino/a
Hmong
India Indian
Japanese
Karen
Kareni
Korean
Laotian
Mongolian
Nepalese
Pakistani
Thai
Tibetan
Vietnamese
Other Asian

Black
African
African American
Burundi
Caribbean/West Indian
Congolese
Ethiopian
Ghanaian
Haitian
Jamaican
Kenyan
Nigerian
Somali
South Sudanese
Sudanese
Other Black

Hispanic/Latino/a/x
Argentinean
Caribbean/West Indian
Colombian
Cuban
Dominican
Ecuadorian
Guatemalan
Honduran
Mexican American
Mexican, Chicano/a
Peruvian
Puerto Rican
Salvadoran
Spanish/Spaniard
Venezuelan
Other Hispanic/Latino/a/x

WHY WE ASK

Accurate, self-reported race and ethnicity data helps ensure that every patient receives the best care possible and helps us improve the quality of care given to all patients. This information is kept confidential.

Race and ethnicity describe a group with shared characteristics or culture.

Feedback? Email px@hsc.utah.edu regarding these race and ethnicity options

Middle Eastern or North African (MENA)
Egyptian
Iranian
Iraqi
Israeli
Kurdish
Lebanese
Moroccan
Syrian
Other Middle Eastern or North African

Native Hawaiian/ Pacific Islander
Fijian
Micronesian/Marshallese/ Palauan (COFA communities)
Native Hawaiian
Pohnpeian
Saipanese
Samoan
Tahitian
Tongan
Other Pacific Islander

White
Afghan
Bosnian
Dutch
English
French
German
Italian
Irish
Polish
Russian
Scandinavian/Nordic
Scottish
Slavic
Ukrainian
White American
White Australian/New Zealander
Other White

Other Sections
Choose not to disclose
Accurate identification not listed

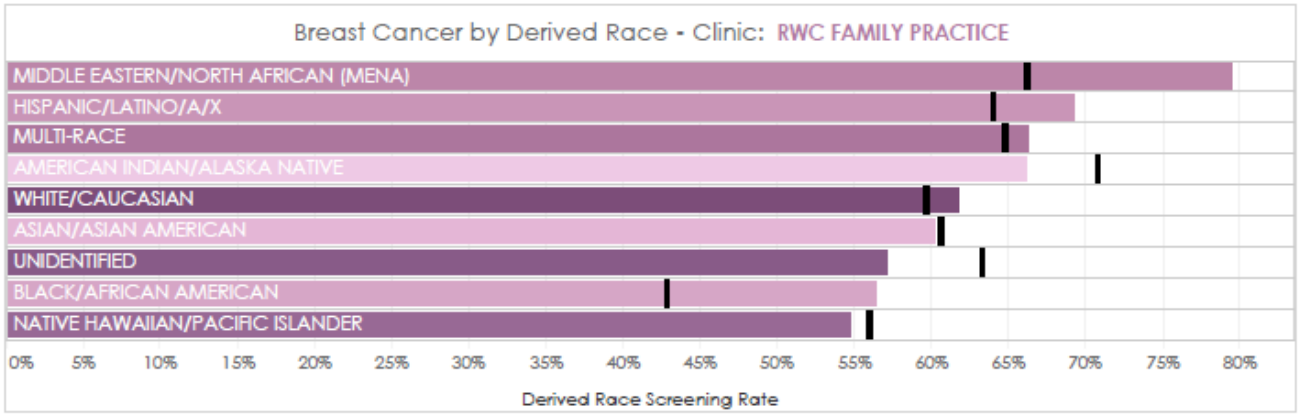
v.4 6/2023

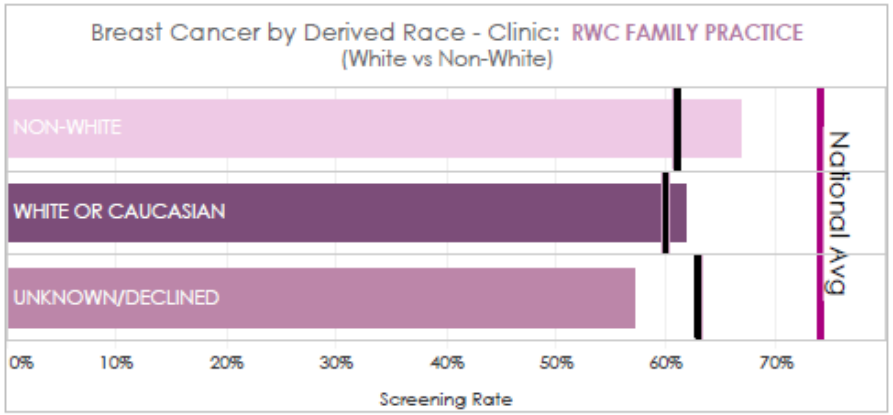
Breast and Colo Screening Rates for Primary Care Population Jan 2022 to Jun

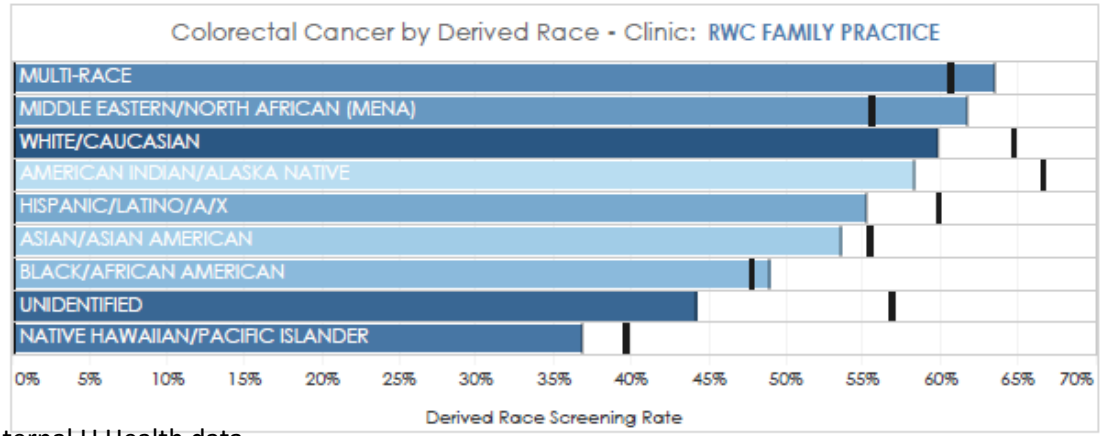
(click on hover info box *(i) for critieria)*

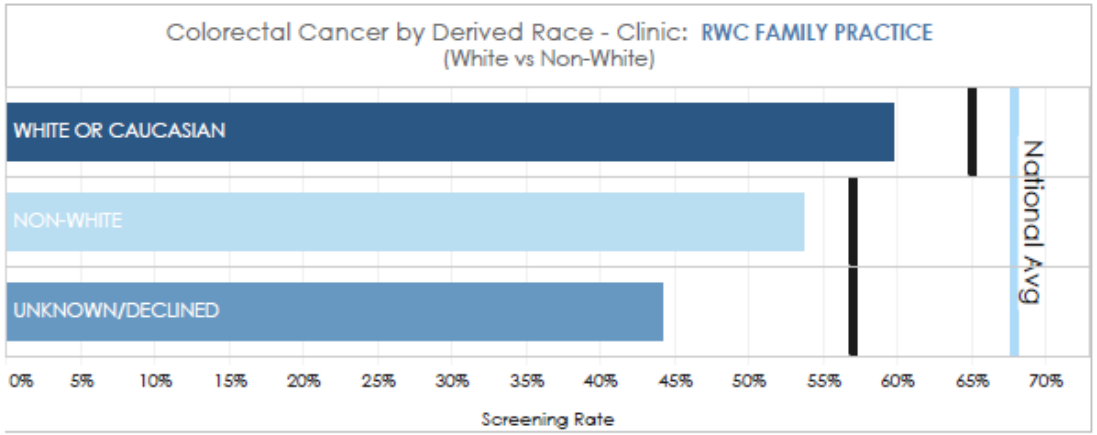
dark bars show baseline comparison Jul 2020 to Dec 2021

Report Filters:	Primary Care Provider Clinic	Gender Identity	Sexual Orientation	Sex at Birth
	RWC FAMILY PRACTICE	All	All	All

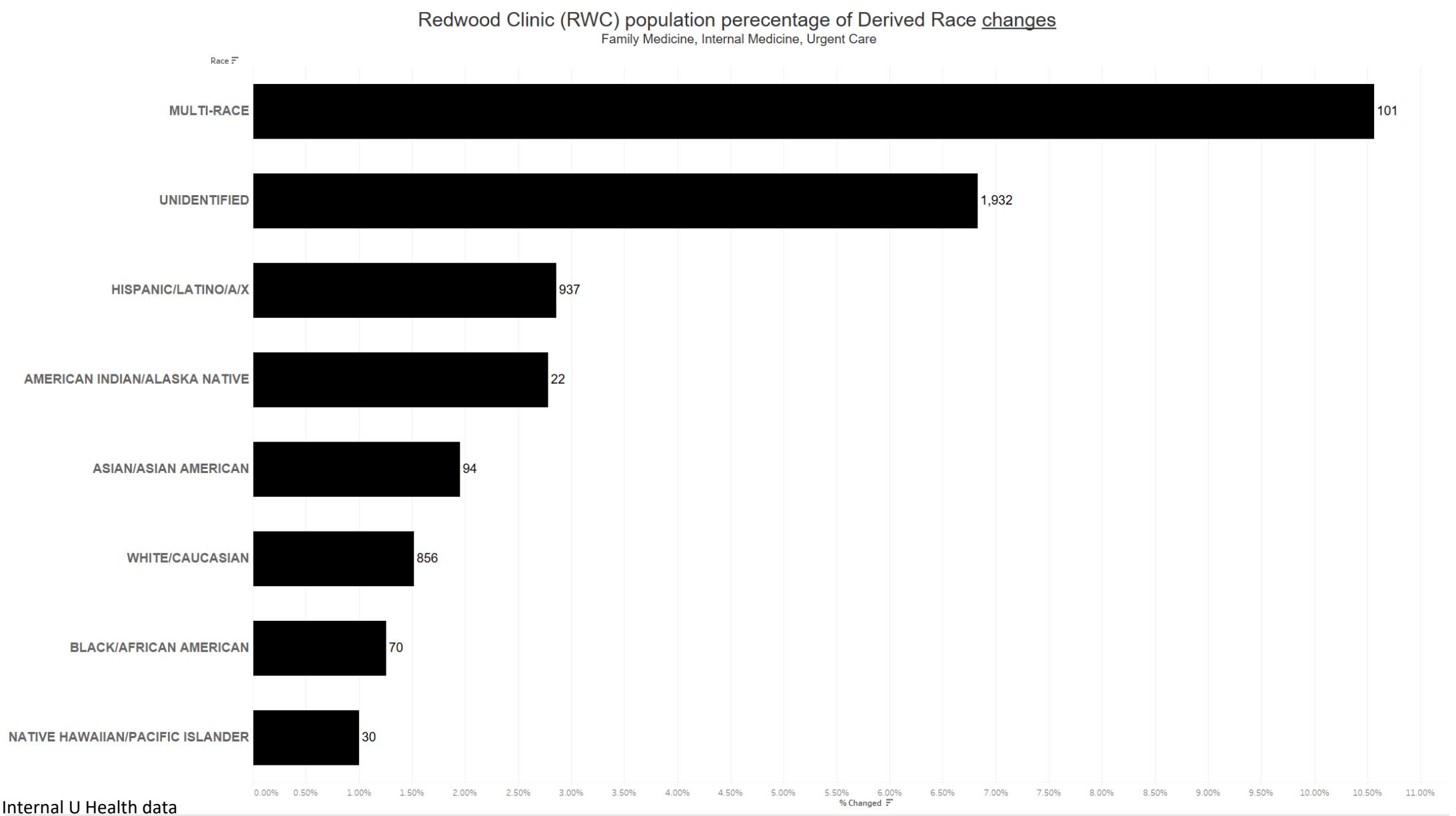








Source: Internal U Health data



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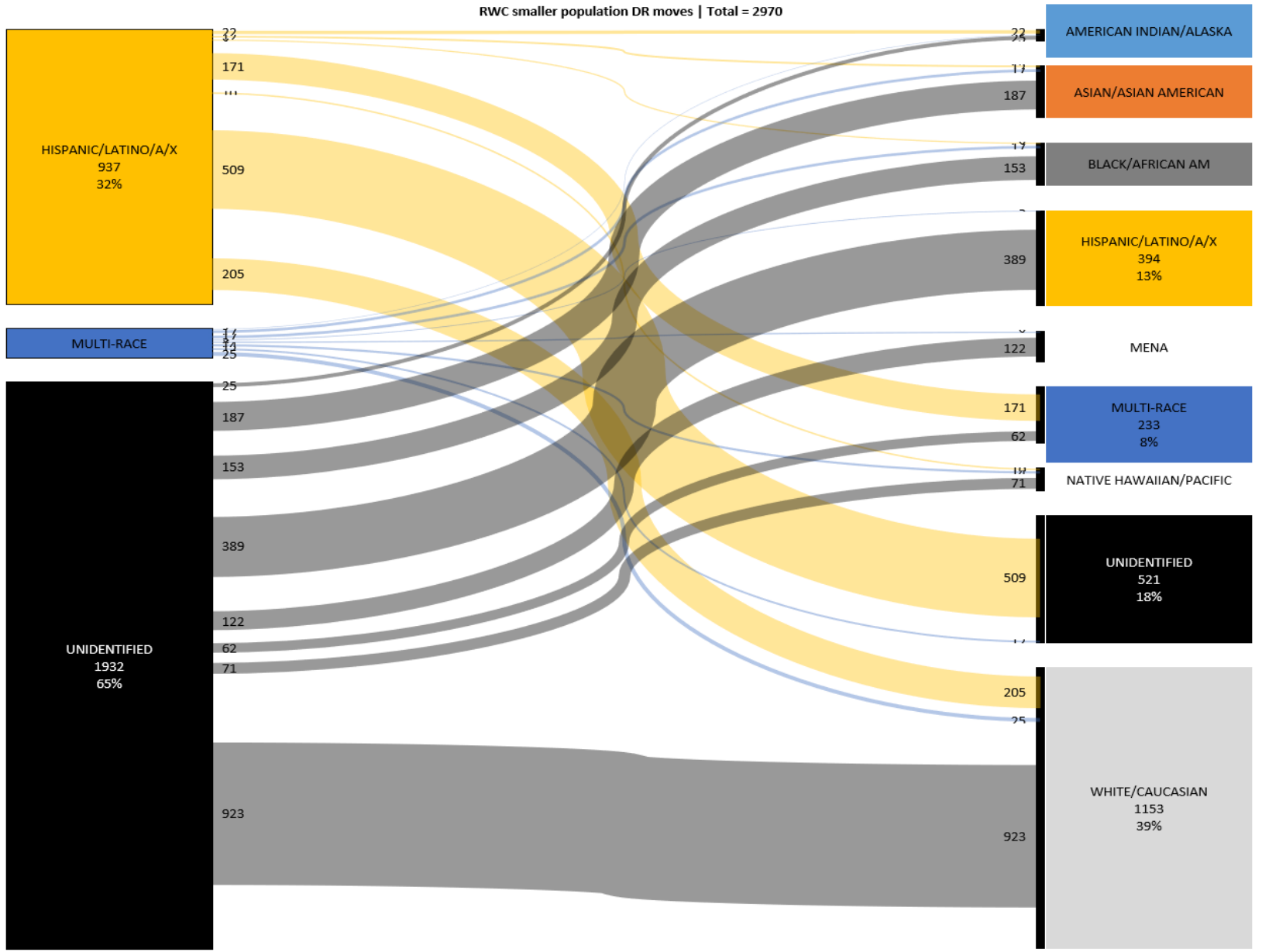
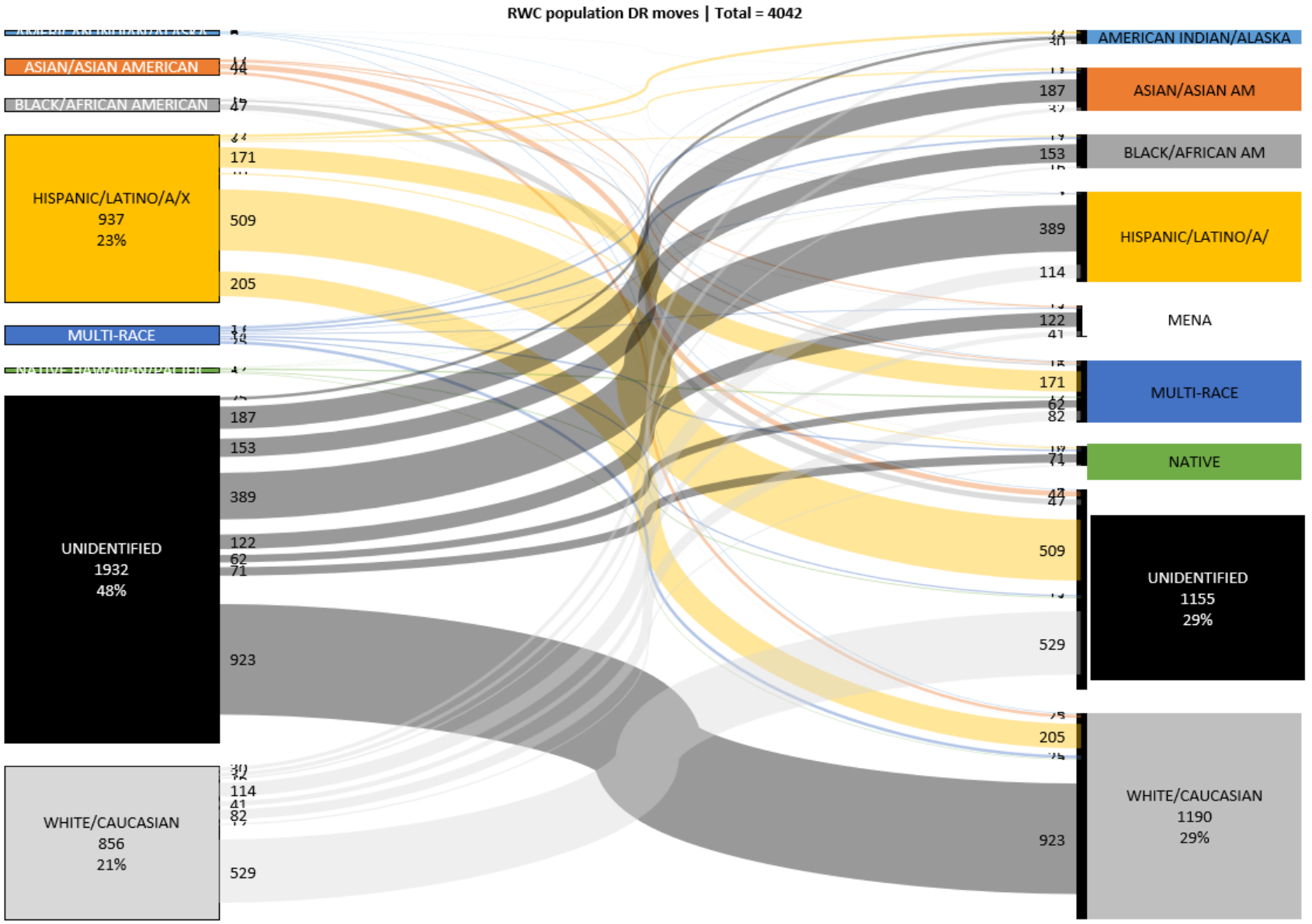


Source: Internal U Health data



Source: Internal U Health data

Preliminary Data Results

Increased the data quality of “Unidentified” patients within weeks of going live

Increased the data quality of “MENA” patients; 0 - 186

Increased the data quality of minority populations

More analysis is needed at the macro and micro levels

Questions?

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Contact:

Jerry Cochran, Jerry.Cochran@hsc.utah.edu

Kimberly Killam, Kimberly.Killam@hsc.utah.edu

Mari Ransco, Mari.Ransco@hsc.utah.edu

Sandi Gulbransen, Sandi.Gulbransen@hsc.utah.edu

Terrell Rohm, Terrell.Rohm@hsc.utah.edu

This educational session is enabled through the generous support of the Vizient Member Networks program.

Resources

Resources

- Accelerate Learning Community
  - More Than "Some Other Race": Improving Race and Ethnicity Data Quality to Advance Health Equity
  - Leader Toolkit for Race and Ethnicity Data Capture
  - Leader Toolkit for Race and Ethnicity Data Capture Quick Guide
  - How to Have Hard Conversations About Race and Ethnicity with Patients

- Utah Department of Health & Human Services
  - Guidelines for Data Collection on Race and Ethnicity
  - Guidance on data collection for race and ethnicity A tool to advance health equity in Utah

Resources

- University of Utah Health Resources
  - Equity of Care: Race and Ethnicity Data Capture Granularity White Paper
  - Race and Ethnicity Hospital Intake (Bibliography)
  - Race and Ethnicity Patient Facing List as of June 2023
  - Race and Ethnicity Project Overview. Used for project promotion and information
  - RAE Project Lessons Learned

Email Kimberly Killam @ Kimberly.Killam@hsc.utah.edu for copies of these resources.

Appendix

U Health Project Team and Stakeholders

MULTIDISCIPLINARY PROJECT TEAM

PATIENT EXPERIENCE

- Patient Experience
- Health Equity, Diversity, & Inclusion
- Community Engagement

OPERATIONS

- System Quality
- Revenue Cycle Support System Patient Access
- Care Navigation (Patient Access, Patient Care Navigation and Patient Support services)
- New American Support Program
- Research

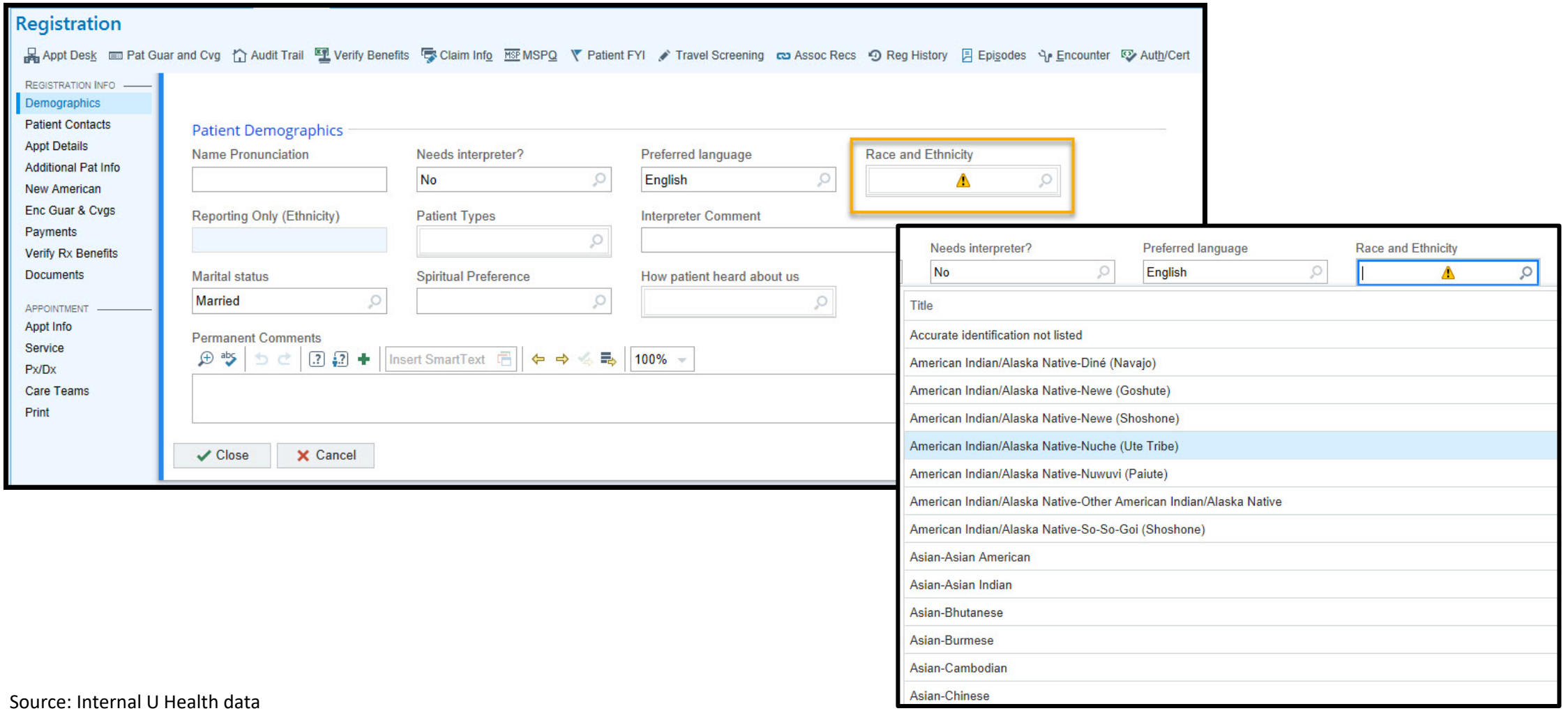
PROJECT SUPPORT

- IT
- Research
- Project Management

STAKEHOLDERS

- Patient and Care Givers
- Community Members
- Staff and Care Teams
- Research
- Connect Hospitals and their Communities
- IT
- Enterprise Data Warehouse (EDW)
- Reporting Users / Downstream Systems

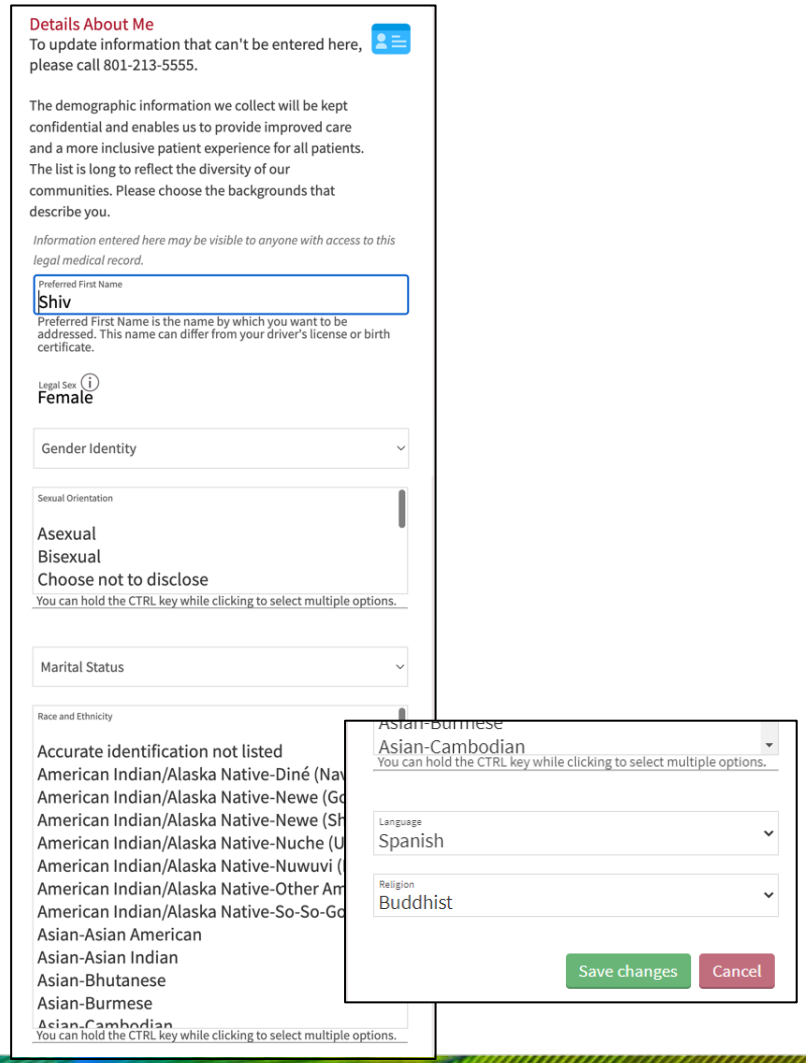
Scheduling and Registration EMR View

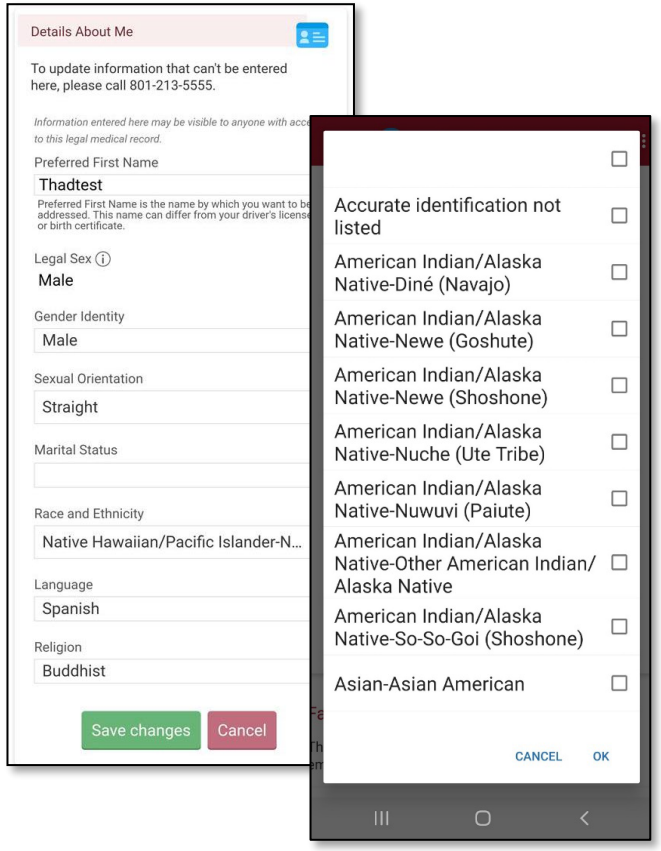


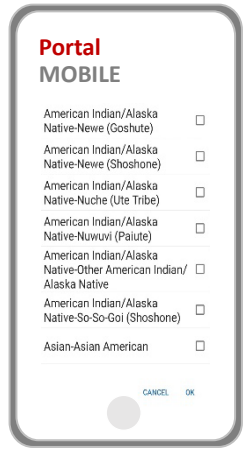
Source: Internal U Health data

Patient Portal (Patients, Caregivers/family)

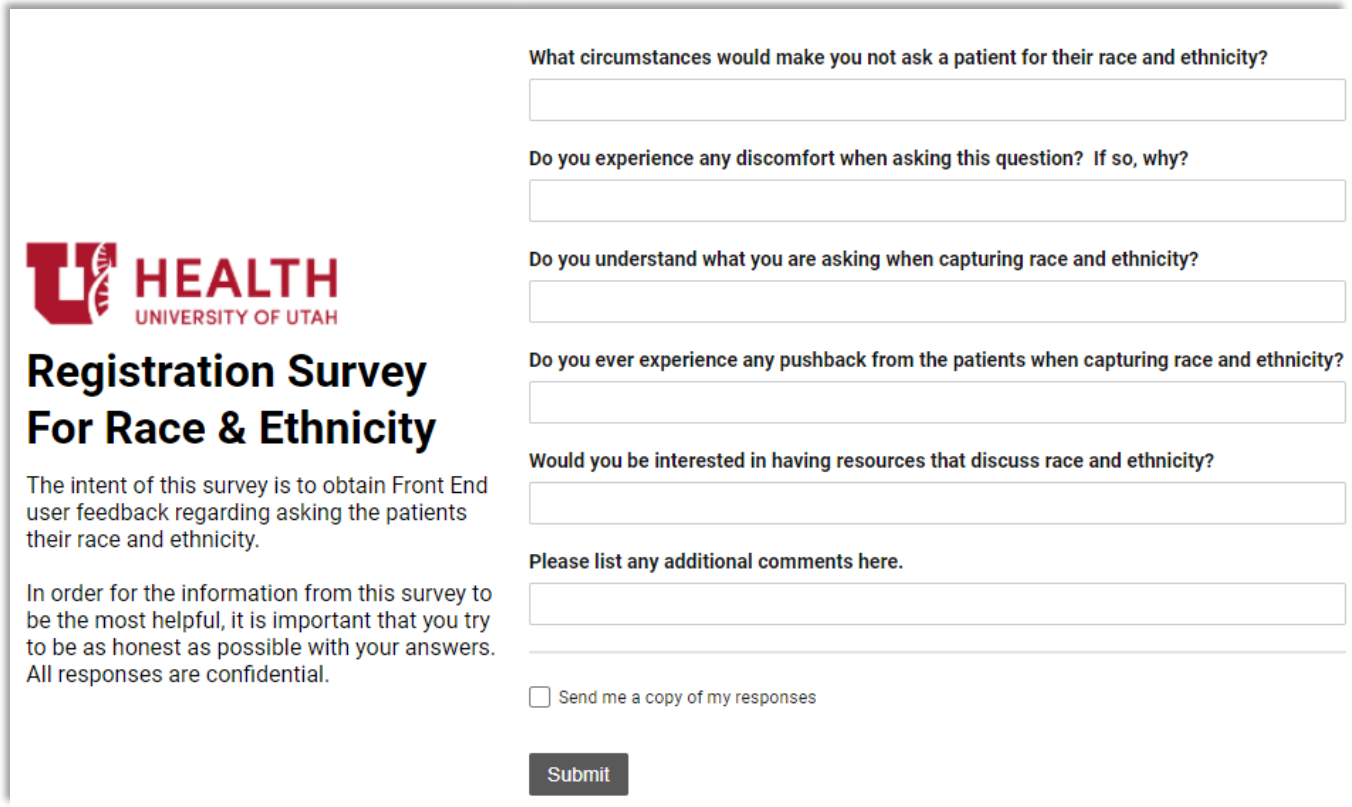
Source: Internal U Health data







Scheduling and Registration Pre Survey



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Registration Survey For Race & Ethnicity

The intent of this survey is to obtain Front End user feedback regarding asking the patients their race and ethnicity.

In order for the information from this survey to be the most helpful, it is important that you try to be as honest as possible with your answers. All responses are confidential.

What circumstances would make you not ask a patient for their race and ethnicity?

Do you experience any discomfort when asking this question? If so, why?

Do you understand what you are asking when capturing race and ethnicity?

Do you ever experience any pushback from the patients when capturing race and ethnicity?

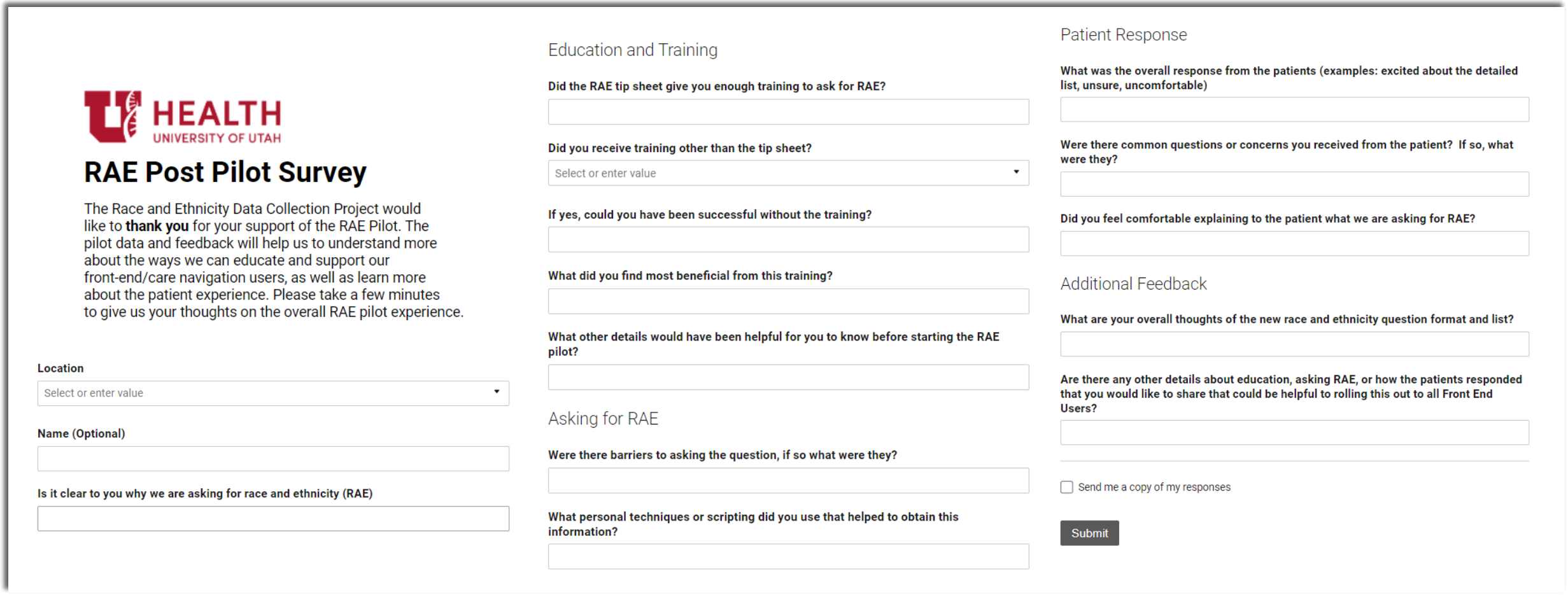
Would you be interested in having resources that discuss race and ethnicity?

Please list any additional comments here.

☐ Send me a copy of my responses

Submit

Scheduling and Registration Post Surveys



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RAE Post Pilot Survey

The Race and Ethnicity Data Collection Project would like to **thank you** for your support of the RAE Pilot. The pilot data and feedback will help us to understand more about the ways we can educate and support our front-end/care navigation users, as well as learn more about the patient experience. Please take a few minutes to give us your thoughts on the overall RAE pilot experience.

Location

Select or enter value

Name (Optional)

Is it clear to you why we are asking for race and ethnicity (RAE)

Education and Training

Did the RAE tip sheet give you enough training to ask for RAE?

Did you receive training other than the tip sheet?

Select or enter value

If yes, could you have been successful without the training?

What did you find most beneficial from this training?

What other details would have been helpful for you to know before starting the RAE pilot?

Asking for RAE

Were there barriers to asking the question, if so what were they?

What personal techniques or scripting did you use that helped to obtain this information?

Patient Response

What was the overall response from the patients (examples: excited about the detailed list, unsure, uncomfortable)

Were there common questions or concerns you received from the patient? If so, what were they?

Did you feel comfortable explaining to the patient what we are asking for RAE?

Additional Feedback

What are your overall thoughts of the new race and ethnicity question format and list?

Are there any other details about education, asking RAE, or how the patients responded that you would like to share that could be helpful to rolling this out to all Front End Users?

Send me a copy of my responses

Submit

Data Mapping

American Indian / Alaska Native
Diné (Navajo)
Newe (Goshute)
Newe (Shoshone)
Nuche (Ute Tribe)
Nuwuvi (Paiute)
So-So-Goi (Shoshone)
Other American Indian/Alaska Native

Asian
Asian American
Asian Indian
Bhutanese
Burmese
Cambodian
Chinese
Filipino/a
Hmong
India Indian
Japanese
Karen
Kareni
Korean
Laotian
Mongolian
Nepalese
Pakistani
Thai
Tibetan
Vietnamese
Other Asian

Black
African
African American
Burundi
Caribbean/West Indian
Congolese
Ethiopian
Ghanaian
Haitian
Jamaican
Kenyan
Nigerian
Somali
South Sudanese
Sudanese
Other Black

Hispanic/Latino/a/x
Argentinean
Caribbean/West Indian
Colombian
Cuban
Dominican
Ecuadorian
Guatemalan
Honduran
Mexican American
Mexican, Chicano/a
Peruvian
Puerto Rican
Salvadoran
Spanish/Spaniard
Venezuelan
Other Hispanic/Latino/a/x

Middle Eastern or North African (MENA)
Egyptian
Iranian
Iraqi
Israeli
Kurdish
Lebanese
Moroccan
Syrian
Other Middle Eastern or North African

Native Hawaiian / Pacific Islander
Fijian
Micronesian/Marshallese/ Palauan (COFA communities)
Native Hawaiian
Pohnpeian
Saipanese
Samoan
Tahitian
Tongan
Other Pacific Islander

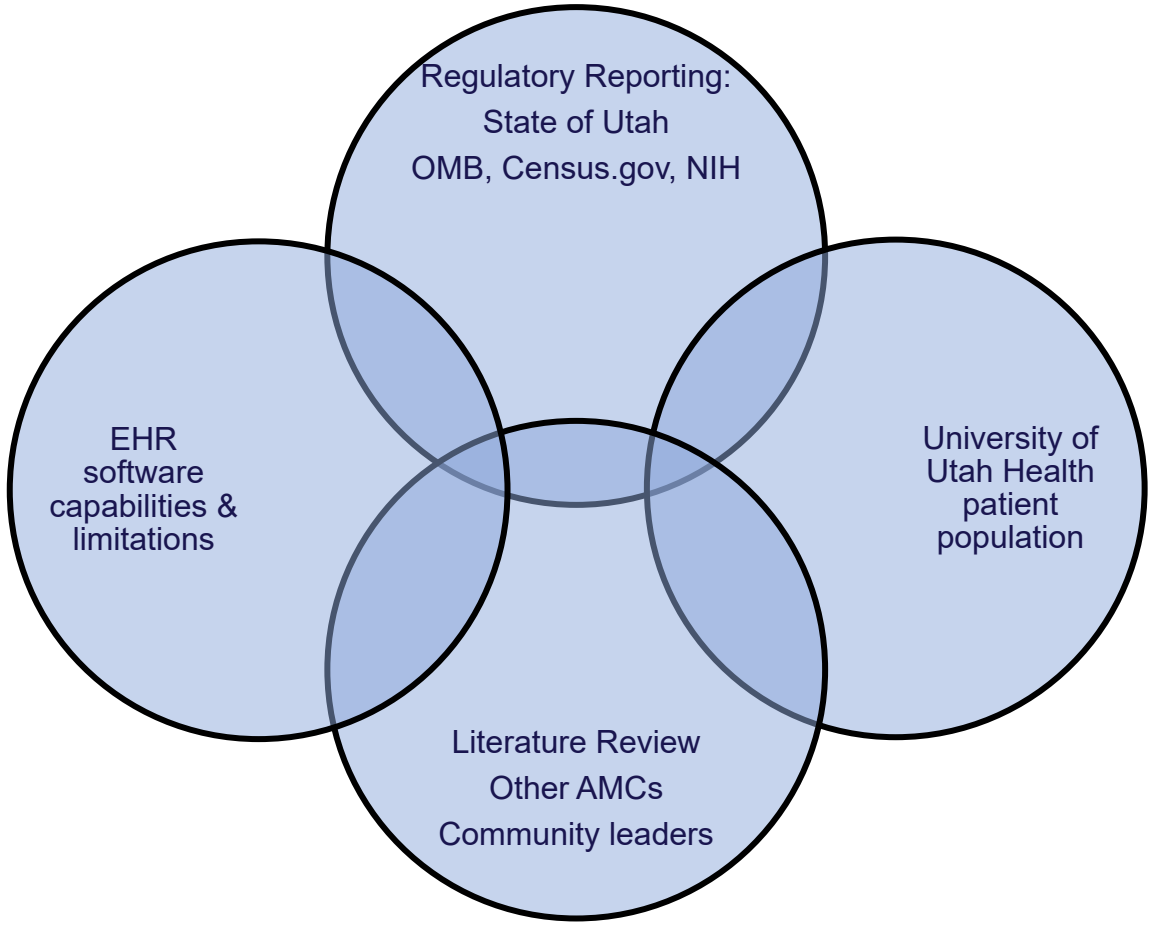
White
Afghan
Bosnian
Dutch
English
French
German
Italian
Irish
Polish
Russian
Scandinavian/Nordic
Scottish
Slavic
Ukrainian
White American
White Australian/New Zealander
Other White

Race
American Indian/Alaska Native
Asian
Black/African American
Native Hawaiian/Other Pacific Islander
White
Other

Ethnicity
Hispanic/Latino
Not Hispanic or Latino

Other Sections
Choose not to disclose
Accurate identification not listed
User did not ask (Staff use)
Unable to obtain (Staff use)

Back-end Data Mapping

INTERNAL U OF U REPORTING	OMB (REGULATORY) REQUIRED REPORTING	NIH REPORTING (Draft)
RACE	RACE	RACE
· American Indian or Alaska Native · Asian/Asian American · Black/African American · Hispanic or Latino/a/x · Middle Eastern or North African (MENA) · Native Hawaiian/Pacific Islander · White · Multi-race	· American Indian or Alaska Native · Asian · Black or African American · Native Hawaiian or Other Pacific Islander · White · Other	· American Indian or Alaska Native · Asian · Black or African American · Native Hawaiian or Other Pacific Islander · White · More than one race · Other
ETHNICITY	ETHNICITY	ETHNICITY
· Hispanic or Latino · Not Hispanic or Latino Ethnicity is based on RAE selection · If RAE selection does not include a “Hispanic” value, it will map to "not Hispanic". · If RAE selection includes a “Hispanic” value, it will map to "Hispanic/Latino/a".	· Hispanic or Latino · Not Hispanic or Latino Ethnicity is based on RAE selection · If RAE selection does not include a “Hispanic” value, it will map to "not Hispanic". · If RAE selection includes a “Hispanic” value, it will map to "Hispanic/Latino/a".	· Hispanic or Latino · Not Hispanic or Latino Ethnicity is based on RAE selection · If RAE selection does not include a “Hispanic” value, it will map to "not Hispanic". · If RAE selection includes a “Hispanic” value, it will map to "Hispanic/Latino/a".
MULTI-SELECTION	MULTI-SELECTION	MULTI-SELECTION
If patient picks more than one RAE value, “Multi-race” will be used. · If patient selects multiple RAE values of the same race, that race will be used.	· If patient picks more than one RAE value, “Other” will be used. · If patient selects multiple RAE values of the same race, that race will be used. · *Epic ADT interface will send the first listed race value on the patient record.	· If patient picks more than one RAE value, “More than one race” will be used. · If patient selects multiple RAE values of the same race, that race will be used.

How We Developed Our List