**WHY FOCUS ON SOCIODEMOGRAPHIC DATA?**

It is foundational to promoting health equity, as it helps us...

- Understand the populations we serve
  - Ensures a culturally sensitive and appropriate approach
- Eliminate inequalities that result from differences in health status
  - Identifies disparities in quality outcomes
  - Informs improvement efforts
- Ensure appropriate resources
  - Language services, food services, spiritual health, education/oulreach, sta™
- Promote standardization of processes across the system

**WHERE WE ARE NOW**

**WHERE WE ARE GOING**

**AREAS OF FOCUS**

<table>
<thead>
<tr>
<th>Acute care and Ambulatory care settings</th>
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<tbody>
<tr>
<td>1. <strong>Race</strong></td>
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<td>2. <strong>Ethnicity</strong></td>
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<td>3. <strong>Language</strong></td>
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<td>4. <strong>Sexual Orientation</strong></td>
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<td>5. <strong>Gender Identity</strong></td>
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<td>6. <strong>Social Determinants</strong></td>
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<td>7. <strong>Employment</strong></td>
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<td>8. <strong>Education</strong></td>
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<td>9. <strong>Housing Status</strong></td>
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**DATA INTEGRITY CONCERNS**

How we know it needs to improve

- Definitions of and process for entering race, ethnicity, and language are not standard across sites
- Very challenging to understand who we are serving on an aggregate level
- Gender identity largely missing
- Sexual orientation requires further review

**WHERE IS INVOLVED?**

**GOALS AND MILESTONES**

Standardizing collection of and improving collection compliance with patient sociodemographic data to reduce blanks, errors, unknown, patient refusal.

**MILESTONES:**

1. Design and implement standardized process for capturing sociodemographic variables on patients who enter our system
2. Establish target for compliance with process and mechanism to audit

**GOALS:**

1. Establish way to align data to be able to measure disparities in quality-specific outcomes
2. Statistically significantly reduce the amount of blanks, choose not to answer, or unknown answers

**TARGET END DATE**

**WHERE WE ARE GOING**

**- IMPROVEMENT WORK -**

**Establish standard process for Race-Ethnicity-Language data collection and entry**

- Clear definitions of what constitutes race, ethnicity, and language
- Align EMR to support
- Develop appropriate balancing metrics

**Ensure voice of customer**

- Patients understand why reporting these data are of benefit to them
- Patients feel supported and safe to self-identify their sociodemographic statuses

**Staff training**

- Ensure staff are equipped to appropriately ask these questions
- Foster engagement in equity initiatives

**Implement standardized processes across the system**

- Establish metrics that can measure desired process and outcome targets

**Further analyze SOGI and social determinant demographic data**

- Spread REL processes, where applicable, to SOGI and social determinants
- Processes may differ in collection of these data

**Unknown = Largest Grouping After Majority Population**

**Registration (Call Center)**

<table>
<thead>
<tr>
<th>Analytics/IT</th>
<th>Informatics</th>
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<tr>
<td>Providers/Nurses/ Clinic Staff Support</td>
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<td>Equity &amp; Inclusion Experts</td>
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<td>Patient Education</td>
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<td>Cultural Brokers</td>
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**SCIENCES TELL US**

Why bother asking for gender identity?

- Gender identity data is critically important for patient care
- Allowing patients to self-identify helps ensure timely and accurate care
- Improves patient experience and care planning

**IMPROVEMENT WORK**

- Acute care and Ambulatory care settings
  - Understand the populations we serve
  - Ensure appropriate resources
  - Promote standardization of processes across the system

**WHERE WE ARE NOW**

- Assembling interdisciplinary project team
  - Continue current state process mapping
  - Reporting up to executive leadership team monthly to foster alignment

**WHERE WE ARE GOING**

- Identify disparities in quality outcomes
  - Informs improvement efforts
  - Promote standardization of processes across the system

**AREAS OF FOCUS**

- Race
- Ethnicity
- Language
- Sexual Orientation
- Gender Identity
- Social Determinants
- Employment
- Education
- Housing Status

**MULTIDISCIPLINARY TEAM – WHO IS INVOLVED?**

- It is a large scale, cross-disciplinary effort

**Standard Options for Ethnicity at St. John's & Joe's:**

- AMERICAN
- CANADIAN
- ASIAN
- BIRACIAL
- LISTED AS ETHNICITY
- NEWBORN
- AFRICAN
- HISPANIC
- LISTED AS RACE
  - LEFT GENDER IDENTITY FIELD BLANK
  - 0.09% RECORDED AS TRA
  - NS
  - TS

**Standard Options for Ethnicity at St. John's & Joe's:**

- HISPANIC/LATIN-X
  - NOT HISPANIC/LATIN-X

**WHAT IS MAJOR RACE OF HEALTH-RELATED?**

- AMERICAN
- CANADIAN
- ASIAN
- BIRACIAL
- LISTED AS ETHNICITY
- NEWBORN
- AFRICAN
- HISPANIC
  - LISTED AS RACE
  - LEFT GENDER IDENTITY FIELD BLANK
  - 0.09% RECORDED AS TRA
  - NS
  - TS

**AMERICAN CANADIAN ASIAN BIRACIAL LISTED AS ETHNICITY NEWBORN AFRICAN HISPANIC LISTED AS RACE LEFT GENDER IDENTITY FIELD BLANK 0.09% RECORDED AS TRA NS TS**

**Social Determinants**

- Eliminate inequalities that result from differences in heatlth status