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# FROM COLLECTION TO ACTION: ACCURATE DATA THAT ACCELERATES HEALTH EQUITY

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Stormont Vail  
Health



# OBJECTIVES

1. To educate participants on the importance of collecting robust and validated patient data from state and local sources as a foundation for improving healthcare outcomes and overall community health.
2. To provide practical insights into the process of leveraging demographic and health-related social needs data to identify areas for improvement in patient outcomes, thereby addressing disparities in healthcare access and quality.
3. To inspire participants to take action and implement data-driven approaches within their own healthcare organizations, emphasizing the potential impact on improving health equity and overall patient well-being.



# Mission, Vision, and Pillar

## Mission

Working together to improve the health of our community.

## Vision

Stormont Vail Health will be a national leader in providing compassionate, high-quality and efficient integrated care through collaboration that results in a healthier community.

## Community Pillar

### Community

Together we invest our time and resources in our community. We partner with like-minded organizations to advance our mission of working together to improve the health of our community.

- Food Security: Make healthy foods the easy choice.
- Health Equity: Ensure everyone is equally equipped to improve their health.
- Education: Eliminate barriers to understanding how to live healthy.
- Economic Vitality: Strengthen our workforce and our community.

# STORMONT VAIL'S ROLE IN EQUITY

- Actively promoting equity positively impacts hospital outcomes
- Our vision:

“Stormont Vail Health will be a **national leader** in providing **compassionate**, **high-quality** and **efficient integrated care** through **collaboration** that results in a healthier community.”



# Fiscal Year 2024 Strategic Plan Goals

1

Decrease the disparity in the incidence of low birth weight existing between White and Black babies delivered at SVH Topeka Campus

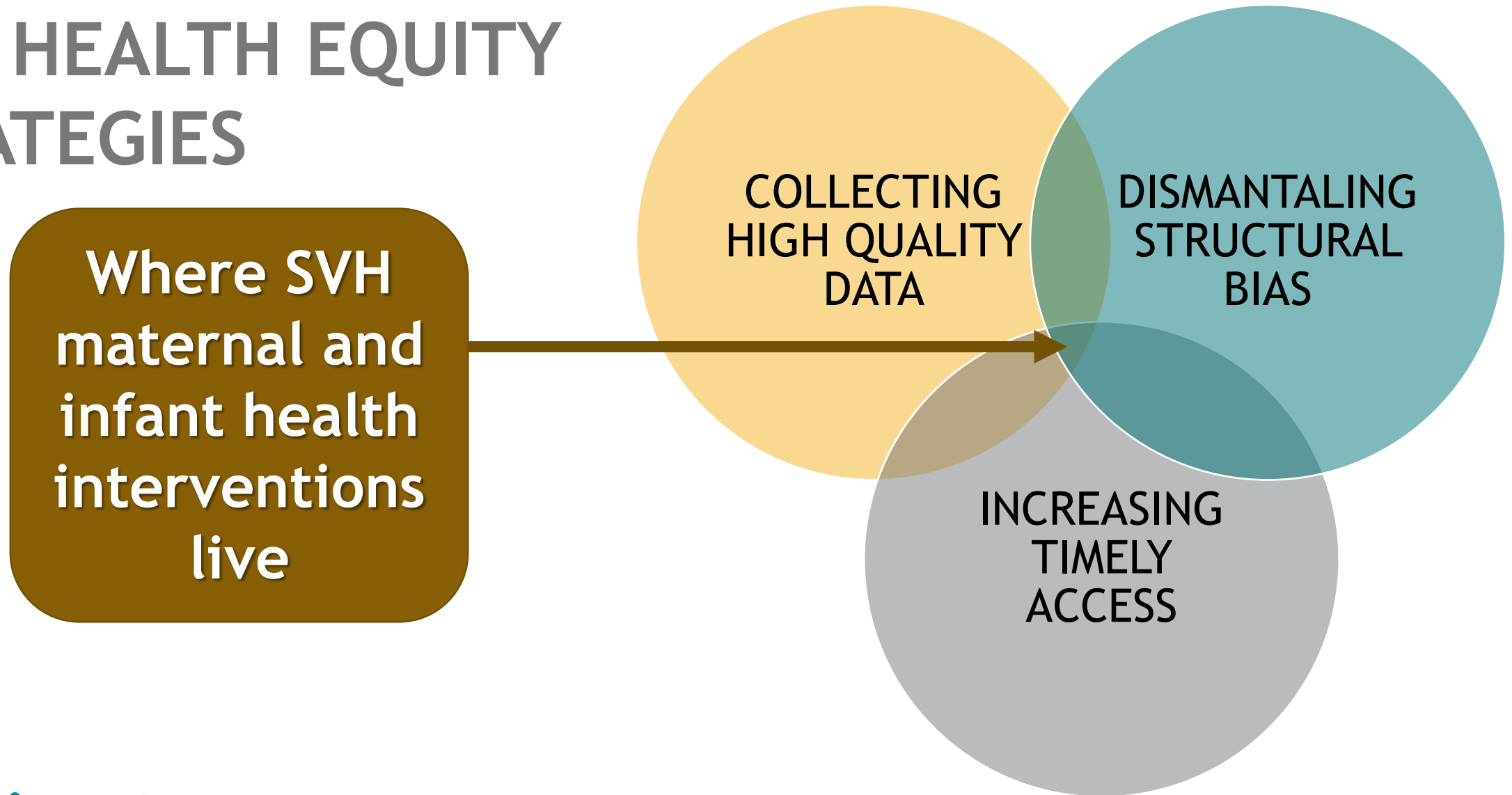
2

Decrease the disparity between White Birthing Persons and Black Birthing persons completing their first prenatal appointment before 13 weeks.

3

Decrease the disparity between White Birthing Persons and Black Birthing persons completing  $\geq 9$  prenatal visits

# HOW WE PRIORITIZED OUR HEALTH EQUITY STRATEGIES



# COLLECTING HIGH QUALITY DATA



**Data is the backbone of  
health equity.**



# WHY WE NEED BETTER DATA

## 01

The U.S. Census Bureau estimates that **multiracial Americans will triple by 2060** (Pew Research). Health systems need to accurately account for patients who do not fit into one racial demographic.

## 03

Despite studies showing **statistically significant differences in health outcomes** for African born blacks compared to American born blacks, both groups are often categorized together. -Griffith, et al., 2011

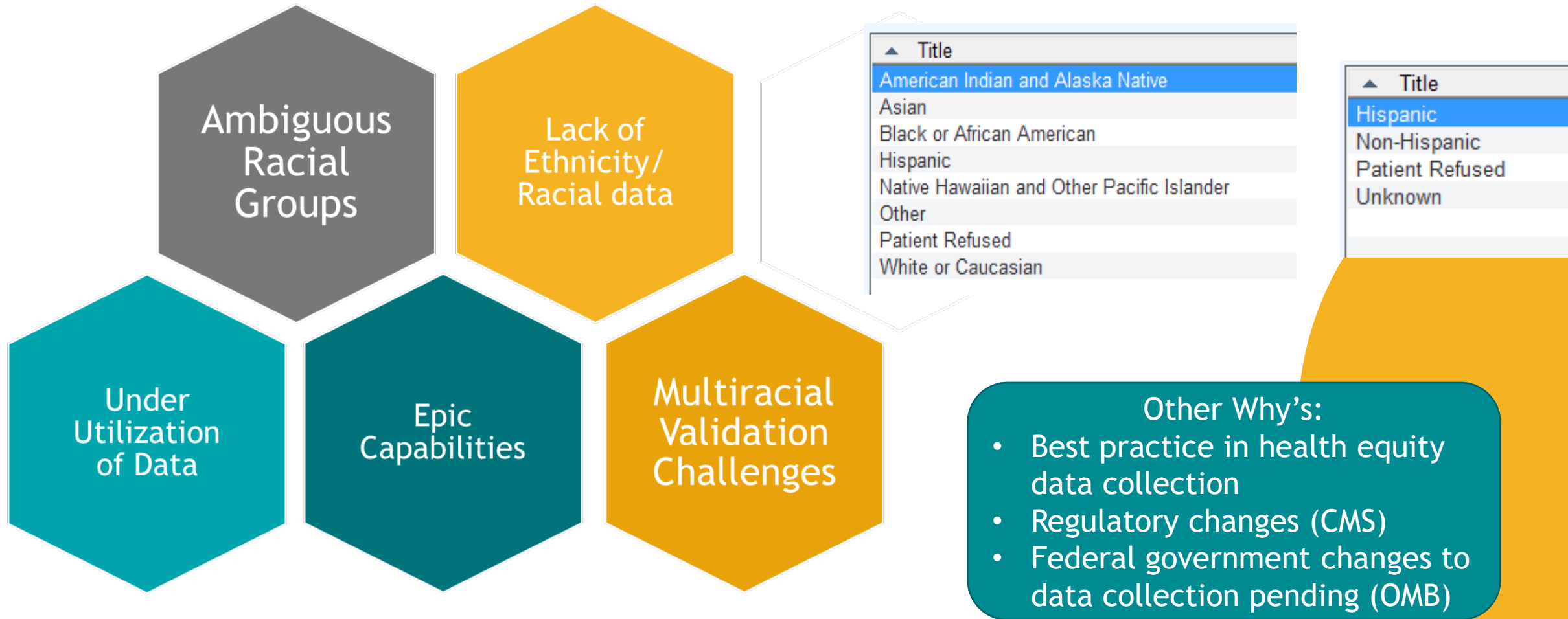
## 02

Racial and Ethnic Minorities are projected to **account for a majority of the U.S. population by 2043**.  
-American Hospital Association

## 04

By not capturing pertinent patient data, such as comprehensive and complete racial information, we may be **missing key opportunities to close gaps in care** for our patient population.

# PREVIOUS STATE: INTERFACE DESIGN



# WHERE WE RANKED

Category	Maximum score	Organization readiness score (Relative to maximum score)	Organization competency
Data collection	16	9	Moderate
Data collection training	14	0	Opportunities for improvement
Data validation	12	2	Opportunities for improvement
Data stratification	16	0	Opportunities for improvement
Communicate findings	12	0	Opportunities for improvement
Resolve differences	15	7	Opportunities for improvement
Culture and leadership	15	12	Outstanding
Organization practices	18	15.5	Outstanding
Social needs screening	18	15	Moderate
Community partnerships/support	14	11.5	Outstanding
Organization readiness score	150	72	Opportunities for improvement

# NEW DATA COLLECTION STRUCTURE

## Current Structure

▲ Title

American Indian and Alaska Native
Asian
Black or African American
Hispanic
Native Hawaiian and Other Pacific Islander
Other
Patient Refused
White or Caucasian

▲ Title

Hispanic
Non-Hispanic
Patient Refused
Unknown

8. Which categories describe Person 1? Mark all boxes that apply AND print details in the spaces below. Note, you may report more than one group.

☐ **WHITE** – Provide details below.

<input type="checkbox"/> German	<input type="checkbox"/> Irish	<input type="checkbox"/> English
<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> French

Print, for example, Scottish, Norwegian, Dutch, etc. ⌵

☐ **HISPANIC, LATINO, OR SPANISH** – Provide details below.

<input type="checkbox"/> Mexican or Mexican American	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Dominican	<input type="checkbox"/> Colombian

Print, for example, Guatemalan, Spaniard, Ecuadorian, etc. ⌵

☐ **BLACK OR AFRICAN AM.** – Provide details below.

<input type="checkbox"/> African American	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Haitian
<input type="checkbox"/> Nigerian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali

Print, for example, Ghanaian, South African, Barbadian, etc. ⌵

☐ **ASIAN** – Provide details below.

<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese

Print, for example, Pakistani, Cambodian, Hmong, etc. ⌵

☐ **AMERICAN INDIAN OR ALASKA NATIVE** – Provide details below.

<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Central or South American Indian
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Print, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat, Nome Eskimo Community, etc. ⌵

☐ **MIDDLE EASTERN OR NORTH AFRICAN** – Provide details below.

<input type="checkbox"/> Lebanese	<input type="checkbox"/> Iranian	<input type="checkbox"/> Egyptian
<input type="checkbox"/> Syrian	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Algerian

Print, for example, Israeli, Iraqi, Tunisian, etc. ⌵

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – Provide details below.

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chamorro
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Marshallese

Print, for example, Palauan, Tahitian, Chuukese, etc. ⌵

☐ **SOME OTHER RACE, ETHNICITY, OR ORIGIN** – Print below. ⌵

- Inclusive and intuitive R/E options
- Self-identification and validation processes
- Higher data specification and utilization
- Emphasis on MyChart utilization to lessen staff load

# NEW INTERFACE DESIGN

## MyChart Interface

**Details About Me**

Preferred First Name <sup>i</sup>  
Not entered

Legal Sex <sup>i</sup>  
Female

Gender Identity  
Female

Sex Assigned at Birth  
Not entered

Sexual Orientation  
Straight

Marital Status  
Single

Race  
Not entered

Ethnicity  
Unknown

Ethnic Background  
Cherokee Nation

Language  
English

Religion  
Not entered

Ethnic Background

African American  
Alaska Native  
Algerian

Hold the CTRL key to select multiple options.

## Epic Interface

**Demographics**

Basics Employer and Identification Patient Contacts Pharmacies and Labs EpicCare Information Patient Lists Advance Directives Code Status

**Basics**

Name  
Molly Cave

SSN  
555-44-7474

Date of Birth  
1/1/1990

Legal Sex  
Female

Gender Identity  
Female

Sexual Orientation  
Straight

Sex Assigned at Birth  
—

**Communication**

Address  
1212 Main St  
TOPEKA KS 66611

Phone  
—

Email  
—

**Additional**

Language  
English

Interpreter Needed  
—

Marital status  
Single

Ethnicity  
Unknown

Phonetic Name  
—

Race  
—

Religion  
—

Ethnic Background  
Cherokee Nation

Preferred Form of Address  
—

Permanent Comments  
—

**Additional Demographics**

Language  
—

Interpreter Needed  
—

Marital Status  
—

Religion  
—

Ethnicity  
—

Phonetic Name  
—

Race  
—

Ethnic Background  
—

Title  
—

Number  
—

Hispanic  
2

Non-Hispanic  
1

Patient Refused  
4

Unknown  
3

Close Cancel

Interpreter Needed  
—

Phonetic Name  
—

Marital Status  
—

Race  
—

Ethnic Background  
—

Religion  
—

Insert SmartText

1

Title	Number
American Indian or Alaska Native	3
Asian	4
Black or African American	2
Hispanic, Latino, or Spanish	6
Middle Eastern or North African	11
Native Hawaiian or other Pacific Islander	5
Other	9
Patient Refused	7
White or Caucasian	1

## Sample of Racial Group Definition List

Racial Group Option	Definition
<b>American Indian/Alaska Native</b>	A person having origins in any of the original peoples of North and South America (including Central America) and those who may maintain tribal affiliation or community attachment.
<b>Asian</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.
<b>Biracial/Multiracial</b>	A person having origin from two or more racial groups based on biological parent race(s).  <b>Note: Do not select a racial group that is isolated to further back than two generations ago</b> (biological grandparents) nor select a racial group that you are not apart of but is represented in extended family members (aunts, uncles, cousins, etc.) only.
<b>Black/African American</b>	The category "Black or African American" includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, Bahamian, etc.
<b>Hispanic/Latino</b>	A person of the Spanish-language-speaking Latin America and Spain such as Cuban, Mexican, Puerto Rican, South or Central American persons, or other Spanish culture or origin, regardless of race. Latino- A person coming from Latin American countries and cultures, regardless of whether the person speaks Spanish.
<b>Middle Eastern/North African</b>	A person who identifies with one or more nationalities or ethnic groups originating in the Middle East or North Africa. Examples of these groups include, but are not limited to, Algerian, Bahraini, Egyptian, Emirati, Iranian, Iraqi, Israeli, Jordanian, Kuwaiti, Lebanese, Libyan, Moroccan, Omani, Palestinian, Qatari, Saudi Arabian, Syrian, Tunisian, Yemeni, Amazigh or Berber, Arab or Arabic,

## List of Ethnic Backgrounds By Racial Group

Final Version:

- ☐ American Indian or Alaska Native
  - o Alaska Native
  - o Cherokee Nation
  - o Iowa Tribe of Kansas and Nebraska
  - o Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas
  - o Prairie Band Potawatomi Nation
  - o Sac & Fox Nation of Missouri (Kansas and Nebraska)
  - o None
  - o Other
  - o Unknown
  - o Declined
- ☐ Asian
  - o Chinese
  - o Filipino
  - o Asian Indian
  - o Vietnamese
  - o Korean
  - o Japanese
  - o Other
  - o Unknown
  - o Declined
- ☐ Black or African American
  - o African American
  - o Jamaican
  - o Haitian
  - o Nigerian
  - o Ethiopian
  - o Somali
  - o Other
  - o Unknown
  - o Declined
- ☐ Hispanic, Latino, or Spanish
  - o Mexican or Mexican American
  - o Puerto Rican
  - o Cuban
- o Salvadoran
- o Dominican
- o Colombian
- o Other
- o Unknown
- o Declined
- ☐ Middle Eastern or North African
  - o Lebanese
  - o Iranian
  - o Egyptian
  - o Syrian
  - o Moroccan
  - o Algerian
  - o Other
  - o Unknown
  - o Declined
- ☐ Native Hawaiian or other Pacific Islander
  - o Native Hawaiian
  - o Samoan
  - o Chamorro
  - o Tongan
  - o Fijian
  - o Marshallese
  - o Other
  - o Unknown
  - o Declined
- ☐ White or Caucasian
  - o German
  - o Irish
  - o English
  - o Italian
  - o Polish
  - o French
  - o Ukrainian
  - o Other
  - o Unknown
  - o Declined

# TRAINING: RESPONSE MATRIXES

"Are you saying that health inequities have happened at Stormont?"	We don't know, but we want to make sure that all our patients get the best care possible.
"Who looks at this?"	The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement.
"Are you trying to find out if I'm a US citizen?"	No. Definitely not!! Also, you should know that the confidentiality of what you say is protected by law, and we do not share this information with anyone.
"What will my information be used for?"	Information you give us on your race, ethnicity, and language will help us provide better services and programs to everyone. For example, with this information, we can provide health information in languages spoken by our patients and offer effective programs that can improve health.
"Who are you collecting this information from?"	We are collecting this information from all our patients.

Patient Response	Suggested Response
"I'm human."	Is that your way of saying that you do not want to answer the question? If so, I can just say that you didn't want to answer.
"It's none of your business."	I'll just put down that you didn't want to answer, which is fine.
"Why do you care? We're all human beings."	Well, many studies from around the country have shown that a patient's race and ethnicity can influence the treatment they receive. We want to make sure this doesn't happen here, so we use this information to check and make sure that everyone gets the best care possible. If we find a problem, we fix it.

Patient Response	Suggested Response
"I'm American."	Would you like to use an additional term, or would you like me to just put American?
"Can't you tell by looking at me?"	Well, usually I can. But sometimes I'm wrong, so we think it is better to let people tell us. I don't want to put in the wrong answer. I'm trained not to make any assumptions.
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	That is really up to you. You can use any term you like. It is fine to say that you are Nigerian.



# MARKETING CAMPAIGN

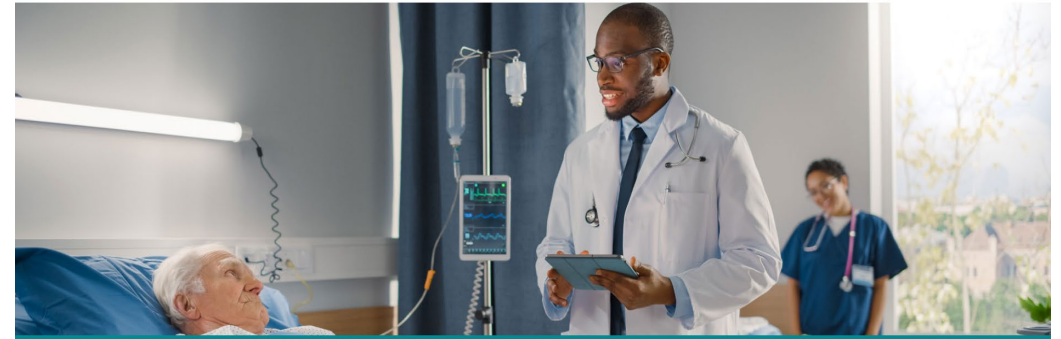


**New Initiative Launches May 30**

The more we know about you, the better we can serve you!

Update your demographic information at your next visit or online through MyChart.

**WE ASK BECAUSE WE CARE**



## We Ask Because We Care

### Frequently Asked Questions about We Ask Because We Care

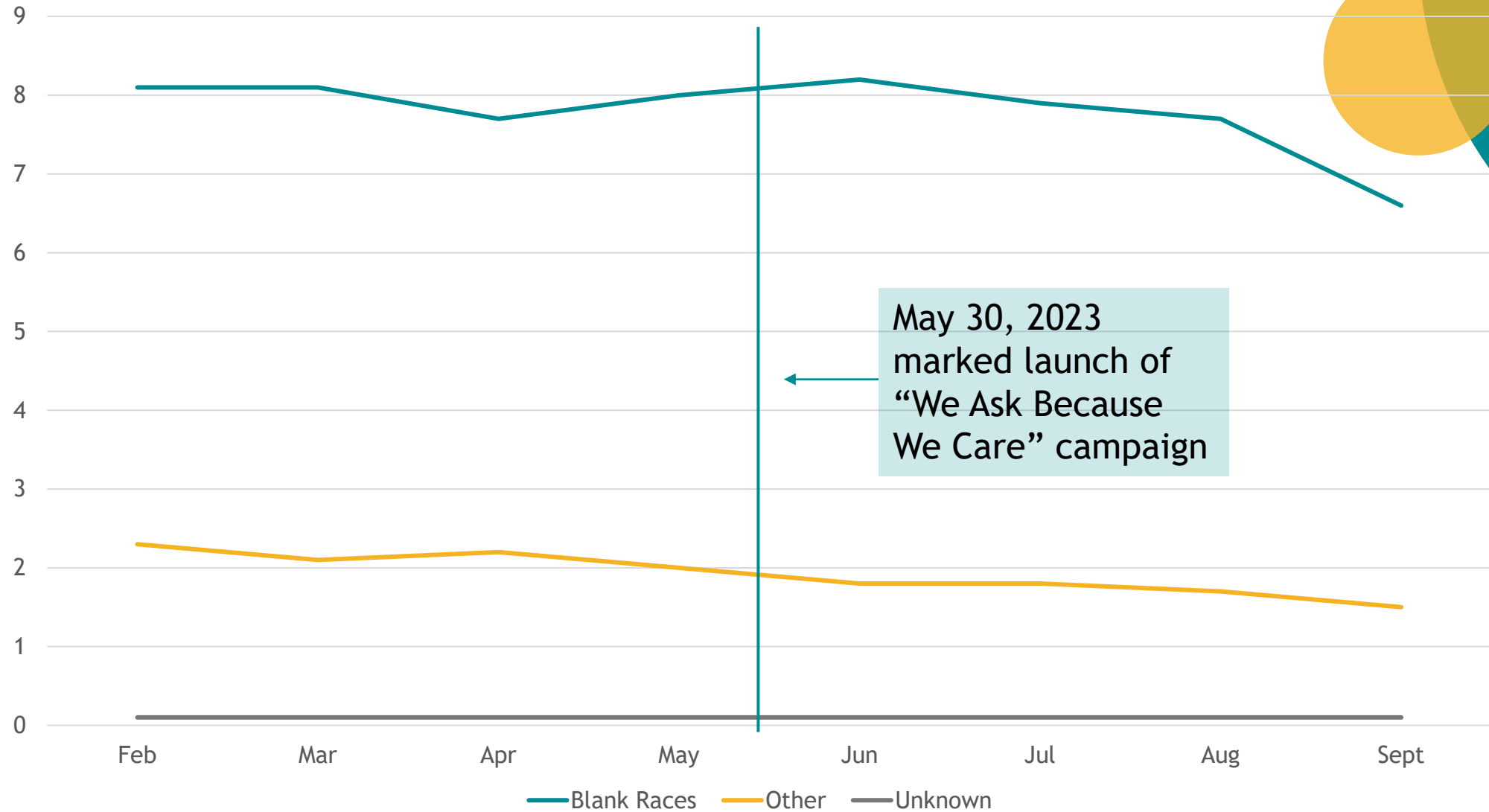
What Is "We Ask Because We Care"?	+
How do I update my information?	+
What does We Ask Because We Care mean for you?	+
Why does Stormont Vail ask about race and ethnicity? How are these relevant to patient care?	+
Who asks these questions?	+
Who will be able to access this information? Will Stormont Vail share it?	+
How will Stormont Vail store this information?	+
Are these questions mandatory?	+

### Sources:

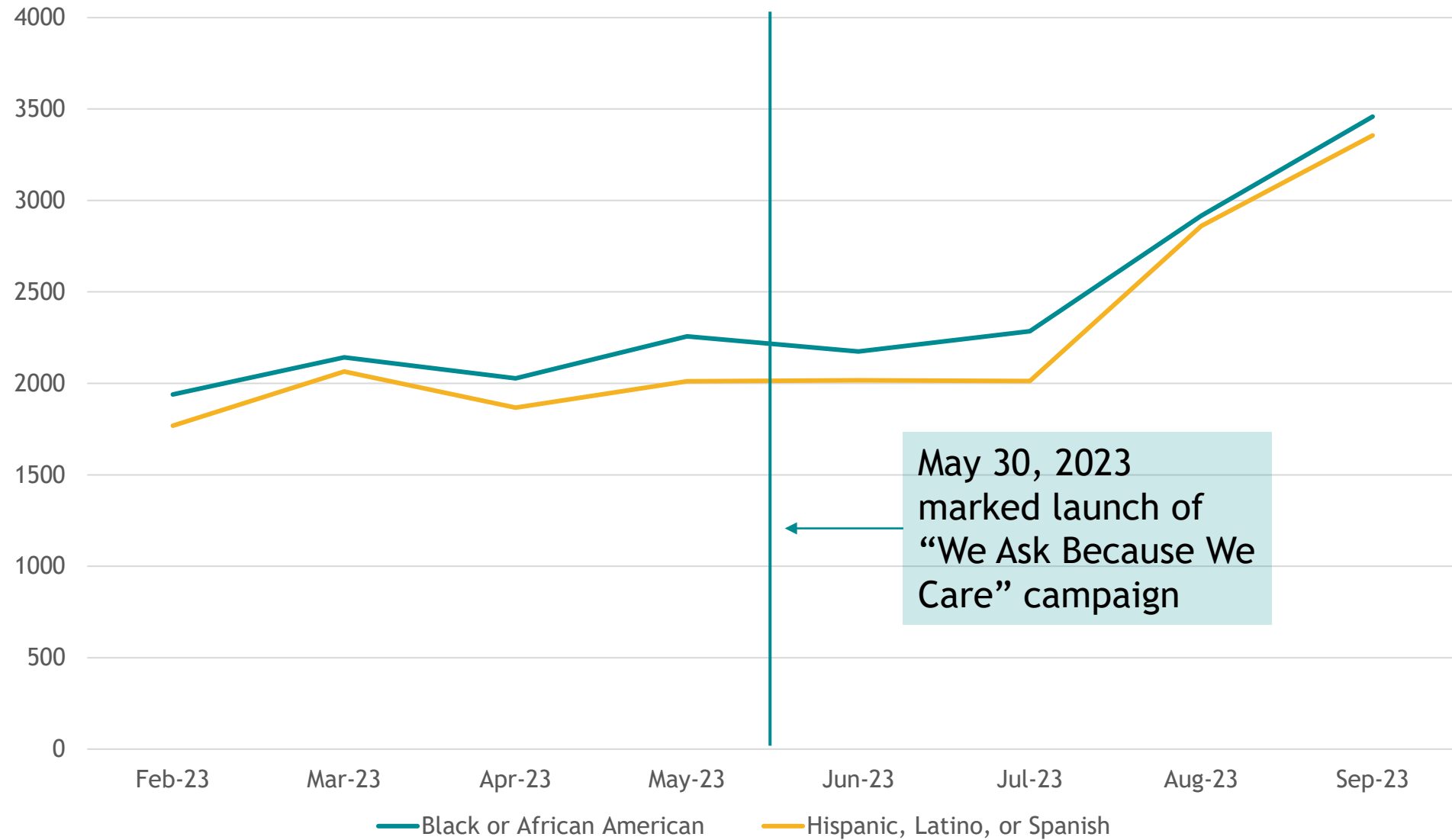
- American Hospital Association. (2020, December 17). Health Equity Snapshot: A Toolkit for Action. [https://www.aha.org/system/files/media/file/2020-12/Health\\_Equity\\_Snapshot\\_Survey\\_FINAL.pdf](https://www.aha.org/system/files/media/file/2020-12/Health_Equity_Snapshot_Survey_FINAL.pdf)
- Chicago Medicine. (n.d.). We Ask Because We Care. <https://www.chicagomedicine.org/patients-visitors/patient-information/why-we-ask/>
- Stanford Medicine. (2023, January 25). We Ask Because We Care. Health Equity. <https://med.stanford.edu/health-equity/WHAWC.html>



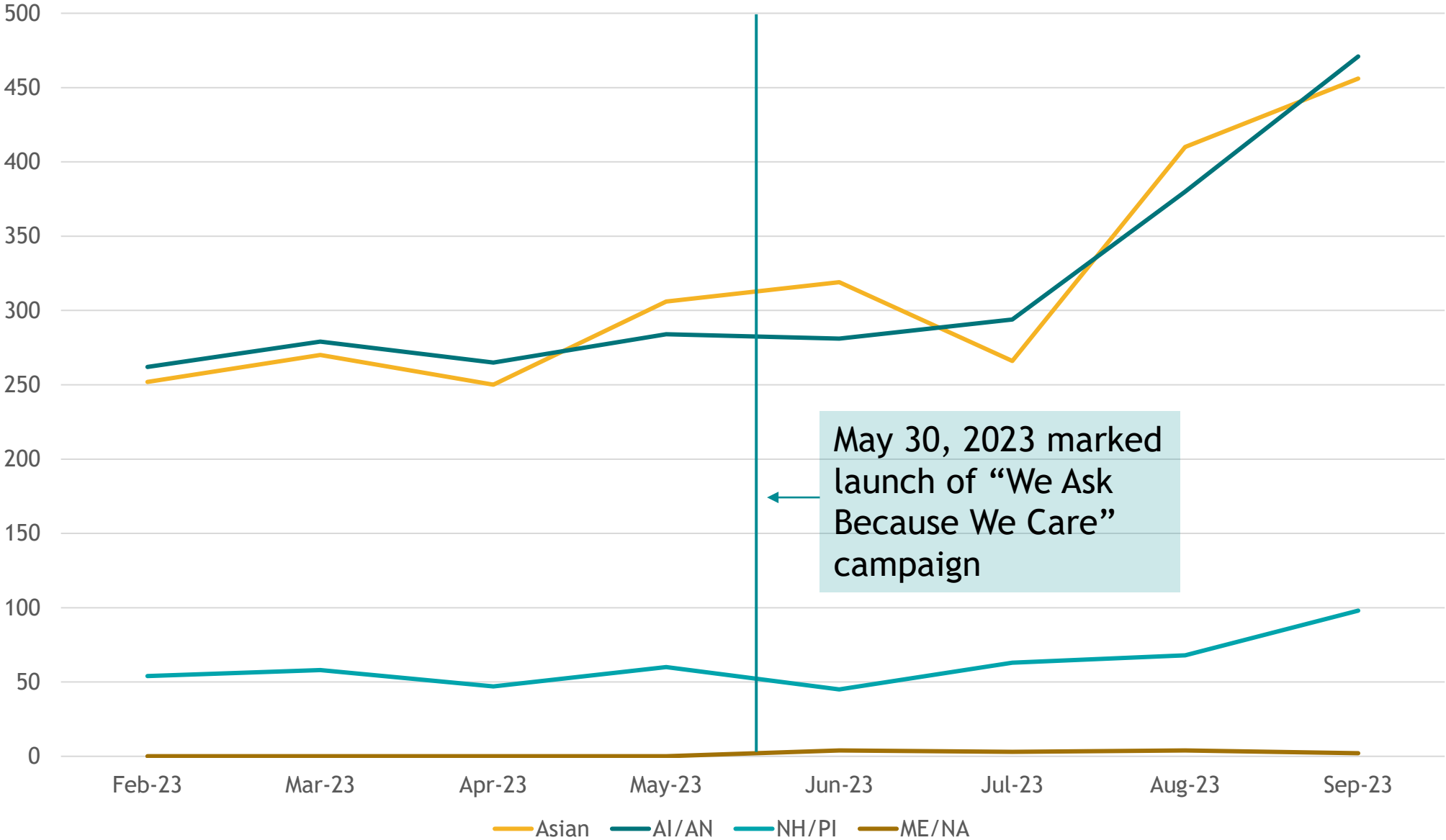
## Trend Changes in Blank, Other, and Unknown Entries



## Data Entry Trends for Black and Latino Demographics

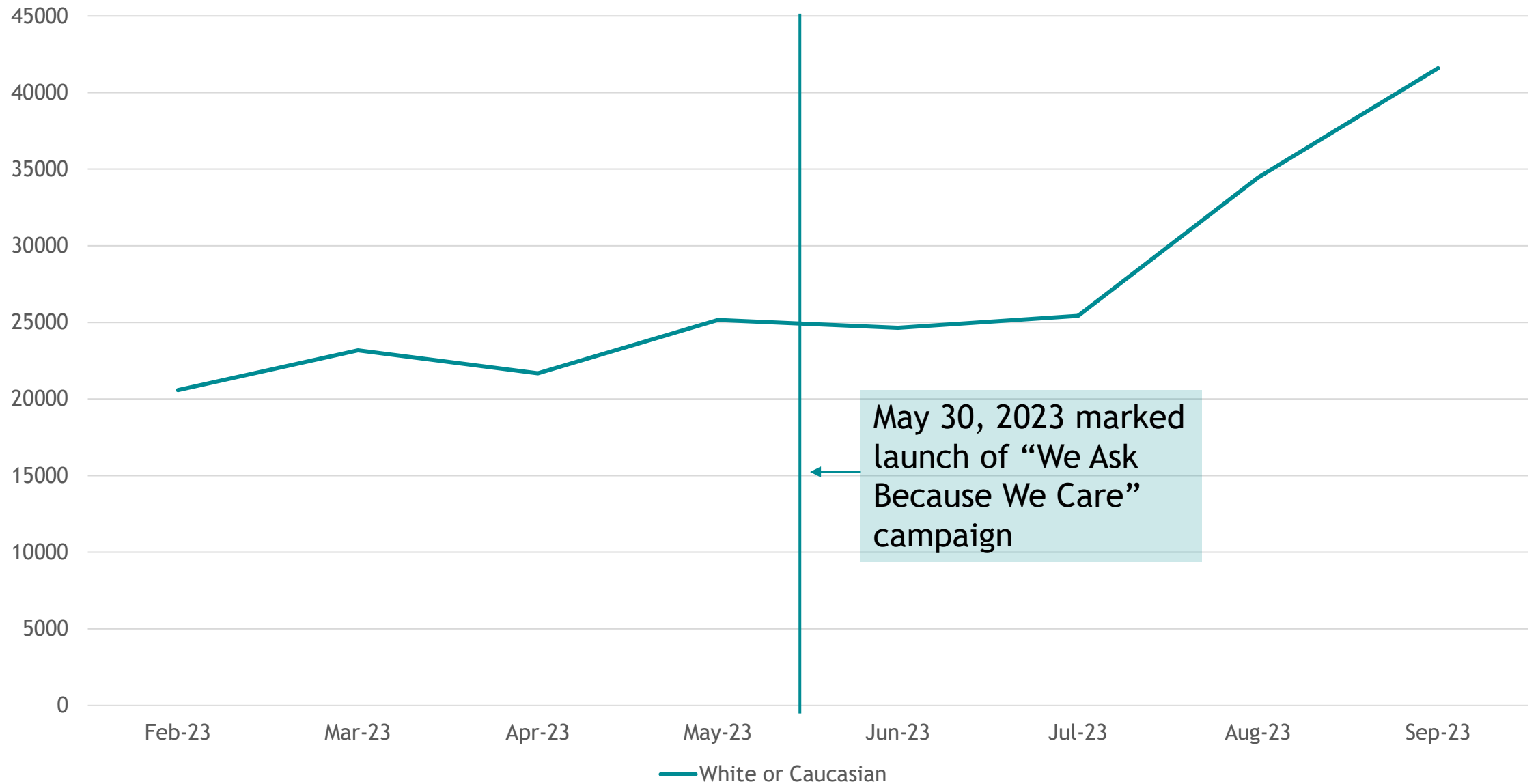


# Data Entry Trends for Asian, AI/AN, NH/PI, ME/NA

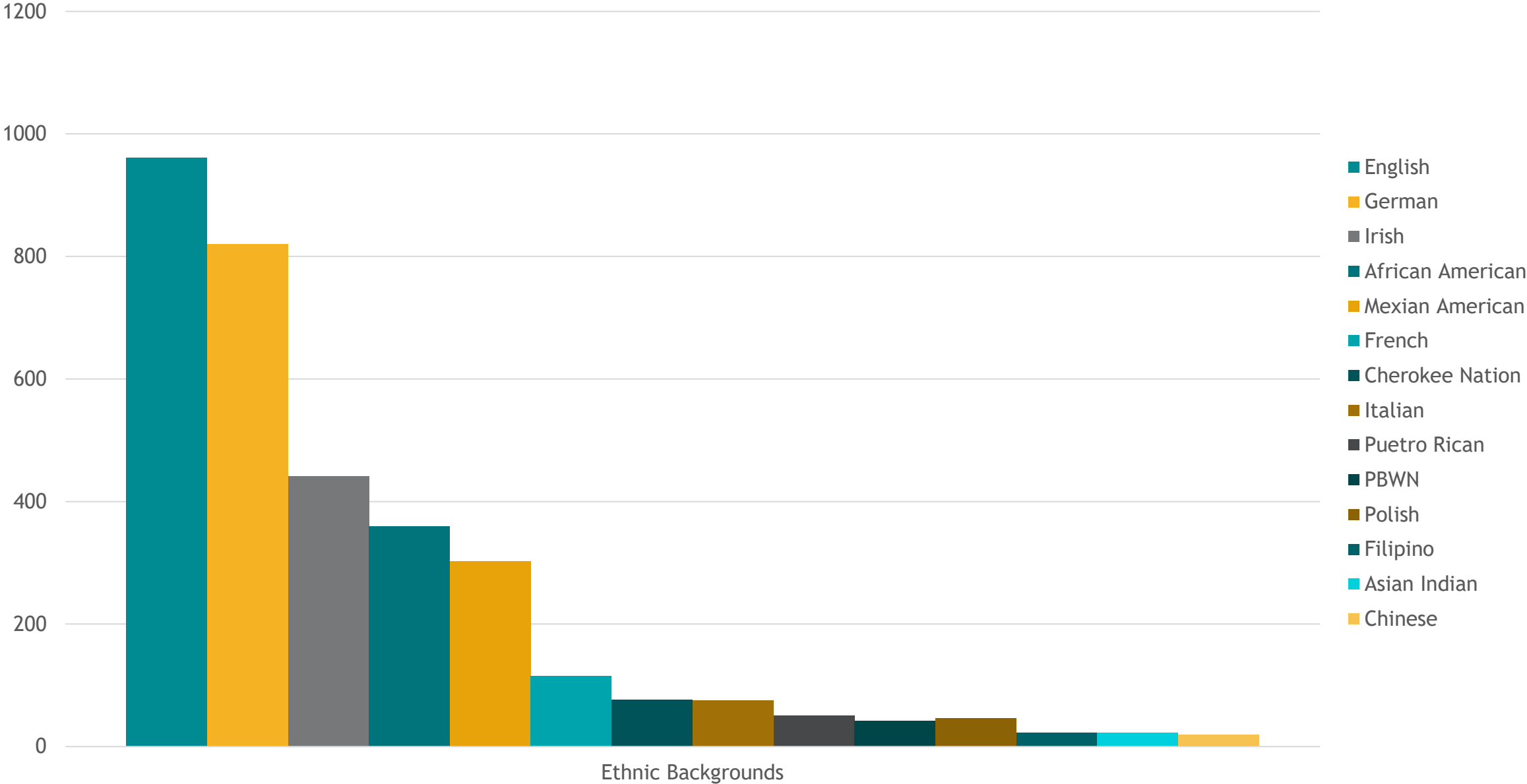


May 30, 2023 marked launch of "We Ask Because We Care" campaign

## Data Entry Trends for White or Caucasian



# Most Common Ethnic Backgrounds





## Project Wins

- Significant reduction in blank entries for race
- Nearly 12,000 total ethnicity responses since June 2023
- 47% of patients have opted in to providing additional ethnicity information

- Additional team member support/training on more consistent demographic data collection, especially for ethnic background
- Ongoing feedback loop to share successes and struggles
- Community engagement opportunity to build trust

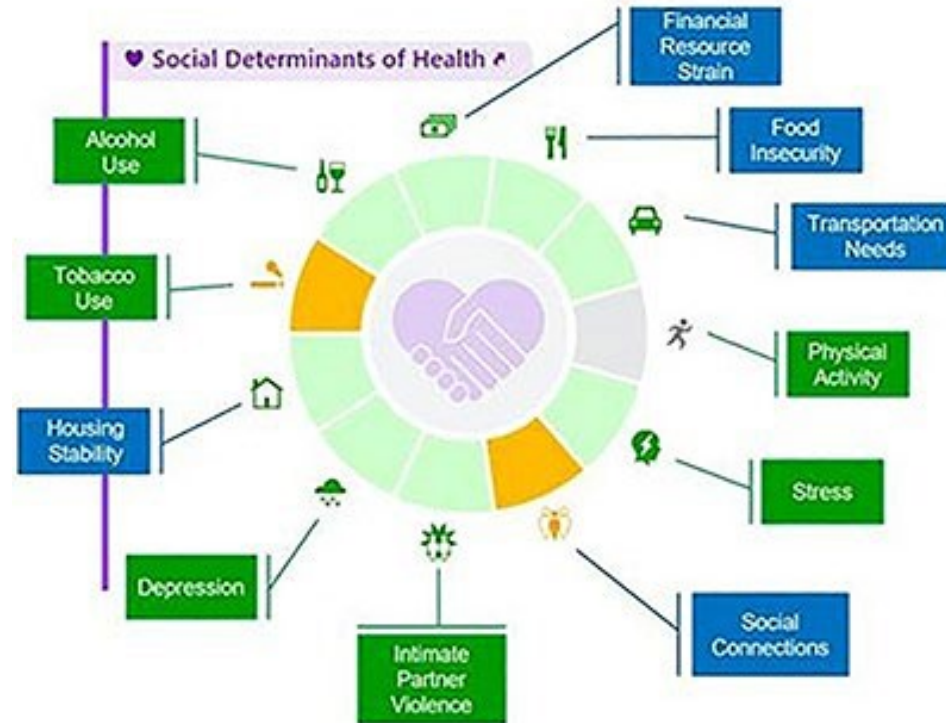
## Project Lessons

# INCREASING TIMELY ACCESS

# SDOH Questionnaire-

- ✓ SUBSTANCE USE
- ✓ DEPRESSION
- ✓ FINANCIAL RESOURCE STRAIN
- ✓ FOOD INSECURITY
- ✓ HOUSING STABILITY
- ✓ INTIMATE PARTNER VIOLENCE
- ✓ PHYSICAL ACTIVITY
- ✓ SOCIAL CONNECTIONS
- ✓ STRESS
- ✓ TRANSPORTATION NEEDS

## EPIC SDOH Wheel



❖ Social Risk Factors

❖ Behavioral Health Risk Factors

As social factors are documented, the SDOH Wheel will update:

- Green.....no to low risk
- Yellow...moderate risk
- Red.....high risk
- Gray.....no data (patient refused or not screened)

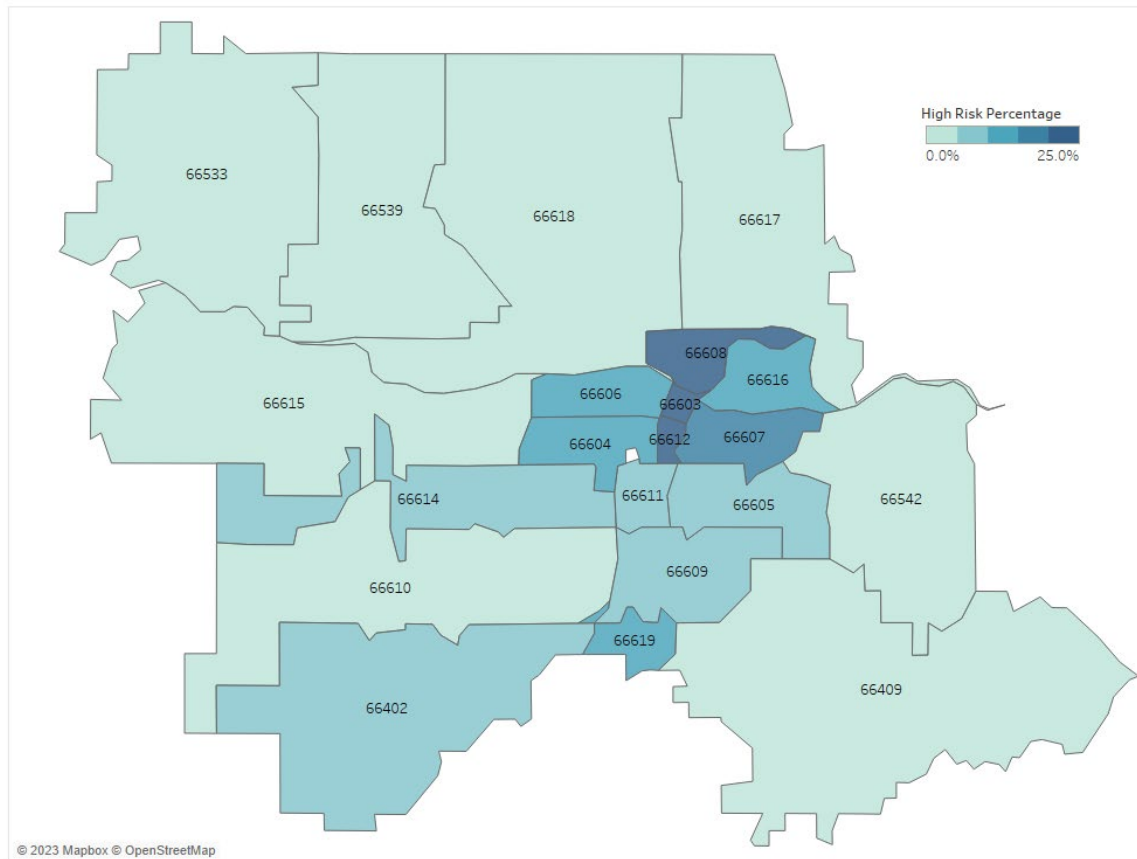
 ThedaCare.



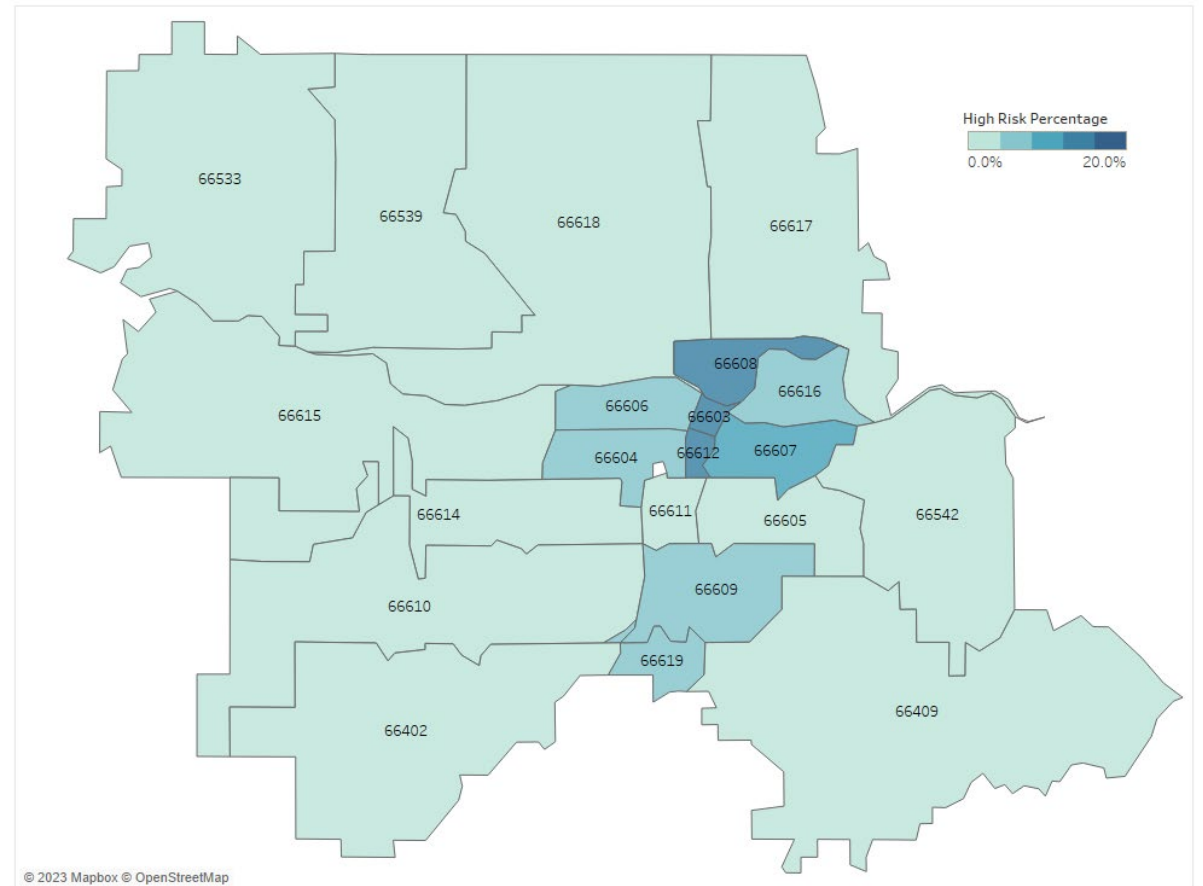


## Food Insecurity by ZIP (SNCO)

Food Insecurity by ZIP: Percentage High Risk

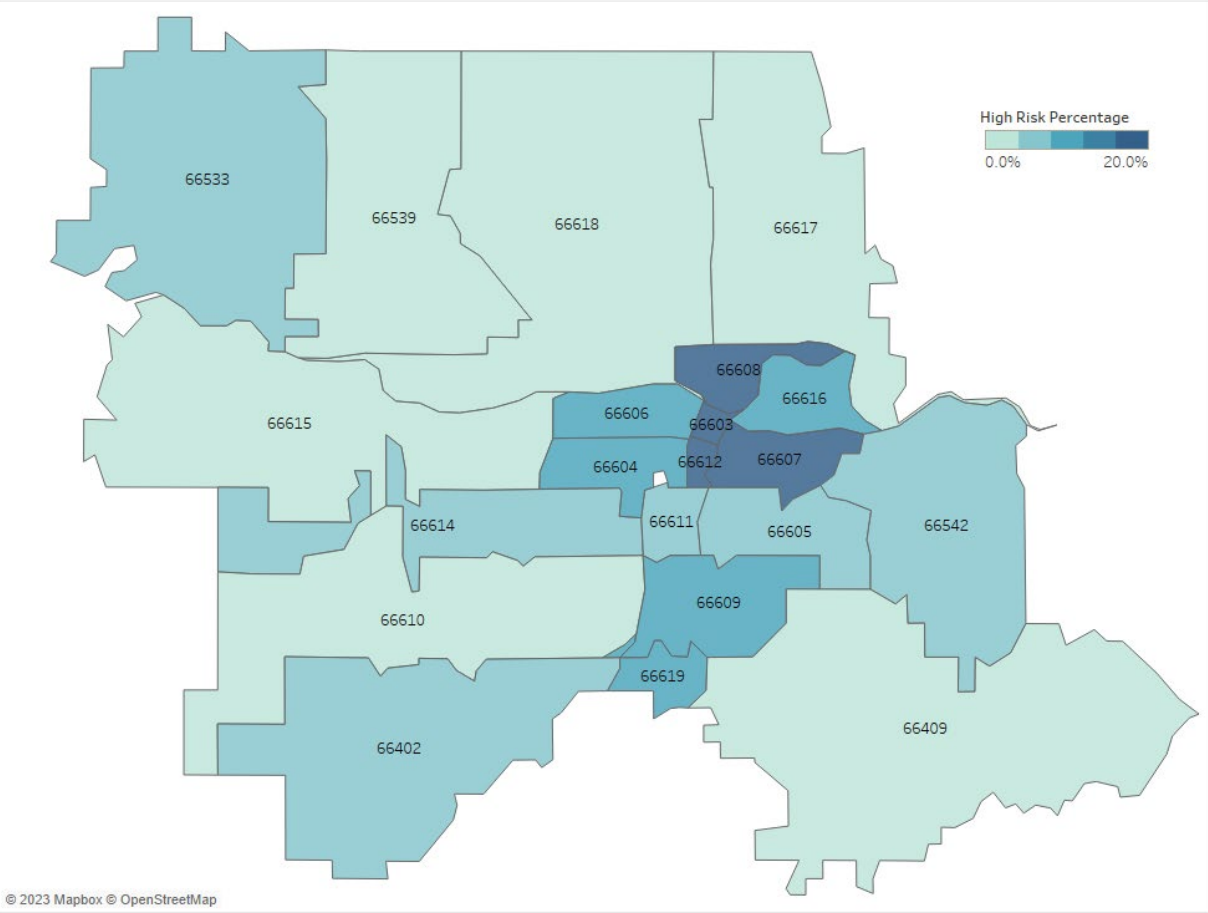


Transportation by ZIP: Percentage High Risk



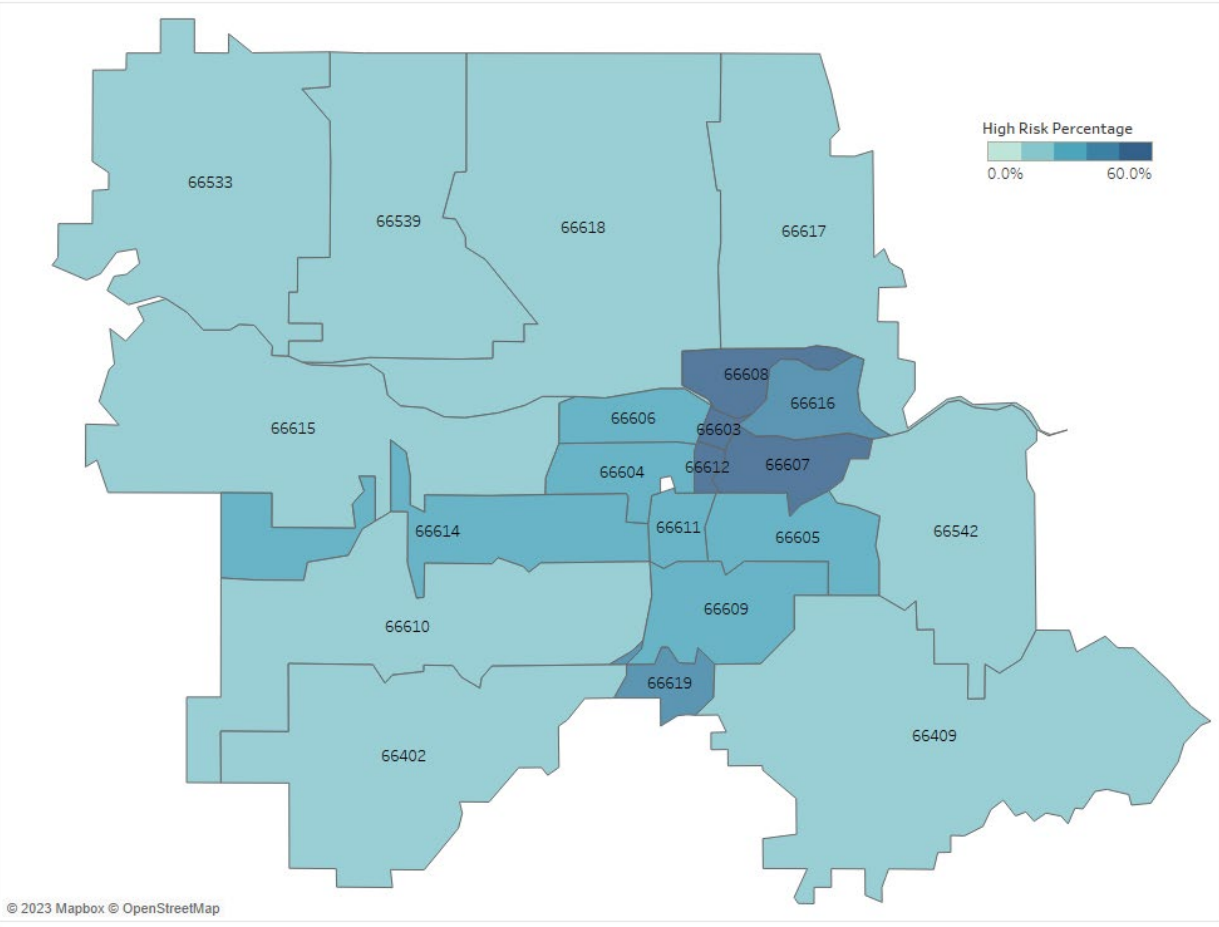
## Transportation by ZIP (SNCO)

Housing Stability: Percentage High Risk



Social Connections by ZIP (SNCO)

Social Connections: Percentage High Risk



Housing Stability by ZIP (SNCO)

# LET'S TAKE A LOOK AT MATERNAL AND INFANT HEALTH OUTCOMES...

Although some causes of poor maternal morbidity and mortality rates are known, we also know the data has limitations.

## Maternal Causes

Obesity

Smoking

Prenatal Care Access (1<sup>st</sup> trimester)

Prenatal Care Consistency (11 prenatal visits)

## Infant Causes

Low birth weight

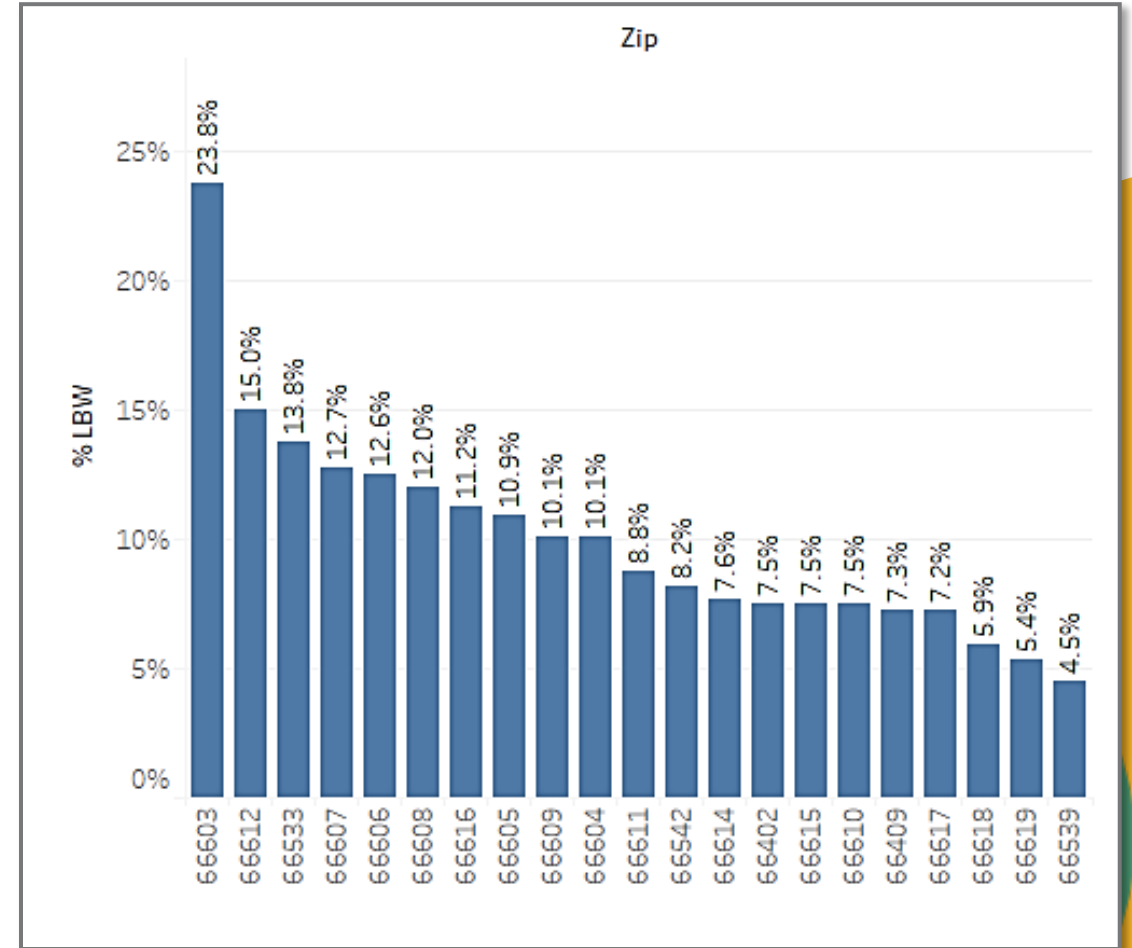
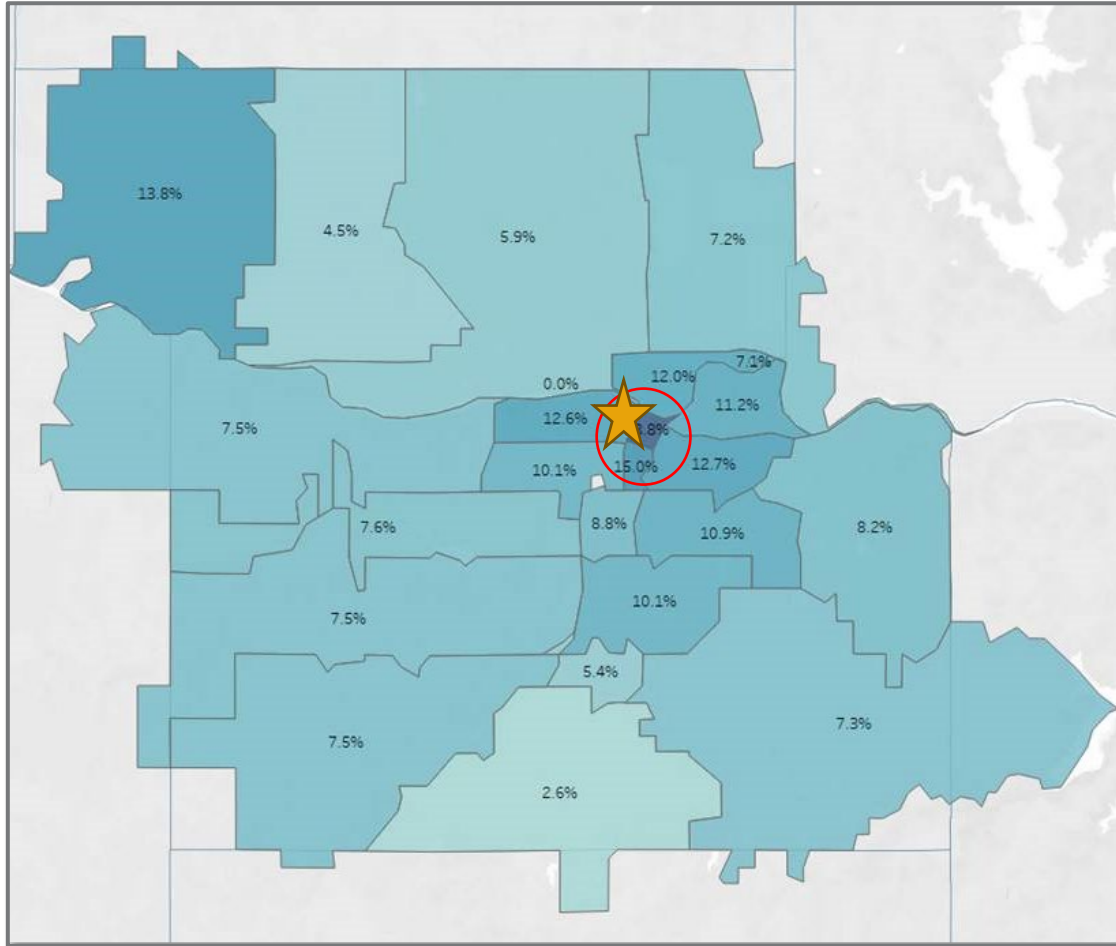
Congenital malformations

Sudden infant death syndrome

Other

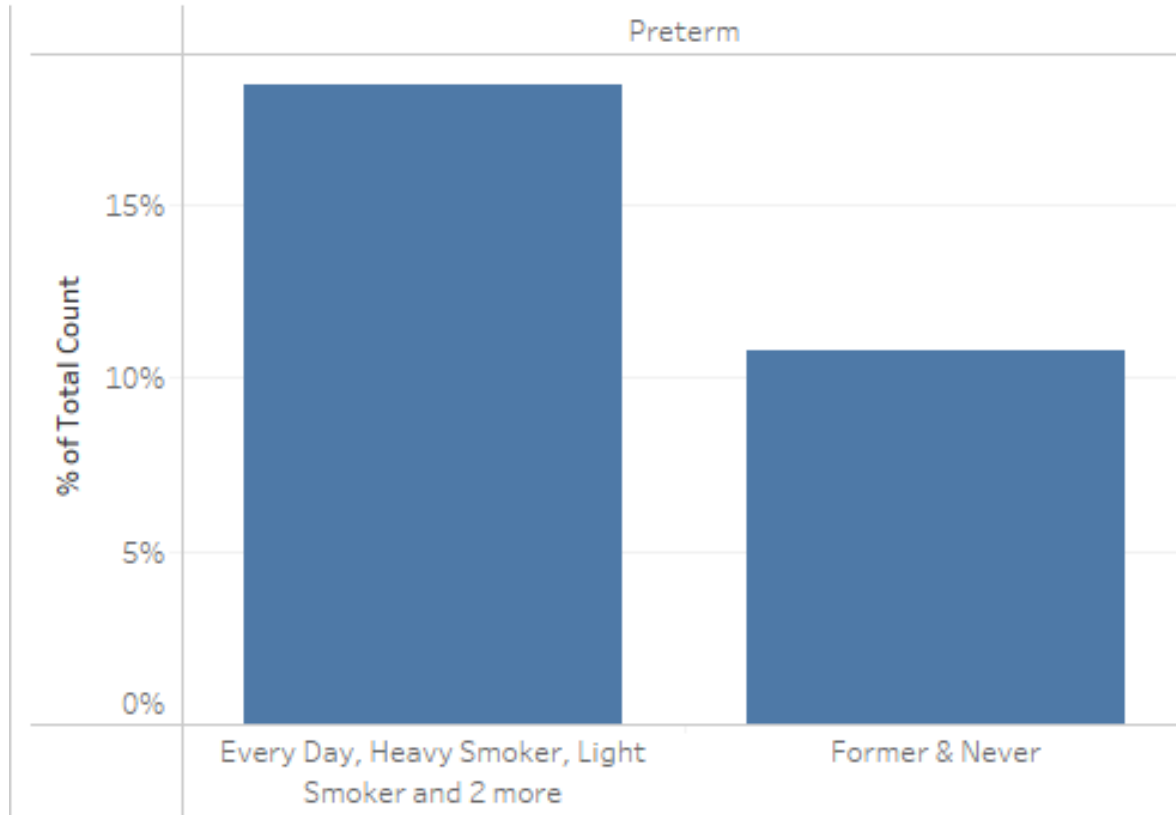
Other causes include septicemia, birth asphyxia, cardiac failure, etc.

# LOW BIRTHWEIGHT

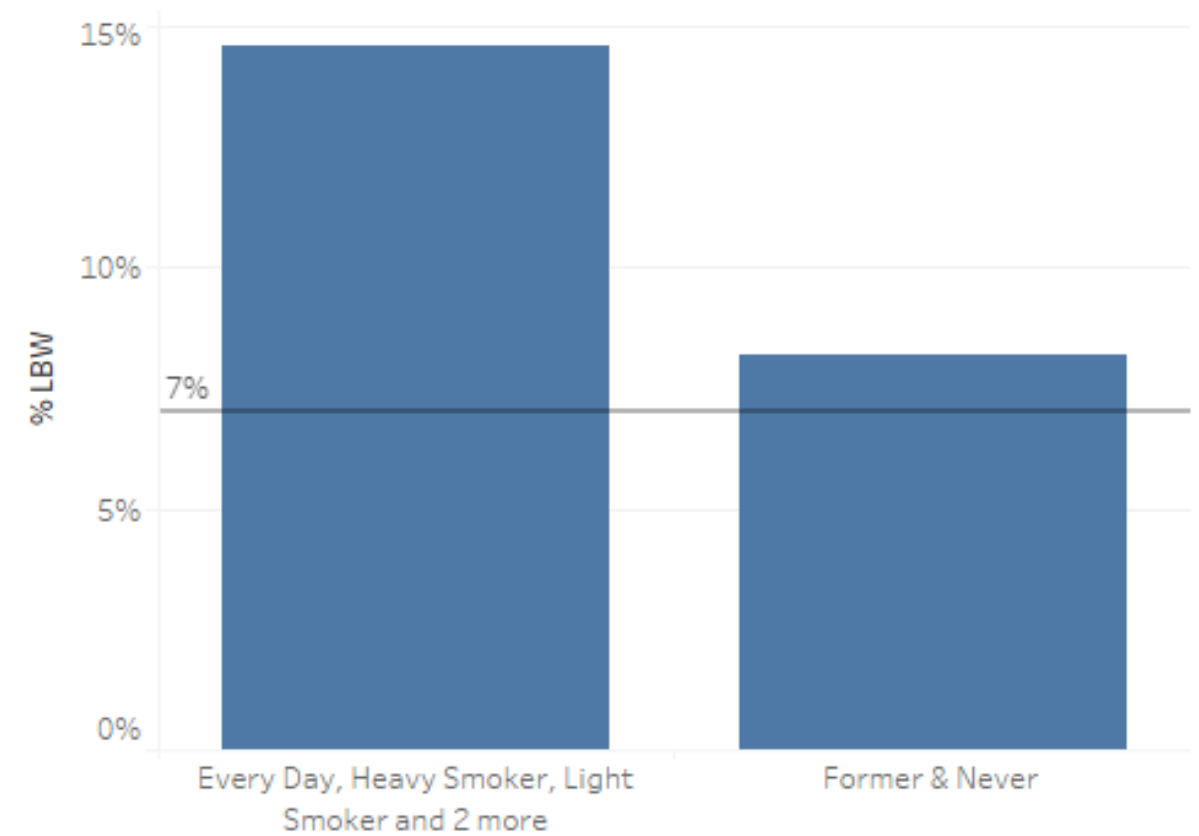


# MOST POOR OUTCOMES WERE PREVENTABLE

Percentage of Births Preterm vs Smoking

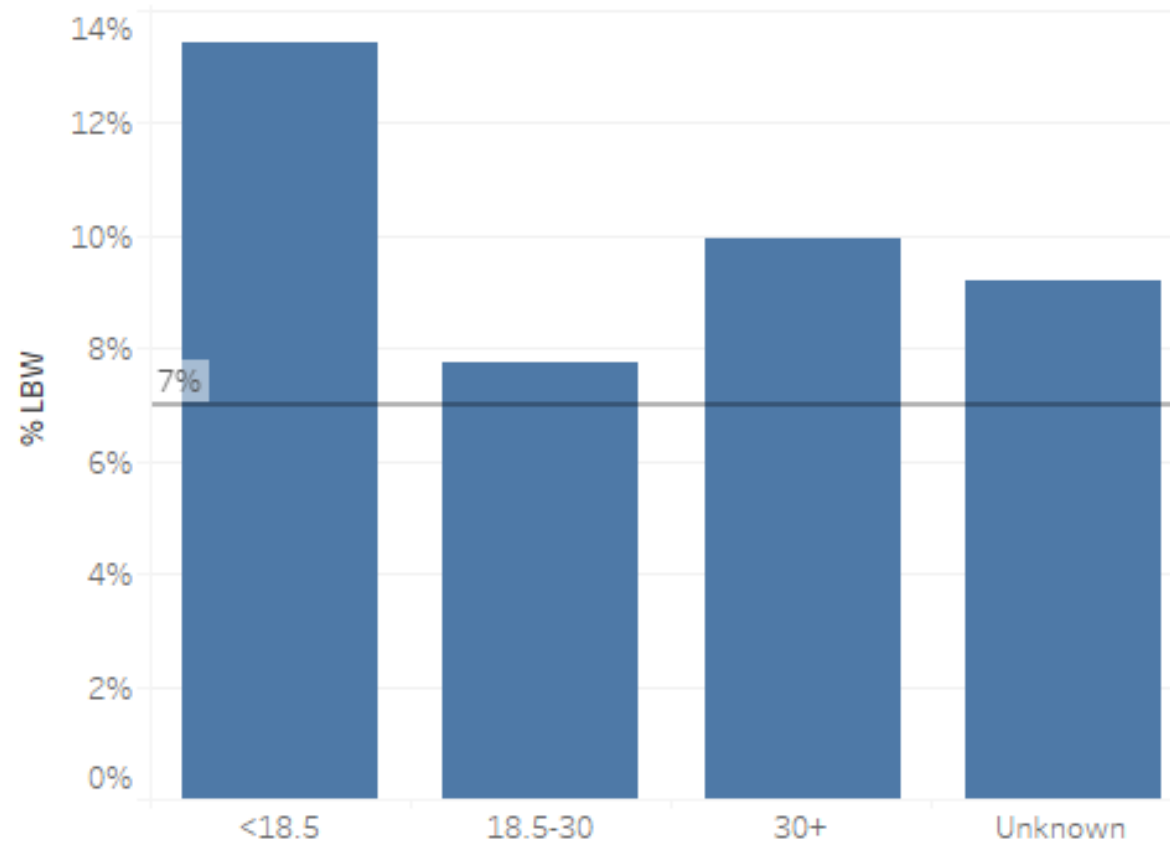


Percent Low Birth Weight: Smoking Status



# MOST POOR OUTCOMES WERE PREVENTABLE

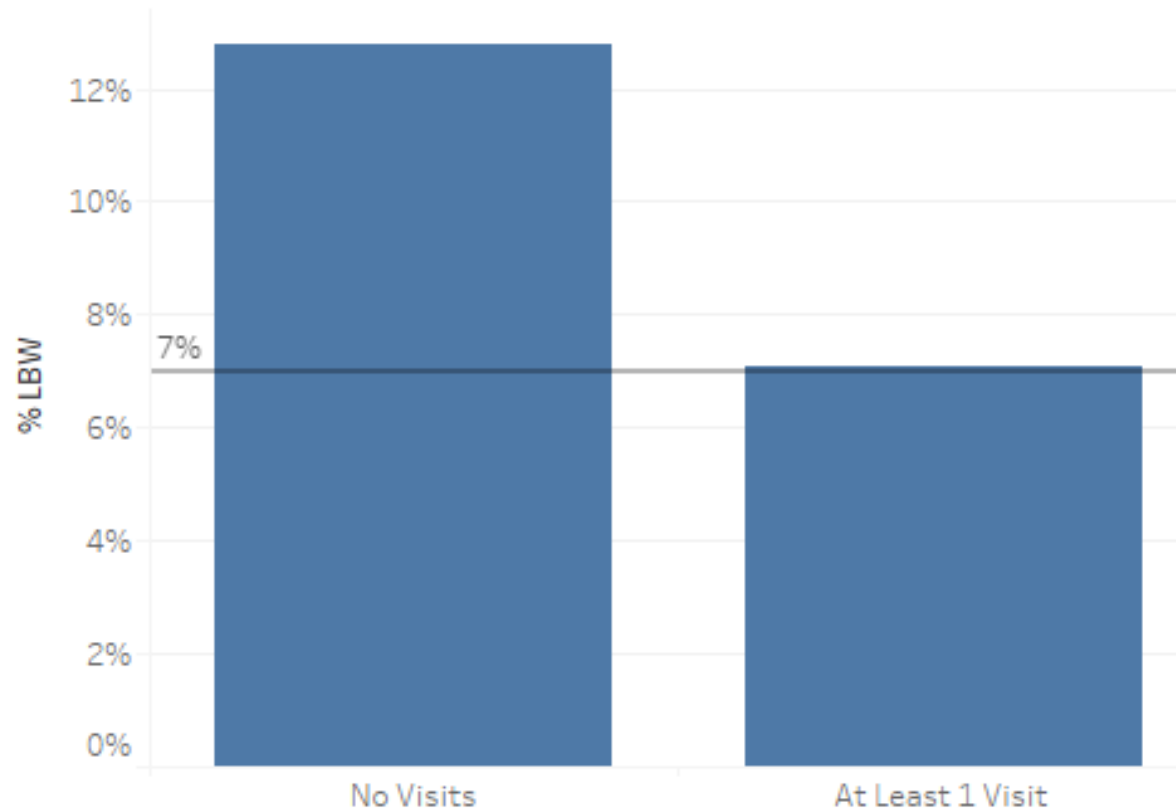
Percent Low Birth Weight: Pregravid BMI



BMI

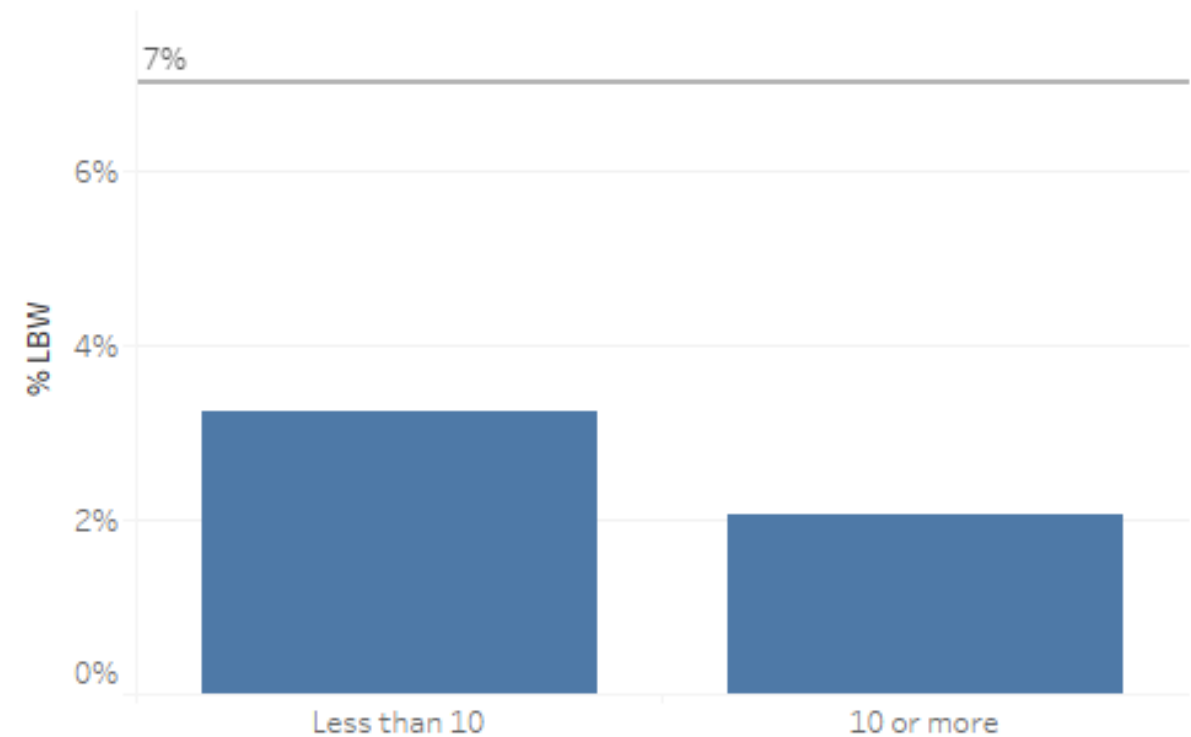
# MOST POOR OUTCOMES WERE PREVENTABLE

Percent Low Birth Weight vs Visits First 13 Weeks



**EARLY ACCESS TO  
CARE**

Percent Low Birth Weight vs Prenatal Visits  
(excluding preterm)



**CONSISTANCY OF  
CARE**



# Fiscal Year 2024 M/C Strategic Plan Goals

1

Improve access to infant and maternity care by standardizing scheduling process and collaborating with community partners.

2

Develop a timely referral process to community resources for maternal services intended to close gaps in SDOH.

3

Implement March of Dimes anti-racism and equity collaborative and associated strategies to reduce disparity in outcomes.

# DISMANTLING STRUCTURAL BIAS

# MARCH OF DIMES: MATERNAL HEALTHCARE COLLABORATIVE



This project is an intensive pilot that will use community and patient-centered intervention to reduce racial inequities and the disparity gap in outcomes for Black birthing people, with the ultimate goal of improving Black maternal health outcomes during the birth hospitalization.

## Goals Include:

- Create a culture of equity
- Utilize patient-reported race and ethnicity data to improve birth equity
- Center the patient in decision making
- Create accountability to communities

# ANTIRACISM WORKGROUP ACTION ITEMS



01

Develop an antiracism statement specific to the birthing person

02

Review OB department staff and hiring practices to ensure racial and ethnic diversity.

03

Review OB policies and procedures and revise to ensure the policies and procedures promote cultural humility and respect, including antiracism language where appropriate

04

Review OB patient and family educational materials for cultural appropriateness (representation, language, etc.)

# Implicit Bias Training

- 4-5 hours of provider and team member training including maternal justice training for labor and delivery units
- Training based on best practice standards set by March of Dimes
- Organizational wide launch of implicit bias training beginning in October 2023
- 60+ patient facing MC staff trained to date, remaining MC team members to be trained in spring 2024

# TeamBirth

TeamBirth is a communication and teamwork process that closes gaps in communication that challenge the safety and dignity of people giving birth. Stormont Vail Health is implementing this new initiative to enhance the birthing experience and improve outcomes for patients and newborns.

A central component of the TeamBirth model is a shared planning board in all labor and delivery rooms to name the team, elevate the patient's birth preferences, and outline care plans and progress for the patient and the baby. This serves as an ongoing shared reference for the team.

Look at the clinical trial data...

- 79% of patients felt their preferences made a difference in the care they received.
- 87% of patients felt they had the role they wanted in decisions about their labor.
- 94% of patients reported that their clinical team talked with them in a way they could understand.
- 90% of clinicians said they would recommend TeamBirth.

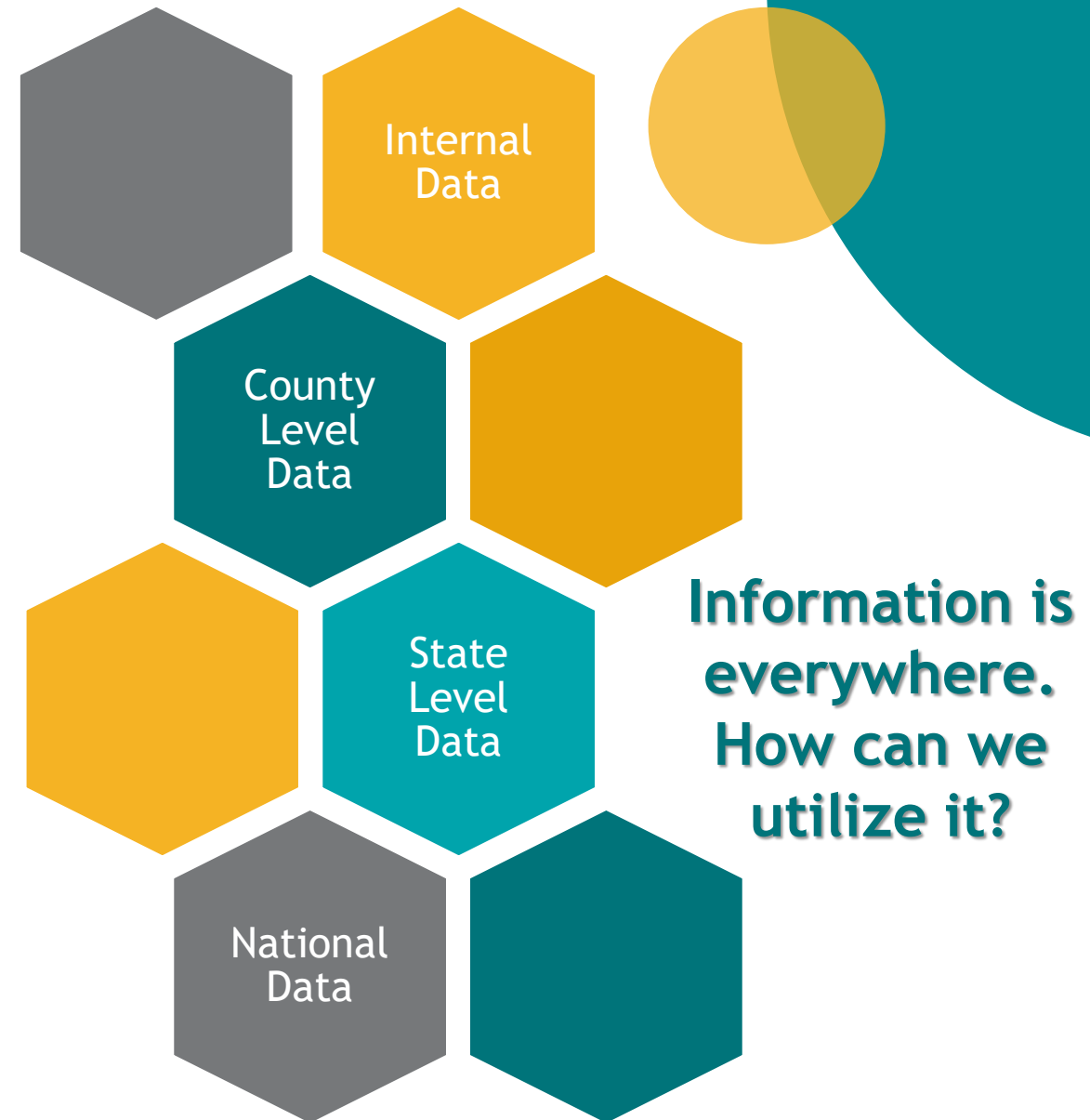
# BRINGING IT ALL TOGETHER

Electronic health record system, patient surveys, CAHPS, payer mix data, etc.

County Health Rankings, CHNAs, CHIPs, health department, zip code level data, etc.

Kansas Health Institute, KDADS, KDHE, Kansas Health Matters, Kansas Hospital Association, etc.

CDC, NIH, OMB, AHRQ, HRSA, Census Tract data, academic research centers, etc.





# WHAT CAN A DASHBOARD DO?

“The dashboard is able to **capture progress** made in certain areas as well as **identify areas of focus**. The dashboard also serves to **identify patient populations** that may be at increased risk for adverse outcomes. Discussing these dashboards in regularly scheduled quality meetings allows leadership to **continuously address gaps in care** and work to eliminate disparities.”

- The American Hospital Association in partnership with Health Research & Educational Trust



## Capture Progress

Will be able to easily acquire data that shows how SVH compares to other systems or public health data



## Help Understand Populations

High level overview of patient population and which groups are underserved in our community



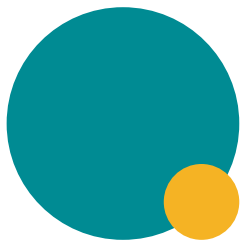
## Identify Trends in Risk

See how various outcomes trend over time to track overall effectiveness of care



## Drive Policy Change

Have ready data that supports new or innovative policy recommendations



# EXAMPLE DASHBOARD

## County Health Ranking Measures

- Takes data from Shawnee County from 2013-2019 to come up with %
- Defines LBW % as babies born <2500 grams or about 5.51 lbs.
- No distinction between LBW and VLBW, or cause of LBW
- Baby race based on mother no ethnicity data reported

## Stormont Vail Mini Dashboard Measures

- All patients from Shawnee County 2013-2019
- Used same categories for LBW %
- Used % unit instead of rate
- Raw numbers = total cases NOT %
- Used mother data to determine zip code, marital status, age, etc.

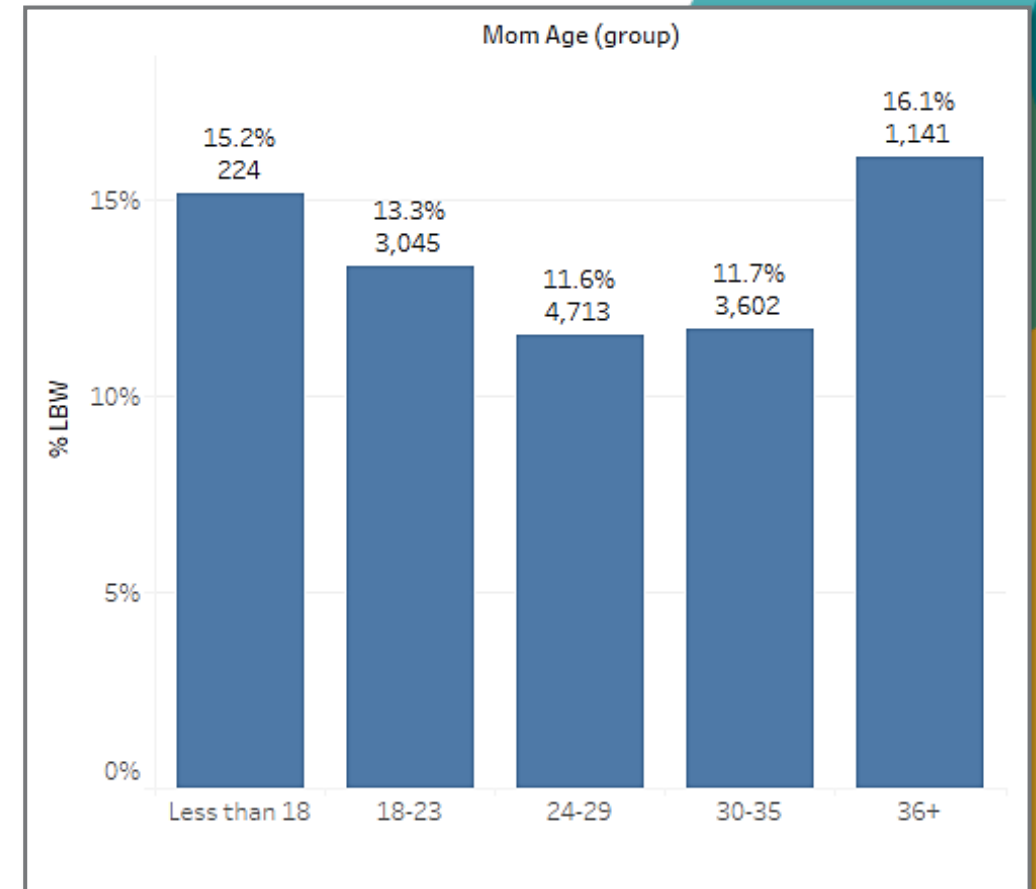
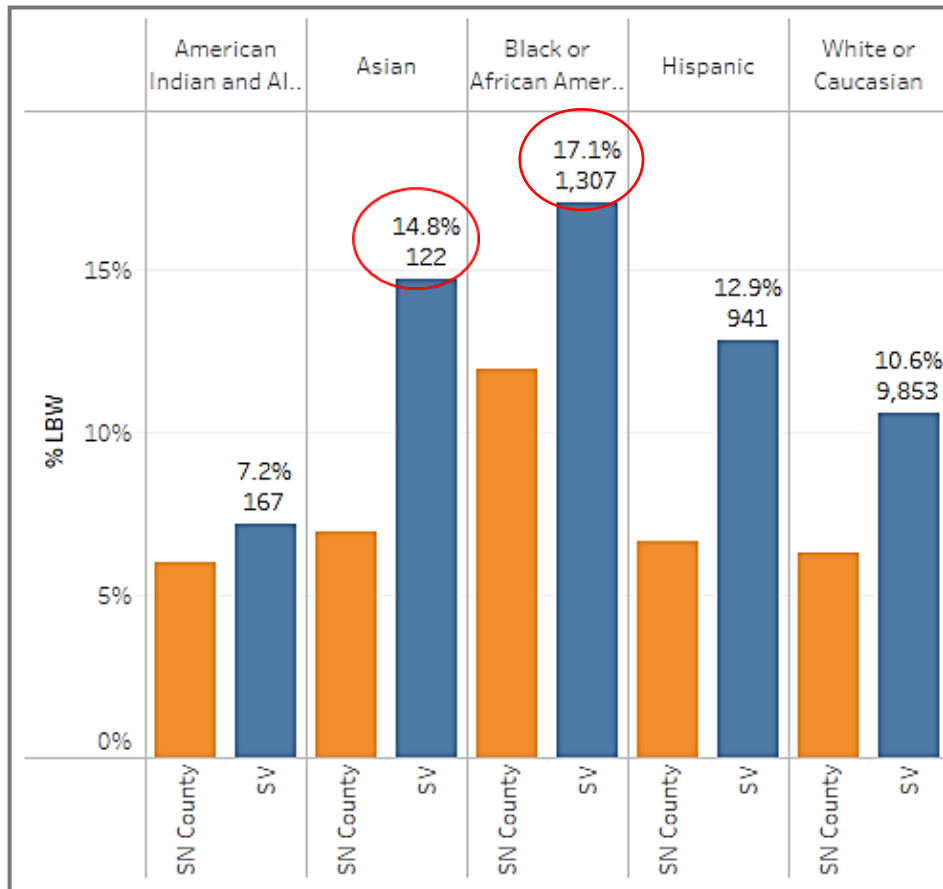
## What the County Health Ranking Reports:

	Shawnee (SN) County	Trend ⓘ	Error Margin	Top U.S. Performers ⓘ	Kansas
Low birthweight	7%		7-7%	6%	7%
	Value	Error Margin		x	
% LBW	7%	7-7%			
American Indian & Alaska Native	6%	2-10%			
Asian	7%	4-10%			
Black	12%	10-13%			
Hispanic	7%	6-8%			
White	6%	6-7%			

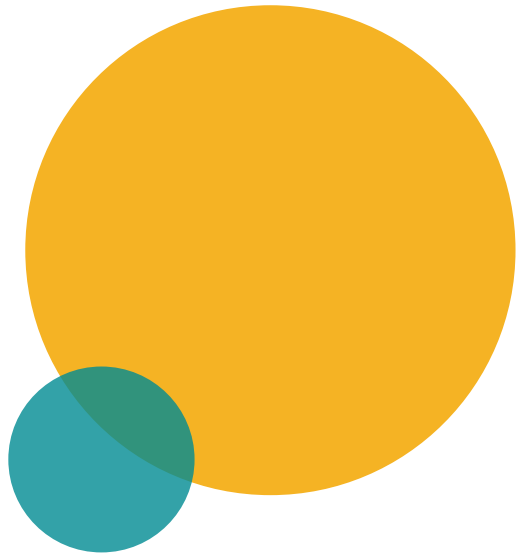
Low birthweight (LBW) represents infant current and future **morbidity**, premature **mortality** risk, and **maternal exposure** to health risks. LBW children have greater **developmental and growth problems**, are at higher risk of **cardiovascular disease**, **respiratory conditions**, and cognitive problems such as **cerebral palsy**, and visual, auditory, and intellectual **impairments** (County Health Rankings and Roadmaps).

# LBW % BY MOTHER RACE AND AGE

- Fewer patients can destabilize rates
- We see higher acuity patients
- Numbers generally follow expected trends



# How Health Systems Can Promote Health Equity



01 

Train staff on what health equity is and incorporate tools to better identify and understand differences in outcomes.

03 

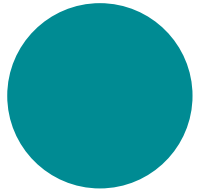
Invite the community to collaborate and partner on local resources and programs to decrease health disparities.

02 

Collect better data on patient identities like race, ethnicity, language, sexual orientation, gender identity, etc. and stratify them by health outcomes.

04 

Reevaluate internal policies and advocate for external policies that promote a more equitable environment for people to thrive.



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THANK YOU



# LET'S STAY CONNECTED!

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