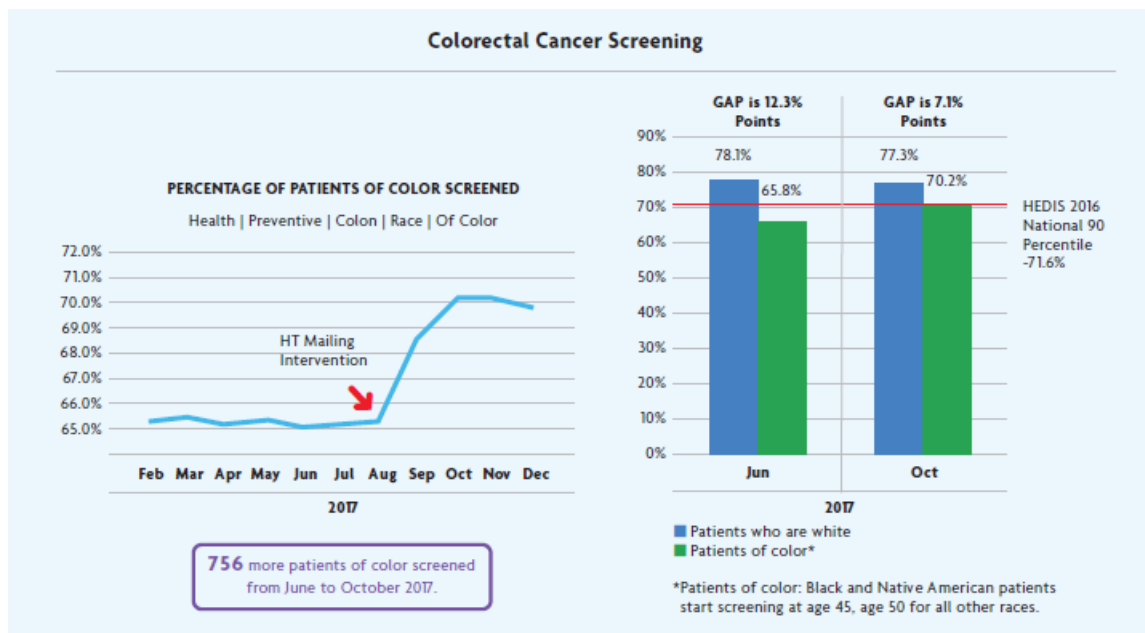


What health systems learned from collecting and analyzing race, ethnicity, and language data

Many health systems across the country have developed standardized processes for collecting and analyzing data on patients' race, ethnicity, and language (REL). The data can help to identify disparities in care and outcomes and allow health systems to tailor interventions to deliver more equitable care. Examples include:

- Cancer screening

HealthPartners, a health system in Minnesota, used REL data to identify an inequity in colorectal cancer screenings among its patients of color. The health system made this data publicly available and then set out to reduce the 12.3% gap between white patients and patients of color. In just four months, HealthPartners was able to reduce the gap in screenings from 12.3% to 7.1% (see chart below).



In one of its clinics, HealthPartners identified a gap in mammography rates between white women and Black women. Further investigations revealed that offering same-day screening was a more effective way to increase mammography rates for Black women. With this change, the gap between the screening rates for white women and Black women decreased from 16% to 2%.

HealthPartners also developed customized scripts for talking with Black patients about the importance of colon cancer screening due to their increased risk of dying from the disease. Based on the success of this effort, HealthPartners created additional educational materials for patients based on their cultural values and health needs.

- Referrals to specialty care

After analyzing its REL data, Allina Health System in Minnesota noticed that the hospitals in its system were not referring Black patients to hospice programs at the same rate as other populations. As a result, Allina's health equity team took steps to address these unequal referral rates, including training hospital staff on implicit bias.

An analysis conducted by Brigham and Women's Hospital's Department of Medicine Health Equity Committee using 10 years of REL data found Black and Latinx patients with heart failure were less likely to be admitted to specialty cardiology care for heart failure care than their white counterparts. The finding was seen as a partial explanation for racial inequities in heart failure outcomes. Brigham and Women's Hospital launched a [pilot program](#) that directs providers caring for heart failure patients to a "best practice advisory." If a provider recommends admitting certain patients to the general medical service instead of the specialty cardiology care, the provider receives a message that says, "Patient is from a racial or ethnic group with historically inequitable access to the Cardiology service; consider changing admission to Cardiology unless extreme census or overriding clinical reasons for General Medicine service." Providers can override the recommendation if they think it's warranted.

- Identifying and addressing community needs

The Institute for Family Health (IFH) in New York used the country-of-origin data the system collected to develop a hepatitis B screening program. The health system identified patients coming from hepatitis B-endemic countries and asked them to participate in screening that is not otherwise recommended for the general population.

UMass Memorial Hospital in Massachusetts used its REL analysis of COVID-19 data to pinpoint health inequities between racial and ethnic groups in Worcester. This allowed the hospital to intervene accordingly. For example, the Latinx population, which makes up 21% of the community, represented nearly one-third of positive cases. Weekly stratified COVID reports were sent to stakeholders across the system and community, and informed UMass's partnership with the Latino Education Institute at Worcester State University. Together, they hired seven youth community workers to help engage the Latinx community with outreach efforts.

One clinic looked at its adherence rates after collecting REL data and learned it had a significant Portuguese-speaking population. This countered the clinic officials' assumption that they had a large Spanish-speaking population, and they began translating their material into Portuguese as a result.

- Quality improvement

Henry Ford Health System in Michigan uses REL data continuously for quality improvement and research purposes.

These examples are included in the report, "[A Roadmap for Race, Ethnicity, and Language Data Collection and Use in Connecticut](#)," produced by the Institute for Healthcare Improvement and to be published by the Connecticut Health Foundation. An executive summary is available [here](#).