



ADVANCING INTEGRATED HEALTHCARE

Demographic Data Quality Improvement Initiative

Kick-off Learning Collaborative | April 25th, 2024

Care Transformation Collaborative of RI

Agenda

Item	Presenter	Time
Welcome & Introductions	Yolanda Bowes Sue Dettling Kerri Costa	15 mins
Project Overview & Review Milestone of Document	Practice Facilitators	15 mins
Review of Baseline Data	Practice Facilitators Continuation Practices	15 mins
REL & SOGI	Jennifer Etue Natasha Viveiros	35 mins
Questions	Group	10 mins

Thank you to our funders!



Meet the Project Team



Susanne Campbell, RN, MS, PCMH CCE
Senior Program Administrator



Yolanda Bowes
Project Manager



Nijah Mangual, BA
Program Coordinator



Sue Dettling, BS, PCMH CCE
Program Manager & Practice Facilitator



Kerri Costa, MBA, CMHP
Practice Facilitator

Welcome to Our Participating Practices!

Kerri Costa – Practice Facilitator

Clinica Esperanza Hope Clinic – EHR: eClinicalWorks

Morgan Leonard

Joseph Desrosiers II

Julia Testa

Sharon Farrar RN

Nardy Rodriguez

Middletown Family Practice – EHR: EPIC

Jennifer DiPasqua

Trent Ainsworth

Doug Sylvia

Robert Hiipakka

Katelyn Ferreira

NRI Pediatrics, PC – EHR: eClinicalWorks

Kathy Martinez

Kristin Grimes

Michael Grillo

Nchabanu Wheeler

Portsmouth Family Practice – EHR: EPIC

Jennifer DiPasqua

Trent Ainsworth

Jennifer Ferreira

Robert Hiipakka

Katelyn Ferreira

Tiverton Family Medicine – EHR: EPIC

Jennifer DiPasqua

Trent Ainsworth

Sheila Duckett

Robert Hiipakka

Katelyn Ferreira

***University Internal Medicine – EHR:**

Greenway Intergy

Amanda Aptt

Derrick Robinson

***Your Health – EHR: EPIC**

Munawra Azam

Uzma Azam

Michael Grillo

Kabo Thao



Welcome to Our Participating Practices!

Sue Dettling – Practice Facilitator

Barrington Pediatrics – EHR: eClinicalWorks

Stephanie Souza

Jennifer Mileikowsky

Junko Cookson

Carley Angell

Nicole Parsons

Chad E Lamendola, MD, Ltd - EHR: EPIC

Chad Lamendola

Pamela Laramée

Brenda Cox

Eileen Warner

Chad P Nevola, MD, INC - EHR: EPIC

Chad Nevola

Romina Lima

Ariana Forte

***Concilio Pediatrics - EHR: Amazing Charts**

Geraldo Concilio

Amalia Concilio

Teresa Concilio

Medical Associates of RI, Inc - EHR: eClinicalWorks

Elena Williams

Leslie Mohlman

Ann Quintin

Kerri Calabro

Zulmira Verissim

Northeast Internal Medicine – EHR: eClinicalWorks

Krystal Cookson

Sadia Iftikhar

Griselle Rohena

Mike Grillo

Justin Kelly

Ocean Medical Practice, Inc - EHR: EPIC

Jibrán Khan

Nazia Khan

Michael Grillo

Nchabanu Wheeler

Jacqueline Allen

Pilgrim Park Physicians – EHR: EPIC

Joseph Grande

Thomas Lindquist

Michael Grillo

Susan Clark



Project Overview

- **Goal:** Support practice quality improvement teams to identify and implement plans to improve the completeness of their patient demographic data, and a second practice-selected improvement as steps to improving health equity.
- **Collaborative Learning Experience**
 - 3 meetings to share successes, challenges and lessons learned
- **Baseline Needs Assessments**
 - Reports will be compiled and sent to each practice team
 - Review with Practice Facilitator to Identify Opportunities for Improvement
- **Timeline:** April – December 2024
- **Infrastructure Payments**
 - May - \$2100 (New Practices Baseline)
 - June- \$5,000 (All Practices)
 - June- \$500 (New Practices) with Attestation
 - December - \$5,000 (All Practices)

REMINDER – New Practices Can Earn \$500 for viewing reports & Power Point presentations from Demo Data Pilot
Visit the [Demographic Data webpage](#).

Collaborative Learning

Best Practice Pre-Assessment

Concilio Pediatrics

University Internal Medicine

Your Health

- What were your key takeaways as a result from participating in the Demographic Data Collection Pilot (Baseline Needs Assessment –Aug 2023 & Webinar Series- Oct 2023 – March 2024)
- What is one thing that your practice has changed since you have participated in the Demographic Data Collection Pilot
- What would you like to accomplish in the Quality Improvement Initiative?

Milestone Document

June 28, 2024

- New Practices: Submit Attestation for reading Pilot reports and webinar Power Point presentations
- PDSA 1 Plan for Data Completeness (race, ethnicity and language)*
- PDSA 2 Plan for practice selected measure

September 11, 2024

- Midpoint Measure Reporting for REL Completeness

September 18, 2024

- Mid-Point Learning Collaborative Meeting-

December 4, 2024

- All Practices: Complete Learning Collaborative Best Practice Post-Assessment

December 11, 2024

- Final Measure Reporting for REL Completeness
- Completed PDSA #1 and #2

December 18, 2024

- Final Learning Collaborative Meeting

January 8, 2024

- All Practices: Program Evaluation at end of program

CTC-RI Demographic Data Collection Quality Improvement Initiative - Milestones Summary*

April 2024 - December 2024

Goal: To support primary care practices (pediatric, family medicine and adult medicine) in their efforts to participate in a data driven quality improvement initiative to measure and improve their capture and reporting of accurate and complete demographic data information, which is a foundational step towards reducing health disparities.

*4-9-24 version	Important Dates	Notes/Links
Required Meetings		
3 Learning Collaborative Meetings: <ol style="list-style-type: none"> 1. Kickoff Meeting (90 minutes) 2. Mid-point Meeting (90 minutes) 3. Wrap-up meeting (90 minutes) 	<ol style="list-style-type: none"> 1. April 25, 2024 - 7:30 – 9:00 2. September 18, 2024 - 7:30 – 9:00 3. December 18, 2024 - 7:30 – 9:00 	All meetings will be virtual; Zoom invitations for Learning Collaborative Meetings will be sent out by CTC In person, Zoom or Go to Meeting invitations for Practice Facilitation Meetings will be sent by Practice Facilitator Sue Dettling or Kerri Costa
8 Monthly Meetings with Practice Facilitator (PF)	Practice Facilitation Meetings to be scheduled monthly with individual practices. May – December 2024	
Resources Resource Guide MB Announces New Agency Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity OMB Publishes Revisions to Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity		
Assessments		
New Practices: Baseline Needs Assessment: <ol style="list-style-type: none"> 1. Practice Needs Assessment – Survey Monkey 2. Patient Survey – Survey Monkey & Word Docs 3. Staff Survey – Survey Monkey 4. Walk Around Tool – Word Doc 	Start March 20, 2024 Due April 19, 2024	Link to Baseline Needs Assessment Checklist which includes Survey Monkey and Word Doc links
New Practices: Baseline Needs Assessment Information Session	March 26, 2024, 12:00 – 1:00 p.m.	Zoom Link: https://ctc-ri.zoom.us/j/83893659099?pwd=Y29nT0ZLcFFXd09CWGkxZkZ6dUxhZz09
New Practices: Baseline Needs Assessment Information Session	March 27, 2024, 7:30 – 8:30 a.m.	Zoom Link: https://ctc-ri.zoom.us/j/83893659099?pwd=Y29nT0ZLcFFXd09CWGkxZkZ6dUxhZz09
Continuation Practices: Complete Learning Collaborative Best Practice Pre-Assessment (Providing Updates from Pilot Baseline Practice Needs Assessment)	Due April 12, 2024	Demographic Data QI Best Practice Pre-Assessment
New Practices: Submit Attestation for reading Pilot reports and webinar Power Point presentations	Due June 28, 2024	Link to Attestation Document

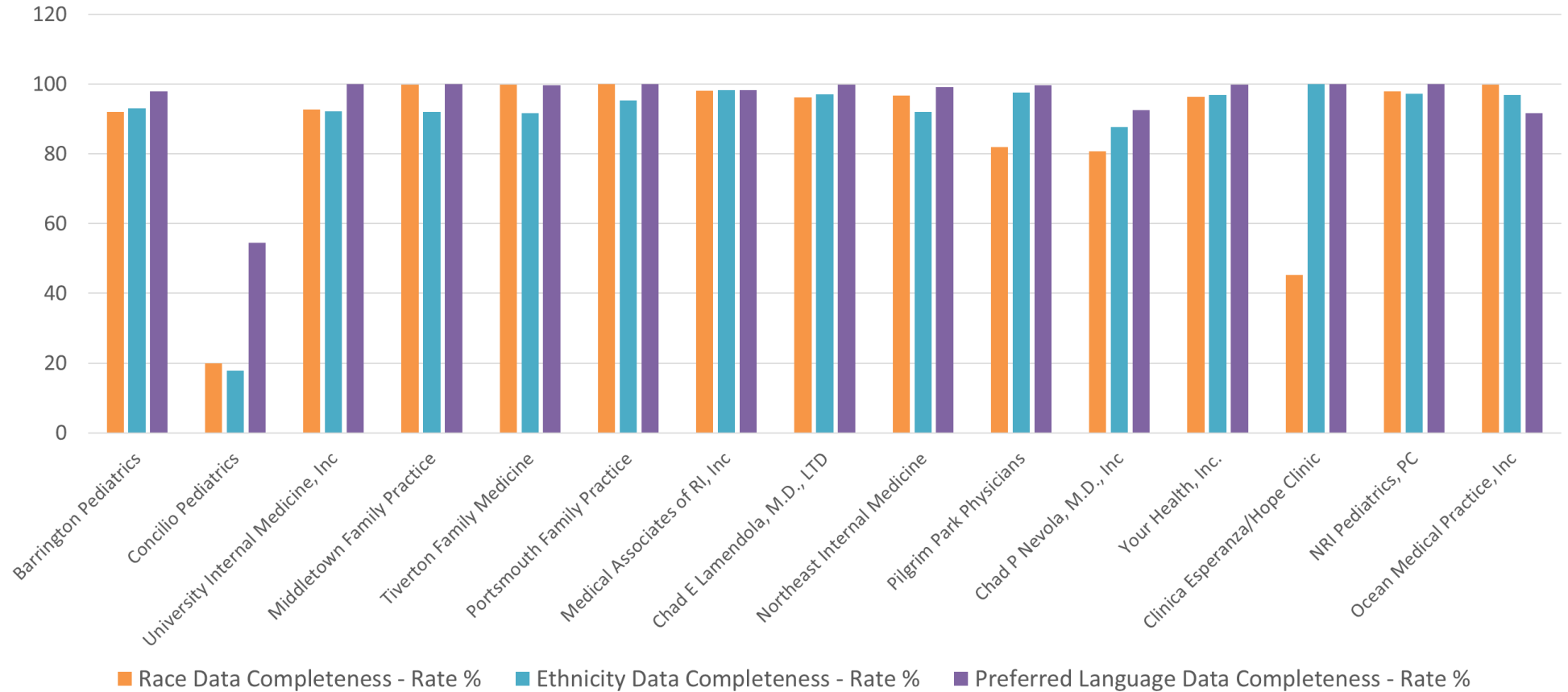
Congratulations to the New Practices completing their Baseline Needs Assessments!

Patient Surveys Completed	710
Staff Surveys Completed	57

Baseline Data (REL)

[Measurement Specification Document](#)

**Demographic Data Quality Improvement
Baseline REL Data**





ADVANCING INTEGRATED HEALTHCARE

Demographic Data QI Kickoff - REL & SOGI

Jennifer Etue, PCHC

Natasha Viveiros, PCHC

Care Transformation Collaborative of RI

Improving Race & Ethnicity Demographic Data Collection at Providence Community Health Centers



Jen Etue, LICSW

Manager of Integrated Behavioral Health



Natasha Viveiros, RN, MPH

Director of Site Operations & Special Projects

Yan Qi

Population Health Analyst,
Accountable Entity

1. Build momentum and excitement for organizational change.
2. Understand multidisciplinary approach to change process, organizational readiness and health equity.
3. Learn skills and interventions to target need at your organization and how to define success.

Overview of PCHCs

PCHC is a Federally Qualified Health Center (FQHC)

- Required to collect and report patient demographic data

Payers

Medicaid	41681	65%
Medicare	3891	6%
Private/Commercial	12330	19%
Uninsured	6290	10%

2021 UDS Report % of patients that refused to report, or field is unknown:

- Race: 27.7%
- Ethnicity: 4.2%
- Income: 80.8%

Racial/Ethnic Disparities In Healthcare

- Across the country, racial and ethnic minority populations experience higher rates of poor health and disease in a range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their white counterparts.
- The life expectancy among Black/African Americans is four years lower than that of White Americans.
- Though health indicators such as life expectancy and infant mortality have improved for most Americans, some minorities experience a disproportionate burden of preventable disease, death, and disability compared with non-minorities. * Office of minority health and health Equity (OMHHE)

LGBTQIA+ (SOGI Data) Disparities in Healthcare

- LGB youth (ages 10-24) are five times as likely to have attempted suicide than heterosexual youth.¹
- 40% of LGBTQIA+ youth have seriously considered suicide in the past year (2020).²
- LGBTQIA+ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBTQIA+ persons has been linked to high rates of psychiatric disorders, substance abuse, and suicide.³

- Tell us your story

Multidisciplinary Approach

Department	Role	Project Involvement
Integrated Behavioral Health	Director of Integrated Behavioral Health	Content expert, trainer, onsite support
Operations	Director of Site Operations and Special Projects	Project coordinator, trainer, operational support
Data Design and Management	Population Health Analyst	Create weekly staff specific and Health Center specific reports
Operations	Health Center Directors	Staff oversight and accountability, review of data
Patient Access	Front Desk Supervisor	Staff oversight, accountability, and real time support
Patient Access	Patient Service Representative (PSR)- <i>Front Desk Staff</i>	
Providers and staff	Pediatric Chair, CMO, etc.	Content expert, onsite support

Current State: based on EHR capabilities

1. Please select the ethnicity that describes you best:

- Cuban
- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Other Hispanic, Latino/a, or Spanish origin
- Not Hispanic, Latino/a, or Spanish origin
- Puerto Rican
- I don't know my ethnicity
- Prefer not to say at this time

**Your ethnicity is different than your race (For example, you can be black or white, but also Hispanic or not)*

2. Race generally comes from where the generations of your family have lived. Please select the race that describes you best.

- Caucasian/White
- Black/African American
- Asian Indian
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Other Pacific Islander
- Samoan
- American Indian or Alaskan Native
- I don't know my race
- I choose not to answer
- Other _____

Future State: 2023 OMB Proposed Race and Ethnicity Stratification

What is your race or ethnicity?

Select all that apply **AND** enter additional details in the spaces below. Note, you may report more than one group.

WHITE – Provide details below.

- German
- Irish
- English
- Italian
- Polish
- French

Enter, for example, Scottish, Norwegian, Dutch, etc.

HISPANIC OR LATINO – Provide details below.

- Mexican or Mexican American
- Puerto Rican
- Cuban
- Salvadoran
- Dominican
- Colombian

Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

BLACK OR AFRICAN AMERICAN – Provide details below.

- African American
- Jamaican
- Nigerian
- Ethiopian

Enter, for example, Ghanaian, South African, etc.

ASIAN – Provide details below.

- Chinese
- Filipino
- Vietnamese
- Korean

Enter, for example, Pakistani, Cambodian, etc.

AMERICAN INDIAN OR ALASKA NATIVE – Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc.

MIDDLE EASTERN OR NORTH AFRICAN – Provide details below.

- Lebanese
- Iranian
- Egyptian
- Syrian
- Moroccan
- Israeli

Enter, for example, Algerian, Iraqi, Kurdish, etc.

NATIVE HAWAIIAN OR PACIFIC ISLANDER – Provide details below.

- Native Hawaiian
- Samoan
- Chamorro
- Tongan
- Fijian
- Marshallese

Enter, for example, Palauan, Tahitian, Chuukese, etc.

Staff Assessment of need and training

- About 50% of staff said they would like additional training on how to engage patients to best collect REL & SOGI data

Resources:

- Formal training with front desk staff
- Prefer dry erase board to complete information confidentially
- 1:1 consultation and support with trainers and supervisors
- Communication skills

Next Steps:

- Using outcome data to impact health equity/disparity, and health overall outcomes
- Pediatric data collection and accountability gaps

Laminated Front Desk Tool

Demographic Update: We collect race, ethnicity, language, sexual orientation, and gender identity information from all of our patients. By knowing more about your background, we can get a better idea of health concerns you may have and be generally sensitive to your needs.

1. Please select the ethnicity that describes you best:

- Latino/Hispanic/Latinx
- Not Hispanic/Latino
- Other
- Prefer not to say at this time

**Your ethnicity is different than your race (for example, you can be black or white, but also Hispanic or not)*

2. Race generally comes from where the generations of your family have lived. Please select the race that describes you best.

- Caucasian/White
- Black/African American
- Asian
- Other Pacific Islander
- American Indian or Alaskan Native
- I don't know my race
- I don't want my race known to PCHC at this time

3. Which language is best for you?

- English
- Spanish
- Portuguese
- Khmer
- French Creole
- Portuguese Creole
- Other _____

4. Please choose the Gender Identity that best describes how you feel inside:

- Male
- Female
- Transgender Male/ Female-to-male
- Transgender Female/ Male-to-Female
- Nonbinary Genderqueer (Neither exclusively male nor female)
- Other _____
- Prefer not to say at this time

5. What sex were you assigned at birth on your original birth certificate?

- Female (assigned female at birth)
- Male (assigned male at birth)
- Unknown

6. Please select the sexual orientation that best describes which gender(s) you are attracted to:

- Straight
- Gay
- Lesbian
- Bisexual
- Other _____
- I do not want to answer at this time

7. Is there a different name that you would like us to use when talking with you? If so, indicate below.

8. What pronouns do you use?

- She/her/hers
- He/him/his
- They/them/theirs
- Other: _____

EHR Reference Guide

REL & SOGI Reference Guide

Please collect REL & SOGI information for all new patients **AND** for patients that have missing or unknown fields.

Race

When updating a patient's race, use the drop down to remove the previous selection and select the updated race.

Ethnicity

When updating a patient's ethnicity, select the updated ethnicity from the drop down and click OK. **IMPORTANT:** If you do not use the drop down and input the codes in the ethnicity field, remember N= refused and X=not hispanic or latino.

Self - Assessment

REL, SOGI & Income Training Pre-Evaluation

- What are your expectations of this training? What are you looking to get out of it? What do you hope to learn?
- How would you rate your current knowledge of the following topics (being able to explain what they mean to patients and provide examples)?

	Excellent	Good	Fair	Poor
a. Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How would you rate your comfort level when discussing the following topics with patients?

	Very comfortable	Comfortable	Not Comfortable
g. Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How would you rate your current understanding as to why we collect REL, SOGI and Income information from patients?

	Excellent	Good	Fair	Poor
a. Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why is Understanding & Collecting REL, SOGI and Income Demographics Important?

- By understanding the specific attributes of our patients, we can interact with them in a more **sensitive, inclusive, and respectful** manner
- As a Federally Qualified Health Center collecting and reporting patient demographic data is required for on-going funding
- Collecting this demographic data:
 - Ensures hiring that is reflective of our patients and direct supports that address disparities outside of our clinics
 - Allows for better identification and understanding of our patient population and what types of health issues they might be more at risk for developing
 - Encourages new and on-going programming to best support our diverse patients and their needs
 - Increase quality of care & patient centered care

Introduction to Gender Identity and Sexual Orientation

- All people have a gender identity, and a sexual orientation which can change over time
- Terminology can vary based on culture, generational differences, geography, language, etc.

Gender: Also known as sex assigned at birth.

ex) Female, Male, other (e.g., intersex)

Legal Sex: usually listed on a formal identification (e.g., Driver's license)

ex) Female, Male, Nonbinary, Unknown, X

Gender Identity: is what a person feels their gender is internally, and it is not always visible to others.

ex) Cis Male, Cis Female, Transgender Male, Transgender Female, Nonbinary Genderqueer, Other

Sexual Orientation: how a person experiences their physical, emotional, and romantic attachments to others

ex) Straight, Gay, Lesbian, Bisexual, Asexual, Don't know, Other

*** Most Importantly:** Engaging with respect & empathy *

*** Reflecting the terms someone uses to describe themselves ***



- Open dialogue with staff
- Case consultations/Realtime support
- Front Desk Exception Report

Establishing Oversight & Accountability Mechanisms

Front Desk Exception Report

Report data time period: 3/19/2023 - 3/25/2023

Staff Name	Sites	Check in Count	Ethnicity Missing Count	Eth % Completed	Race Missing Count	Race % Completed	Language Missing Count	Language % Completed	GI Missing Count	GI % Completed	SO Missing Count	SO % Completed	PP Missing Count	PP % Completed	IEY_ Exception	IEY_ Exception -%
John Doe	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%
Jane Doe	Atwood	57	3	94.74%	0	100.00%	0	100.00%	7	87.72%	8	85.96%	16	71.93%	0	100.00%
Maria Smith	Atwood	101	3	97.03%	0	100.00%	0	100.00%	11	89.11%	11	89.11%	65	35.64%	0	100.00%
Manny Smith	Atwood	28	2	92.86%	0	100.00%	0	100.00%	2	92.86%	2	92.86%	19	32.14%	0	100.00%
X	Atwood	9	2	77.78%	0	100.00%	0	100.00%	1	88.89%	1	88.89%	8	11.11%	0	100.00%
X	Atwood	113	5	95.58%	4	96.46%	0	100.00%	13	88.50%	13	88.50%	42	62.83%	4	96.46%
X	Atwood	94	7	92.55%	0	100.00%	0	100.00%	2	97.87%	2	97.87%	59	37.23%	0	100.00%
X	Atwood	32	0	100.00%	1	96.88%	0	100.00%	7	78.13%	9	71.88%	9	71.88%	3	90.63%
X	Atwood	79	3	96.20%	1	98.73%	0	100.00%	5	93.67%	6	92.41%	51	35.44%	0	100.00%
X	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%
X	Atwood	11	2	81.82%	0	100.00%	0	100.00%	2	81.82%	2	81.82%	8	27.27%	0	100.00%
X	Atwood	12	2	83.33%	0	100.00%	0	100.00%	4	66.67%	4	66.67%	6	50.00%	0	100.00%
X	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%

Demographic Data Pre & Post Intervention

Results

Ethnicity:

4.46 % increase

Race:

15.42 % increase

Gender Identity:

29.3 % increase

Sexual Orientation:

34.72% increase

Income:

28.63% increase

Data period: 08/28/22-09/03/22

Site	Total Checkin Count	Ethnicity Missing Count	Eth Complete %	Race Missing Count	Race Complete %	Language Missing Count	Language Complete %	GI Missing Count	GI Complete %	SO Missing Count	SO Complete %	PP Missing Count	PP Complete %	IEY Exception Count	IEY Complete %
Prairie	1516	121	92%	525	65%	0	100%	686	55%	755	50%	978	35%	400	74%
Atwood	684	38	94%	57	92%	0	100%	340	50%	376	45%	491	28%	50	93%
Crossroads	49	6	88%	4	92%	0	100%	28	43%	34	31%	4	92%	0	100%
Roger	35	4	89%	3	91%	0	100%	6	83%	6	83%	18	49%	3	91%
North	43	4	91%	3	93%	0	100%	18	58%	21	51%	39	9%	1	98%
Capitol	644	74	89%	98	85%	0	100%	177	73%	200	69%	481	25%	10	98%
Mount	41	8	80%	17	59%	0	100%	24	41%	24	41%	36	12%	6	85%
Central	492	24	95%	29	94%	0	100%	43	91%	49	90%	374	24%	3	99%
Chafee	666	62	91%	112	83%	0	100%	385	42%	426	36%	545	18%	4	99%
Olneyville	223	17	92%	12	95%	1	100%	132	41%	141	37%	168	25%	8	96%
Hepatitis	3	0	100%	1	67%	0	100%	1	67%	2	33%	3	0%	0	100%
Randall	642	60	91%	55	91%	0	100%	103	84%	120	81%	503	22%	4	99%
PCHC Averages			90.94%		83.89%		99.96%		60.65%		53.98%		28.28%		94.48%

Data period: 9/24/23--9/30/23

Site	Total Checkin Count	Ethnicity Missing Count	Eth Complete %	Race Missing Count	R Race Complete %	Language Missing Count	L Language Complete %	GI Missing Count	GI Complete %	SO Missing Count	SO Complete %	PP Missing Count	PP Complete %	IEY Exception Count	IEY Complete %
Prairie	1175	53	95.49%	13	98.89%	0	100.00%	194	83.49%	222	81.11%	475	59.57%	164	86.04%
Atwood	398	13	96.73%	2	99.50%	0	100.00%	19	95.23%	22	94.47%	239	39.95%	0	100.00%
Randall Specialty	137	7	94.89%	0	100.00%	0	100.00%	16	88.32%	16	88.32%	75	45.26%	0	100.00%
North	33	1	96.97%	0	100.00%	0	100.00%	0	100.00%	1	96.97%	28	15.15%	1	96.97%
Capitol	598	46	92.31%	1	99.83%	0	100.00%	9	98.49%	12	97.99%	320	46.49%	4	99.33%
Central	557	15	97.31%	4	99.28%	0	100.00%	14	97.49%	17	96.95%	247	55.66%	4	99.28%
Chafee	366	26	92.90%	5	98.63%	0	100.00%	91	75.14%	95	74.04%	197	46.17%	9	97.54%
Olneyville	318	8	97.48%	1	99.69%	0	100.00%	66	79.25%	72	77.36%	84	73.58%	5	98.43%
Prairie Dental	373	3	99.20%	0	100.00%	0	100.00%	9	97.59%	10	97.32%	16	95.71%	3	99.20%
Crossroads Dental	67	8	88.06%	1	98.51%	0	100.00%	18	73.13%	19	71.64%	49	26.87%	13	80.60%
Express	788	31	96.07%	10	98.73%	0	100.00%	105	86.68%	116	85.28%	303	61.55%	48	93.91%
Randall	587	44	92.50%	1	99.83%	0	100.00%	15	97.44%	23	96.08%	344	41.40%	6	98.98%
PCHC Averages			95.40%		99.31%		100.00%		89.95%		88.70%		56.91%		95.36%

Pre and Post Training Assessments

Knowledge Attainment

89 Staff Responses

Post training data on staff that reported excellent or good knowledge of the following:

Race: 28.1% increase

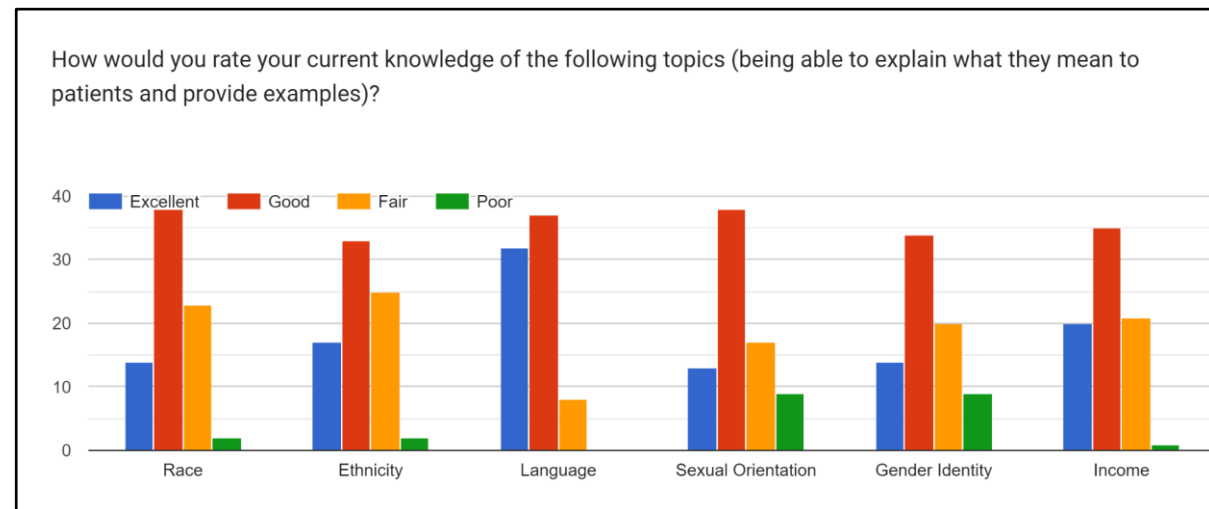
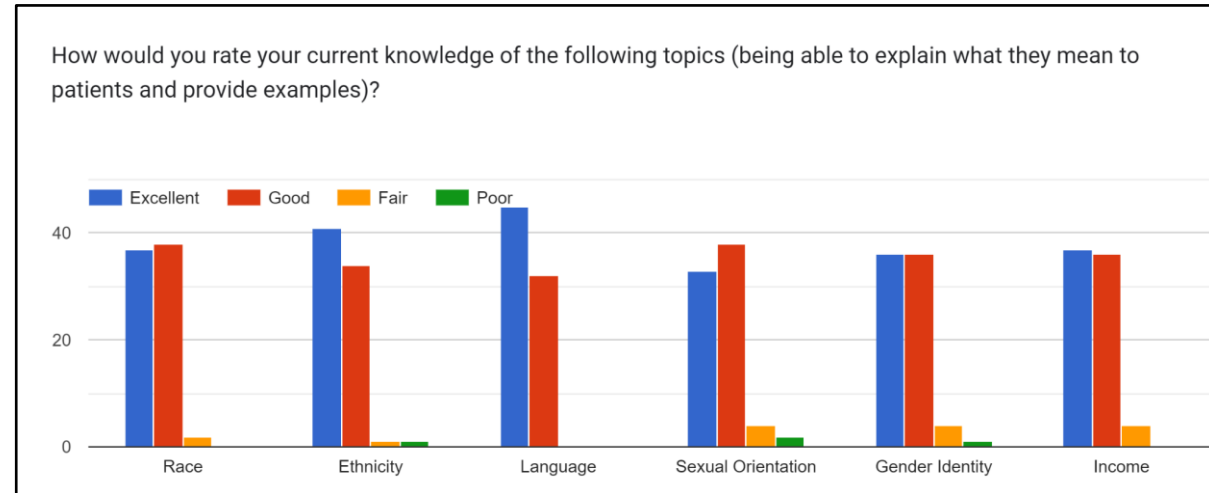
Ethnicity: 32.5% increase

SO: 23% increase

GI: 29.2% increase

Income: 21.3% increase

100% of staff reported the training met their expectations



Next Steps



Questions & Answers

- Office of minority health and health Equity (OMHHE)
- Flexibilities and Best Practices for Implementing the Office of Management and Budget's 1997 Standards for Maintaining, Collecting, And Presenting Federal Data on Race and Ethnicity (Statistical Policy Directive No. 15)- TheWhiteHouse.gov. (n.d.). <https://www.whitehouse.gov/wp-content/uploads/2022/07/Flexibilities-and-Best-Practices-Under-SPD-15.pdf>
- US Center for Disease Control. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services, 2016.
- The Trevor Project. 2020 National Survey on LGBTQ Youth Mental Health. New York, New York: The Trevor Project, 2020.
- McLaughlin KA, Hatzenbuehler ML, Keyes KM. Responses to discrimination and psychiatric disorders among black, Hispanic, female, and lesbian, gay, and bisexual individuals. *Am J Public Health*. 2010;100(8):1477-84.
- Hatzenbuehler ML, Nolen-Hoeksema S, Erickson SJ. Minority stress predictors of HIV risk behavior, substance use, and depressive symptoms: results from a prospective study of bereaved gay men. *Health Psychol*. 2008;27(4):455-462.

Questions?

Next Learning Collaborative:
Midpoint: September 18th, 2024

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THANK YOU

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