AGENDA

**Equity, Diversity and
Inclusion Committee**

Meeting Date
September 9, 2025

Time
4:00 P.M.

Location
50 Water Street, Room 1701

CALL TO ORDER   Patricia Marthone

ADOPTION OF MINUTES   Patricia Marthone

   April 8, 2025

DIVERSITY & INCLUSION UPDATE   Ivelesse Mendez-Justiniano

EQUITY & ACCESS COUNCIL UPDATE   Natalia Cineas
                                                  Nichola Davis
                                                  Komal Bajaj
                                                  Caroline Cooke
                                                  Erin Lewis

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Equity, Diversity and Inclusion Committee Meeting – April 8, 2025
As Reported by: Mitchell Katz
Committee Members Present: Mitchell Katz, Jackie Rowe-Adams, Erin Kelly, Karen St. Hilaire, Sally Hernandez-Piñero listening virtually

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:06 a.m.

Dr. Mitchell Katz noted for the record that in accordance with the By-Laws, Jose Pagan has delegated Suzanne Miles-Gustave (represented by Erin Kelly) to vote on his behalf and counted towards quorum.

Additionally, Karen St. Hilaire is representing Molly Wasow Park in a voting capacity.

Upon motion made and duly second the minutes of the January 14, 2025 meeting was unanimously approved.

DIVERSITY AND INCLUSION UPDATE

Ivelesse Mendez-Justiniano, Vice President, Chief Diversity, Equity, & Inclusion Officer, provided an overview of the System's latest diversity and inclusion achievements and activities.

Ms. Mendez-Justiniano provided an update on education and capacity building and reported that year-to-date there have been 8.4K training completions, with the top two trainings being Sexual Harassment Prevention and Identifying and Managing Unconscious Bias.

Ms. Mendez-Justiniano confirmed that over 8.9 million minutes of interpretation services were provided between 1/1/2025 – 3/21/2025. The top three languages were Spanish (6,762,820 minutes), French (418,426 minutes), and Haitian Creole (297,028 minutes).

Ms. Mendez-Justiniano provided a highlight regarding Veteran support services. She indicated that the 2025 Veteran pop-up dates are being finalized with the facilities and there will be at least one pop-up event at all acute care facilities. With three events held in 2025 so far, there have been a total of 110 attendees.

In the Disability Awareness space, Ms. Mendez-Justiniano highlighted a blind patient experience simulation where staff (nurses, physicians, security, food service, etc.) experienced the world of healthcare as a blind/low-vision patient. The simulation received extremely positive feedback from all participants.

Ms. Mendez-Justiniano indicated that the year two cohort of the LGBTQ+ Mental Health Training commenced on 2/3/25 with 25 participants. The program offers continuing education credits to behavioral health staff in the following roles: Licensed Clinical Social Workers, Licensed Master Social Workers, Licensed Psychologists, and Licensed Creative Art Therapists. The training equips learners with the knowledge, skills, and attitudes necessary to provide effective and culturally responsive care to LGBTQ+ identified patients. Additionally, the System hosted a Trans Health Fest event in honor of Transgender Day of Visibility on 3/31/25, which brought together over 20 community-based organizations which promoted their services; 145 community members attended the event.

Ms. Mendez-Justiniano went on to share that over 500 copies of the 2025 Diversity Calendar were distributed to partners, facilities, and executive leadership. Holidays and Observances which were celebrated so far in 2025 were noted, including Lunar New Year and Black History Month. She also announced the launch of a Women in Leadership series which will feature various women in leadership throughout the System.

Following the presentation there was further discussion around the blind patient experience held at Queens Hospitals providing details of the simulation, which was a pilot program. Ms. Mendez-Justiniano indicated that the goal is to plan similar experiences at all the facilities throughout the year. There was also a clarification on the collaboration with the Lighthouse.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) REPORT

Yvette Villanueva, Senior Vice President, Human Resources, initiated the EEO presentation by sharing 2024 workforce demographics.

Ms. Villanueva presented some of the key workforce statistics below:
- 66% of the workforce is female; 33% is male (1% is unknown)
- Roughly 80% of the workforce identifies as minority
    - 39% is Black/African American
    - 22% is Asian
    - 16% is Hispanic/Latino
    - 4% is Multi Race
    - The race/ethnicity values are based on Federal EEO-4 reporting requirements
- Based on EEO-4 Job Groups and their respective gender breakouts, Skilled Craft, Service Maintenance, Protective Services are majority male workers. All other categories (Administrative Support, Professionals, Para-Professionals, etc.) are primarily female workers.
- Most of NYC H+H clinical positions (Nurses, Pharmacists, and Social Workers) are predominantly females, with the exception of the Physicians, who have almost equal gender representation and is inclusive of Affiliate providers.

- Looking at the race/ethnicity breakout, three out of four clinical job groups reflect over 50% minority. The Physician group reflects 41% minority representation and is inclusive of Affiliate providers.
- Out of 589 employees that self-identified as a Veteran, 67% are male and 82% are minority.
- Median age of the NYC H+H workforce is 42 and 50% of the workforce is 30-49 years old; the workforce spans 6 generations with majority falling under Millennials and Generation X.
- 50% of the workforce have 0-4 years of service.
- 80% of the System's workforce resides within the five boroughs of NYC.

Ms. Villanueva also presented high level patient demographics which showed that 75% of the System's patients identify as minorities and there is an even representation of females and males.

The EEO presentation was continued by Blanche Greenfield, Deputy Counsel, Legal Affairs / EEO and Nicole Phillips, Director, EEO. Ms. Greenfield indicated that reasonable accommodations are modifications of job duties that allow people with disabilities to perform their essential job functions; disabilities may include low vision, hearing impaired, etc. In calendar year 2024, 2,817 reasonable accommodation requests were submitted, with majority of them from Nurses (42%) – which is not surprising given the physical demands of Nurse duties and responsibilities.

Ms. Greenfield went on to discuss Internal Complains in 2024. She explained that all staff members as well as volunteers and other individuals can file a complaint of discrimination with the Office of EEO for any of the protected bases such as sexual harassment, retaliation, race, etc. and the Office of EEO is responsible for investigating the allegations. In 2024, 342 internal complaints were submitted. The complaints are reviewed by an EEO Officer and a determination is made. If the staff member is unhappy with the determination made by the Office of EEO, they can file externally with a civil rights agency, the EEOC, the State Division of Human Rights or the City Commission of Human Rights.

Ms. Greenfield then addressed External Complaints, which are when individuals file complaints externally. In 2024, there were 89 external complaints submitted, which is interesting as the internal complaint number (342) is much higher. This reveals that System workforce members believe that they get a fair review by the Office of EEO and they are less inclined to go outside and seek external review.

Ms. Greenfield concluded her presentation by highlighting that the EEO program is not a punitive program. The purpose of the program is to make sure that every person who walks on NYC H+H premises is treated in a respectful manner and can come to work being able to concentrate on their job without being distracted by unwanted conduct.

Ms. Greenfield provided clarification to questions raised by the Committee on the difference in the handling of internal and external complaints processing. She also indicated that they do track complaints by facilities and units and if a common trend develops, a targeted response is implemented. Of the pending complaints are there negotiations currently in the process, Ms. Greenfield indicated the process does not include negotiations.

Ms. Villanueva also clarified that there are a number of recruitment initiatives currently on the way such as loan forgiveness for nurses in response to a question on targeted Hispanic nurse recruitment.

Dr. Katz asked if there was any old business or new business.

Hearing no old or new business from the Committee members, the meeting was adjourned at 11:40 a.m.

Equity, Diversity & Inclusion Committee

Diversity, Equity & Inclusion Office Updates
September 9, 2025

Ivelesse Mendez-Justiniano, PhD

Vice President & Chief Diversity, Equity & Inclusion Officer

Pronouns: she, her, hers

EDUCATION AND CAPACITY BUILDING

Top Training Breakdown (1/1/25 – 8/15/25)

Training	Modality	Total Completions*
Identifying and Managing Unconscious Bias**	e-learning	25,131
Sexual Harassment Prevention Training***	e-learning	24,713
Women Who Lead Webinar Series	Workshop	630
Diversity and Inclusion in a Healthcare Setting (NRP)	Workshop	527
Black History Month: WE – Unity, Community and Solidarity	Workshop	460
Let's Talk Disability	Workshop	459
Achieving Health Equity for LGBTQ People	Workshop	204
TOTAL		**52,124**

These are not unique employees as some may have engaged in more than one training.
*** NYC Administrative Code 15-43*
*** Stop Sexual Harassment NYC Act 2018, NYS Labor Law Section 201 G*

EDUCATION AND CAPACITY BUILDING

Women Who Lead Sessions

- Virtual series highlighting women in leadership positions at NYC Health + Hospitals

- **May**: Chief Corporate Compliance Officer, Catherine G. Patsos, focused on developing the growth mindset

- **June**: NYC Health + Hospitals/Community Care, CEO, Nicole Jordan-Martin, focused on mobilizing minds for community transformation.

- **July**: Chief Quality Officer, Hillary Jalon, focused on transforming health care outcomes through collaborative leadership.
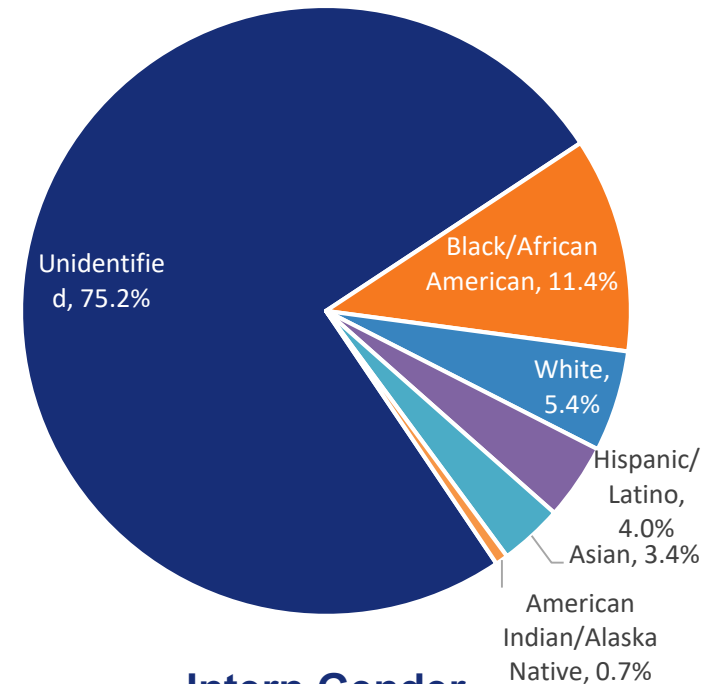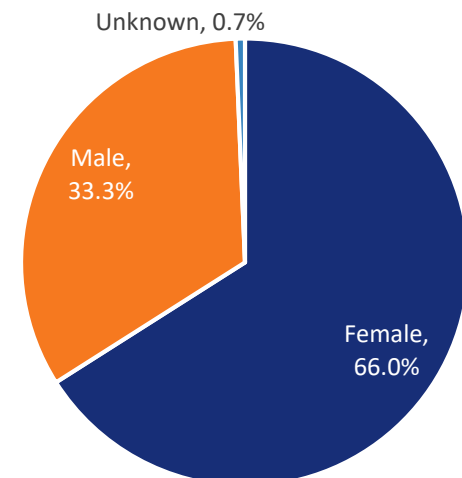
EDUCATION AND CAPACITY BUILDING

Diversifying Our Future Workforce: Internship and Career Ladder Program

- The NYC H+H Central Office Internship program provides opportunities to high school and college students from diverse communities in New York City to get hands on experience in healthcare.

- High School partnerships include SYEP and Ladders for Leaders. College partnerships include CUNY, NYU, John Jay College, and many others.

- Students gain valuable experience working in departments such as Office of Population Health, Ambulatory Care, Pharmacy, and Administration.

- Data reflects the number of interns in the program between August 2024 to July 2025. The total number of internship applicants were 188 and 65 were placed at various departments.

Intern Ethnicity

- Unidentified, 75.2%
- Black/African American, 11.4%
- White, 5.4%
- Hispanic/Latino, 4.0%
- Asian, 3.4%
- American Indian/Alaska Native, 0.7%

Intern Gender

- Unknown, 0.7%
- Male, 33.3%
- Female, 66.0%

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LANGUAGE ACCESS

Phone & Video Interpretation

- User feedback positive for OPI/VRI
    - 96.3% satisfaction (based on over 300K calls rated 1/1/2025 - 8/12/2025)

- 25,690,763 minutes of interpretation in 152 unique languages (1/1/2025 - 8/12/2025)

- Epic Integration in the works for 2025
    - Access interpreters within Epic keeping interpreter on Epic screen or transferring call to interpretation cart
    - Calls will automatically be documented within Epic with interpreter ID, call time, language, and duration

Written Translation

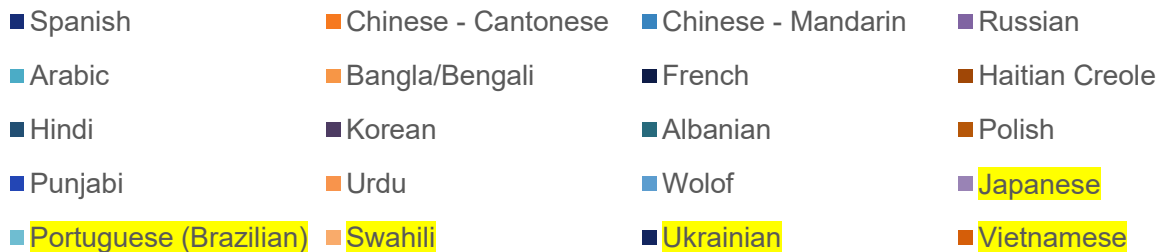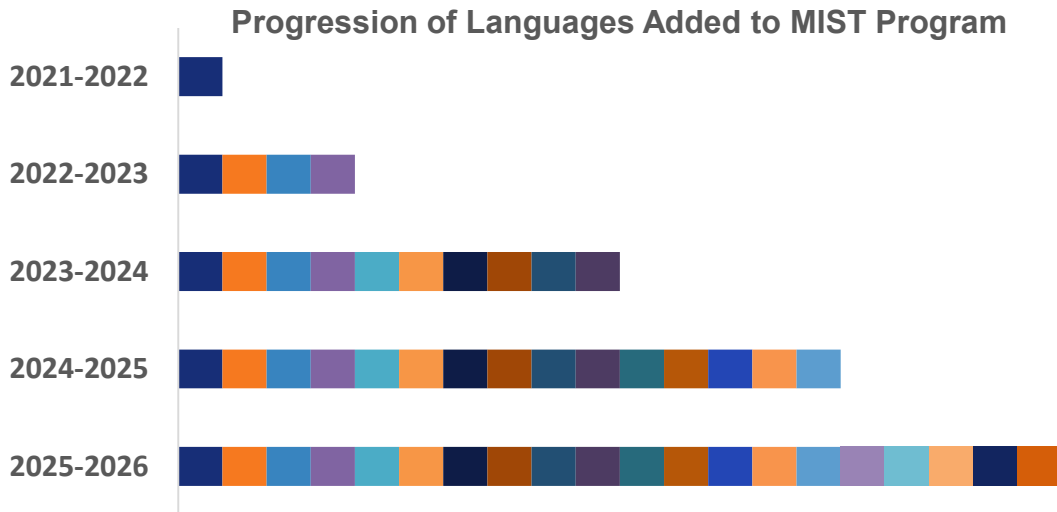- Translation RFP is live with new contracts to start in 2026.

Minutes by Language

Language	Calls	Minutes
Spanish	1,292,462	19,473,261
French	74,172	1,160,489
Bengali	50,734	795,176
Haitian Creole	50,151	791,720
Mandarin	40,042	545,720
Arabic	29,666	453,877
Russian	35,903	449,963
Wolof	20,821	317,194
Cantonese	18,100	235,446
Albanian	8,648	131,351
Polish	9,073	118,846
Urdu	7,026	102,381
ASL	5,428	99,630
Nepali	6,294	92,416

LANGUAGE ACCESS

Language Expansion: Medical Interpreter Skills Training (MIST) Program

- New cohort applications began August 19th with increase from 15 languages to 20

Progression of Languages Added to MIST Program

2021-2022
2022-2023
2023-2024
2024-2025
2025-2026

MIST Celebration Ceremony 2025 (72 graduates)

Legend:
- Spanish
- Chinese - Cantonese
- Chinese - Mandarin
- Russian
- Arabic
- Bangla/Bengali
- French
- Haitian Creole
- Hindi
- Korean
- Albanian
- Polish
- Punjabi
- Urdu
- Wolof
- Japanese
- Portuguese (Brazilian)
- Swahili
- Ukrainian
- Vietnamese

VETERAN SUPPORT

Veteran Pop-Ups:

- Veterans are connected with free resources provided by NYC Department of Veterans' Services

Facility	Date	#
METROPOLITAN	February 28th	34
WOODHULL	March 28th	53
BELLEVUE	April 23rd	18
SOUTH BROOKLYN HEALTH	May 23rd	23
ELMHURST	June 25th	13
JACOBI	July 29th	15
HARLEM	August 27th	
KINGS COUNTY	September 26th	
NORTH CENTRAL BRONX	October 28th	
LINCOLN	November 19th	
QUEENS	December 15th	

Veteran Resource Expo:

- October 22nd at 50 Water Street
- Brings together a variety of veteran organizations, services, and information
- Honors our veterans and their sacrifices

Military Friendly® Pledge Designation

- Military Friendly® is a standard that measures an organization's dedication to creating sustainable and meaningful opportunities for the military community, including veterans and military families.

- Over 2,800 organizations annually compete for the Military Friendly® designation, which recognizes companies that prioritize military-affiliated individuals in their workforce and workplace culture.

- NYC Health + Hospitals has earned Pledge Status through June 2026, marking a significant commitment to the military community.

- The Pledge serves as the first step in the Military Friendly® ratings process, signaling the organization's acknowledgment of the importance of fostering an inclusive workplace for military-affiliated individuals.

- Next Steps: Employers holding Pledge Status must transition to full Military Friendly® Designation within one year.

DISABILITY AWARENESS

Let's Talk Disability

2025 Dates
February 18th – 62 attendees
March 18th – 43 attendees
April 15th – 77 attendees
May 13th – 76 attendees
June 17th – 89 attendees
July 22nd – 34 attendees
August 19th – 68 attendees
September 16th
October 21st
November 14th
December 16th

Caring for Deaf & Hard of Hearing Patients Panel

- Held on August 31, 2025
- Panel included:
  - Associate Chief of Service Department of Emergency Medicine, Bellevue
  - Assistant Professor in Pediatrics, Elmhurst
  - Creative Arts Therapist & qualified Spanish medical interpreter who is also a CODA, Kings County
  - Founder of American Sign Language Inc. (ASLI)
  - Director of Language Access & Support Services

- 52 attendees joined and learned about some of the common challenges and best ways to help care for deaf and hard of hearings patients.

LGBTQ+ EQUITY

Long-Term Care Equality Index 2025

- The Long-Term Care Equality Index is the only national benchmarking tool focused on LGBTQ+ inclusion in residential long-term care and senior housing communities.

- In May, **all five** NYC Health + Hospitals Post-Acute Care facilities were recognized as *LGBTQ+ Long-Term Care Equality Leaders* by The Human Rights Campaign Foundation and SAGE.

- Across all participating nursing homes throughout the nation, only **11%** earned the highest **Leader** designation. This includes all five NYC Health + Hospitals Post-Acute Care facilities.

- As part of the LEI requirements, over **2,800** staff completed the new *Bill of Rights for Long-Term Care Facility Residents who are LGBTQ or Living with HIV* training module

![NYC Health + Hospitals logo]

LGBTQ+ EQUITY

Community Engagement: Pride Month & Festivals 2025

- During Pride Month, over **165** staff NYC Health + Hospitals from **17** facilities took part in **9** external Pride events across the 5 boroughs.

- At Pride Festivals, staff connected with over **2,220** New Yorkers, referring them to NYC Health + Hospitals' LGBTQ+ affirming services including Pride Health Centers

COMMUNICATIONS & MARKETING

May 2025

- Promotional materials distributed for system-wide training sessions, including an "Inclusive and Accountable Leadership" workshop

June 2025

- Holidays & Observances system-wide email highlighting LGBTQ+ Pride Month, Caribbean American Heritage Month, among others.

July 2025

- Distributed the July Holidays & Observances newsletter, highlighting observances like Disability Pride Month, International Non-Binary People's Day, among others

- Promotional materials distributed across social media accounts for the 35th Anniversary of the Americans with Disabilities Act (ADA)

August 2025

- Issued the August Holidays & Observances newsletter, highlighting World Senior Citizens' Day, Women's Equality Day, among others

HAPPY 35TH **ANNIVERSARY ADA**

We Celebrate Disability Pride today and everyday

NYC HEALTH+ HOSPITALS

COMMUNITY ENGAGEMENT

- NYC Health + Hospitals celebrated and participated in the National Puerto Rican Day and the National Dominican Day Parades!
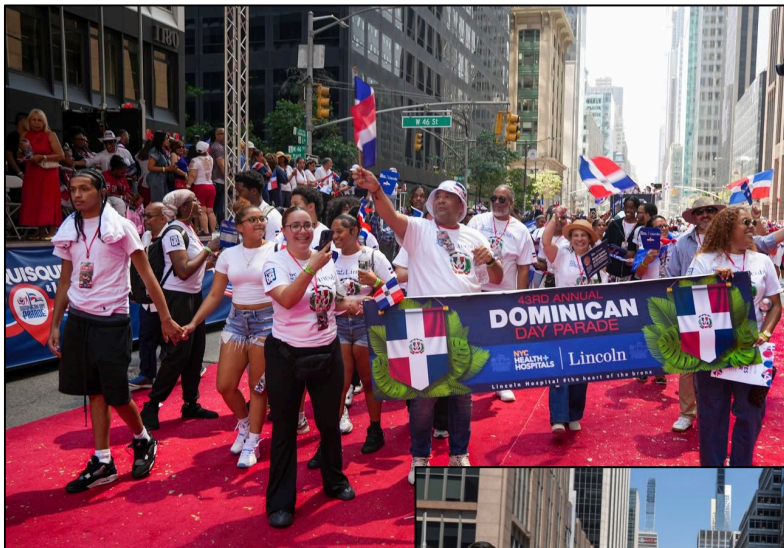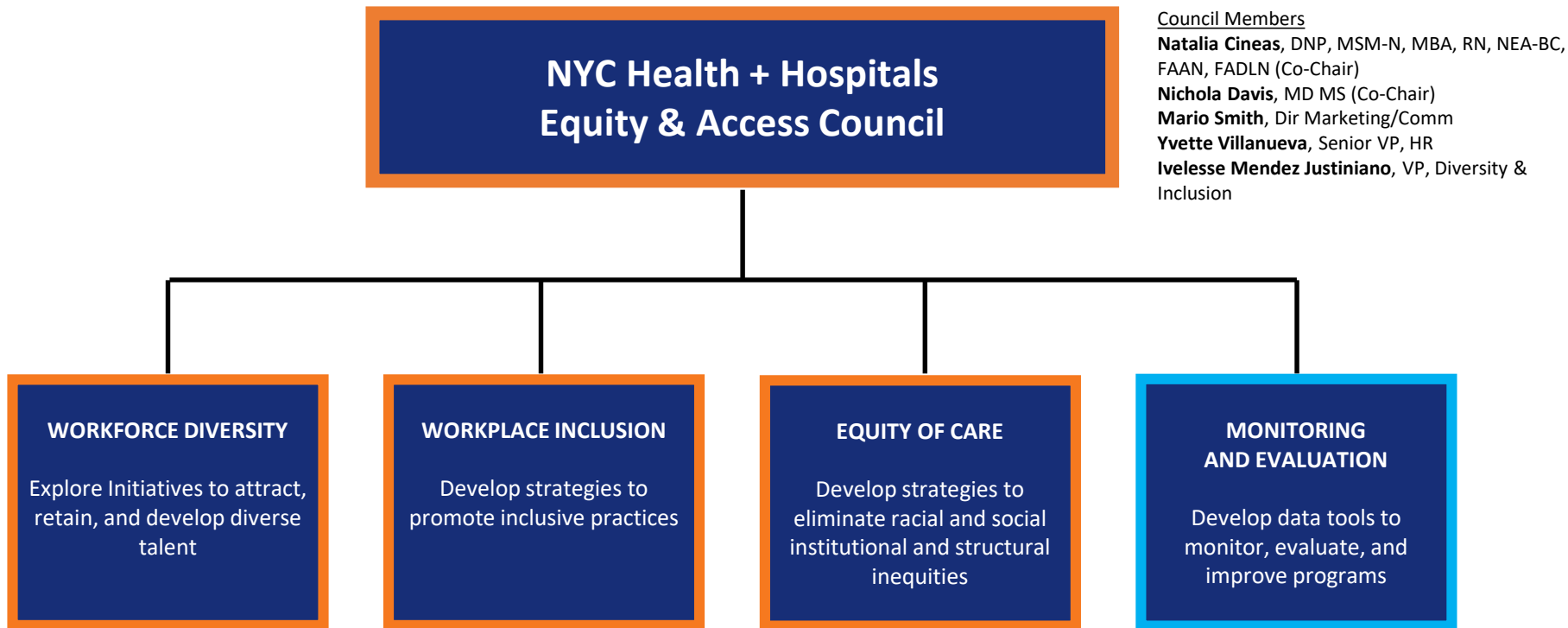
Equity & Access Council Update

Natalia Cineas, DNP, RN, NEA-BC
Sr. Vice President, Chief Nurse Executive

Nichola Davis, M.D.
Vice President, Chief of Population Officer

Monitoring and Evaluation Workgroup

Presented by: Nichola Davis MD, MS
Vice President, Chief Population Health Officer, Co-Chair Equity & Access Council

Workgroup Leads

Komal Bajaj, MD, MS-HPEd

Chief Quality Officer, Jacobi/NCB

Caroline Cooke, MPH, CHES

Director of Research Data Operations

Office of Ambulatory Care and Population Health

Co-Presented by

Erin Lewis, MD, MS, MPH

Senior Director, Research and Evaluation

Office of Ambulatory Care and Population Health

Race and Ethnicity Data Completeness, Concordance, and Accuracy Evaluation

Office of Population Health

Dimensions of Valid REaL Data

- **Accuracy**: Self-identified, correctly recorded, consistent categorization

- **Completeness**: REaL data captured across all services. Percentage unknown, other, or declined tracked and evaluated.

- **Timeliness**: Data are updated regularly

- **Consistency**: Data are internally consistent and reflect the patient population served

Source: A Framework for Stratifying Race, Ethnicity, and Language Data. Chicago: Health Research & Educational Trust; October 2014, page 7. https://www.aha.org/ahahret-guides/2014-10-28-framework-stratifying-race-ethnicity-and-language-data

The Road So Far: Improving Race, Ethnicity, & Language (REaL) Data

- **2021: Updated data collection fields to improve consistency**
  - Race aligned to OMB categories & made multi-select
  - Standardized ethnic group to binary Hispanic/Latinx or Non-Hispanic/Latinx
  - "Hard stop" added for race and ethnic group
  - Ethnic background expanded from 20 to 200 categories

- **2021: Ratified enterprise definition for race and ethnicity**
- **2021-2022: OPH and DnA began utilizing standardized groupings**
- **2022-2024: Improved data collection methods (Kiosk & My Chart)**

Blood Pressure Control Rates by Race/Ethnicity Among Adults with Hypertension
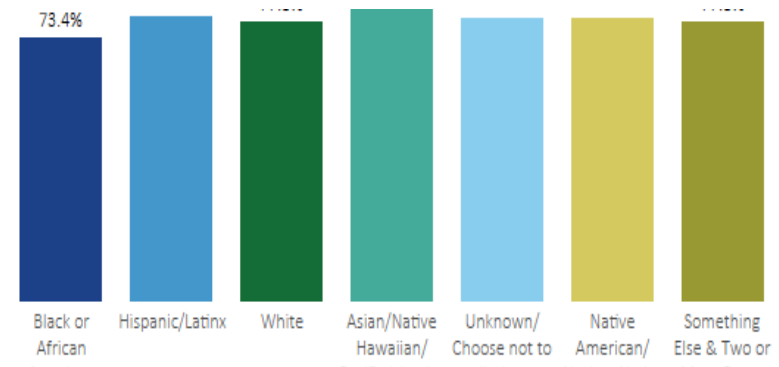
> Goal: stratify quality measures by complete and accurate REaL data across H+H

Importance of Valid REAL Data

Why validate our data?

- Fulfill reporting requirements

- Identify populations for targeted interventions

- Understand the demographics of the communities we serve

- Build health equity infrastructure

- Identify and address disparities in healthcare access, treatment, and outcomes

REaL Validation: Completeness

Assessing Completeness

Completeness Goal: Explore how completion rates have changed since new REaL fields were implemented in 2021 and identify "hot spots" of missing data to drive quality improvement

- Defined H+H population
  - All patients with a clinical encounter in the calendar year
- Summarized completeness data over time
- Identified stratifications for 2023
  - Age, facility and service type

EQUITY &
ACCESS COUNCIL

Completeness Improved from CY20-CY23

Aggregate Unknown All Patients Over Time, CY20-23

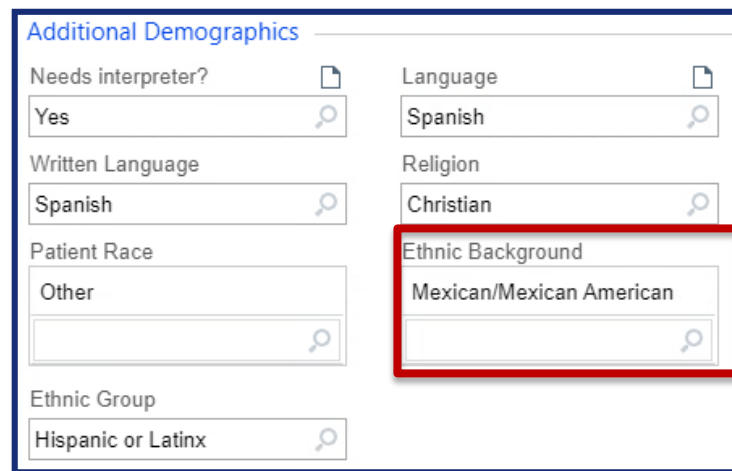| Time Period	Total Patients	% Combined Unknown/ Missing/ Choose Not to Disclose Patients*
CY20	877,713	4.7%
CY21	999,131	3.2%
2021: Epic REaL updates & standardization of Race ethnicity logic		
CY22	1,099,552	3.2%
CY23	1,110,935	2.2%

- **Data were >95% complete across all four years**

- **Incomplete data halved from CY20 to CY23**

- **In CY23, race/ethnicity data for all ages, service types and facilities were >97% complete**

*Note: Could not disaggregate unknown/missing/choose not to disclose until Epic REaL updates in 2021

REaL Validation: Concordance

Assessing Concordance

Concordance Goal: Identify concordance between patient's race/ethnicity and ethnic background, as a proxy for construct validity.

- Ethnic Background is an optional multi-select field with ~200 options, currently leveraged primarily to supplement Hispanic/Latinx categorization
- Categorized ethnic background values by geographic region for all H+H patients with a completed clinical encounter between Sep 2023 – Aug 2024
- Mapped values to aggregate race/ethnicity categories with a Sankey diagram
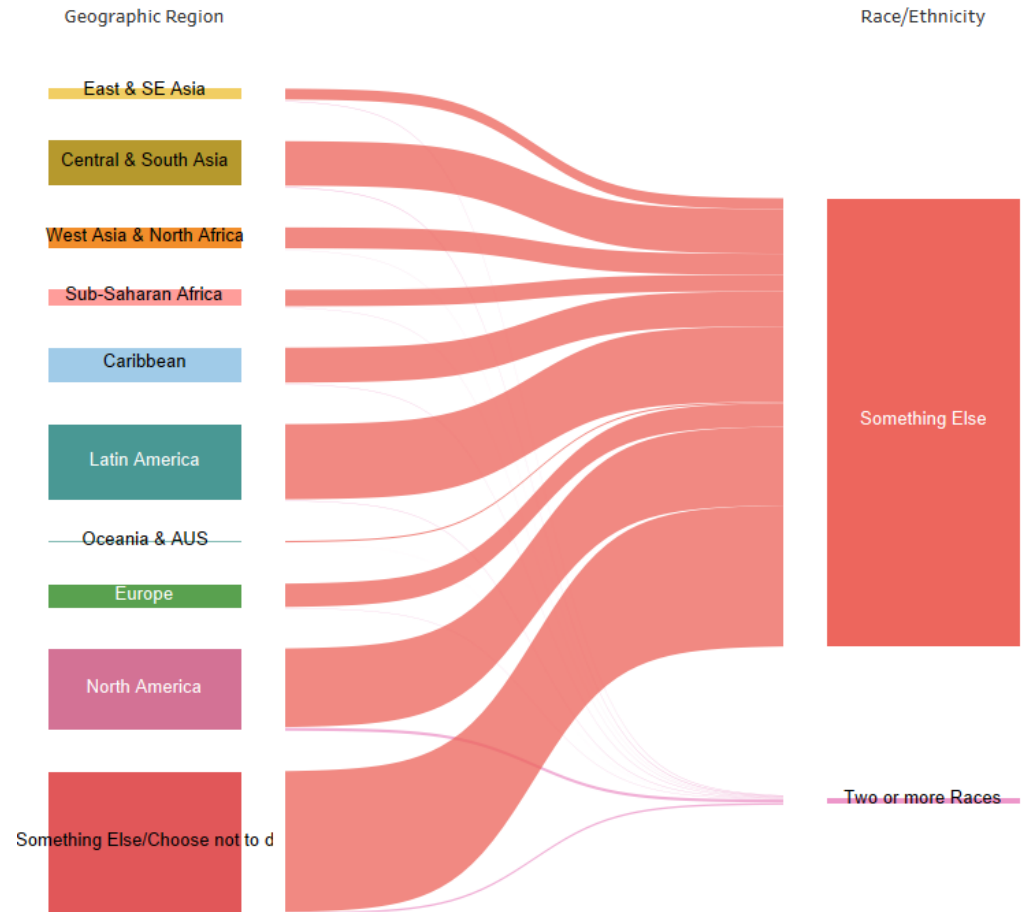

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Exploring Race/Ethnicity: Something Else

Top regions for patients with "Something Else" race/ethnicity:

- **Something Else/Choose not to disclose**
- **North America**
- **Latin America**
- **Central & South Asia**

Some Ethnic Regions Poorly Captured in Current Epic Data
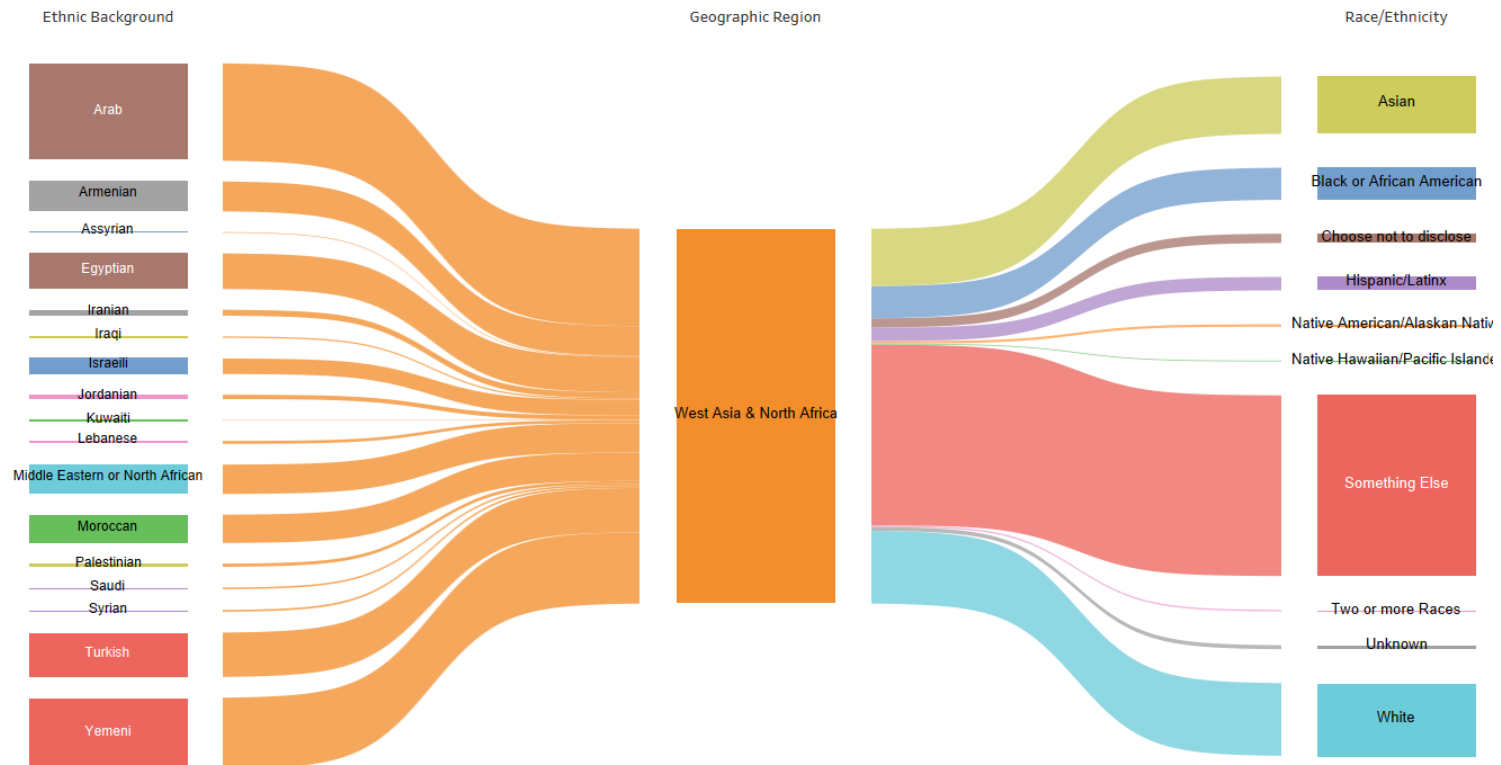
- Currently, patients with ethnic backgrounds that map regionally to Middle East/North African regions (MENA) are distributed across all race/ethnicity groups

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Key Takeaways: Concordance

Concordance Results:

- Looking at ethnic background can provide construct validity for aggregate race/ethnicity and help us improve cultural competency by understanding the communities we serve

- The most common ethnic backgrounds were American (19%), Non-Hispanic (10%), Mexican/Mexican-American (7%), Dominican (6%), Ecuadorian (6%), & Puerto Rican (4%)

- We observed strong relationships between certain aggregate race/ethnicity groups and ethnic backgrounds:

  - 50% of 'Hispanic/Latinx' patients had Latin American ethnic backgrounds

  - 35% of 'Black or African American' patients listed 'American' as their ethnic background

  - 73% of 'Asian' patients had East & SE Asian, Central & South Asian, or West Asian & North African backgrounds

- Other regions were more poorly captured by Epic data

  - Patients with Middle East/North African regional backgrounds were distributed across all race/ethnicity groups

  - The was a lot of diversity among backgrounds mapping to 'Something Else', with the top backgrounds being American (17%), Non-Hispanic (10%), Something Else (8%), Guyanese (7%), and Bangladeshi (5%)

REaL Validation:
Accuracy

Assessing Accuracy

Accuracy Goal: Explore how self-reported REaL data from patients in waiting rooms compares to Epic

- Developed a 10-question survey to collect race, ethnicity, and language data
- Identified facility Joint Commission Health Equity and Quality Leads for collaboration
- Onboarded 6 interns to survey patients at 11 acute and 6 Gotham sites
  - 1,529 patients were invited to participate (1,172 acute, 357 Gotham)
  - 688 (45.0%) accepted / 841 (55.0%) declined
  - 536 surveys matched to Epic
- Summarized accuracy of Epic data

REaL Data in Action: Surveys with Matched Epic Data (n=536)

Demographic Characteristic	Total Matched Records n (%)
Presenting Gender	
Female	**346 (64.6)**
Male	189 (35.3)
Non-binary	1 (0.2)
Age Range*	
18-29	59 (11.0)
30-39	76 (14.2)
40-49	85 (15.9)
50-59	**120 (22.4)**
60-69	110 (20.6)
70-79	65 (12.1)
80+	20 (3.7)

*n=535, one respondent declined to provide an age range.

Survey Responses Versus EMR Data

Matched Survey Sample N=536	Percent with Primary Survey Response Matching EMR Data
Race	75.2%
Hispanic/Latinx	87.7%
Ethnic Background	53.5%
Language	90.1%

- High levels of accuracy observed for race, Hispanic/Latinx ethnicity, and language
- Only 53.5% of ethnic background documented in Epic matched patient's self-identified ethnic background

Survey Responses Versus EMR Data: Summary

Matched Survey Sample N=536	Number with Primary Survey Response Matching EMR Data	Percent with Primary Survey Response Matching EMR Data
Race	**403**	**75.2%**
Black or African American (n=209)	187	89.5%
American Indian/Alaskan Native (n=27)	0	0%
Hispanic/Latinx (n=253)	**222**	**87.7%**
Ethnic Background	**287**	**53.5%**
Europe and Northern America (n=87)	29	33.3%
Latin America and the Caribbean (n=351)	226	64.4%
Africa (n=32)	11	34.4%
Asia (n=41)	24	58.5%
Something Else (n=25)	0	0%
Language	**483**	**90.1%**
English (n=283)	272	96.1%
Spanish (n=193)	177	91.7%

*ethnic background regions adapted from https://unstats.un.org/sdgs/indicators/regional-groups/

Validation Key Takeaways

Key Takeaways for REaL Data Validation: Completeness, Concordance and Accuracy

- H+H has improved the collection of REaL data from 2021-2024.

- 98% of patients with a visit in 2023 had complete race/ethnicity data.

- 75% of surveyed patients had the same race/ethnicity in Epic.

- Ethnic background data are more heterogeneous than race data. These data may provide a rich source of information for sub-populations such as Central American patients or patients of Middle Eastern/North African (MENA) descent.

- Plan to add MENA to the standard race/ethnicity category in Epic to capture H+H patient diversity while reducing "something else" response rates.

- Valid, complete REaL data allows H+H to deliver culturally competent, effective programming to the communities we serve.

Appendix

Combined Race/Ethnicity and Exploring Completeness

H+H uses <u>one</u> mutually exclusive, combined race/ethnicity category for reporting

- Hispanic/Latinx
- Asian/Native Hawaiian/Pacific Islander
- Black or African-American
- Native American/Alaskan Native
- White
- Unknown/Choose not to disclose
- Something Else
- Two or more races

For this evaluation, we defined "complete" Race/Ethnicity data as any patient with:

- Asian/Native Hawaiian/Pacific Islander, Black or African American, Hispanic/Latinx, Native American/Alaskan Native, White, Something Else, Two or More Races OR Choose not to disclose

- **"Unknown" Race/Ethnicity includes patients**
    - Missing Race and Not Hispanic/Latinx Ethnicity
    - Missing Race and missing Ethnicity

Note: Epic Race fields "Unknown" and "Choose not to disclose" are separate distinct fields/categories for data collection but combined for reports/dashboards per MMK-ratified Aggregated Enterprise List of Values for Data Visualization.

Sample Survey

REaL Survey

This page is a screener - complete before beginning survey with patient.

Intern's name/initials:
* must provide value

[   ]

Facility
* must provide value

[▼]

Visit Type
* must provide value

○ Emergency Department
○ Ambulatory Care

reset

Presenting Gender
* must provide value

○ Female
○ Male
○ Non-binary

reset

Survey Language
* must provide value

[▼]

Invited to participate:
* must provide value

○ Accepted
○ Declined

reset

Next Page >>

Age Range

○ 18-29
○ 30-39
○ 40-49
○ 50-59
○ 60-69
○ 70-79
○ 80+

reset

Do you identify as Hispanic or Latinx?

○ Hispanic or Latinx
○ Not Hispanic or Latinx

reset

What is your race? (can select up to 2)

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Other
☐ White

What is your nationality or ethnic background (primary)

[▼]

Nationality/Ethnic Background (secondary - optional)

[▼]

What is your preferred spoken language?

[▼]