

Cook County Health Asian American and MENA Data Collection and Language Access Hearing

Wednesday, May 24th, 2023

Data Collection Overview — Internal



Employee Demographic Data

- Employee demographic data is collected in the following ways:
 - Candidates can voluntarily disclose demographic information during application process.
 - O Disclosure is in compliance with federal Equal Employment Opportunity Commission (EEOC) regulations.
 - Once hired, as part of the on-boarding process, demographic information is captured and maintained in the employee record
- CCH has 1,023 employees (18.1%) who have self-identified as Asian.

Data Collection Overview - External



CCH Patients

- Patient demographic data is collected at registration.
- Patient data is collected in accordance with the Centers for Medicare and Medicaid Services (CMS) reporting requirements which utilizes federal
 census data fields.
 - The Census Bureau collects racial data in accordance with guidelines provided by the U.S. Office of Management and Budget (OMB), and these data are based on self-identification.
 - OMB requires five minimum categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander.
 - The Biden Administration recently proposed adding MENA as a category to the 2030 census.

CountyCare Members

- \circ The state provides member demographic data and other benefit information for all eligible CountyCare members.
 - Categories that capture Asian American race include (1) Asian and (2) Native Hawaiian or other Pacific Islander.
 - Middle Eastern or North African (MENA) specific categories are not currently included in the HFS eligibility file specification.

Public Health Clients

- CCDPH demographic data is predominantly collected by secondary sources.
- State information systems collect racial demographics & provide to local health departments.
- Programs collect preferred language information.

Grants

Grantor requirements dictate demographic data collection.

Language Access — Internal



Job Descriptions

- \circ $\,$ Job descriptions include bilingual skills requirements used for the job posting.
- Employees in bilingual positions are required to perform, language translations, including reading, writing and speaking.
- Once an individual is hired into a position that requires bilingual skills, the job data is captured in EBS.

Job Applications

- Job applications include the following question regarding language:
 - "Language skills other than English speak, read and write' with a fluency rating.
- Applicants complete pre-screening questions in addition to the application questions.
- Proficiency assessments are completed, prior to an offer being extended.

Compensation

Salary differentials are negotiated as part of the collective bargaining process for employees who are active in bilingual positions.

Language Access — External



- Translation & Interpreter Services
 - Staffing

Contract #	Supplier	Description	Start Date	End Date	Total Amount
H18-25-079	Voyce	Service, Video Remote Interpretation and Voice Only Interpretation	11/1/2018	1031/2023	\$6,130,000.00
H17-25-083	Cryacom International, Inc.	Service, Telephonic Interpreter and Document Translation Services	7/1/2017	6/30/2023	\$3,741,031.46

- CCH Interpreter Services Department currently has 20 FTE On-Site Interpreters (16 Spanish / 4 Polish).
- CCH recently hired a new Director of Language Services (April 2023).
- CCH Interpreter Services manages 2 contracts (see above) which collectively provide over 167 tablets for Video Remote Interpreter Services (VRI) & 137 phones for Over the Phone Interpreter Services (OPI) providing access to over 238 languages systemwide in addition to translation services for medical documentation.
- Public Facing Communication Tools
 - Websites Google Translate Widget Compatible
 - cookcountyhealth.org
 - countycare.com
 - cookcountypublichealth.org
 - Brochures, Media Campaign & Outreach Materials are distributed in the languages required most by our patients and are reviewed annually.
 - These languages have included
 - ☐ Polish Mandarin/Simplified Chinese Arabic Hindi Russian

Opportunities



Data Collection

- Develop plan to update systems for future capture of expanded patient demographic data in advance of implementation of 2030 Census.
- While the state is the primary source for CountyCare demographic data, there is opportunity to continue to collect demographic information during every member contact.
 - Collect race categories in addition to Asian and Native Hawaiian or Other Pacific Islander.
 - Collect Middle Eastern and North African ethnicity data.
- Establish a plan for transitioning to proposed MENA category, including the identification of additional considerations, potential unintended consequences, and proposals.
- \circ Consistent reporting out of epi counts/rates for existing multiracial category in standard race & ethnicity tables.

Language Access

- Assessing data to look at opportunities to expand in-person interpreter services line across system.
- On-going training and continued education opportunities for Interpreter Services and Bilingual Staff.
- Leveraging system-wide translation services needs to expand service options.
- Collaborating with internal partners to enhance way finding signage.
- Collaborating with HIS to establish automated dispatch system.
- Expand translation of CCH educational and CountyCare member facing materials beyond English and Spanish to additional languages.





Questions



Appendix

Data Collection Overview - CCH



Proportion of Unique Patients by Race

Race	2018	2019	2020	2021	2022	2023*
African American/Black	50.5%	48.9%	48.9%	34.4%	42.1%	43.9%
American Indian/Alaska Native	2.1%	2.8%	3.7%	2.6%	3.0%	3.7%
Asian	3.5%	3.5%	3.3%	4.6%	3.5%	3.5%
Multiple	1.7%	3.4%	2.8%	2.6%	2.2%	1.8%
Native Hawaiian/Pacific Islander	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
Other/UTD (unable to determine)	11.8%	12.6%	13.6%	18.3%	17.4%	13.6%
White	32.6%	31.3%	31.1%	38.7%	32.0%	33.5%

Data Collection Overview - CCH



Proportion of Total Visits by Race

Race	2018	2019	2020	2021	2022	2023*
African American/Black	49.3%	47.4%	48.5%	43.0%	45.5%	43.8%
American Indian/Alaska Native	1.5%	3.1%	4.2%	3.8%	4.0%	4.0%
Asian	4.3%	4.1%	3.5%	4.0%	3.6%	3.5%
Multiple	1.0%	2.0%	1.7%	1.8%	1.5%	1.5%
Native Hawaiian/Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other/UTD (unable to determine)	7.7%	8.9%	9.4%	11.4%	11.3%	12.3%
White	36.3%	34.5%	32.7%	35.9%	34.1%	34.9%

Samples of Multilingual CCH Materials





MASKS ARE STRONGLY ENCOURAGED, BUT OPTIONAL FOR SOME PEOPLE.

MASKS ARE STILL REQUIRED:

- · For all people with flu-like symptoms
- · In certain areas where signs are posted
- · For staff when providing patient care
- · For staff and visitors in patient rooms
- . If a patient requests a staff member to wear one while assisting them

These requirements are in place to protect your health and the health of our patients, visitors and team members.

Our facilities are places of healing. Please be respectful of others. Thank you.

- · Para todas las personas con síntomas similares a los de la gripe
- · En ciertas áreas donde haya letreros
- · Para el personal brindando cuidado al paciente
- · Para el personal y los visitantes en las habitaciones de los pacientes
- · Si un paciente le pide a un miembro del personal que use una máscara mientras lo atiende

Maseczki są zdecydowanie wskazane, ale dla niektórych osób są opcjonalne.

Obowiazek noszenia maseczek dotyczy:

- · Wszystkich osób z objawami grypopodobnymi · Wszystkich osób na oddziałach pogotowia ratunkowego
- Personelu opiekującego się pacjentami
- · Personelu i osób odwiedzających w pokojach pacjentów Personelu opiekującego się pacjentem, jeżeli pacjent

强烈建议您戴口罩,但部分人员可自行决定是否佩戴。

نحث بشدة على ارتداء أقنعة الوجه، إلا أن ارتداءها اختياري لبعض الأفراد

ثما زالت أقنعة الوجه مطلوبة

- لجميع الأشخاص الذين يعانون من أعراض تشبه أعراض الإنفلونزا •
- أمراض السرطان وعيادات
- للموظفين عند تقديم رعاية المرضى •
- للموظفين والزوار في غرف المرضى •
- إذا طلب المريض من الموظف ارتداء واحدة أثناء تقديمه المساعدة له •

- 以下人员仍需要佩戴口罩: 出现流感样症状者
- 在张贴了标志的部分区域
- 提供患者护理的工作人员
- 瘤席工作人品和访客
- 如果患者要求,工作人员应在协助患者时佩戴口罩

COOK COUNTY HEALTH

TODOS ESTAN BIENVENIDOS AQUI WSZYSCY SĄ TUTAJ MILE WIDZIANI 这里真诚欢迎大家

الجميع مرحب بهم هنا



HEALTH

प्रदाताओं/एफक्यूएचसीएस के लिए मेडिकेड पुन:निर्धारण जानकारी

कोविड-19 महामारी के दौरान मेडिकेड सदस्यों द्वारा अपनी पात्रता को साबित किए बिना अबाधित स्वास्थ्य देखभाल कवरेज प्राप्त की गई। अब क्योंकि सार्वजनिक स्वास्थ्य आपात स्थिति समाप्त हो चुकी है, सदस्य की मेडिकेड पात्रता के पुन:निर्धारण के नवीकरण की प्रक्रिया फिर से शुरु की जा रही है।

सदस्य अपनी कवरेज को न खोएं, इसकी रोकथाम करने में सहायता के लिए आपको निम्नलिखित बातों की जानकारी होनी चाहिए।

प्रश्न: एन:निर्धारम (आर्ख्डीडी) की शुरुआत कब होगी?

उत्तर: हानगेंड्ज में आर्स्डीई की शरूआत 1 अप्रैल. 2023 से होगी. लेकिन

पहली नवीकरण तथ तारीख 1 जून, 2023 है। सभी सदस्यों के लिए पुन:निर्धारण एक जैसी नहीं है। मई 2023 से अप्रैल 2024 के दौरान इर यहीने लगभग 1/12 सदस्यों का पुन:निर्धारण किया जाएगा।

पन-निर्धारण के पहले तीन महीनों के लिए टाइमलाइन:

आरईडीई मेल गरीमा	आर्खेतीई फॉर्म तय तारीख	की गीज सर्वकर्म ई क्रिक्त सम्बद्ध	
5/01/2023	6/01/2023	7/01/2023	
6/01/2023	7/01/2023	8/01/2023	
7/01/2023	8/01/2023	9/01/2023	

- प्रथः पुन:निर्धारण के दौरान मेडिकेड सदस्यों की सहायता करने के लिए प्रदाता क्या कर सकते हैं?
- उत्तर: ऐसे अनेक कदम हैं, जो यह सुनिश्चित करने के लिए आप उठा सकते हैं कि आपके रोगियों की कवरेज बनी रहती है, जिनमें निम्नतिखित भी शामिल हैं:
- सदस्यों को अपने मेरिंग पते को आनलाइन https://s gov/hfuladdress या 1-877-805-5312 (TTY: 1-877-204-1012) पर अपडेट करने के बारे में याद दिलाएं लांकि वे अपने नवीकरण
- मेरिकेट सटस्टों को यह जानना चाहिए कि जमें सेन में एसएपाएस न्यायक सदस्या का का जानचा चाहुए एक उन्हें मात्र न एक्ट्व्यूप्स की ओर से नवीकरण पर्योर्ज की प्राचित का च्यान सक्ता चाहिए। पदि उनके कोई प्रश्न हैं, तो उन्हें ताथ चाकता आवेदन (एबीई) हॉटलाइन पर 1-800-843-6154 (TTY: 1-866-324-5553) के लिए निर्टेशित करें या उन्हें ABE.ilinois.gov/ को देखने के लिए कहें।

• उन्हें <u>AltE Aircos goo</u>r पर "मैनेज माई केस" अकाउंट को तैयार करने के लिए प्रोत्साहित करें, जहां पर वे अपने नवीकरण की तय

लरीख, लाभों की जानकारी आदि को देख सकते हैं। . अगर्थ ब्रिविंग और संजीवरण विषया में उस लेगियों को स्क्रीन कर में - जाना प्राप्ता आर पंजाकरण संस्ट्रम य जन दानावा का परंग कर त जिनकी निकट समय में पुन-निर्धारण तारीख आने वाती है। आय फोन या ईमेल के ज़रिए अपने टॉणियों के साथ कनेक्ट कर सकते हैं ताकि आप जनको सचित कर सकें कि जनके नदीकरण की तारीख आने

मं अपने रोगी की पात्रता और नवीकरण तारीख की कैसे जांच कर

उत्तर: रोगी के मैनेबड देखभात संगठन से संघर्क करें या https://medi.hfs. ilinnis.gov/ पर एमईडीआई में लॉग इन करें और इंटरनेट इलेक्ट्रॉनिक बलेम्स सिस्टम (Internet Electronic Claims System (IEC) लिंक पर जिस्का करें। तहां से बांर्ड नेतिरोधन बार में "पापनकर्ता प्राप्ता सत्यापन" को चुने तथा व्यक्ति विशेष की खोज करने के लिए फील्ड्स को घरें।

प्रश्नः क्या डेडलाइन मिस करने वाला सदस्य अभी भी कवरेज प्राप्त करता है?

उत्तर: हां, यदि सदस्य अपनी पुन:निर्धारण की तथ तारीश्व के 90 दिनों के भीतर अपने नवीकरण पर्देर्ग को जस्त करते हैं. तो वे अभी भी कार्याज प्राप्त कर सकते हैं। हालांकि, यदि उनको 90 दिन से अधिक देरी हो धुकी है, तो उनको नए आवेदन के साथ पूरी तरह से फिर से आवेदन करना होगा। आवेदन को ABE Hinon gov/ पर "मैनेज गाई केस" अकाउंट बनाकर ऑनलाइन पूरा किया जा सकता है।

प्रश्नः यदि मेडिकेड में नामांकन करवाने वाले सदस्यों के अन्य प्रश्न हैं. तो क्या

उत्तर: मेडिकेड सटस्यों को 1-800-843-6154 एचएफएस पर निर्देशित करें या वे "मैनेज माई केस" अकाउंट के ज़रिए सीचे एचएफएस को संदेश

कृ<mark>पया सदस्यों को याद दिलाएं कि वे पोटालों से सावधान रहें।</mark> इलनींडुक द्वारा मेडिकेड के नवीकरण या आवेदन के लिए उनसे कभी भी पेसे देने के लिए नहीं कहा जाएगा। योटालों की जानकारी, धोखाधड़ी रिपोर्ट वेबसाइट या मेडिकेड धोखाधड़ी हॉटलाइन









The federal No Surprises Act makes sure patients do not receive surprise bills for emergency services, or from out-of-network providers at in-network facilities.

The No Surprises Act also allows uninsured or self-pay patients to request a "good faith estimate" before a medical visit or procedure.

To learn more or request a good faith estimate, call Cook County Health's Patient Financial Services team at 866-223-2817 or visit cookcountyhealth.org/patients-visitors/good-faith-estimates/

For more information about good faith estimates, visit cms.gov/nosurprises or call 1-800-985-3059.

لا تخسر تغطيتك الطبية!

لم تضطر إلى تجديد مزايا Medicaid الخاصة بك منذ يداية جائحة كوفيد-19. ابتداء من هذا الربيع، ستبدأ ولاية إلينوي العملية السنوية لإرسال نماذج إعادة التحديد إلى جميع المسجلين في برنامج Medicaid.

هل تحتاج إلى مساعدة على إكمال نماذج إعادة التحديد الخاصة بك؟

ابحث عن خطاب في البريد من ولاية إلينوي يطلب معلومات حول أهليتك. أكمل النموذج وقم بإرجاعه بحلول الموعد المحدد المدرج.



ألدىك أسئلة؟ **ىمكننا مساعدتك**.





احذر من المطالين. أن تطلب منك ولاية إلينوي أبدًا أي سالع مالية التجديد أو التقدم بطلب للحصول على برنامج لاءكاما عن عمليات الاحتيار على موقع الإنجاع من الاحتيال (reput Jampan) (mpriss) (mpriss) (mpriss) والاقتصال على المطا المسارك الاحتيال على المواجعة التعديد الى المسارك (1942-1944) على أوليم (1942-1944) (1945-1944) - 1944 (1942-1



I Speak...



	Unë flas shqip (Albanian)	N a po Klào Win. (Kru)
	አማርኛ አናኅራለው (Amharic)	ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ . (Lao)
	(Arabic) انا اتكلم اللغة العربية.	Yie gorngv Mienh waac. (Mien)
	Ես խոսում եմ հայերեն (Armenian)	म नेपाली बोल्छ् (Nepali)
	আমি বাংলা ভাষী। (Bengali)	Mówię po polsku . (Polish)
	Ja govorim bosanski jezik (Bosnian)	Eu falo Portugês. (Portuguese)
	ကျွန်တော် မြန်မာစကား ပြောသည်။ (Burmese)	ਇ ਸ੍ਪੇਆਕ ਪੰਜਾਬੀ (Punjabi)
	我说中文 (Chinese Simplified)	Cunosc limba Română. (Romanian)
	我說中文 (Chinese Traditional)	Я говорю по-русски. (Russian)
	Westernament and the second se	Ou te tautala faaSamoa . (Samoan)
П	Ja govorim hrvatski. (Croatian) اینجانب به زبان فارسی صحیت می کنم	Govorim srpski. (Serbian)
	(Farsi)	Waxaan ku hadlaa Somali . (Somali)
	Je parle français. (French)	Yo hablo español. (Spanish)
	Je parle le Français haïtien	أتحدث السودانية (لغوى سوداني)
	(French Creole)	(Sudanese)
	Μιλάω ελληνικάι . (Greek)	Marunong po akong magsalita ng Tagalog. (Tagalog)
	હું ગુજરાતી બોલુ છું (Gujarati)	ข้าพเจ้าพูด ภาษาไทย (Thai)
	Mwen pale Kreyòl. (Haitian Creole)	አን ትግርኛ ይዛረብ እየ. (Tigrinya)
	में हिंदी बोलता हूं। (Hindi)	Я розмовляю українською.
	Kuv hais lus hmoob. (Hmong)	(Ukrainian)
	Ana m a sụ Igbo (Igbo)	(Urdu) میں اردو بولتا/ بولتی موں .
	Parlo Italiano (Italian)	Tôi nói tiếng Việt. (Vietnamese)
	私は日本語を話します (Japanese)	יידיש רעד איך (Yiddish)
	Mi chat Jamiekan langwjij	Mo gbọ Yoruba (Yoruba)
	(Jamaican Creole)	
	ykt Bkqb D B (Karen)	
	ខ្ញុំនិយាយភាសាខឹត ឌីស (Khmer)	



■ 본인의 모국어는 한국어입니다

(Kurdish) ئه ز زمانی کوردی ده ناخفم.



CountyCare Data Collection



Introduction to Health Plan Services and CountyCare

 Health Plan Services is a department of Cook County Health (CCH) and operates CountyCare Health Plan. CountyCare Health Plan is one of five Medicaid managed care health plans in the state of Illinois. Owned and operated by CCH, CountyCare is the only government owned, provider-led managed care organization (MCO) in Illinois. As of January 2023, CountyCare Health Plan provides Medicaid and supplemental benefits to over 450,000 Cook County residents.

• Current American Asian Data Sources and Practices

- CountyCare Health Plan receives member information through several sources. The primary source of member information is received from Healthcare and
 Family Services (HFS). This file is produced by the State and contains demographic and other benefit information for all eligible CountyCare members. This file
 is received on a daily and monthly basis.
- Categories that capture Asian American race include (1) Asian and (2) Native Hawaiian or other Pacific Islander. Middle Eastern or North African (MENA) specific categories are not currently included in the HFS eligibility file specification.
- To improve the collection of member demographic information, including race, CountyCare launched a Member Demographics Initiative in June of 2022. This initiative aims to increase the accuracy of demographic information that CountyCare stores on members and attain data where it is missing or not provided on the eligibility file from HFS. To accomplish this, CountyCare is:
 - 1. Collaborating with vendors and partners to obtain up to date data, identify gaps in records and develop a single source of truth database and redistribute validated data to partner organizations
 - 2. Reviewing data from both up and downstream data flows
 - 3. Improving workflows to use every member contact as an opportunity to capture member information.
- CountyCare's primary points of connection with its members are 1) through its third party Customer Service call centers for general inquiries, pharmacy, dental
 and vision services, or transportation, and 2) through care management and disease management activities. In the member profile, CountyCare collects race
 data including (1) Asian and (2) Native Hawaiian or other Pacific Islander.

CountyCare Data Collection (cont.)



Member information is received via data exchanges from health plan vendors, several of whom are include information on race/ethnicity as part of their data sharing with the health plan as part of the Member Demographics Initiative. For example, CountyCare contracts with several delegated care management partners, who provide care management services to CountyCare members and document member information within their electronic health information systems. These care management partners share a daily file with the Health Plan that includes member demographic information. CountyCare currently uses race categories as the standard in which to receive this information from our partners and capture within our

internal systems:

- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Asian
- American Indian or Alaska Native
- Some other race
- Decline to answer
- Since December 2022, CountyCare receives data daily from three care management systems that includes member race. Each care management team, including CountyCare's internal care management program, allows care managers to document member race in the electronic health system. Additionally, CountyCare's contracted Admissions, Discharge, and Transfer (ADT) vendor will be able to provide member race information on their monthly data share to the Health Plan.

• Operational capacity for future data collection

As part of the Member Demographics Initiative, CountyCare is currently working with its primary call center to develop scripting and include race as an editable field within its customer relationship management (CRM) system user interface. Requirements and development are currently under way with a target launch of this functionality and workflow in the fourth quarter. Asian and Native Hawaiian or Other Pacific Islander are already included as race categories to be included in the CRM, and there is an opportunity to further include MENA. CountyCare is collecting this data to improve health equity among its members and has the operational capacity to make this functionality as inclusive as possible.

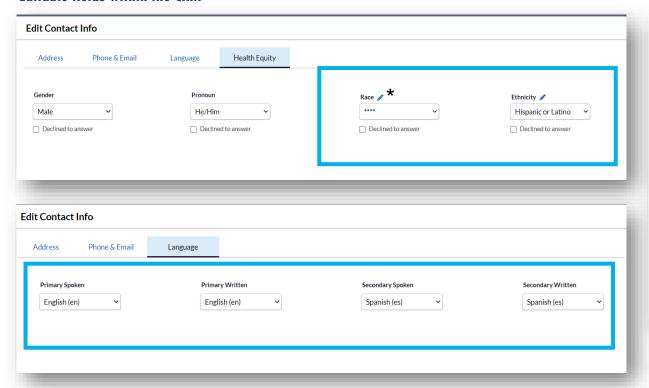
Data Collection Overview — Example —CountyCare



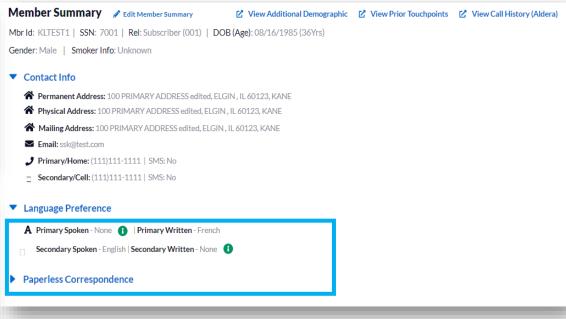
Customer relationship management tool user interface (enhancement targeted to go live on August 1, 2023)

- Data elements to be collected:
 - Race and ethnicity
 - Primary and secondary spoken and written language

Editable fields within the CRM



Member summary within the CRM



^{*}Race data is blinded for customer service representatives once collected

Data Collection Overview — Internal Data Sources — CountyCare



Internal data collection

Care Management and Disease Management

- CountyCare provides care management services to members
- Demographic information is collected at initial intake and during each member contact (as applicable)
- Care managers document member demographic information, including race and language preferences

Customer Service Call Center

- CountyCare's Customer Service call center provide support to members that call in with questions regarding in network providers, ID cards, benefits, and others
- CountyCare is making enhancements to its customer relationship management (CRM) system to include race, ethnicity, and preferred written and spoken language
- Enhancements will go-live on August 1, 2023

Preferred language data:

- CountyCare uses the ISO 639-2b codes, or the international set of standards for languages
- CountyCare has language data on 87 different languages
- There are a total of 453 language categories that CountyCare can collect (the full list can be provided upon request)

· Race data:

- Data collection follows Office of Management and Budget (OMB) standards.
- Categories collected for Asian American groups are Native Hawaiian or Other Pacific Islander and Asian

Data Collection Overview — External Data Sources — CountyCare



- External Data Collection
 - Please include information and examples of external data collection of demographic data
 - Do these include Asian American and/or MENA categories?
 - Do you collect data on "preferred language?"

Healthcare and Family Services (HFS)

- Frequency: daily and monthly
- Background: The Illinois Department of Healthcare and Family services provides eligibility and demographic information to CountyCare including race data
- HFS sends race data for Asian or Native Hawaiian or other Pacific categories
- Language data for languages that are not English or Spanish is not available

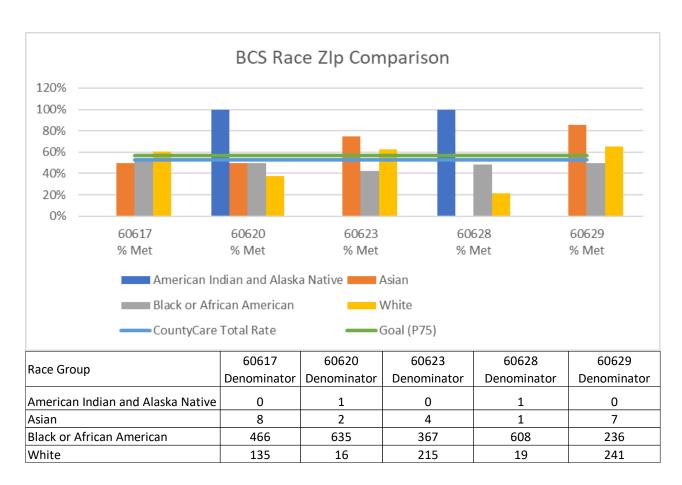
Admission, Discharge, and Transfer (ADT), Care Management, Text, and Transportation vendors

- Frequency: daily or monthly
- Background: CountyCare receives demographic information from its vendors that interact with members
- Preferred language data:
 - CountyCare uses the ISO 639-2b codes, or the international set of standards for languages
- Race data is sent to CountyCare in Office of Management and Budget (OMB) standards.
 - Categories collected for Asian American groups are Native Hawaiian or Other Pacific Islander and Asian

Data Collection Overview — Example — CountyCare

CountyCare uses race information to ensure that health care services are being equitably distributed

In the example below, CountyCare completed a Breast Cancer Screening (BCS) analysis utilizing race and zip codes to target interventions





Language Access — CountyCare External Contracts



External

• Please detail the name, scope, and amount for any external contract that your office has or uses for language translation and/or interpretation

Name	Scope	Contract type
Language Service Associates	Interpretation support	Third Party Administrator Subcontractor
Purple Group	Translation support	Third Party Administrator Subcontractor

Language Access — CountyCare Member Documents



External

• Please detail the main public facing documents from your office and if those documents are translated (and what languages?)

Document Name	Languages available	Link
Website	English, Spanish and Polish	CountyCare Health Plan – The Plan That Understands
Full member handbook	English, Spanish and Polish	https://countycare.com/members/member -handbook/
Quick Start Guide	English	
Provider database	English and Spanish	https://countycare.valence.care/member/# findAProvider
Certificate of Coverage	English and Spanish	https://countycare.com/members/member -handbook/
Non-Discrimination Statement	Informs members that they can call for assistance in the following languages: English, Spanish, Polish, Chinese, Korean, Tagalog, Arabic, Russian, Gujarati, Urdu, Vietnamese, Italian, Hindi, French, Greek, German	https://countycare.com/members/member-rights-responsibilities/

17

Data Collection Overview



CCDPH's document, "

" provides a detailed discussion of the primary and secondary data sources CCDPH collects, and the categories used for each.

- Rates allow comparison among group
- Denominators from Census
- American Indian or Alaska Native,
- Asian, Black or African American,
- Native Hawaiian and Other Pacific Islander, and
- White.
- Hispanic/Not Hispanic included for ethnicity

RACE AND ETHNICITY CATEGORIES EMPLOYED BY CCDPH'S SURVEILLANCE PROGRAMS

Insights concerning CCDPH's current and proposed collection and analysis of race and ethnicity data

PUBLISHED March 2, 2023

nicity Table

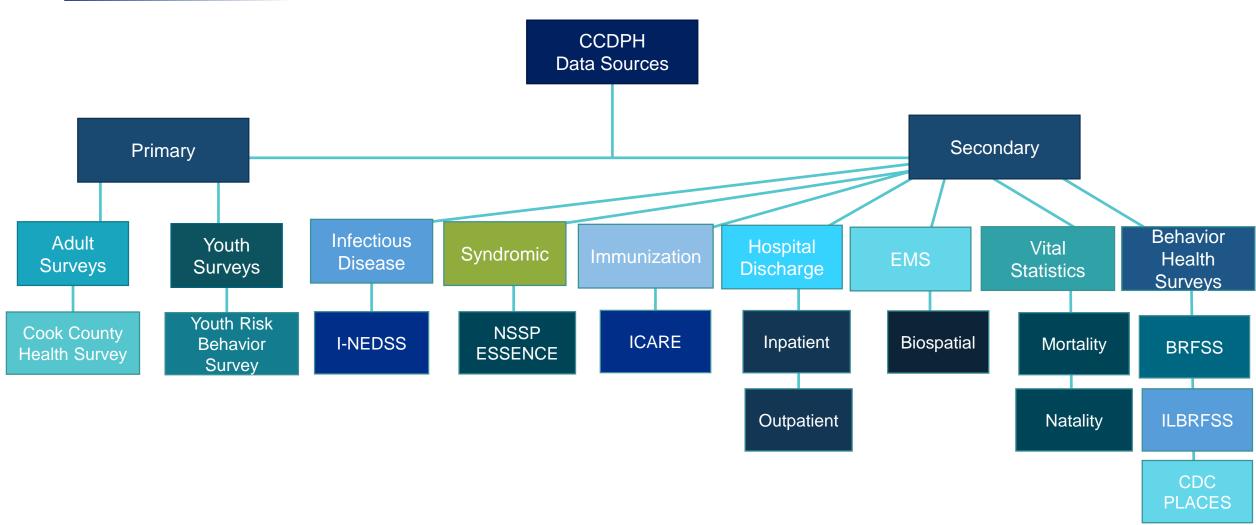
Introduction

This document provides a brief overview of the race and ethnic categories utilized by the Cook County Department of Public Health (CCDPH) Epidemiology and Communicable Disease Units as part of their data management activities. It provides detailed information concerning the particular race and ethnic categories available in specific datasets, how these data are standardized to calculate rates, where these data are disseminated, and considerations for CCDPH as it plans to transition to new/proposed categorization schema that take into account Middle Eastern, North African (MENA), and/or South Asian/Indian populations.

The CCDPH uses race and ethnic categories to stratify public health data both in the collection of primary data (e.g., surveys) as well as in the evaluation of data made available via secondary sources (e.g., Illinois Department of Public Health). The following section summarizes specific datasets used by CCDPH in its surveillance activities and the race and ethnic categories available in each dataset. Refer to the searchable table in the Comprehensive Race and Ethnicity Table section of this document.

Data Collection Overview — CCH/Public Health





Data Collection - Communicable Disease Unit



Туре	Source	Questions	Responses		cations
				Asian	MENA
>	I-CARE	What is the race of patient?	American Indian or Alaska Native, Asian, Black or African-American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, Other race, White, Unknown	No	Yes
Secondary	I-NEDSS	What is the race of patient?	American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Unknown	No	No
	NSSP	Race	American Indian or Alaska Native, Asian, Black or African-American, Multiracial, Native Hawaiian or Other Pacific Islander, Not Categorized, Not Reported or Null, Other race, Refused to Answer, Unknown, White	No	No

Data Collection - Epidemiology Unit



Туре	Source	Questions Responses		Stratifi	cations
				Asian	MENA
ary	CCHS	Which one or more of the following would you say is your race?	White, Back or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Some other race	Yes	No
Primary		If Asian, would you say you are? (Select Yes or No for each option.)	Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Another Asian origin	162	
	YRBS	What is your race?	nerican Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or her Pacific Islander, White		No
	Mortality	What is the race of decedent?	White, Black, Asian, Chinese, Filipino, Vietnamese, Japanese, Korean, Hawaiian, Samoan, Guam, American Indian (name of tribe), Other Asian (name of other Asian race), Other acific Islander (name of other Pacific Islander race), Other race (name of other race), other race		No
>	Natality	What is the race of mother/co-parent & father/co-parent?			No
Secondary	Hospital Discharge	What is the race of patient?	American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Two/More, Declined/Unknown, Other	No	No
Se	EMS	What is the race of patient?	White, Black or African American, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Asian	No	No
		If Asian race, are you	Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian	Yes	No
	Behavior Health Surveys	Which one of these groups would you say best represents your race?	White, Black or African American, American Indian or Alaskan Native, Asian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Other race, No preferred race, Multiracial but preferred race not answered, Don't know/Not sure	Yes	No