State: New Mexico
Title: New Mexico Race and Ethnicity Data
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Organization: New Mexico State Department of Health
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The New Mexico State Department of Health and the Health Policy Commission will improve the quality of race and ethnicity data in hospital discharge and emergency department databases in New Mexico. In addition, the project will collect tribal identifier data and establish methods and procedures for tribal identifiers as a model for other states. The New Mexico administrative code will be revised to require that hospitals report race and ethnicity data, consistent with the 1997 Office of Management and Budget standard, and tribal identifier data to the State.

Under the guidance of a state advisory committee, 5-10 pilot hospitals will field test the training materials that will be developed for the project. These will include hospital procedure, data collection, patient education and train-the-trainer materials. Once the pilot hospitals have begun reporting race and ethnicity data from hospitalizations successfully using these new methods, reporting will be expanded to all other non-federal hospitals. And once hospitalization race, ethnicity and tribal identifier reporting is well underway, reporting of race, ethnicity and tribal identifier will commence from emergency departments. Hospital specific compliance plans will be developed and modified to assure improvements in each hospital's data.

Evaluation of this new approach in New Mexico will be focused on several complementary methods. Chart reviews at pilot hospitals will help determine if the new approach to race, ethnicity, and tribal identifier reporting has been adequately implemented. If not, procedures will be revised as necessary. Linkage of electronic hospital discharge records with birth certificate records and Indian Health Service records periodically will track improvements in the reliability of race, ethnicity and tribal identifier data. And phone calls to hospitalized persons following discharge to compare their race, ethnicity and tribal identifier by self-report with hospital records will track improvements in the validity of these data.

Dissemination of these new methods to other states will be critical to the success of the project. New Mexico expects to have established a model for the collection, reporting and appropriate dissemination of tribal identifier data included in hospital data which will be disseminated to other states informally and through a published manuscript. The field tested data collection materials, patient education materials and training modules developed by the project will also be disseminated to other states.