Data Collection on Race, Ethnicity, and Language

Patient Financial Services Summit
Maine Chapter of AAHAM and HFMA
June 4, 2010

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Purpose of This Initiative

- To train hospital registration managers and staff on implementing a systematic method of collecting data on race, ethnicity, and primary language directly from patients or their caregivers.

- The purpose of collecting this information is to obtain accurate REL data to help ensure that all patients receive high-quality care.

- Our experience will help inform hospitals across the state on improving quality of care for all populations.

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Today’s Objectives

• Describe data collection on race, ethnicity, and language

• Discuss the link between accurate data and health equity

• Review the history of data collection initiatives in Maine

• Describe the role of patient registration staff

• Describe granular ethnicity and it’s relevance
Why Collect the Data?

- Identify Disparities or Differences
- Target Interventions to Address Gaps
- Improve Quality of Care and/or Services for All
- Federal Compliance
- Accreditation
Race Definitions
Office of Management and Budget (OMB)

- **American Indian or Alaska Native:**
  - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- **Asian:**
  - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- **Black or African American:**
  - A person having origins in any of the black racial groups of Africa.

- **Native Hawaiian or Other Pacific Islander:**
  - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*OMB-Mod: This symbol indicates a modification we have made to the OMB recommendations.*
Race Definitions - OMB

- **White:**
  - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- **Some Other Race:**
  - A person who does not self-identify with any of the OMB race categories. *OMB-Mod*

- **Declined:**
  - A person who is unwilling to choose/provide a race category or cannot identify him/herself with one of the listed races. *OMB-Mod*

- **Unavailable:**
  - Select this category if the patient is unable to physically respond, there is no available family member or caregiver to respond for the patient, or if for any reason, the demographic portion of the medical record cannot be completed. Hospital systems may call this field “Unknown,” “Unable to complete,” or “Other.” *OMB-Mod*

*OMB-Mod:* This symbol indicates a modification we have made to the OMB recommendations.
Ethnicity Definitions - OMB

- **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- **Non-Hispanic or Latino**: Patient is not of Hispanic or Latino ethnicity.

- **Declined**: A person who is unwilling to provide an answer to the question of Hispanic or Latino ethnicity. *OMB-Mod*

- **Unavailable**: Select this category if the patient is unable to physically respond, there is no available family member or caregiver to respond for the patient, or if for any reason, the demographic portion of the medical record cannot be completed. Hospital systems may call this field “Unknown”, “Unable to Complete,” or “Other.” *OMB-Mod*

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Joint Commission

Standard RC.02.01.01 The medical record contains information that reflects the patient’s care, treatment, and services.

Element of Performance

1. The medical record contains the following demographic information:
   - The patient’s name, address, date of birth, and the name of any legally authorized representative
   - The patient’s sex
   - The legal status of any patient receiving behavioral health care services
   - The patient’s communication needs, including preferred language for discussing health care (See also PC.02.01.0X*, EP 1)

   **Note:** If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

   - The patient’s race and ethnicity
Joint Commission

Non-Discrimination in Care

- **Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.

- **Element of Performance**

- **Z.** The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
What are health disparities?

Health disparities are differences between populations in:

• Presence of disease
• Access to health care
• Use of health care services
• Health outcomes
What causes health disparities?

• Social, economic, and environmental factors

• Barriers to getting health care

• Differences in quality of health care
Significance of Population Specific Data

Infant Mortality Rates by Race/Ethnicity
Central Region and Massachusetts: 2002-2005

- White non-Hispanic
- Black non-Hispanic
- Hispanic
- Asian non-Hispanic

Deaths per 1000 live births

Central Region
- 18.9* (White non-Hispanic)
- 10.6* (Black non-Hispanic)
- NA (Hispanic)
- 4.4 (Asian non-Hispanic)

Massachusetts
- 11.3* (White non-Hispanic)
- 7.0* (Black non-Hispanic)
- 4.1* (Hispanic)
- 3.0* (Asian non-Hispanic)

State Overall: 4.9

NA = Calculations based on less than 5 events are excluded

(*) Statistically different from State (p ≤ 0.05)
Source: MDPH, Bureau of Health Information, Statistics, Research, & Evaluation, Division of Research & Epidemiology
Admitting/Registration Role

• Admitting/Registration is key to collecting this data:
  – Consistently
  – Accurately
  – Professionally
  – Completely

• The Golden Rule for Training Staff to Collect Race and Ethnicity Information: You only have to collect it once, if you collect it correctly.
How to Collect Race, Ethnicity and Language Data?

- Train Staff with Proper Scripting
- Explain why it is being collected
- Be prepared for questions
- Give people the tools they need to identify
Sample Tool Used For Race & Ethnicity Collection

Dear Patient:
Effective March 1, 2007, the Maine Health Data Organization (MHDO) required hospitals to ask patients about their race and ethnicity. You will be asked these questions during the registration process.

Why is MHDO requiring hospitals to ask Race and Ethnicity Questions?

- We do not ask these questions to limit or deny you services.
- We ask these questions to give you better care.
- By gathering this data, we can better prevent, test for, and treat the diseases or health conditions that may affect you.
- You may refuse to provide us with this information.
- You will only be asked these questions once.
Sample Tool Used For Race & Ethnicity Collection

Race Categories
A  Asian
B  Black, African or African-American
I  American Indian or Alaskan Native
W  White (inc. Arabs & other Middle Eastern Cultures)
P  Native Hawaiian or other Pacific Islander
O  Other races
T  Two or more races

Ethnicity Categories
1  Hispanic or Latino
2  Neither
Race Screen

Registrars need to have other options:

- R  Refused
- N  Unable to Ask
- U  Unknown to Patient

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The Institute of Medicine subcommittee recommends identifying spoken language needs by asking the following question:

*What language do you prefer to use to talk with your doctor and nurses?*

*In what language do you wish to receive printed materials in?*
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Why every patient needs to be asked

• Self-reporting is the most accurate source of information

• Self-reporting will increase consistent reporting within a health care institution

• Patients are more likely to select the same categories to describe themselves over time than staff who are assuming or guessing
Granular Ethnicity

- Since disparities can exist within OMB race and Hispanic ethnicity categories, the IOM subcommittee recommends a separate question to collect data on granular ethnicity.

- Individual organizations should select categories that represent their service population from a national list of standardized categories.

- The list should include an open-ended response option of “Other, please specify:__” for persons whose granular ethnicity is not included as a response option.
Granular Ethnicity Screen

I would like you to describe your race or ethnic background. You can use specific terms such as Korean, Mexican, Haitian, Somali.

Response Categories:
- Locally relevant list of categories selected from a national standard set
- Other, please specify: __
- Open-ended question with responses coded from a national standard set
Percent of Mothers Breastfeeding by Race/Ethnicity, MA

- Asian: 77%
- Hispanic: 71%
- State: 70%
- White, Non-Hispanic: 70%
- Black, Non-Hispanic: 68%
The ethnicity data reveals the percentage of Cambodian mothers who breastfeed is half the percentage of MA total mothers who breastfeed.
Training Tool: Resources

• Health Research Educational Trust
  HRET Toolkit  www.hret.org

• Cambridge Health Alliance:
  Yoon Susan Choi, MA
  ychoi@challiance.org
Maine Resources

• Quality Counts
  www.mainequalitycounts.org

• Maine Hospital Association
  www.themha.org
Additional Resources

• Caring for Diverse Populations Better Communication, Better Care: A Toolkit for Physicians and Health Care Professionals
  [URL]

• Aligning Forces for Quality
  “We ask because we care”
  [URL]