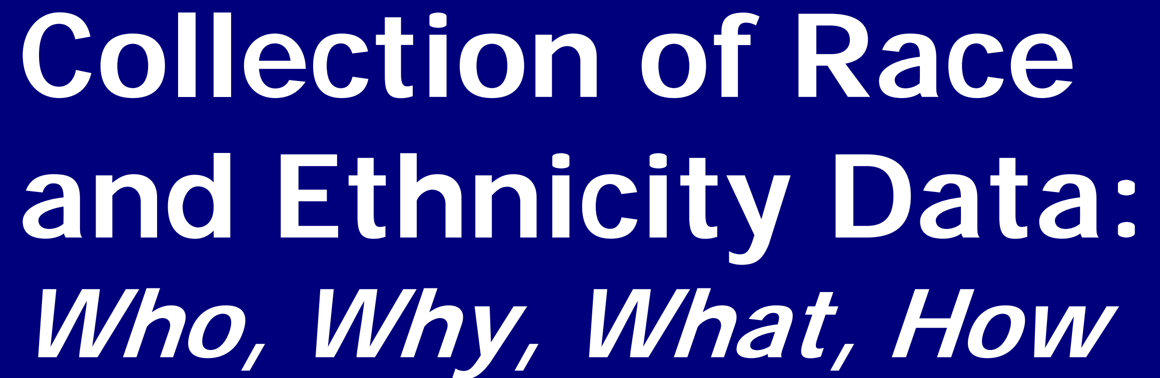

Collection of Race
and Ethnicity Data:
Who, Why, What, How

Who is OHPR requiring to collect race and ethnicity data?

- Under OHPR statutory authority
  - All acute care hospitals for:
    - All inpatient discharges
    - All outpatient surgery
  - Licensed free-standing ambulatory surgery centers
- OHPR recommends collection of race and ethnicity to follow OMB guidelines in policy and programs in Oregon

Oregon is not alone....

- An increasing number of federal policies emphasize the need for obtaining race and ethnicity data
- 22 states indicate that they require the reporting of race and ethnicity
  - Arizona, California, Connecticut, Delaware, Florida, Georgia, Louisiana, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia and Wisconsin

Hasnain-Wynia, R., Pierce, D., Haque, A., Hedges Greising, C., Prince, V., Reiter, J. (2007) *Health Research and Educational Trust Disparities Toolkit*. hretdisparities.org accessed on *date*.

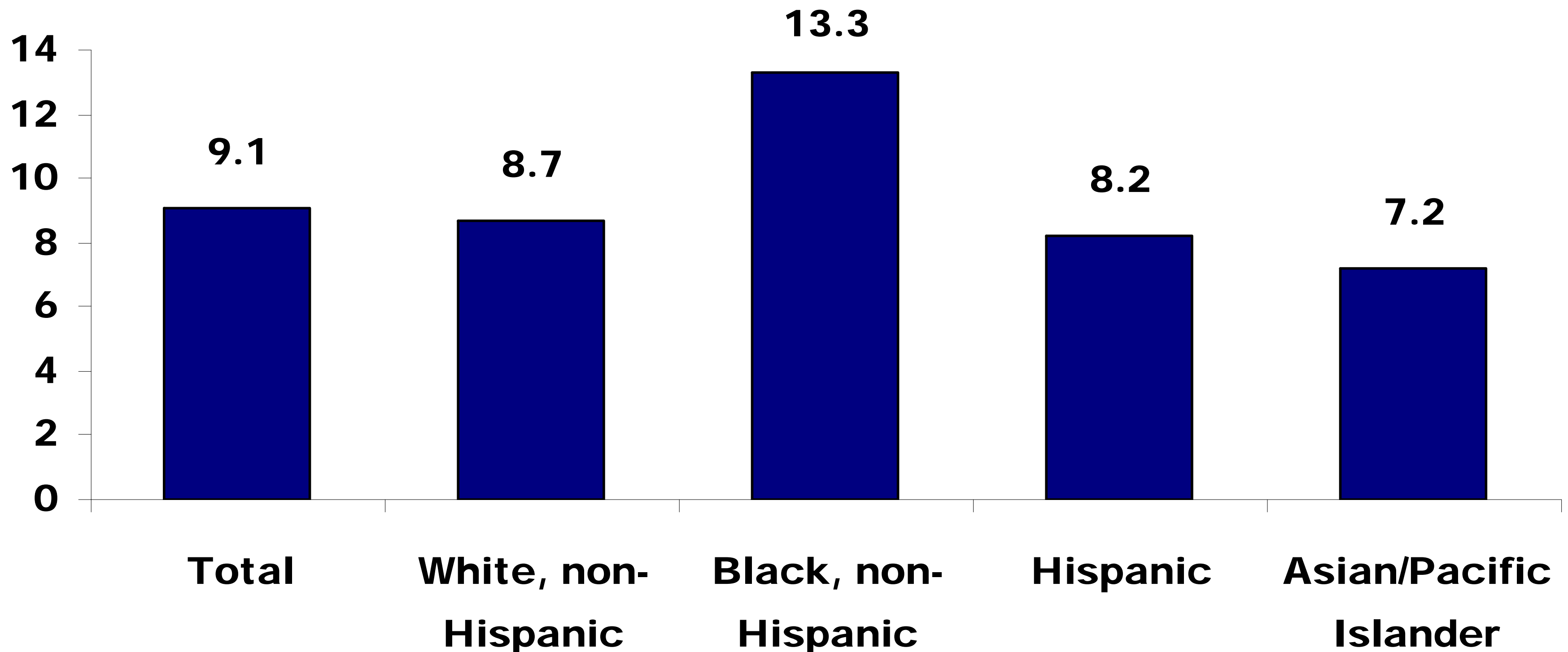
- Valid and reliable data are fundamental for identifying differences in care.
- Evidence from the last 20 years shows that racial and ethnic disparities remain present in health care.
- Disparities in health care can be addressed if data on race and ethnicity are available.
- Identifying disparities helps organizations initiate programs to improve quality of care.

Why Collect Race and Ethnicity?

- Institute of Medicine landmark *Crossing the Quality Chasm* report specifically identified **equity** as a critical element to creation of a high performing and effective health care system.[1]
- In 2003, the American College of Physicians recommended race and ethnicity as a critical measurement variable for quality improvement efforts.[2]

[1] Institute of Medicine. Crossing the Quality Chasm: A new health system for the 21st century. March 2001
[2] American College of Physicians. Racial and ethnic disparities in health care. Position paper released in 2003

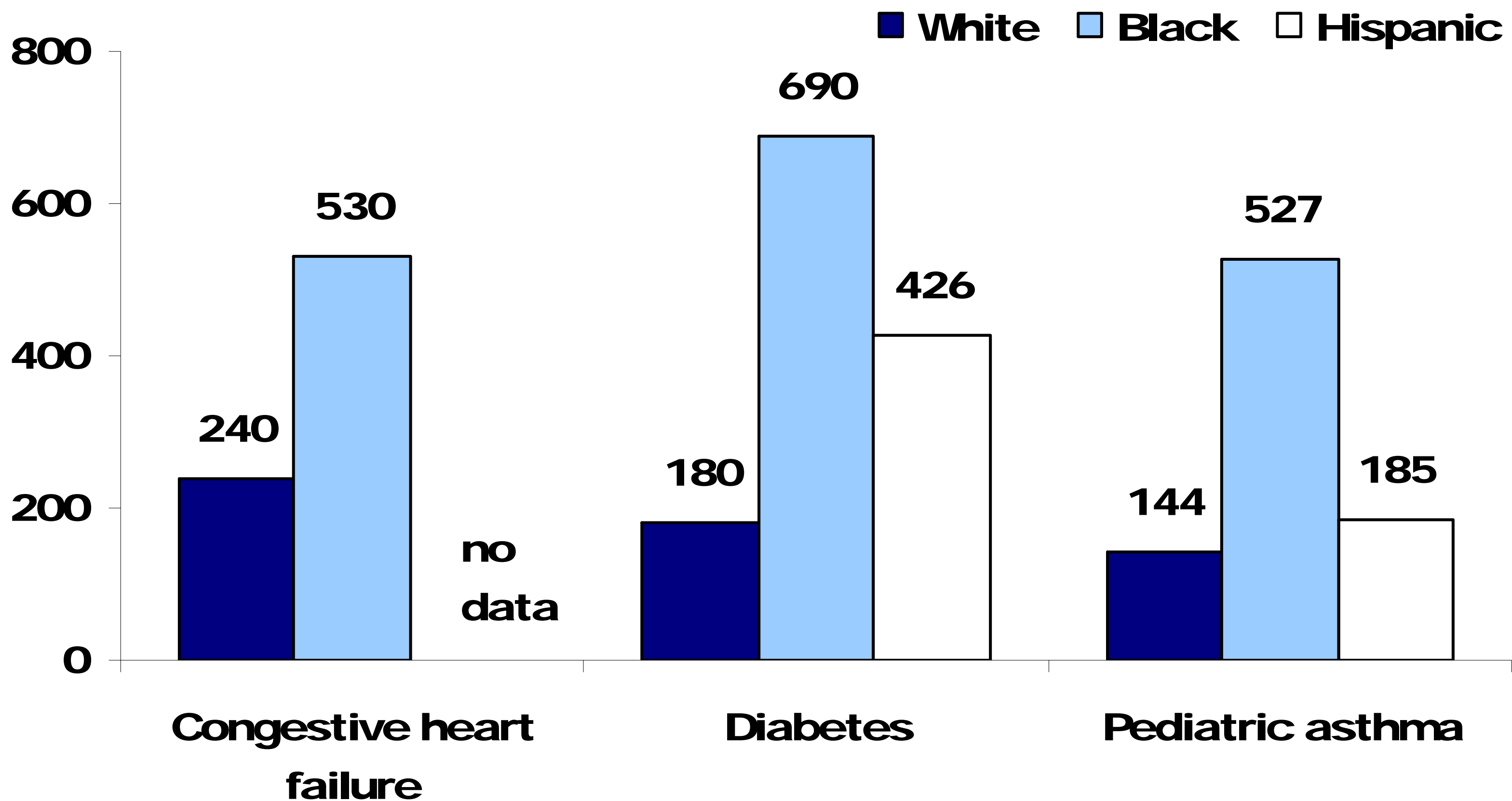
Blacks are more likely to suffer postoperative complications than other racial/ethnic groups.



Note: Estimates are adjusted by age, gender, age–gender interactions, comorbidities, and DRG clusters.

Source: Agency for Healthcare Research and Quality. *National Healthcare Disparities Report.* 2006.

Blacks are two to four times more likely than whites and Hispanics to be hospitalized for potentially preventable conditions.

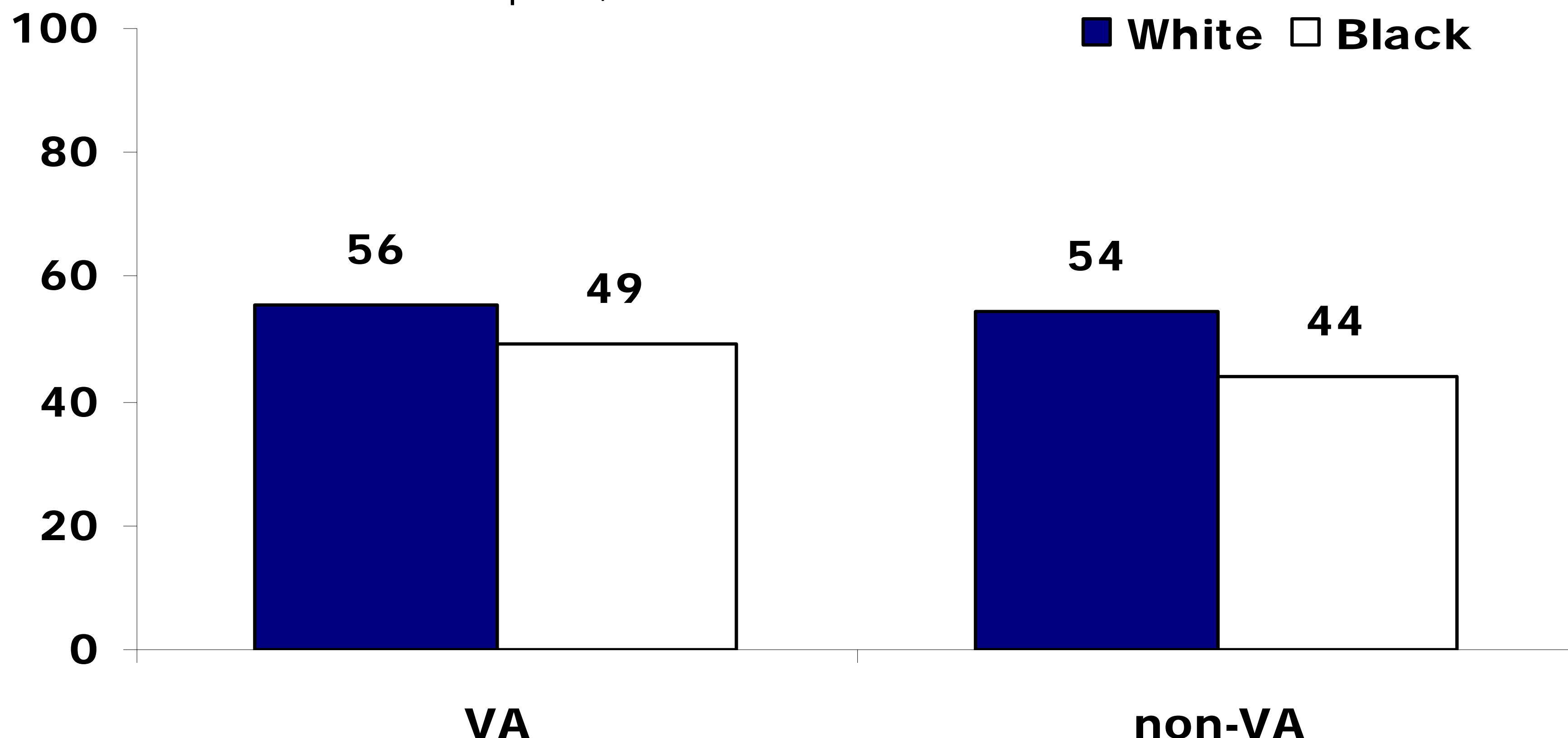


Note: An ambulatory care sensitive admission is one that may have been preventable with appropriate outpatient care.

Note: Admission rates are adjusted by age and gender to the 2000 U.S. standard population.

Source: The Commonwealth Fund. National Scorecard on U.S. Health System Performance. 2006.

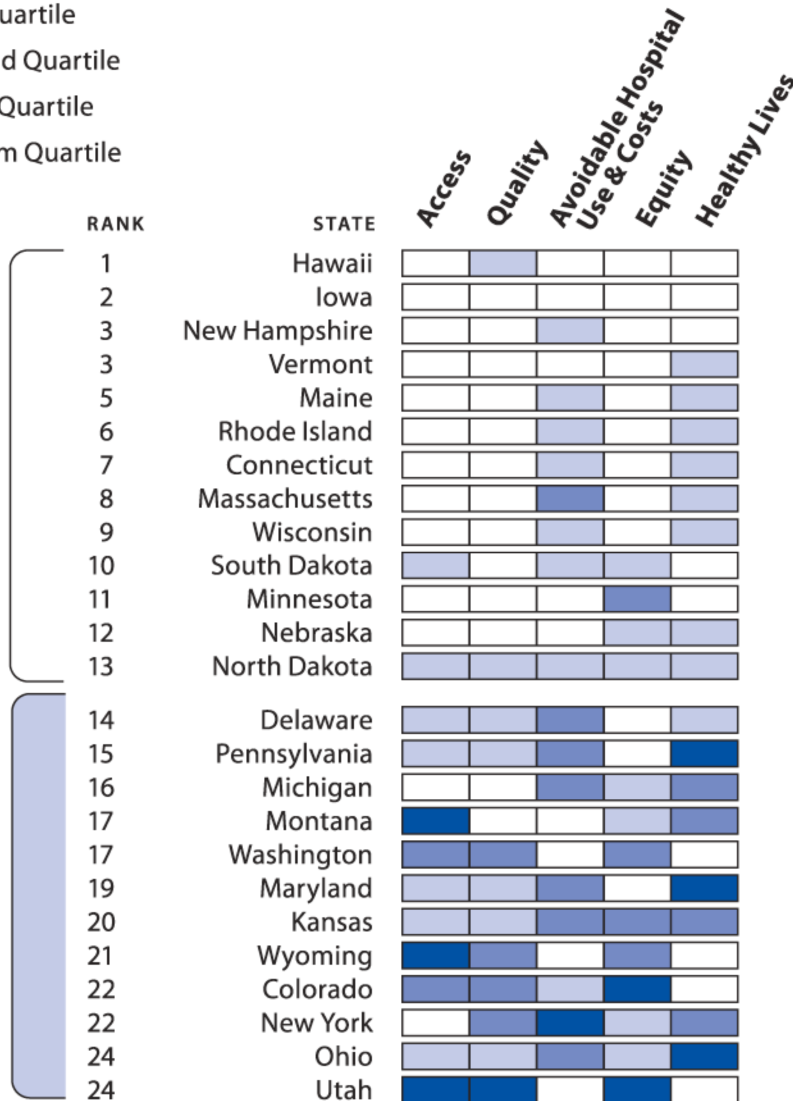
Disparities in blood pressure control are smaller at Veterans Administration hospitals compared with other hospitals.

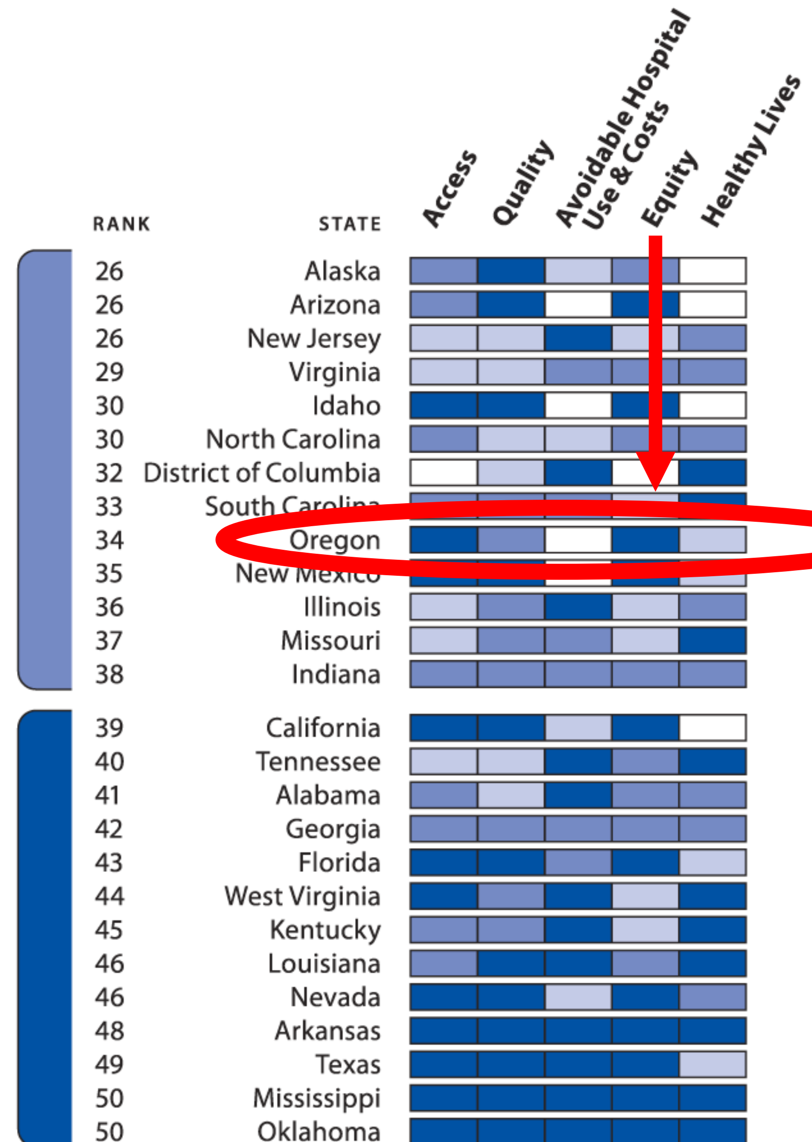


Note: Blood pressure control means control to below 140/90 mm Hg.

Source: S. U. Rehman et al., “Ethnic Differences in Blood Pressure Control Among Men at Veterans Affairs Clinics and Other Health Care Sites,” *Archives of Internal Medicine,* May 9, 2005 165(9):1041–47.

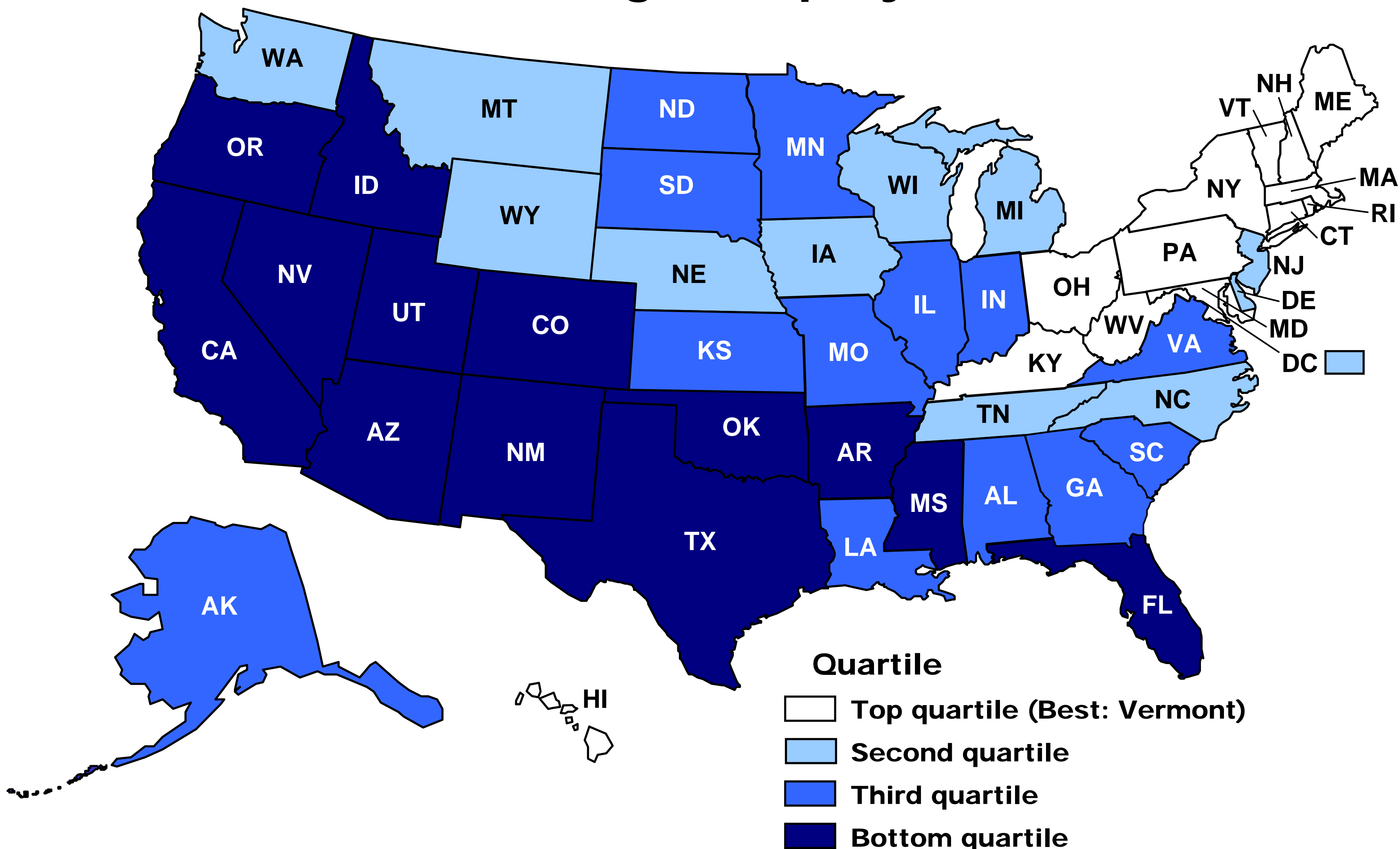
State Scorecard Summary of Health System Performance Across Dimensions





SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

State Ranking on Equity Dimension



Equity dimension is: the percentage point difference or “gaps” for each vulnerable subgroup (i.e., minority, low-income, uninsured) compared with the U.S. average for the full population for each of two indicators: percent of children with medical home and percent of children with at least one preventive and dental visit in past year.

Source: National Survey of Children's Health. Data assembled by the Child and Adolescent Health Measurement Initiative (CAHMI 2005). Retrieved from www.childhealthdata.org, 2008.

What standard is required in Oregon?

- Standard established by the Office of Management and Budget (OMB) for all federal programs[1]
- OMB guidelines as a foundation
  - Ethnicity reported separately
  - Race reported separately
    - Additional categories added for Oregon reporting
      - Patient refused
      - Other
      - Unknown

[1] http://www.whitehouse.gov/omb/fedreg/1997standards.html

What are the ethnicity categories?

- Hispanic
  - 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 refused**
  - This category is an indication that the person did NOT want to respond to the question and should not be asked again during the same visit or during a subsequent visit.
- **Unknown**
  - This category should only be used when the patient or caregiver is unable to provide answer

What are the race categories?

- **American Indian or Alaskan Native**
  - A person having origins in any of the original peoples of North and South America
- **Asian**
  - A person having origins in any peoples of the Far East, Southeast Asia, or the Indian Islands, Thailand and Vietnam.
- **Black or African America**
  - 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.
- **White**
  - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- **Patient refused**
  - This category is an indication that the person did NOT want to respond to the question and should not be asked again during the same visit or during a subsequent visit.
- **Other**
  - This category is an indication that the person could not respond to the question and can be asked again during the same visit or during a subsequent visit.
- **Unknown**
  - This category should only be used when the patient or caregiver is unable to provide answer

How to collect race and ethnicity data at your facility?

- Recommended resource for materials to train staff
  - Health Research and Educational Trust Disparities Toolkit http://www.hretdisparities.org/index.php
- A uniform framework provides a process improvement tool
- A uniform framework results in accurate and complete data

Elements of a uniform framework

- A rationale for why the patient is being asked to provide information about their race/ethnicity
- A script for staff
- Allowing patients to self-identify their race/ethnicity
- Assurance that the data will be held confidential

How to collect data?

- Information **always** provided by the patient or their caregiver
  - **It should never be done by observation**
- Collection upon patient registration
  - Can be collected face-to-face or over the telephone
- Patient concerns should be addressed up front
- Ongoing training and evaluation of staff

How to collect data?

- Collect only **ONCE**
- Providing information **completely voluntary**
- Staff should recognize when people feel uncomfortable or explicitly state that they do not want to answer these questions

How to collect data?

- It is important to state that the information is confidential.
- Provide a rational or reason for why this information is being collected.
  - Research shows that patients are most comfortable providing this information when told why it is being collected and how it will be used.

How to ask?

- Ethnicity:
  - *Do you consider yourself Hispanic/Latino?*
- Race:
  - *Which category best describes your race?*

Staff Training

- Important to ensure that data is collected accurately and consistently.
- Scripts can be helpful but do not need to be lengthy.
- Addressing concerns from patients should be done in a polite and non-threatening manner.
  - If a patient has a concern about confidentiality, state the following: *"The only people who see this information are registered staff, administrators, and the people involved in quality improvement and oversight, and the confidentiality of what you say is protected by law."*