

## Race, Ethnicity and Language Resources

**Instructions for Use:** This document serves as a jumping-off point to inform your quality improvement action planning. The resources accumulated here are not exhaustive, but generally representative of guidance and toolkits available to guide implementation related to collection of patient demographic data.

If you discover other resources you would like to share and have added to this toolkit, please email [abigailb@wsha.org](mailto:abigailb@wsha.org).

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### Data, Analytics and Quality Improvement

#### REaL (and LEP) Data Collection

- [AHA \(HRET\) Disparities Toolkit](#): The Toolkit is a Web-based tool that provides hospitals, health systems, clinics, and health plans information and resources for systematically collecting race, ethnicity, and primary language data from patients.
- [Urban Indian Health Institute: Best Practices for American Indian and Alaska Native Data Collection](#): Current standard data collection practices by many federal, state, and local entities effectively omit or misclassify American Indian and Alaska Native (AI/AN) populations, both urban and rural. Learn best practices for collecting data on American Indian and Alaska Native populations.
- [Oregon Race, Ethnicity, Language and Disability \(REALD\) Implementation](#): Since the Legislature passed House Bill 2134 (2013), the Oregon Health Authority (OHA) has promoted Race, Ethnicity, Language, and Disability (REALD) data collection standards across the OHA and the Oregon Department of Human Services.
- [Maryland Race and Ethnicity Data Collection Training](#): The Maryland Health Services Cost Review Commission provided funding to support training of hospital staff on best practices in race and ethnicity data collection by an independent entity, the Center on Health Disparities at Adventist HealthCare, which was conducted between April and July of 2013. Training webinar and all materials are available on the public-facing website.

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- [CMS Inventory of Resources for Standardized Demographic and Language Data Collection \(2020\)](#): Minimum standards outlined by HHS, best practices and guidelines for health care organizations, training tools and webinars.
- [IOM Race, Ethnicity and Language Data; Standardization for health care quality improvement](#): Given variations in locally relevant populations, no single national set of additional ethnicity categories is best for all entities that collect these data. Collection of data in the OMB race and Hispanic ethnicity categories, supplemented by more granular ethnicity data, is recommended, with tailoring of the latter through locally relevant categories chosen from a standardized national set (Section 3).
- [Ramona Hasnain-Wynia and David Baker; Obtaining data on patient race, ethnicity and primary language in health care organizations](#): Current challenges and proposed solutions (HRET, 2006): Provides an overview of why health care organizations should collect race, ethnicity and language data, reviews current practices, discusses the rationale for collecting this information directly from patients and describes barriers and solutions.

## Staff Training to Collect Patient Demographic Data

- [Collecting and Reporting Patient Demographic Data](#): Training deck developed for Maryland hospitals improve their collection methods taking into account the difficulties presented when hospital personnel are unfamiliar with the background and culture of the patient.
- [RWJF Aligning Forces for Quality \(AF4Q\) Race, Ethnicity and Language \(R/E/L\) Training](#): A presentation intended for use in provider organizations to train clinicians, managers, and front desk or registration staff to: Understand the role of R/E/L data and quality improvement in identifying and reducing disparities in health care; Outline key decision points that will need to be considered at the organizational level; Review the "nuts and bolts" of how to train staff to collect standardized R/E/L information.

## Patient Experience Providing Demographic Data

- [Baker DW et al, Patients' Attitudes Toward Health Care Providers Collecting Information About Their Race and Ethnicity \(JGIM, 2005\)](#): Most patients think HCPs should collect information about race/ethnicity, but many feel uncomfortable giving this information, especially among minorities. Health care providers can increase patients' comfort levels by telling them this will be used to monitor quality of care.
- [RWJF Aligning Forces for Quality; We Ask Because We Care Posters/Tent Cards](#): These tools are to use and display in registration, waiting areas, cafeteria, and more in the hospital to let patients know that they will be asked for their race, ethnicity and language during registration. Each are available in English and Spanish, in two color schemes and can be customized with your institution's logo.

## SOGI Data Collection

- [Ready, Set, Go! Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity \(SOGI\) – 2020 Update; National LGBTQIA+ Health Education Center](#):

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This guide is designed to help your health center successfully collect SO/GI data, no matter where you are in the process. For those just beginning, the guide can be used from start to finish. If you have already created a system, but have encountered challenges and questions, this guide can help you address them.

- [National LGBTQIA+ Learning Resources — Collecting Sexual Orientation and Gender Identity Data](#): Webinars, presentations and guidance on how to collect SOGI and screen for social determinants of health.
- [The Nuts and Bolts of SOGI Data Implementation: A Troubleshooting Toolkit](#): This guide will help facilitate the implementation process by providing troubleshooting tips and approaches that other health care organizations that have already implemented SOGI data collection have found helpful.

## Analyzing Equity Data

- [AHA IFDHE Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards](#): A dashboard can provide healthcare leaders with the necessary information on their journey to advance health equity, diversity and inclusion. A basic level health equity, diversity and inclusion dashboard may include measures to include the following: race, ethnicity and language preference (REaL) data collection, stratification and use; cultural competency training; diversity and inclusion in governance and leadership; and community partnerships. As hospitals and health systems begin to tackle these areas of opportunity, dashboards may become more advanced to include measures related to supplier diversity, employee satisfaction and other areas of organizational importance.
- [AHA IFDHE Health Equity Resource Series: Data-Drive Care Delivery; Data Collection, Stratification and Use \(2021\)](#): This toolkit is designed to be informative whether organizations have already deployed health equity tactics and strategies or if at the early stages of implementation.
- [HRET A Framework for Stratifying Race, Ethnicity and Language Data](#): This guide provides a framework that allows hospitals and care systems to stratify patient data for the purpose of identifying health care disparities.
- [AHA IFDHE Addressing Health Care Disparities through Race, Ethnicity and Language \(REaL\) Data](#): The AHA's Institute for Diversity and Health Equity has developed new REaL data resource brief with explanations, web links, answers to frequently asked questions and case study examples of how hospitals are using REaL data to their advantage.
- [Disparities Solution Center: Creating Equity Reports: A Guide for Hospitals](#): This guide provides a framework for equity reporting and sharing lessons learned from hospital experiences creating and use health equity reports.
- [RWJF Expecting Success: Excellence in Cardiac Care](#): A national program of the Robert Wood Johnson Foundation (RWJF), from 2004 to 2008, it aimed at improving the overall quality of cardiac care while reducing racial, ethnic and language disparities. The 10 participating hospitals developed and shared tools for improving care for all heart attack or heart failure patients.

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- [Lown Institute; Inclusivity Index \(white paper\)](#): A new metric defining hospital's inclusivity as the comparison of the zip code demographics (income, education level, race) of patients inside the hospital relative to the population demographics of the hospital's catchment area, defined as the geography around the hospital.
- [RWJF/AHE Using Data to Reduce Disparities and Improve Quality](#): Guidance and examples of developing and using stratified metrics to design targeted quality improvement initiatives to reduce health disparities.