



**Race and Ethnicity
Data Collection**

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Objectives

- Understand the importance of collecting race and ethnicity data
- Decipher the differences between key terms
 - Race vs Ethnicity
- Identify the dos and don'ts of race and ethnicity data collection
- How to properly collect racial and ethnic data
- How to answer questions regarding race and ethnicity
- How to properly use the data collected

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Background

A significant barrier to fully describing health disparities among populations at high risk for severe health outcomes is the complete, accurate, and consistent reporting of race, ethnicity, and other patient-level risk factors by providers.

Why is race and ethnicity data collection important?

- Allows for the identification of disparities within racial and ethnic populations
- Contributes to interventions to improve quality of care
- Allows potential development of programs and strategies to reduce and/or eliminate health disparities
- Provides the opportunity to evaluate and analyze the effectiveness of programs and intervention strategies to reduce disparities

http://www.alabamapublichealth.gov/publications/files/assets/2004/why_race_and_ethnicity_data_collection_is_important_for_race_ethnicity_data_collection.pdf

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Health Disparities Video



https://www.youtube.com/watch?v=CI_A6HMvODI

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Health Disparities

- What are health disparities in general?
 - The differences and/or gaps in the quality of health and healthcare across racial, ethnic, and socioeconomic groups
 - Leads to decreased quality of life, loss of economic opportunities, perceptions of injustice, premature death, etc.
- What are the sources of racial and ethnic disparities in healthcare?
 - Sources of racial and ethnic healthcare disparities include differences in geography, lack of access to adequate health coverage, communication difficulties between provider and patient, cultural barriers, provider stereotyping, and lack of access to providers.
 - Disparities within the healthcare system contribute to disparities in health status that affect many racial and ethnic minorities.

https://www.alabamapublichealth.gov/system/files/documents/substance_use_policy_paper/assess_racial_disparities_issue_brief.pdf

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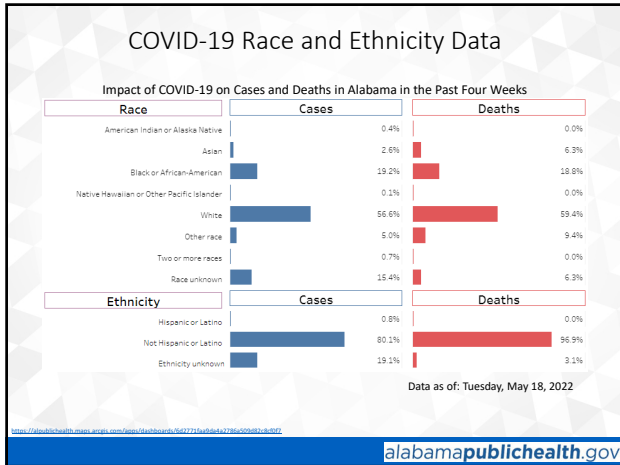
Examples of Health Disparities

- Asian Americans are 40% more likely to be diagnosed with diabetes than non-Hispanic White Americans.
- African Americans have the highest mortality rate for all cancers combined compared with any other racial and ethnic group
- Hispanic women are 40% more likely to have cervical cancer and 20 % more likely to die from cervical cancer than non-Hispanic white women

<https://www.alabamapublichealth.gov/diseases-prevention/~/media/Content/2019/08/2019-08-20-Health-Disparities-Report-2019.pdf>

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Why Providers Should Collect Race and Ethnicity Data

- Many disparities in health care can be addressed if data on race and ethnicity are available.
- Reasons to collect race/ethnicity data:
 - To ensure that ALL patients receive high-quality care
 - To identify and eliminate any health care disparities
 - To plan quality improvement initiatives
 - To better understand the types of patients your facility serves
 - To ensure adequate interpreter services, patient information materials, and cultural competency training for staff
 - To compare disease occurrences among racial and ethnic groups

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1997 OMB STANDARDS

The Office of Management and Budget (OMB) revised its standards for the classification of federal data on race and ethnicity in 1997 to promote uniformity and comparability for data on race and ethnicity for the population groups.

- The 1997 OMB Standards are used across the country to capture the minimum categories for race and ethnicity
- The minimum categories for race are: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.
- The minimum categories for ethnicity are: Hispanic or Latino and Not Hispanic or Latino.

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Definitions

Race

- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American – A person having origins in any of the Black racial groups of Africa.
- 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.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity

- Hispanic or Latino – An indication that the person traces his or her origin or descent to Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures, regardless of race.

<https://www.census.gov/hhes/immigration/hispanic/about.html>

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ADPH Race and Ethnicity Data Collection Policy

Procedures and Guidance

- ADPH requires that staff instruct clients to voluntarily self-designate their race and ethnicity.
- The client's ethnicity data must be collected first before racial information is collected.
- Staff must inform clients that data collection is for reporting purposes only and will not affect their eligibility to receive benefits or services.

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Best Practices

Don'ts

- Don't guess patient's race and ethnicity by physical appearance
- Don't force patient to select an answer

Do's

- Do ask patients to self-report
- Do provide information to patients
 - Why is this data being collected?
 - How is the data protected?
- At minimum provide race and ethnicity categories based on the 1997 OMB standard
- Do make multiselecting possible
- Respect their descriptions

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PATIENT RESPONSE MATRIX

Patient Response	Suggested Response
"I'm American."	Would you like to use an additional term, or would you like me to just put American?
"Can't you tell by looking at me?"	We try not to assume patient's racial or ethnical background by just looking at them. We prefer for patients to let us know what they identify as.
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	That is up to you. You can use any term you like. It is fine to say that you are Nigerian in the other box.

<https://dhs.ala.gov/healthservices/care-experience>

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PATIENT RESPONSE MATRIX

Patient Response	Suggested Response
"I'm human."	Is that your way of saying that you don't want to answer the question? If so, I can just say that you didn't want to answer.
"Why do you care? We're all human beings."	In order to guarantee that all patients receive the highest quality of care and to ensure the best services possible, we are asking all patients about their race, ethnicity, and language.

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PATIENT SCENARIO




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PATIENT SCENARIO



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How to use data

To reduce disparities across patient groups, healthcare organizations must first understand where the disparities exist, the magnitude of the disparities, and why these disparities are occurring within their patient population.

- Use data to discover healthcare disparities
- Use data to diagnose the cause of disparities to design care transformation
- Use data to define goals for improvement and tracking measurements
- Use data to support improvement of care

“Analyzing outcomes data (health indicators, disease rates) with patients’ race and ethnicity data and satisfaction data can help organizations better align services with patients’ needs and preferences.”
- The Colorado Trust

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References

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- [AHA Institute for Diversity and Health Equity](#)
- [Advancing Health Equity](#)

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