

Addressing Health Care Disparities through Race, Ethnicity and Language (REaL) Data

The impact of the novel coronavirus disease (COVID-19) has highlighted vast health care inequities. Communities with predominantly African American, Latinx and Native American populations are seeing disproportionately higher rates of virus infections and deaths. These numbers shed light on health inequities that vulnerable populations have endured well before the COVID-19 outbreak. Hospitals and health systems across the country are focused on addressing health care disparities, and this begins with understanding their community and the unique needs of the patients they serve.

Data and analytics allow hospitals and their teams of dedicated caregivers to understand the challenges and barriers to accessing care. The data not only pinpoint where resources could be deployed to address gaps in access or quality, but also can support deeper understanding, commitment and insights for leadership teams supporting organizational strategy. Understanding the data and identifying critical needs amongst patients is the first necessary step in building sustainable community partnerships that can support health equity strategies.

In the U.S., disparities in health care outcomes have been widely noted. Race, ethnicity and language (REaL) data preferences can contribute to an individual's ability to receive reliable health care.

Read about NY-based Northwell Health's journey to educate their employees about the importance of collecting and stratifying REaL data to improve access to care.

REaL data allows hospitals and health systems to identify health care disparities by patient demographics, gain a deeper understanding of their community and

ultimately develop patient-centered performance improvement plans to reduce health disparities. Hospital and health system efforts to collect and stratify REaL data is critical to support clinical and community health strategic planning and ultimately advance health equity.



In the era of COVID-19, the collection and stratification of REaL data is imperative. Multiple surveillance systems are being utilized in collaboration with state, local, territorial and academic partners to [monitor COVID-19](#)¹. Hospitals and health systems are one of the most important data sources to inform the U.S. national public health response to COVID-19. Yet, reporting of race, ethnicity and language preference data as it relates to COVID-19 has been fragmented.

That's why, the American Hospital Association, American Medical Association and the American Nurses Association collectively [urged the Department of Health and Human Services](#) to collect and report demographic data on infections and deaths, identify and address disparities in the federal response to the pandemic, increase the availability of testing, ensure access to equitable treatment and share timely, relevant and culturally appropriate public health information.

This information is critical to:

- Informing the need for the availability of testing and deployment of resources to impacted areas
- Ensuring response and treatment does not vary by race, ethnicity or language
- Identifying disparities in rates of infection and mortality among populations

¹ FAQ: COVID-19 Data and Surveillance. (2020). Center for Disease Control and Prevention.

- Addressing the impact of the burden of underlying medical conditions

Furthermore, REaL data can be strengthened when paired with information on a [patient's social needs](#).

Where we live, work and play can significantly influence one's health, regardless of age, race, ethnicity or language preference. Together, these two data sources may provide deeper insights into communities that are most at risk. This enables hospitals and health systems to address health equity and provide holistic care to meet their patients' social and medical needs. Examples of social needs include food, housing, education, transportation, social support and employment.

Read how SoHum Health is addressing the social determinants of health in rural Humboldt County, Calif. amongst their senior community.

When REaL data and social needs data are paired, hospitals and health systems can begin to uncover avenues of exploration about the impact of COVID-19 on populations, such as:

- What is the patient's risk exposure?
 - What are the patient's social needs?
 - How is the patient being uniquely impacted by the disease?
 - How might the data suggest particular intervention activities?
 - How might the data lead to community partnerships?

For more information, please visit the American Hospital Association's [Updates and Resources on Novel Coronavirus \(COVID-19\) web page](#).

REaL Data FAQs



What is REaL data?

Race, Ethnicity and Language (REaL) data allows hospital and health systems the ability to:

- Capture information on a patient's race, ethnicity and language preferences
- Understand clinically relevant and unique aspects of their patient and communities
- Apply culturally competent care that does not vary with a patient's race, ethnicity or language



Why collect REaL data?

Every patient deserves quality care that meets their unique needs

- **Quality Implications:** Hospitals that understand their patient populations and work to make quality improvements across individual patient groups will improve their overall performance
- **Financial Implications:** Disparities may increase the cost of care provided to patients
- **Elimination of disparities:** It is the just and equitable thing to do



How to collect REaL data?

Ensure that REaL data collection is systematic and reliable

- **Step 1:** Determine the appropriate data categories
- **Step 2:** Develop a methodology for data collection
- **Step 3:** Train staff members on methodology for data collection
- **Step 4:** Assign accountability and monitor progress of data collection efforts



Key strategies for collecting patient REaL data.

- Engage senior leadership
- Define goals for data collection
- Combine disparities data collection with existing reporting requirements
- Track and report progress on an organization-wide basis
- Build data collection into quality improvement initiatives
- Utilize national, regional, and state resources
- Review, revise, and refine process and categories constantly



How to use REaL data?

Use the data to stratify quality metrics:

- **Step 1:** Assemble a working group
- **Step 2:** Validate the REaL data
- **Step 3:** Identify the highest priority metrics
- **Step 4:** Determine if the selected metrics can be analyzed
- **Step 5:** Analyze the data



How can REaL data be more effective?

- Identify where the greatest disparities exist and prioritize which initiatives to pursue
- Understand the demographic makeup of the patient population at a more granular level and develop tailored care plans
- Develop patient-centered, community-based interventions to reduce disparities
- Drive board-level decision making on where to invest and deploy resources



Leading practices for using patient REaL data.

- Use an equity scorecard or dashboard to report organizational performance
- Inform and customize the language translation services you provide
- Review performance indicators such as length of stay, admissions and avoidable readmissions
- Review process of care measures
- Review outcome of care
- Analyze provision of certain preventive care

If you would like additional tools and resources on REaL data collection and stratification, please see the appendix.

APPENDIX

Additional Resources on REaL Data Collection, Stratification and Utilization

The following resources and tools offer guidance to hospitals and health systems interested in implementing or improving REAL data collection and utilization.

PRAPARE Implementation and Action Toolkit

URL: <http://www.nachc.org/research-and-data/prapare/toolkit/>

Author: National Association of Community Health Centers

Published: 2019

Description: Toolkit with resources, best practices and lessons learned to guide implementation, data collection and responses to social determinant needs. Contains standardized patient risk assessment tool as well as a process and collection of resources to identify and act on the social determinants of health.

A Practical Guide to Implementing the National CLAS Standards: For Racial and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities

URL: <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>

Author: Centers for Medicare & Medicaid Services

Published: 2016

Description: Toolkit enables organizations to implement National CLAS Standards and improve health equity. It provides practical tools and examples of CLAS, in addition to efforts to implement National CLAS Standards that can be adapted for use by health care organizations.

Improving Quality and Achieving Equity: A Guide for Hospital Leaders

URL: <https://mghdisparitiessolutions.files.wordpress.com/2015/12/improving-quality-safety-guide-hospital-leaders.pdf>

Author: Disparities Solution Center, Massachusetts General Hospital

Published: 2015

Description: Guide designed to help health care leaders address disparities through change management. It also highlights model practices and recommends activities and resources that can help hospital leaders initiate an agenda for action.

Race and Ethnicity Data Improvement Toolkit

URL: https://www.hcup-us.ahrq.gov/datainnovations/raceethnicitytoolkit/data_improve_edu.jsp

Author: Healthcare Cost and Utilization Project

Published: 2014

Description: Toolkit includes several tools that are easy to print out use including surveys and scripting, links work.

A Framework for Stratifying Race, Ethnicity and Language Data

URL: <http://www.hpoe.org/Reports-HPOE/REAL-data-FINAL.pdf>

Author: American Hospital Association

Published: 2014

Description: This resource provides a five-step framework for stratifying REaL data. The framework includes assembling a work group focused on disparities data, validate the REaL data, identify the highest priority metrics for stratification, determine if stratification is possible on the selected metrics and stratify the data.

New York State Toolkit to Reduce Health Care Disparities: Improving Race and Ethnicity Data

URL: https://www.albany.edu/cphce/mrt_nys_toolkit_to_reduce_healthcare_disparities.pdf

Author: New York State Department of Health

Published: 2014

Description: Toolkit is designed to help hospitals, ambulatory care centers, community health centers and other users understand the importance of collecting accurate data on race and ethnicity. The toolkit includes sample tools, forms, training materials, resources for implementation, frequently asked questions, patient/consumer materials, resources for hospital leaders and quality improvement resources.

Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data

URL: http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF

Author: American Hospital Association

Published: 2013

Description: Resource that focuses on addressing both collection and use of REAL data through a four-step approach on how to obtain an accurate and usable REAL data set and discussing how hospitals and care systems can use REAL data to achieve clinical, operational, financial, and population health benefits.

Race, Ethnicity, and Language Data Standardization for Health Care Quality Improvement

URL: <https://www.ahrq.gov/sites/default/files/publications/files/iomracereport.pdf>

Author: National Academy of Medicine

Published: 2009

Description: Foundational resource that contains important information on categorizing REAL data beyond standard OMB categories and provides guidance and examples of granular categories. Additionally, it emphasizes at minimum, collecting data on a patient's spoken English language proficiency.