Health Equity Train-the-Trainer Session: Collecting Data to Understand Health Disparities

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Institute for Community Health Mursal Khaliif Izabel Arocha *Cambridge Health Alliance*

Susan Choi Ryann Bresnahan Institute for Community Health Elmer Freeman Beverley Russell Kerone Anderson *Center for Community Health Education, Research and Service*



Training Team

- Cambridge Health Alliance's (CHA)
 Department of Community Affairs and
 Department of Multilingual Interpreting
- Institute for Community Health
- The Center for Community Health, Education and Research (CCHERS)

Train-the-Trainer Model

Evaluation



Your Feedback is Anticipated!

Agenda

- Welcome from MDPH
- Introduction Activity
- Best Practices for Collecting Race, Ethnicity and Language Data
- Training Tool: Videos
- Training Tool: Role Plays
- Training Tool: Resources
- Evaluation and Concluding Remarks

Introduction Activity

Introduction Cards

Hello, my name is

My race is_____. (You may list more than one.)

My ethnicity is_____. (You may list more than one.)

My primary language spoken at home is ______.

Before we begin...

The Golden Rule for Training Staff to Collect Race and Ethnicity Information:

You only have to collect it once, if you collect it correctly.

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

Adults who Have No Health Insurance by Race and Ethnicity Central Region and Massachusetts: 2005

57



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

59



Disparities Exist and Persist

- Need to better understand populations
- More variation within groups than among them

To Eliminate Disparities, We Need to Collect Better Data



Why Improve the Data?



Percent of Mothers Breastfeeding by Race/Ethnicity, MA



Source: Asian Births in Massachusetts: 1996–1999; Hispanic Births in Massachusetts: 1996–1999; and Black Births in Massachusetts: 1997–2000

Why Collect the Data?

Identify Disparities or Differences

Target Interventions to Address Gaps

 Improve Quality of Care and/or Services for All

How to Collect Race and Ethnicity Data?

• What is your RACE?

• What is your ETHNICITY?



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Asking about Language

 What is the primary language spoken in your home?

 What language do you prefer to speak with us about health?

 What language do you prefer to read health-related materials?

How to Collect Race, Ethnicity and Language Data?

- In Person?
- On a Form?
- Over the Phone?
- Other Methods?

How to Collect Race, Ethnicity and Language Data?

Explain why it is being collected

Be prepared for questions

 Give people the tools they need to identify

MDPH Data Collection Tool

MDPH Race-Ethnicity and Language Preference Data Collection Instrument

<u>Introduction</u>: In order to guarantee that all patients receive the highest quality of care and to ensure the best services possible, we are collecting data on race and ethnicity. Could you please select the category or categories that best describes your background?

- Are you Hispanic/Latino/Spanish? Yes
 - No
- 2. What is your ethnicity? (You can specify one or more) African (specify Haitian African American Honduran American Japanese Asian Indian Korean Brazilian Laotian Cambodian Mexican, Mexican American, Chicano Cape Verdean Middle Eastern (specify Caribbean Islander (specify Portuguese Chinese Puerto Rican Colombian Russian Cuban Salvadoran Dominican Vietnamese European Other (specify Filipino Unknown/not specified Guatemalan
- 3. What is your race? (You can specify one or more)

American Indian/Alaska Native (specify tribal nation Asian)					
Black						
	`					
Native Hawaiian or other Pacific Islander (specify	_)					
White						
Other (specify)						
Unknown/not specified						
vhat language do you prefer to discuss health-related concerns?						

English
Spanish
Portuguese
Cape Verdean Creole
Haitian Creole
Khmer
Vietnamese

4. In v

Somali		
Arabic		
Albanian		
Chinese (specify dialect_)
Russian		
Other (specify)	

August 2008 version

DPH Race-Ethnicity and Language Preference Data Collection Instrument

<u>Introduction</u>: In order to guarantee that all patients receive the highest quality of care and to ensure the best services possible, we are collecting data on race and ethnicity. Could you please select the category or categories that best describes your background?

1. What is your ethnicity? (You can specify one or more)

	θ	African (specify)	θ	Haitian	
	θ	African American		θ	Honduran	
	θ	American		θ	Japanese	
	θ	Asian Indian		θ	Korean	
	θ	Brazilian		θ	Laotian	
	θ	Cambodian		θ	Mexican, Mexican American, Chicano	
	θ	Cape Verdean		θ	Middle Eastern (specify)	
	θ	Caribbean Islander (specify)	θ	Portuguese	
	θ	Chinese		θ	Puerto Rican	
	θ	Colombian		θ	Russian	
	θ	Cuban		θ	Salvadoran	
	θ	Dominican		θ	Vietnamese	
	θ	European		θ	Other (specify)	
<hr/>	θ	Filipino		θ	Unknown/not specified	
\backslash	θ	Guatemalan				
2. What is your race? (You can specify one or more)						
	θ American Indian/Alaska Native (specify tribal nation)					
	θ Asian					
	θ	θ Black				
	θ Hispanic/Latino/Black					
	θ	Hispanic/Latino/White				
	θ	Hispanic/Latino/other				
	θ	Native Hawaiian or other Pacific Islan	de	r (spe	cify)	
	θ	White				
	θ	Other (specify)		
	θ	Unknown/not specified				
3.		hat language do you prefer to speak				
	0	5	0	Soma Arabi		
	0 0			Albar		
	6				ese (specify dialect)	
	e		e	Russ		
	ě		ē		(specify)	
	θ	Vietnamese			())	

March 2009 version

How to Collect Race, Ethnicity and Language Data?

- The MDPH Data Collection Tool is a suggested instrument to collect these data.
- However, it is only one example of how to collect race, ethnicity and language data.
- Ensure that whichever form/method your organization chooses that when reporting data, you are able to meet state and other reporting requirements.

- ALL patients should be asked about their race, ethnicity and language!
- 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







Helpful Hints

Several studies have shown that a <u>brief</u> introduction before asking the questions makes patients more comfortable.

This will make your job <u>easier</u> and will make the data collected <u>better!</u>

Introduction: Key Points

The Introduction should tell people:

- "We are collecting race, ethnicity and language data from all participants to learn more about the communities we serve
- This information will only be used to give all patients the best care possible"

**A sample introduction to the questions can be found in your folders.

Frequently Asked Questions

If a participant asks "Why are you collecting this information?"

"We are asking all patients about their race, ethnicity, and language to learn more about the communities we serve."

"This data helps us ensure that everyone receives the highest quality of care."

"Collecting these data also helps improve the quality of services provided overall."

If a participant asks "How is my information kept private/confidential?

• "Your name and other information that could identify you will not be used when data are reported."

• "Your privacy is protected" (mention HIPAA when appropriate).

• "The users of the data have very strict rules about how data are reported."

We will not share this information with immigration

If a participant asks about Privacy

** We encourage you to share your Individual Hospital/Health Center/Program Privacy Statement**

If a participant asks "Can I still receive services if I don't tell you my race/ethnicity?

"You can still receive our services even if you choose not to answer these questions."

"Answering these questions is voluntary. However, the more data we collect, the better we are able to serve our client population."

If a patient asks "What is Ethnicity?"

"Your <u>ethnicity</u> refers to your background, heritage, culture, ancestry or sometimes the country where you were born.

You can tell me more than one."

For example, please let us know if you are Haitian, Vietnamese, Brazilian, etc.

If the participant responds "I'm Multiethnic"

"We can record as many categories as you need to describe yourself. Please tell me all of your ethnicities."
If the patient cannot describe their ethnicity

Give examples!

"For ethnicity, please let us know if you are Haitian, Vietnamese, Brazilian, etc. You can tell me in your own words and I will record your response."

Record Participant's Response
If category not found, write it in!

If a participant asks "What is meant by Hispanic, Latino or Spanish?"

"A person is Hispanic, Latino or Spanish if they or their family come from a country in Latin America or another Spanish-speaking country."

Record Participant's Yes or No Response
If the response is some, partly, half, or a little, please enter Yes.
If a participant declines, enter No.

If a participant asks "What is Race?"

"Your <u>race</u> is the group or groups that you identify with as having similar physical characteristics or similar social and geographic origins. You can tell me more than one."

For example, please let us know if you are Asian, Black, White, etc.

If the participant responds "I'm Multiracial"

"We can record as many categories as you need to describe yourself.

Please tell me all of your races."

If the participant cannot describe their race

Give examples!

"For race, please let us know if you are Asian, Black, White, etc.

You can tell me in your own words and I will record your response."

If the participant thinks the answers are obvious

"I understand that you may think that the answers are obvious. I have to ask every patient. It is really important that we record <u>your</u> response."

If the participant refuses

"I understand that these questions may be a little sensitive. We are required to ask all patients. This information will be kept private and will only be used to improve the care we provide to everyone."

If the participant still refuses

"That is okay. You have the right to not answer these questions."

If the participant gets upset

"Let's move on to the next question."

OR

If appropriate: "I will call my manager."

<u>What are some other options that you could use in</u> your work environment?

Don't Forget!

The Golden Rule for Training Staff to Collect Race and Ethnicity Information:

You only have to collect it once, if you collect it correctly.

Best Practices



Help Us Know Our Patients Better

When we know your race and ethnicity, we learn more about your culture and language. This helps us to know you better and to improve the care that we give to all patients. Beginning in January 2007, we will ask for race and ethnicity information from all patients.

What is Your Ethnicity?

Neur ethnicity refers to your background, horitage, railare, anarsizy or sametimes the country where you were burn. Please let us know if you ar Halitan, Vieinamese, Brazillan, etc.



• Are You Hispanic, Latino or Spanish?

Non-mary be Hispanic, Latino or Spanish If you ar your family come from a country in Latin America or another Spanish-speaking country. Pinase let us inner if you think of pearsoff as Hispanic, Latino or Spanish.

What is Your Race?

New race is the group or groups that you Mentify with as having similar physical characteristics or similar useful and gaugetphic origins. Hence for an innue if you are doine, Block, White, are.

• Examples:

Hy name is john. Hy race is Asian and my ethnicity is Bangiaduchi. Hy name is Claudia. Hy race is Black and my ethnicity is Haltian and Jamakan. Hy name is Bosolob. Hy race is White and Black and my ethnicity is Brazilian. Hy name is Par. Hy race is Black and my ethnicity is African American. Hy name is Par. Hy race is Black and my ethnicity is African American.



By knowing you better, we can provide better care to our patients

For goal is to meet the needs of all of the periods that we serve. Studies have shown that there are differences is bealth among radial and ethnic groups. We don't three what cause them differences and we need to isare more showl them: We can better meet the work of the communities that we serve if we know mere about or patients' root, othnicky, calture and language. This information will only be used to make more that all patients are receiving appropriate care of the best quality.



Signs about the data collection

Help Us Know Our Patients Better

Questions about the Collection of Patient Race and Ethnicity Information



Why are these questions being asked?

No and new collecting uses and collecting information from all of our particular to help unlinear there interest. We can before more the specified the communities that we prove if we have more adout our patients, their collasts and their language. This advantation will only be used to make some that all patients are reasoning appropriate care of the local quality.

Why am I being asked these questions?

We are collecting the information from all patients. This will help as to an differences to institut among different populations. We can reduce these differences to radiang uses that all patients receive the same spatial of care.

Are these quantions being mixed at other hospitals?

There are new convergences on the second sec

Contraint Picchi Alliney

How are my race and ethnicity

related to my health? Index low devices the and linear

in both among vacid and etimic groups. Redol'13mm what came from difference and we taked to been new about them. By can work to distinguish they difference by-making sam then all people motion the same gablicy of same



How will this information be used?

We will use the same and estimating internations that we collect here all partners, to use if them are any differences in braicht among different groups of people. Discould help as name uses that we give the same quality of same to all people. We will also use this softwaraises to another same duality of the to all people. We will also use this softwaraises to another same duality of the people same area and to make uses that people here care that is colorably appropriate.

For pains metchs web of all of the points the versors. We can execute year by positing interpreter service, diving galers internation mentional into different language, and vehing over the serviced provide subscript appropriate cars.

What if I don't want to share this information?

It is your detailed if you score to show the information. This information is only being selected to help as know the patients that we save terms and it will not affect the score or services that you makes.



Improving the

health of ALL

Anticipate Frequently Asked Questions

Develop a Quality Assurance System

- Observation
- Phone Recordings
- Data Validation

Training Tool: Videos

Training Tool: Role Plays

Some Final Questions for the Audience:

- Do you think these guidelines will work well in your job setting?
- What will help you facilitate collecting these data?
- What might be a hindering factor in collecting these data?

Training Tool: Resources

- Role Plays
- Health Equity Library
- Critical Mass Toolkit
- MDPH Data Collection Tool
- Massachusetts Hospital Association Website: <u>http://www.mhalink.org/public/news/2006/2006-11-09.cfm</u>
 **Information specific to hospitals, but resources may be adapted to fit your organization's needs.

Your Feedback is Welcome



Sharing Materials

- The training materials have been developed in partnership with the Massachusetts Department of Public Health; the Center for Community Health Education, Research, and Service; the Institute for Community Health; and, the Department of Community Affairs and Multilingual Interpreting at the Cambridge Health Alliance.
- The information provided in the training materials is intended for non-commercial or educational use. It may be used without further permission from the developers provided that users 1) exercise due diligence in ensuring that the material is accurately reproduced and 2) identify the developers as the source of the materials.

Many Thanks!

For more information, please contact Ryann Bresnahan <u>rbresnahan@challiance.org</u> 617.499.6675