Understanding REaL Data Transcript

Slide 1

"Welcome to this presentation on REaL Data, an essential component of healthcare quality and equity. REaL stands for Race, Ethnicity, and Language data, a critical requirement for all federal agencies and recipients of federal funds."

Slide 2

"REaL data collection was standardized by the Office of Management and Budget in 1997. It was further reinforced in Section 4302 of the Affordable Care Act, which requires compliance with the OMB standards for any data collected under U.S. Department of Health and Human Services guidelines. This means that hospitals and clinics are required to collect this data through their electronic health records."

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"Collecting REaL data provides healthcare teams with valuable insights. By understanding the demographics of patient populations, we can identify disparities, implement targeted quality improvements, and enhance patient outcomes. This approach ultimately reduces healthcare costs while improving care."

Slide 4

"As part of providing equitable care, we ask all patients about their race, ethnicity, and preferred language. For example, we might say: 'What racial group do you identify with?', 'Do you identify as Hispanic, Latino, or of Spanish origin?', 'What is your preferred language for communication?'. We assure patients that this information is confidential and helps us better meet their unique needs."

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"There are three main questions to ask: 1. What is your race? 2. What is your ethnicity? and 3. What is your primary language? It is important to ensure patients, or their caregivers self-identify their responses."

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"Race is a social construct defined by physical traits, such as skin color or facial features. Ethnicity, on the other hand, refers to cultural attributes like language, religion, or social customs. Both are crucial for understanding patient demographics."

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"Examples of how to phrase questions include: What language would you prefer to communicate in?', 'Is there a racial group you identify with?', and 'Do you identify as Hispanic or Latino?'".

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"To assist your facility or for further guidance, refer to resources such as the NHA Health Equity Toolkit, the CMS Inventory of Resources for Standardized Demographic Data, and the AHA's Disparity Toolkit."

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"In conclusion, collecting accurate REaL data enables organizations to address disparities, tailor patient care, and promote health equity. This approach empowers us to deliver better care to our most vulnerable populations, fostering healthier communities."

Resources:

- Office of Management and Budget (OMB) 1997 Standards for Race and Ethnicity Data Collection
  - https://obamawhitehouse.archives.gov/omb/fedreg_1997standards
- Section 4302 of the Affordable Care Act (ACA)
  - https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0
- Compliance with OMB Standards under HHS Guidelines
  - https://www.cms.gov/about-cms/agency-information/omh/downloads/data-collection-resources.pdf
- NHA Health Equity Toolkit
  - https://www.nebraskahospitals.org/file_download/inline/f49871dc-29ed-4970-90a7-7a1afc094475
- CMS Inventory of Resources for Standardized Demographic Data
  - https://www.cms.gov/about-cms/agency-information/omh/downloads/data-collection-resources.pdf
- AHA Disparities Toolkit
  - https://www.aha.org/hretdisparities/toolkit