



California Health Care Safety Net Institute

Race, Ethnicity, and Language Data Collection and Use
Planning Initiative

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**Presentation to the
Medical Leadership Council on Cultural Proficiency**

May 20, 2009

Presentation Topics

- Background
- Making the Case for REAL Data Collection and Use
- Initiative Overview

California Health Care Safety Net Institute

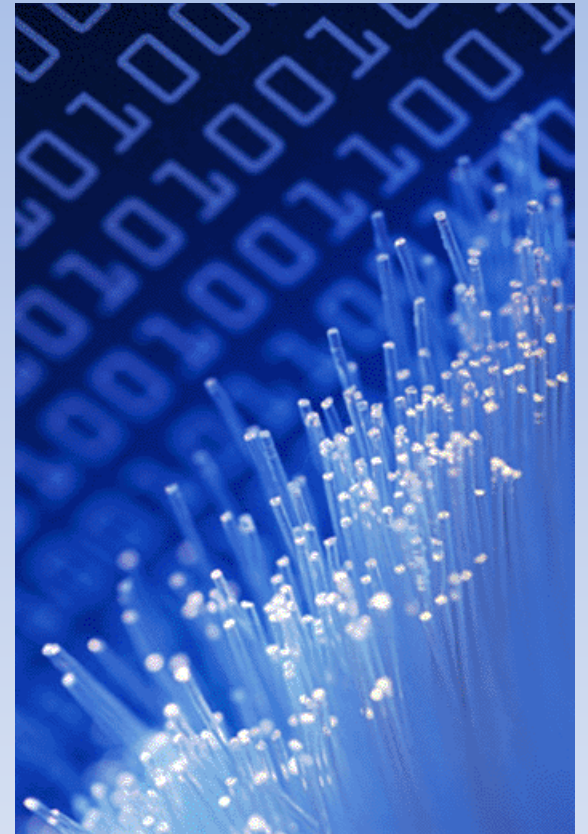
- SNI is the quality improvement partner of the California Association of Public Hospitals and Health Systems
- We design and direct initiatives that support public hospitals in enhancing the quality of care they provide, eliminating health care disparities, and providing efficient, coordinated care

How did we get here?

- Published *Straight Talk: Model Hospital Policies & Procedures on Language Access*
- Launched *Advancing Public Hospitals Along the Language Access Continuum* (aka “Language Access”)
- Co- conducted (w/UCSF Center for Health Professions) *LEADing Organizational Change: Advancing Quality Through Culturally Responsive Care*
- Supported public hospitals’ efforts to innovate and spread language service delivery (e.g., HCIN, VMI)

Public hospital systems are leaders in providing culturally competent care and high quality language services...

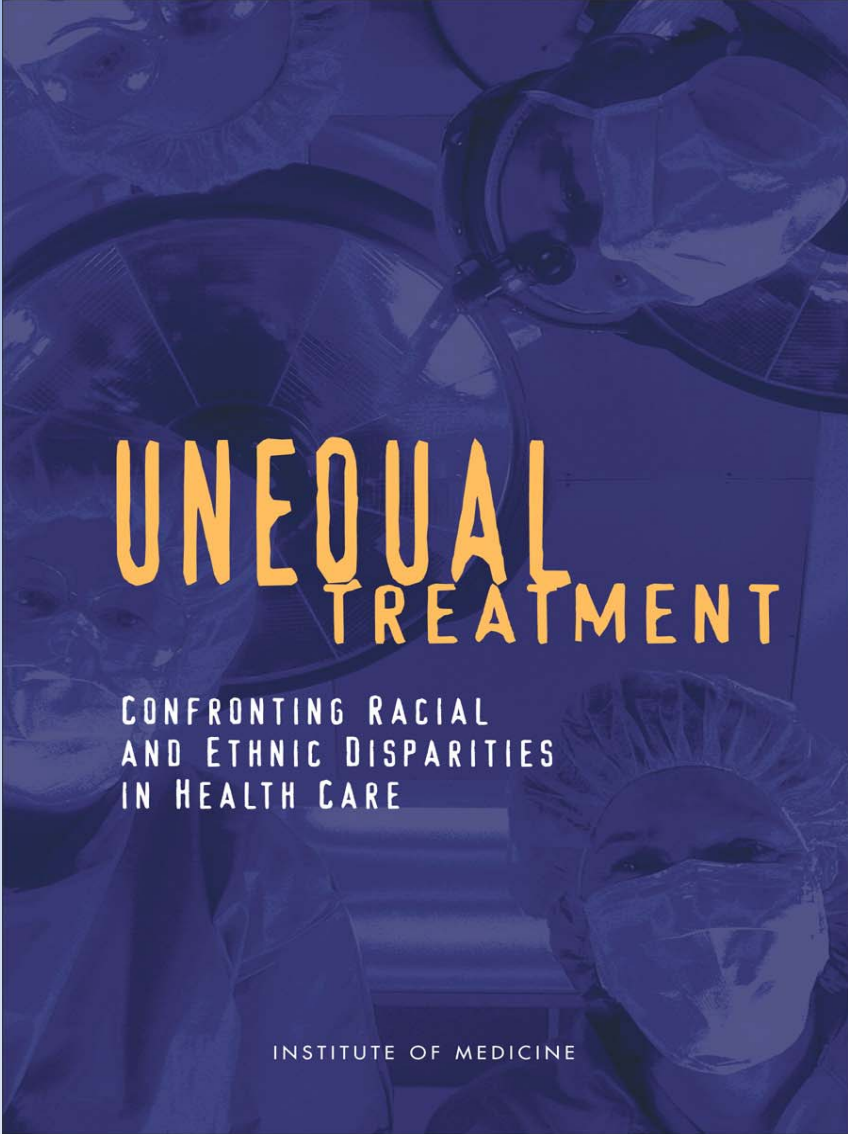
...However, many hospital systems face difficulty in standardizing data collection protocols and capturing and using meaningful data that reveal potential disparities in access or care.



Capturing accurate, consistent
REAL data is

The Foundation

for creating
equitable health care.



UNEQUAL TREATMENT

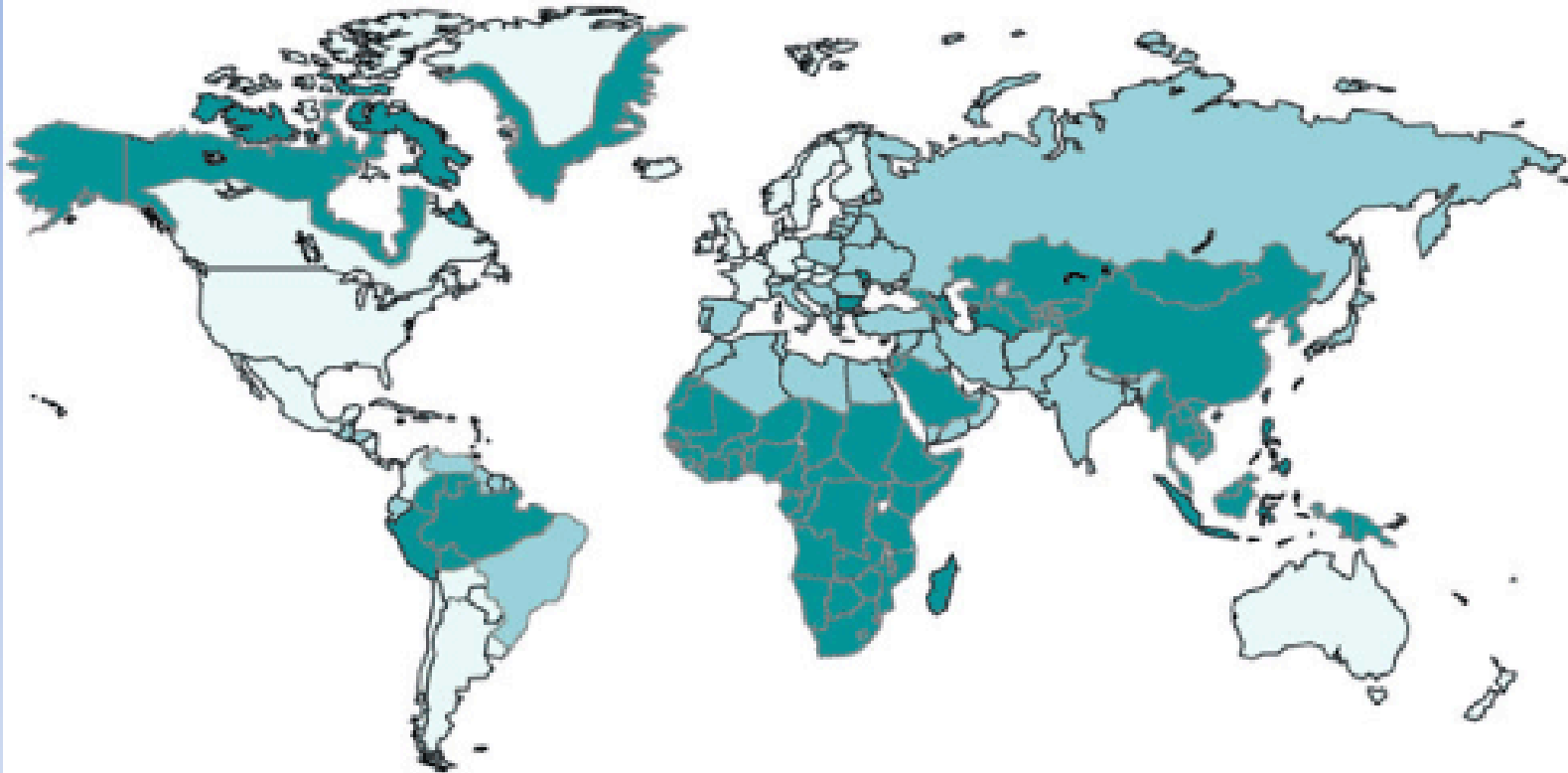
CONFRONTING RACIAL
AND ETHNIC DISPARITIES
IN HEALTH CARE

INSTITUTE OF MEDICINE

The Case for Accurate, Consistent REAL Data Collection

- **Quality**
 - Patient safety, patient centeredness, timeliness, effectiveness, and managing health of disproportionately affected communities
- **Financial**
 - Reducing inappropriate test ordering, targeting efforts, LOS, medical errors, and readmissions
- **Risk Management**
 - Poor or inadequate informed consent, inaccurate medical history, incomprehension of treatment plan and discharge instructions
- **Accreditation and Regulation**
 - NQF and IOM standards, Joint Commission standards for culturally and linguistically competent care

Geographic Distribution of Chronic HBV Infection



level of endemicity

% of general population
with chronic HBV infection

% of world population

■ high endemicity

greater than 8%

about 45%

■ intermediate endemicity

2% to 7%

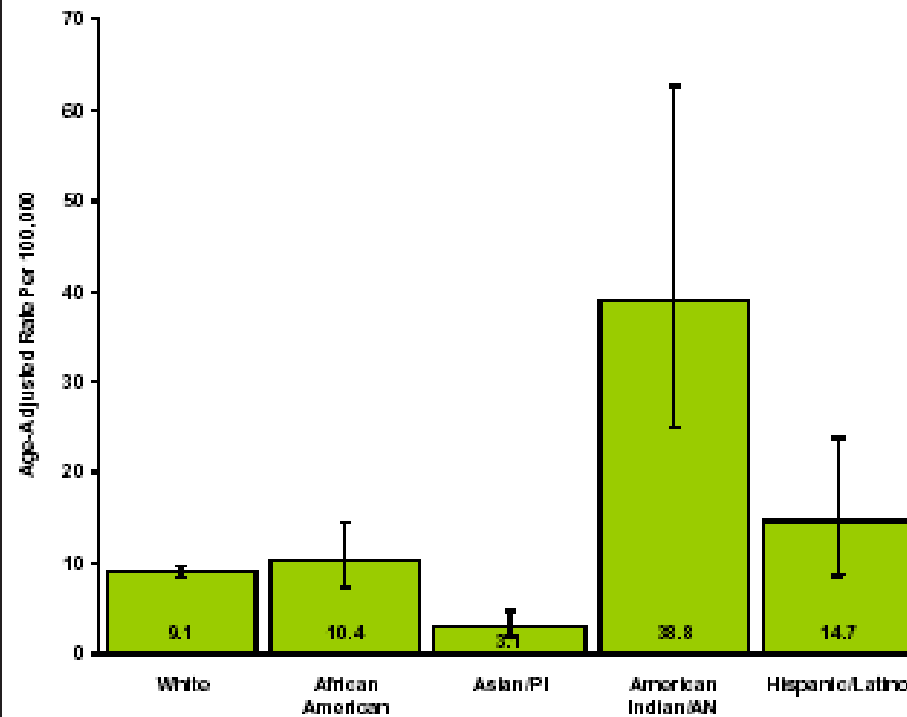
about 43%

■ low endemicity

less than 2%

about 12%

Chronic Liver Disease Death Rate in King County by Race/Ethnicity, Five-Year Averages, 1999-2003



Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificates

Produced by: Public Health - Seattle & King County, Epidemiology, Planning, and Evaluation

Liver Disease Disparities in King County

Health of King County 2006, SKCDPH

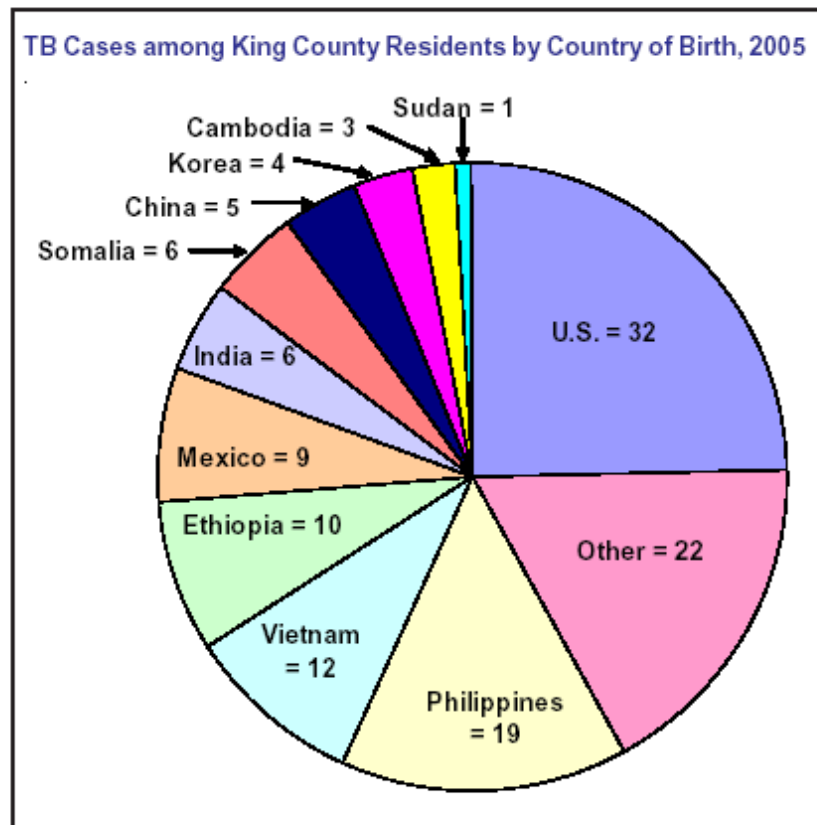
Who is at Risk for Hepatitis B and Hepatoma?

Rates among Native Americans appear to be the highest.

Yet we know that Southeast Asians (notably Lao, Khmer, Vietnamese, and Hmong) have rates rivaling if not exceeding Native American rates.

The dilution of their rates by the overwhelming number of American born Chinese, Filipino's, and Japanese with whom they are grouped obscure the issue.

The Case for REAL Data Collection: Financial



Tuberculosis in King County
Health of King County 2006, SKCDPH

Tuberculosis

- Rates of TB are highest among the Foreign Born through out the United States.
- Recently Seattle had an increase of cases among African-Americans but when we “drilled down” we were able to see it was an outbreak of TB among Tigryean speaking Ethiopians.
- This information sharply redirected the investigation and intervention from a non-specific inquiry in the “*Black community*” to a manageable number of churches and community centers.

The Case for REAL Data Collection: Risk Management

- SFGH effort to improve informed consent
 - 74 patients with limited English proficiency who received a thoracentesis, paracentesis, or lumbar puncture were matched with 74 English-speaking patients by procedure, hospital service, and date of procedure.
 - Identified both cohorts using registration data
 - Charts of English-speaking patients were more likely than those of LEP patients to contain full documentation of informed consent
- An example of both improving quality and reducing risk

The Case for REAL Data Collection: Accreditation and Regulation

- The Joint Commission requires collection of patient's language data
- The Joint Commission, with funding from The Commonwealth Fund, is developing accreditation standards that will promote the provision of culturally competent care
- The Office of Management and Budget requires basic race and ethnicity data

SNI REAL Data Planning Initiative

An in-depth research period that will guide SNI's subsequent implementation initiative.

- Erin Bowman, B.S., SNI Program Associate
- J. Carey Jackson, M.D., Director of International Refugee Clinic, Harborview Medical Center
- Margie Powers, Powers & Associates

SNI REAL Data Planning Initiative

January - August, 2009:

- Interviews with 10 public hospital systems
- Extensive secondary research
- Discussions with senior leadership
- Forum on REAL data collection and use: July 15 in Oakland

What's in it for participating public hospitals?

- To learn about best practices in REAL data collection
- To be part of the effort to streamline REAL data collection in all of California's public hospitals
- To gain eligibility to participate in the implementation phase
- To receive individual feedback from consultants on your current REAL data collection and use strategies

Building on Prior Work and Overcoming Barriers

- HRET Disparities Toolkit – groundbreaking!
(<http://www.hretdisparities.org/>)
- SNI/HRET workshop identified real-world challenges to applying the toolkit
- SNI's *Straight Talk* recommendations based on advisory group and real-world testing
- New research confirms approach to language question, with small tweak

Early Findings

- Race question: “Hispanic/Latino” considered by most as a race; need ability to capture >1 race
- Ethnicity: need to strike balance between specificity and efficiency
- Language: need to elicit language most comfortable receiving med care, written language (literacy a factor), and potential deaf/hard-of-hearing
- HIT: less of a barrier than originally thought