Race, Ethnicity, and Primary Language Data Collection in Hospitals

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Race and Ethnicity
Data Collection
Are Hospitals Collecting Race/Ethnicity Data?

Race/Ethnicity Data Collection in Hospitals

- 78% collect data (ethnicity is not always collected)
- 58% collect data in more than one unit—no sharing
- 51% collect by eyeballing
- Less than 25% use data for quality improvement purposes
Data Collection is....

- Inconsistent
- Inaccurate
- Incomplete
- Fragmented
- In silos
Hospitals That Did Not Collect Race and Ethnicity Data

- 67% --- Unnecessary

- 25% -- No reliable system for data collection
Barriers to Collecting Data

- System-level barriers
- Patients’ perceptions
- Staff discomfort in explicitly asking patients to provide this information
- Validity, reliability, and utility of data
- Appropriate categories
- Legal concerns
- Privacy concerns
What will change?

<table>
<thead>
<tr>
<th>Inpatient Admission EDIT</th>
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<tbody>
<tr>
<td><strong>Patient</strong>: 000042606</td>
</tr>
<tr>
<td><strong>Street</strong>: 333 QUINCY AVE</td>
</tr>
<tr>
<td><strong>City</strong>: QUINCY</td>
</tr>
<tr>
<td><strong>State</strong>: MA</td>
</tr>
<tr>
<td><strong>Phones</strong> H#: 555-666-5643</td>
</tr>
<tr>
<td><strong>E-Mail</strong>:</td>
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<tr>
<td><strong>Use E-Mail</strong>:</td>
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<tr>
<td><strong>Soc Sec #: 444-55-6567</strong></td>
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<tr>
<td><strong>Religion</strong>: 03</td>
</tr>
</tbody>
</table>

**Next of Kin**

| **Name**: ADAMS, ABIGAIL |
| **Street**: 333 QUINCY AVE |
| **City**: QUINCY |
| **State**: MA  | Zip Code: 02111 |
| **Home Ph**: 555-666-5643 |
| **Work Ph**: |
| **Rel to Pt**: WIFE |

**Employer**

| **Name**: |
| **Street**: |
| **City**: |
| **State**: |
| **Emp Ph**: |
| **Pt Occup**: |
| **Emp Stat**: |

**Person to Notify**

| **Name**: |
| **Street**: |
| **City**: |
| **State**: |
| **Zip Code**: |
| **Home Ph**: |
| **Work Ph**: |
| **Rel to Pt**: |
What do Patients Think?
“It is important for hospitals and clinics to collect information from patients about their race or ethnic background”

- **Strongly agree** 43%
- **Somewhat agree** 37%
- **Unsure** 6%
- **Somewhat disagree** 10%
- **Strongly disagree** 4%

“It is important for hospitals and clinics to conduct studies to make sure that all patients get the same high-quality care regardless of their race or ethnic background”

- Strongly agree 93%
- Somewhat agree 4%
- Unsure 2%
- Somewhat disagree 1%
- Strongly disagree 0%

“How concerned would you be that this data could be used to discriminate against patients”

- Not concerned at all: 34%
- A little concerned: 15%
- Somewhat concerned: 20%
- Very concerned: 31%

Most People Support Collecting R/E Data

“It is important for hospitals and clinics to collect information from patients about their race and ethnic background”
Providers Should Do Studies to Assess Disparities

“It is important for hospitals and clinics to conduct studies to make sure all patients get the same high quality care regardless of their race or ethnic background”
Collecting Primary Language Data
Encounters with LEP Patients

- 80% of hospitals encounter patients with LEP frequently
- 43% daily, 20% weekly, 17% monthly
- Hospitals encounter a very wide variety of languages

Languages That 20% or More of Hospitals Encounter Frequently

- Spanish: 93%
- Chinese: 47%
- Vietnamese: 39%
- Japanese: 37%
- Korean: 37%
- Russian: 37%
- German: 36%
- French: 31%
- Arabic: 26%
- Italian: 26%
- Laotian: 23%
- Hindi: 22%
- Polish: 22%
- Tagalog: 21%
- Thai: 20%


Health Research and Educational Trust. October 2006
Percentage of hospitals that maintain information about patients’ primary language in medical records:
- Yes: 66%
- No: 24%
- Do not know: 10%

Percentage of hospitals that maintain a database of patients’ primary language that can be tracked over time:
- Yes: 38%
- No: 47%
- Do not know: 13%
Recommendations For Standardization

- Address patients’ concerns
- Who provides the information
- When to collect
- Which racial and ethnic categories to use
- Where and how data are stored
- Provide staff training
Toolkit for Collecting Race Ethnicity and Primary Language Data

Welcome

The Health Research and Educational Trust Disparities Toolkit team is pleased to release this updated Toolkit. The Toolkit is a Web-based tool that provides hospitals, health systems, clinics, and health plans information and resources for systematically collecting race, ethnicity, and primary language data from patients.

We trust you will find this Toolkit useful for educating and informing your staff about the importance of data collection, how to implement a framework to collect race, ethnicity, and primary language data at your organization, and ultimately how to use these data to improve quality of care for all populations. For more information on how to use this Toolkit, click here.

Registration Now Free

To access the full Toolkit, including all resources, please click here to register. Because of the importance of collecting good data on patient race, ethnicity, and primary language data, HRET and the American Hospital Association have decided to allow access to the Toolkit for free without purchase.

Acknowledgments

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Project Team

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Citation for Toolkit

www.hretdisparities.org