Identifying and Meeting the Needs of Diverse Populations by Collecting Race, Ethnicity, and Language Data

As the U.S. population becomes more diverse, healthcare organizations are realizing the importance of delivering culturally sensitive care to patients. In reality, the Office of Minority Health of the U.S. Department of Health and Human Services created 15 *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* intended to progress health equity, enhance quality, and assist in eliminating disparities in healthcare. Similarly, The Joint Commission's 2015 Standards for its *Hospital Accreditation Program* has several standards that overlap with CLAS standards to directly or indirectly support the delivery of culturally and linguistically appropriate services—underscoring the need for healthcare providers to better understand the patient populations they are serving.

In order to receive an accurate snapshot of a patient's background, hospitals and health systems can improve how they collect and analyze patient-reported race, ethnicity, and language (REAL) data. The MetroHealth System—an integrated, three hospital health system based in Cleveland—recently developed a roadmap to guide the organization and its sites throughout REAL data collection and use, including performing an assessment and gap analysis, planning and implementing staff education, and evaluating REAL data for trends and the organization's efforts to sustain success.

To understand how REAL data is collected and used in healthcare organizations, HBI's Cost & Quality Academy spoke with MetroHealth's Lourdes Negrón-McDaniel, MEd, MA, Director of Inclusion and Diversity, and Margarita Diaz, RN, BSN, Manager of Health Equity Initiatives for additional insight.

"REAL is foundational for our patients," Negrón-McDaniel says. "When our health system knows who we serve through this demographic profile, we can figure out how to best serve them."

Monitoring and Improving REAL Data Collection

First, the inclusion and diversity department worked with system partners to perform an assessment and gap analysis for the entire health system to determine how and if locations

were collecting REAL data from all of their patients. These leaders worked closely with the organization's quality analytics team to determine site-specific rates of available, unavailable, declined, or blank answers regarding REAL data.

After receiving a comprehensive overview of facilities' REAL data collection rates, MetroHealth analyzed REAL data collection gaps to see if certain locations were asking for this information from patients. In doing so, MetroHealth was able to inform its plan to implement next steps for streamlining efficient REAL data collection and use, which allowed for inclusion and diversity leaders to initially distinguish clinical sites where more education on REAL data was merited.

Educating Staff and Patients on REAL Data

Upon figuring out which sites needed to boost their REAL data collection, the next step from the roadmap was for MetroHealth to plan and implement an education campaign on REAL data collection. As an initial pilot, five locations were selected for REAL data collection improvement.

The inclusion team searched for internal, local, and national resources they could use to provide staff education and reinforcement on REAL data. They discovered resources and training by America's Essential Hospitals, including *Ask Every Patient: REAL*, an interactive online module that trains staff on accurate data collection. As staff make their way through the module, they encounter definitions, simulations, scripts, and other job aides—some of which can be printed for later use.

"Our office always encourages staff to continually refer to, print off, and keep these resources so they have the takeaways with them to refer to in the field," Diaz says. "Staff can take a one-time e-learning module or a class, finish it, and forget what they just learned, but that isn't the case for this program."

Through the examination of job codes, the inclusion team worked with senior leadership to identify approximately 2,300 staff members who would benefit from annual REAL data collection training, including receptionists at front desks, nurses, medical assistants, technicians, and any other individual who has the ability to enter REAL information into a computer. In fact, any new staff member with registration duties receives in-person education on REAL information when they are onboarded to the organization.

In addition to teaching staff about REAL data, MetroHealth aims to educate patients on the importance of accurately reporting demographic information through an education campaign by the Robert Wood Johnson Foundation called We

Growth of Race and Ethnic Groups in the U.S., 2015–2016
Source: U.S. Census Bureau (2017)

Race and Ethnic Group	Growth	Total of Population (Millions)
Hispanic (including all races)	2.0%	57.5
Asian	3.0%	21.4
Native Hawaiian and Other Pacific Islander	2.1%	1.5
American Indian and Alaska Native	1.4%	6.7
Black or African American	1.2%	46.8
White	0.5%	256.0
Those identified as being of two or more races	3.0%	8.5
Non-Hispanic white alone	5,000 people	198.0

As the U.S. population continues to grow more diverse, collecting REAL data at healthcare facilities is a vital first step for truly understanding patients and their needs.

Ask Because We Care. This campaign provides some materials on REAL data for healthcare organizations to share with patients, such as tabletop signs, posters, visuals, and information about collecting REAL data. This not only notifies patients they will be asked this information, but also helps staff explain why they are asking for REAL information and respond to patients' questions.

"Our team teaches staff that patients have to self-report REAL data," Diaz says. "If the patient doesn't disclose this information to us, it's not accurate. If accuracy equals quality, we need to ensure quality by encouraging patients to self-report. Our patients have to give us REAL information; we can't determine what it is for them."

Emerging Potential of REAL Data

Although MetroHealth is still in the implementation phase of its REAL data roadmap, the organization is well aware and excited of the potential impact REAL data can have on care experiences.

"There is an enormous amount of possibility once we accurately collect REAL data," Negrón-McDaniel says. "With

% of MetroHealth's Patients Who Underrepresented and Diverse Cultural Backgrounds

50%

It is important for healthcare organizations to provide equitable, understandable, and respectful healthcare that is culturally appropriate to differing populations, which can be driven by gathering and understanding REAL data.

over 50% of our patient population coming from underrepresented and diverse cultural backgrounds, our goal leading into 2018 is to examine how REAL information informs health outcomes, community outreach, and marketing efforts."
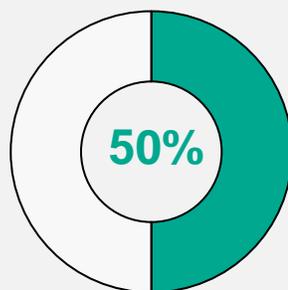
The organization receives monthly analytic reports from each site to see if REAL data collection is improving and if specific locations need more support or resources. Preliminary results reveal a decrease in declined, unavailable, and blank REAL information, meaning internal data collection has improved.

Additionally, upon consistent data collection, MetroHealth plans to analyze REAL information with multiple system partners, such as quality, patient access, analytics, and leadership departments for detailed trends and insights. For instance, one of the organization's analytics teams reviewed and applied REAL data filters to identify about 2,000 patients who exclusively use the ED for their care. In doing so, they have been able to pinpoint who these frequent flyers are and develop outreach sessions for these patients to help them better understand how to navigate complicated care networks.

Furthermore, once MetroHealth establishes effective REAL data collection practices, leaders plan to analyze REAL data for fluctuations and trends. For example, if data reveal increases in a specific race or ethnicity that the organization is serving, staff could determine if clinical conditions are more prevalent among specific ethnicities, produce targeted marketing content and educational materials in different languages, and potentially improve outcomes and patient engagement. With this in mind, REAL data allows for registration staff and organizations to adjust language access needs, better uncover marketing and outreach opportunities, and enhance services that are necessary in delivering patient- and culturally-centered care.

By accurately collecting and beginning to analyze REAL data, MetroHealth is steadily improving its overall understanding of its patients, which is necessary to provide sustainable and culturally competent services. For other organizations looking to enhance care for the diverse populations they serve, MetroHealth's approach can function as a prime example.