

Using Race, Ethnicity, and Language Data as Tools for Quality Improvement

Office of Cultural & Linguistic
Competency
DMHMRSAS

What are Health Care Disparities?

Health disparities are differences between populations in:

- + Presence of disease/illness/disorder
- + Access to quality health care
- + Receipt of health care services
- + Health outcomes

Definition from Romania Hasnain-Wynia PhD.
Health Research & Educational Trust/AHA

Studies That Highlight Disparities in Clinical Quality

- 2001 Surgeon General's Report on Mental Health: Culture, Race and Ethnicity
 - President's New Freedom Commission on Mental Health
 - SAMHSA's Transformation Agenda
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What We Do Know

Research concerning the prevalence of mental health problems of racial or ethnic groups shows little difference in rates of disorders, but

There are differences in referral patterns, problem manifestation, applicability of assessment protocols and diagnoses.

What We Do Know

By 2050, nearly one in five people living in the United States will be foreign-born (Passel 2008). Changes to the country's race demographics will also accelerate, as the non-Hispanic white population will increase more slowly than the non-white population and eventually will become the minority (Passel 2008). Accordingly, national attention has turned to health disparities and barriers to accessing health care for this multicultural population. Health care organizations must improve their ability to care for an increasingly diverse population in order to reduce health disparities and provide equitable, high quality care.

What is the Biggest Barrier to Eliminating Health Disparities?

Absence of data on race,
ethnicity, and language

Collecting Race, Ethnicity, and Language: Hit and Miss

- ✘ 22 states mandate collection of data
- ✘ State agencies do not do enough to collect, standardize, and share data
- ✘ Most health plans do not collect race ethnicity or language data on enrollees
- ✘ Over three-quarters of hospitals collect race information and one-half collect data on patient ethnicity and language preference (Robert Wood Johnson Foundation)
- ✘ Fewer than one in five hospitals use the data to assess and compare care quality, health services utilization, health outcomes or patient satisfaction

What We Don't Know

Why & how disparities occur in our organization

- + Quality of care hindered by bias and prejudice?
 - + Quality of care hindered because of communication, language, or cultural barriers?
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What We Can Find Out Through Collection of Data on Race, Ethnicity, and Language

- + Which interventions are effective at reducing or eliminating disparities.
- + What proportion of observed disparities are amenable to improvements in health care.
- + What is the need for interpreter services and signage and Educational materials.
- + What type of staff cultural competency training is needed.
- + Targeted patient customer satisfaction surveys.
- + QI initiatives--preventive and chronic care.
- + Trending changing practice population.

Why Behavioral Health Organizations Should Collect Data on Patient Race, Ethnicity, and Language

Internal Factors

- ✘ Valid and reliable data are fundamental building blocks for identifying differences in care and developing targeted interventions.
- ✘ Being responsive to communities: Pressing community behavioral health problems such as disparities can be addressed more effectively if health care organizations and professionals build trust in the community by documenting accomplishments
- ✘ Ensure the adequacy of interpreter services, patient information materials, and cultural competency training for staff.

Why Behavioral Health Organizations Should Collect Data on Patient Race, Ethnicity, and Language

External Factors

- ✘ *Federal and state reporting requirements-* e.g. CMS has implemented policies and procedures to use race and ethnicity data for quality improvement purposes, under Medicare and Medicaid managed care plans are required to identify racial and ethnic disparities in clinical practice.
- ✘ *Accreditation-* The Joint Commission of the Accreditation of Healthcare Organizations and the National Committee for Quality Assurance have both set standards that include collection of race, ethnicity, and language data

A national survey (Robert Wood Johnson Foundation 2003) of adults found that over 50 percent of the respondents favor legislation allowing race/ethnicity/language data collection when told of its benefits.

What We Must Remember

- ✘ “We cannot manage what we cannot measure.”
 - + David Kindig, M.D. M.P.H., University of Wisconsin School of Medicine.
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The Case for Uniform Collection

- ✘ Eliminate current fragmentation in data systems across the system
 - ✘ Can serve as a tool for organizations to achieve comparability
 - ✘ Can increase the efficiency and accuracy and reduce redundancy and costs
 - ✘ Provides a solid foundation for targeting quality of care initiatives and reduce disparities
 - ✘ By linking clinical data with race, ethnicity, and language data, CSBs would be able to track the care process and develop interventions that target quality improvement efforts for their most vulnerable populations.
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What Can CSBs do with this Data?



<http://www.hretdisparities.org/>

What will CO Do with this Information?

- ✘ Use data, in addition with other information, to publish an annual analysis of mhmrzas services to minority communities and create recommendations to the General Assembly and other entities for additional funding, programs, and services.
 - ✘ Develop system-wide capacity building related to specific patient populations
 - ✘ Target quality issues more efficiently and effectively.
 - ✘ Identify need and recommend solutions for system-wide language access frameworks
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What will CO Do with this Information?

- ✘ Use data to strengthen applications to access federal and private dollars to promote and provide culturally appropriate services to communities of color.
 - ✘ Provide technical support in effort to make adaptations to Evidence-Based practices for communities of color.
 - ✘ Link to patient satisfaction measures and recommend appropriate resource allocation decisions.
 - ✘ Comply with Civil Rights Laws.
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