REAL Data Collection Q&A

FREQUENCY OF ASKING ABOUT RACE, ETHNICITY & LANGUAGE

Do we need to ask race, ethnicity and language for each visit if it was given by the patient on the first visit?

Response: Patients do not need to be asked their race, ethnicity and language every time they visit the hospital. However, hospitals should have a system to ask patients every six months or year, as this information may change over time. Hospitals also need to ask patients this information after the first visit if the patient was not able to answer these questions when they first visited the hospital (i.e., they were unconscious, etc.)

PAPER-BASED VS. VERBALLY-ADMINISTERED QUESTIONS

Should questions on patient race, ethnicity and language be asked verbally or with the help of a form?

Response: Questions can be asked either verbally or through a paper form, as hospitals vary in how and when these questions are asked of patients.

DATA COLLECTION & STAFF BURDEN

How much extra time does collecting this data add to the admission process? How do you justify this collection of more in-depth race/ethnicity/language data to an admissions staff that is already very busy?

Response: Research conducted by Dr. Romana Hasnain-Wynia and colleagues found that asking patients questions on race, granular ethnicity and language took an average of 37 to 48 seconds. This should not pose a heavy burden on hospital admission and registration staff. The findings of this study were published in the American Journal of Public Health: https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2005.062620

ADDRESSING STAFF RELUCTANCE TO ASK QUESTIONS

Many registration staff who have held this role for years “assume” the race/ethnicity and language spoken, rather than asking the patient. They are embarrassed to ask patients these questions.

Response: Staff training is critical to ease discomfort regarding asking patients questions about their race, ethnicity and language. When admissions/registration staff understand why these data are collected and why patients need to self-report this information, staff discomfort is minimized.

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REAL Data Collection Q&A

RACE VS. ETHNICITY

Why is "Hispanic/Latino" not considered a race?

Response: The Office of Management and Budget (OMB) defines "race" as the five broad continental racial categories — White/Caucasian, Black/African American, American Indian/Alaskan Native, Asian, and Native Hawaiian and Other Pacific Islander. Hispanics and Latinos may have origins in one or more of these racial categories. Oftentimes, Hispanics and Latinos do not see themselves reflected in the racial categories and respond by indicating "Other" or by stating that they already responded to the question (by answering the ethnicity question).

What is the difference between race and ethnicity? What does a Caucasian with Hispanic grandparents report?

Response: Race is defined by OMB as the five broad continental races. In 2009, the IOM Report on the Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement defined "ethnicity" as ancestry, distinguishing it from country of origin. Per OMB's definitions of race and ethnicity, a Caucasian person with Hispanic grandparents could answer "yes" to the Hispanic ethnicity question and "White" to the race question. However, their answer would depend on how they perceive themselves.

"OTHER" VS. "UNKNOWN"

What is the difference between "other" and "unknown" race and ethnicity?

Response:
The "Other" category is reserved for:
- Any possible options not covered in the categories provided in the sample race and ethnicity questions.
- Patients who cite more than one race and primary race cannot be determined.

"Unknown" is limited to two scenarios:
- This category includes patients who cannot or refuse to declare race.
- If the patient's race is not recorded in the patient's medical record, the patient's race should be reported as Unknown.

REAL Data Collection Q&A

OBSERVATION VS. SELF-REPORTED RACE, ETHNICITY & LANGUAGE

If a patient states one race, but they obviously look like another, how do you handle that?

Response: Self-reported information trumps what would be reported by observation. We have to respect information that is self-reported by patients, regardless of what is observed by staff.

If a patient refuses to disclose their race, are hospital staff prohibited from entering a race based on observation?

Response: Hospital staff should not record a patient's race based on observation, and should not push the issue with patients who do not wish to answer this question. If a patient refuses to disclose their race, the "Declined" or "Patient Refuses to Answer" choices should be marked. These patients should be reported as "Unknown."

If the patient is speaking to hospital staff, and is able to hold a perfect conversation in English, should we simply put English for the language, or should we always ask the patient? Is it important to find that a patient's primary language is Spanish, for example, even though they can hold a conversation in English?

Response: The gold standard is self-report. Hospital staff should ask the patient what language they feel most comfortable in speaking with a doctor or nurse, instead of relying on observation. Some patients who are bilingual may still want to communicate in a language other than English. Some hospitals may choose to also ask what language patients feel most comfortable in receiving written medical information, as some people can speak, but not read, English well.

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