

Please Support HB 2134/ SB 168

Establishing Uniform Standards for Race, Ethnicity & Language Data *Better Service Delivery, Improved Outcomes, Lower Costs*

It's Time for Oregon to Improve the Delivery of Health & Human Services

Today, too many Oregonians face barriers to adequate health care and basic human services. We know that in spite of our best efforts, there are real differences in the health/human services outcomes in different communities. We need consistent and accurate data to help us tailor health and human services to improve outcomes for communities facing disparities and to save precious resources in these budget-strapped areas.

Consistent Data Collection: One Small But Important Step

Collecting more detailed and specific data would make health and human services more targeted, efficient and effective leading to improved client outcomes.

- Accurate information on race, ethnicity and language gives providers the tools they need to refine and improve the quality of care for their patients and clients
- Uniform standards provide clarity, stability and consistency of the data pool and improve the ability of providers and policy-makers to address existing and emerging disparities

Best Practices in Addressing Disparities Should be Consistent, Accessible, Transparent

Oregon is a national leader in improving quality of care in health and human services through innovation. Creating and institutionalizing best practices in data collection for Oregon's diverse populations would make those results available throughout Oregon and other states.

HB 2134/ SB 168 will:

Require the Oregon Health Authority and Department of Human Services to engage community stakeholders in creating new uniform standards for the data collection of race, ethnicity, and language.

Ensure standards are updated based on local, state and national best practices.

- Maintain compliance with evolving national standards and take advantage of meaningful use of incentives
- Allow health providers to identify costly health disparities
- Increase effectiveness in providing culturally and linguistically appropriate care

Please Join Oregon's Leading Advocacy and Health Organizations Working to Address Disparities in Health & Human Services in Supporting HB 2134/SB 168



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Supporters of HB 2134/SB168: Improved Data Collection for a Healthy Oregon

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|---|---|
| 211 Info | Metropolitan Alliance for Common Good |
| AARP Oregon | Micronesian Islander Community |
| African Women's Coalition (AWC) | NARAL Pro-Choice Oregon |
| Asian Pacific American Network of Oregon (APANO) | Oregon Action |
| Basic Rights Oregon (BRO) | Oregon Center for Public Policy (OCPP) |
| Benton Linn Health Equity Alliance | Oregon Commission on Asian and Pacific Islander Affairs |
| Cascade AIDS Project | Oregon Health Equity Alliance (OHEA) |
| CAUSA Oregon | Oregon Latino Health Coalition |
| Center for Intercultural Organizing | Oregon Law Center |
| Chinese Citizens Benevolent Association | Oregon Primary Care Association |
| Coalition of Communities of Color | Oregon Public Health Institute |
| Disability Rights Oregon | SEIU 49 |
| Elders in Action | SEIU 503 |
| Hacienda CDC | Taiwanese Association of Greater Portland |
| Healthy Oregon Partnerships for Equity (HOPE Coalition) | Tobacco-Free Coalition of Oregon |
| Latino Network | Upstream Public Health |
| Let's Talk Diversity Coalition | Urban League of Portland |
| Main Street Alliance of Oregon | |

HB 2134

Uniform Standards for Race, Ethnicity & Language Data Better Service Delivery, Improved Outcomes, Lower Costs



In Oregon, health and human services providers have race and ethnicity information that look like the top two rows: OMB 1977 and OMB 1997.

We'd like to see demographic data that looks like the 2000 Census or even the Oregon Quality Corp report from 2010, with the goal of representing all Oregonians.

Join us in ensuring that all Oregonians have access to the healthcare they need to be healthy. This information will allow health and service providers to review and improve quality of care and remove costly barriers for Oregonians.

We must act now to secure Oregon's future health.

OMB 1977	White	Black	Asian/PI	American Indian/ Native	Latino	
OMB 1997	White	Black	Asian	Pacific Islander	Am Indian/ Ak Native	Latino
OHA/REAL Data Policy 2011	White	Black	Asian	Pacific Islander	Am Indian/ Ak Native	Latino
Census 2000 and 2010	White	Black/ African American	Indian	Native Hawaiian	Native, add name of principal tribe	Latino
			Chinese	Guamanian/ Chamorro		Mexican
			Filipino	Samoan		Puerto Rican
			Japanese	Other PI		Cuban
			Korean			Other Latino
			Vietnamese			
			Other Asian			
			Asian-Indian	Burns Paiute		
			Burmese	Coos, Lower Umpqua, Siuslaw		
			Burmese- Karen	Grand Ronde		
			Cambodian	Siletz		
			Chinese	Umatilla		
			Filipino	Warm Springs		
			Hmong	Coquille		
Tibetan	Cow Creek Umpqua					
Pakistani	Smith River					
Japanese	Cowlitz					
Korean						
Laotian						
Mien						
Thai						
Vietnamese						
Belorussian	English	African- American	Central African Republic	Asian-Indian	Mexican	
Bosnian	French	Cuban	Congolese	Burmese	Mixtec	
Croatian	German	Haitian	Brundi	Burmese- Karen	Purepucha	
Czech	Irish	Other	Ethiopian	Karen	Kanjobal	
Georgian	Italian		Somalian	Cambodian	Triqui	
Kosovar	Scottish		Somalian-Bantu	Chinese	Zapotec	
Moldavan	Other		Sudanese	Filipino	Cuban	
Polish			Nigerian	Hmong	Guatemalan	
Romanian			Other country of origin	Tibetan	Honduran	
Russian				Pakistani	Puerto Rican	
Ukranian				Japanese	Other	
Other				Korean		
				Laotian		
				Mien		
				Thai		
				Vietnamese		



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APANO has examined Oregon's data collection policies and has found them to be insufficient and too inconsistent to support the needs of Oregon's diverse communities. In particular, current data collection practices of aggregation is a major concern to our organizations, particularly **aggregating Asian/Pacific Islander into one category**, since this practice has hidden significant challenges for some communities to access educational, health and economic opportunities.

We have held extensive conversations about this issue both internally among our members, and externally with key partners who are concerned about the lack of consistent, accurate and appropriate demographic data that is needed to improve quality, equity and affordability.

We rely on the innovation of the following resources to learn of best practices initiatives in Oregon and nationally.

Oregon Initiatives in Healthcare and Data Collection

Governor's Racial and Ethnic Task Force. "Governor's Racial and Ethnic Health Task Force Final Report." November 2000. <http://www.oregon.gov/oha/oei/docs/tf2000.pdf>.

The Task Force's first recommendation recognizes the lack of sufficient data and asks for additional funding for culturally appropriate data collection to reduce health disparities and become more competitive for grants. "The availability of sufficient data on racial and ethnic communities is key to positioning the state to compete for new sources of funding and determine a level of priority in decision-making processes. The Governor's Office is requested to charge the Department of Human Services with the responsibility to form a Racial & Ethnic Health Data Group that includes state and local government and community partners. The Data Group shall reflect the racial and ethnic diversity of the state... The focus shall be on collecting data that will support the State's efforts to eliminate health disparities in Oregon." (7)

Oregon Health Policy Board. "Oregon's Action Plan for Health" 2010. <http://www.oregon.gov/OHA/Pages/action-plan/index.aspx>.

A key strategy to achieve the goal of health equity is "Doing more to collect and analyze data at the most granular levels of race, ethnicity, national origin, language, ability, sexual orientation, education and literacy level, and occupation will help health systems, community groups, and consumers better understand quality and health outcomes. (p39)

OHA/ DHS. "Policy for DHS and OHA Divisions on Collecting Race, Ethnicity and Language Data" Last revised 7/6/2011. <http://www.oregon.gov/oha/oei/docs/oha-dhs-rel-data-collection-policy.pdf>

Updates OHA and DHS' data collection standards to consistently adhere to standard created by the Office of Management and Budget Standards, 1997.

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Partner for Quality Care. "Creating a Voluntary Standard for Collecting Race and Ethnicity Data." 2010. <http://q-corp.org/wp-content/uploads/2010/08/REL-Report-DRAFT-8-10-10.pdf>.

Community stakeholder process resulting in a unique Oregon set of ethnicities that "roll-up" to federal categories. Local categories have granularity including Eastern European ethnicities, local tribes, Hispanic/Latino ethnicities, and additional Asian and Pacific Islander countries of origin.

National Initiatives in Healthcare and Data Collection

Institute of Medicine. Eds Ullmer, Cheryl, Bernadette McFadden and David R. Nerenz. Race, Ethnicity and Language Data: Standardization for Health Care Quality Improvement. 2009.

<http://www.ahrq.gov/research/iomracereport/iomracereport.pdf>.

Best practices document used by health care credentialing organizations. Informative source for data collection cost, efficacy and accuracy. Cited in Massachusetts, DHHS 2011 schema, Health Research and Educational Trust (HRET) and other analyses.

MN Department of Health, MN Department of Human Services. January 2011. "Collection of Racial/ Ethnic Health Data by the Minnesota Departments of Health and Human Services."

<http://www.health.state.mn.us/ommh/publications/raciaethnicdata2011.pdf>

Analysis presented to Minnesota legislature on data requirements to adequately track health disparities, health status in populations.

US DHHS. Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf>. Oct 2011.

All new DHHS surveys will be based on this, which uses the 2010 Census as its race/ ethnicity and language model (shown on the attached document)

Hasnain-Wynia, R., Pierce, D., Haque, A., Hedges Greising, C., Prince, V., Reiter, J. (2007 initial publication, web tool has been updated) *Health Research and Educational Trust Disparities Toolkit*. hretdisparities.org accessed on 11/6/2012.

Best practices on data collection methods, communication, and training to gain accurate data on race, ethnicity and language. Finds culturally appropriate and meaningful ways to increase specificity and increase the rate of response.