Collecting and Using Patient Language Data

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Outline

1. CLAS Standards

2. Collection of Language Data

3. Update on OMB Race/Ethnicity Questions

What are the CLAS Standards?

Created by the Department of Health and Human Services' Office of Minority Health

Released in 2001, updated in 2013

Intended to establish a benchmark for culturally and linguistically appropriate services to improve the health of all individuals

CLAS helps you take into account:

- Cultural health beliefs
- Preferred languages
- Health literacy levels
- Communication needs

CLAS helps make your services:

- Respectful
- Understandable
- Effective
- Equitable

The National CLAS Standards gives your health organization action steps for providing CLAS. They offer guidance in the areas of:

Governance, Leadership, and Workforce

Communication and Language Assistance

Engagement, Continuous Improvement, and Accountability

Communication & Language Access

5
Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6
Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7
Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8
Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Definitions

TRANSLATORS

work with the written word, transferring text from a source language into a target language.

INTERPRETERS

work with the spoken word, transferring speech from a source language into a target language.

Are these mandatory?

According to the OMH and HHS:

"Although the enhanced National CLAS Standards are not statutory or regulatory requirements, failure by a recipient of Federal financial assistance to provide services consistent with Standards 5 through 8 (Communication and Language Assistance Standards) **could result in a violation of Title VI of the Civil Rights Act of 1964** and its implementing regulations (42 USC 2000d et seq. and 45 CFR Part 80)."

Barriers to Professional Interpretation

Cost

Questions about quality of interpretation

Unaware of resources

Perceived increase in length of visit

Difficulty finding interpreters for less common dialects

Resources

ASL translation - https://www.signlanguage.com/

The Language doctors (Interpretation and Translation) - https://thelanguagedoctors.org/

Voyce (Medical Interpretation) - https://web.voyceglobal.com/

The Interpreter Network at the Spring Institute - https://interpreternetwork.springinstitute.org/

Colorado Language Connection - https://www.coloradolanguageconnection.org/interpreting

Burden of interpretation on family

"I think one of the biggest issues for me was that I started at 13 years old, and it was hard to understand a topic like diabetes and high blood pressure at that age."

- DFM student employee sharing interpretation experiences between family and healthcare

How to Collect Language Data

Example script

"We want to make sure that all our patients get the best care possible. We're going to ask you some questions regarding language so that we can review the best treatment that our patients can receive and make sure that **everyone of every background gets the highest quality of care**. We'll keep this information confidential and will update it in your medical record."

OR

"We are going to ask you about the language(s) that you speak and understand. If you prefer a language other than English, we will try to find someone to speak to you in your preferred language about your health.

The only people who see this information will be members of your care team and others who are authorized to see your medical record. Your answers will be confidential."

How to Collect Language Data

How well do you speak English?
- Very well
- Well
- Not well
- Not at all

Would you like an interpreter?
- Yes
- No
- Declined
- Unavailable

What language do you feel most comfortable speaking with your doctor or nurse?

In which language would you feel most comfortable reading medical or healthcare instructions?

Provide a list of languages reflecting languages spoken in the practice's community

Maintaining an Equity Mindset

WHAT DO YOU WANT TO GET FROM YOUR CATEGORIES?

- Who is this data / analysis being developed for?

- What is the usefulness? How is it going to be used to create change?

- How is showing disparities, differences, equity gaps in alignment with that purpose?

WHAT ARE THE CONSEQUENCES OF YOUR CATEGORIES?

- Are we enforcing a particular language as the norm (Who's lived experience is privileged/prioritized?)

- Are we paying attention to the power dynamics of the way we are collecting and using data

Remember: Those constructing the question decide who's going to get a good fit, who is exposed to risk, who benefits

OMB Standards for Federal Data on Race and Ethnicity

§ OMB initially developed the Statistical Policy Directive No. 15 (SPD 15) in 1977 to enforce civil rights laws

§ Revised in 1997 (Select multiple race selections, Asian and Pacific Islander categories are disaggregated, and "Hispanic" was changed to "Hispanic or Latino"

§ Summer 2024 revisions – more disaggregation for race and ethnicity, and potentially combining the race and ethnicity question

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NIH Inclusion Outreach Toolkit: How to Engage, Recruit, and Retain Women in Clinical Research

| WELCOME ▼ | NIH POLICIES ON INCLUSION ▼ | RECRUITMENT ▼ | HUMAN SUBJECTS PROTECTIONS ▼ | OTHER RELEVANT FEDERAL POLICIES ▼ |

Office of Management and Budget (OMB) Standards

The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (OMB Statistical Policy Directive No. 15) define minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting.

The race and ethnic categories are presented as separate questions, and individuals can select multiple racial categories. The OMB standards have one category for ethnicity—Hispanic or Latino—and five minimum categories for data on race. Click here for a further breakdown of each ethnic and racial group.

- **Ethnic Categories**
  - Hispanic or Latino

- **Racial Categories**
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

Proposed Example for Self-Response Data Collections: Combined Question with Minimum Categories

What is your race or ethnicity?
*Select all that apply **AND** enter additional details in the spaces below.*
Note, you may report more than one group.

☐ **WHITE** – *Provide details below.*

☐ German ☐ Irish ☐ English
☐ Italian ☐ Polish ☐ French
Enter, for example, Scottish, Norwegian, Dutch, etc.
[ ]

☐ **HISPANIC OR LATINO** – *Provide details below.*

☐ Mexican or Mexican American ☐ Puerto Rican ☐ Cuban
☐ Salvadoran ☐ Dominican ☐ Colombian
Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.
[ ]

☐ **BLACK OR AFRICAN AMERICAN** – *Provide details below.*

☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali
Enter, for example, Ghanaian, South African, Barbadian, etc.
[ ]

☐ **ASIAN** – *Provide details below.*

☐ Chinese ☐ Filipino ☐ Asian Indian
☐ Vietnamese ☐ Korean ☐ Japanese
Enter, for example, Pakistani, Cambodian, Hmong, etc.
[ ]

☐ **AMERICAN INDIAN OR ALASKA NATIVE** – *Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc.*
[ ]

☐ **MIDDLE EASTERN OR NORTH AFRICAN** – *Provide details below.*

☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Moroccan ☐ Israeli
Enter, for example, Algerian, Iraqi, Kurdish, etc.
[ ]

☐ **NATIVE HAWAIIAN OR PACIFIC ISLANDER** – *Provide details below.*

☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese
Enter, for example, Palauan, Tahitian, Chuukese, etc.
[ ]

What is your race or ethnicity?
Select all that apply.

☐ White
☐ Hispanic or Latino
☐ Black or African American
☐ Asian
☐ American Indian or Alaska Native
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander

https://bit.ly/3LN9GuQ

PLEASE TAKE A FEW MINUTES TO COMPLETE THE EVALUATION!

PEDIATRIC PARTNERS
Glenwood Springs

Pediatric Partners at Valley View

- Glenwood Springs, CO
- EHR: Office Practicum
- Pediatricians: Dr. David Brooks, Dr. Ellen Brooks, Dr. Galka, Dr. Gardner, Dr. Loveless-Hoffman, Dr, Martin, Dr. Stevenson
- Active Patient Population: 5550

ISP Inclusivity and Equity Milestones

- IE1: Practice leadership incorporates health equity into quality improvement initiatives

    Action Item: Health equity is considered and included in practice AIM statements and goals

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- IE2: Practice develops and implements a process to routinely gather and update patient demographics information, including race, ethnicity, language and communication needs, sexual orientation and gender identity.

    Action Item: Practice identifies fields in Electronic Health Record (EHR) where patient demographics can be captured

    Action Item: Practice develops a standardized process to capture and/or update demographic data at each patient visit

- IE3: Practice includes consideration of patient demographics and health equity in quality improvement efforts.

    Action Item: Practice understands baseline capture rate of these patient demographics and uses that data to drive practice quality improvement work

    Action Item: Practice stratifies performance on clinical quality measures by collected patient demographics to identify disparate outcomes if they exist

- IE9: The practice identifies and addresses equity issues impacting patient access to care including telehealth services

    Action Items: Practice undertakes a comprehensive, critical examination of policies to identify clinic policies and procedures that create avoidable barriers to care

Resources and Communications available in Spanish

- What communications are sent to patients who are due or overdue for Well Child Checks?

- Are we collecting data from the patient regarding preferred language?

- What are the practices current WCC rates?

- Are due or overdue WCC different for English speaking patient's vs Spanish speaking patients?

- Does preferred language affect no show rates?

Project Aim
Our aim is to decrease the percentage of patients past due for Wellness Visit-Targeting Spanish speaking population in the next year
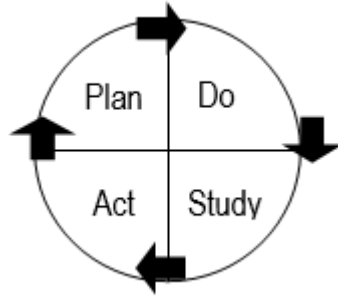
- Translate reminders scripts into Spanish
- Pull preferred language reports monthly
- Send reminders in patient's preferred language
- Unknown sent in English

	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	3877	1161	321
Due for Preventative Visit	1222 31%	407 35%	124 38%
No Show Rate (July total 60)	45	15	
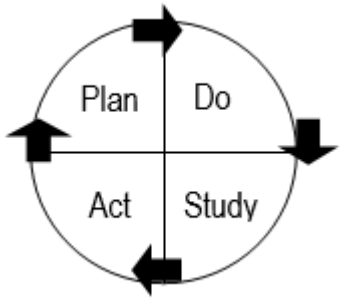
PDSA Cycle 1 Data
January 2023

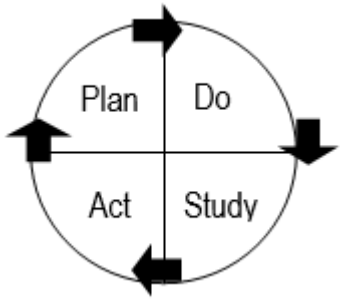|	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	3969	1266	401
Due for Preventative Visit	1414 35.6%	490 38.7%	168 41.8%

PDSA Cycle 2
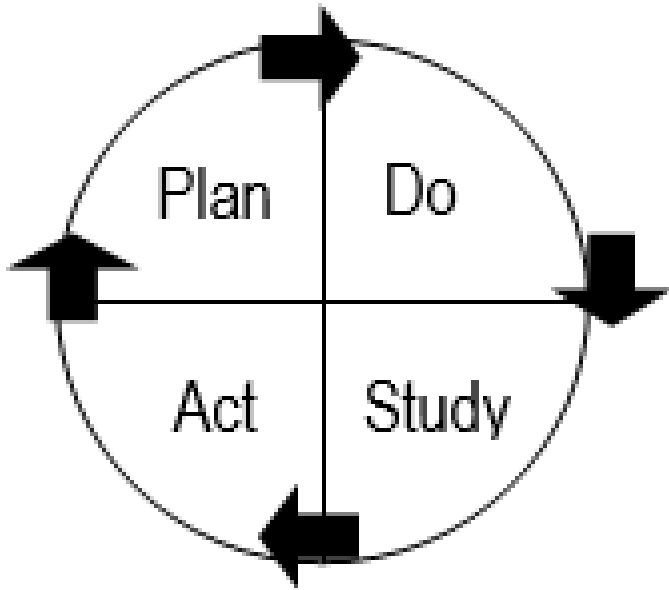
Testing Cycle:

2/1/23-5/1/23

- Train registration staff to follow workflow of collecting preferred language from patient upon check in and document in chart

- Staff will run report identifying patients with unknown language preference and categorize accordingly (chart review, patient documents)

- Practice will resume number of well visit slots available prior to RSV/COVID surge in Q4 2022

PDSA Cycle 2 Data
Baseline Data 1/30/23
Cycle 2 data 4/20/23

	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	3969	1266	401
Due for Preventative Visit	1414 35.6%	490 38.7%	168 41.8%

	English Language Preference	Spanish Language Preference	Unknown/ Not Answered
Active Patients	4315	1367	2
Due for Preventative Visit	1475 34.1% (-1.5%)	489 35.7% (-3.0%)	N/A

Health Equity PDSA Suggestions

Look at the quantitative data

- What is the practice's demographic make-up?

- Do you have a workflow to collect patient demographic information including race, ethnicity and preferred language?

- Are you collecting data on language preference? Can it be documented in a structured data field?

- Use of interpretive services data collection. Are these services captured in a structured data field that can be analyzed?

Examine Current State

- Patient resources available in languages other than English

- Is the website accessible for patients who do not speak English?

- Do patients use the patient portal? If so, can they receive information in their preferred language?

- Are you sending patient reminders or communications from your EMR via text or email? If so, are they translated into patient's preferred language?

Start planning a small test of change to implement into your practice

PDSA cycle diagram: Plan, Do, Study, Act