

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-20-088

Issue date: 10/12/2020

UPDATED #2

Topic: Protective Services

Due date:

Subject: APS Demographic Data Collection

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

Effective upon release of this transmittal, please begin entering data for all Alleged Victims **for which an investigation is being conducted** (does not apply to intakes closed at screening) in the following fields, all located in the Person Record in the Centralized Abuse Management (CAM) system:

- For all cases, Primary Racial or Ethnic Identity (Detail Section) and Tribe if appropriate.
- For all cases, Preferred Spoken Language (Communication Details)
- If the individual answers that they have a disability, Select Physical Disability checkbox (Eligibility Information) and associated disability details (Health Information).

To obtain this information, discuss directly with the individual or family member.

Resources:

The REALD Desk Guide (attached) is a guide that may be used in having these conversations with consumers of APD services. Note that individuals have the right to

decline to provide this information and CAM allows for this selection.

The REALD Response Matrix located at:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721b.pdf?CFGRIDKEY=LE%207721B%2c7721%2cREALD%20Implementation%20Guide%202018-11-28%2cle7721B.pdf%2c%2c%2c%2c%2c%2c%2c%2c%2c%2c/DHSForms/Served/%2c%2c/DHSForms/Served/>

The OWLS REALD page located at <https://dhsoha.sharepoint.com/teams/Hub-DHS-OEMS/SitePages/REaLD-Data-Standards.aspx>

Reason for action:

- Being aware of this information is fundamental to an informed investigation and meaningful interventions for alleged and substantiated victims of abuse.
- APS is preparing through incremental steps for full implementation of REALD into our systems as required by statute. With training, increased experience in interviewing for demographic data and familiarity with REALD we will be better prepared.
- House Bill 2134 was passed by the **Oregon** legislature in 2013. HB 2134 required DHS and OHA to develop a standard for collection of race, ethnicity, language, and disability (REALD) data. Oregon Administrative Rule, Chapter 943, creates the standards required by statute, applies to OHA, DHS and its contractors, and can be read in its entirety at the following link:
<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=4206>
- The Centralized Abuse Management (CAM) system was designed to allow for the collection of this data although these fields were not made mandatory.
- Current data shows that these fields are only being utilized for approximately 15% of the victims of alleged and substantiated abuse* which does not meet legislative or departmental expectations (*includes only cases screened in for investigation, not closed at intake).

Field/stakeholder review: Yes No

If yes, reviewed by: APD/AAA Field Operations and Policy Team Review

If you have any questions about this action request, contact:

Contact(s): APS Technical Assistance	
Phone: 503-400-5671	Fax:
Email: APS.TechAssistance@dhsoha.state.or.us	

REaL+D Desk Guide

SPECIAL INFORMATION

The collection of REaL+D demographic data matters because certain groups of people experience avoidable health inequities and disparity in services. This is one tool that increases our ability to ensure everyone can:

- Have the same access to quality services
- Receive the same level of health care

This guide is meant as a tool and not to replace REaL+D classroom training. It is essential to equitable services that every individual be offered the opportunity to self-identify race, ethnicity, language and disability demographic data. Some of the many reasons are to:

- Understand better the different people, families, and communities we work with or serve
- Identify and eliminate disparities in agency policies and services.
- Guide the development of culturally specific and accessible services,
- Guide equitable allocation of resources to provide customized solutions.
- Ensure positive life outcomes
- Meet federal and state reporting requirements

REaL+D is Oregon law. It **requires** DHS and OHA staff to:

1. Ask the REaL+D questions - however, people are not required to answer
2. Read the language and functional limitations (disability) questions exactly as written. If an individual needs clarification, provide it. If uncertain how to advise, state “I don’t know, let me check” and ask supervisor for guidance.
3. Must **allow individuals to self-report** race, ethnicity, preferred signed, written and spoken language and disability status information. Allow people to respond and use as much of their own description as possible. If a person does not want to answer a question, move on (and code as “decline”) unless required by federal law for staff to complete if the individual chooses

REaL+D QUESTIONS



During the interview process, the Participant and the Eligibility Worker answer questions about Race, Ethnicity, Language and Disability.



These questions, the wording of which we cannot change, are written in a larger bold font.

REaL+D Introductory Statement:

We are collecting this data to continuously improve our services. This will not impact your services or ability to receive benefits in any way. It is essential to equitable services that every individual be offered the opportunity to self-identify race, ethnicity, language and functional limitation demographic data. We recognize you may not have an answer for every one of these questions, however by answering to the best of your ability, this helps us to provide better services.



Curiosity

Why are you asking me these questions?

Possible Responses

To help us improve fair services, some of these questions may be helpful for your specific situation. We collect the same information from everyone. You have the opportunity to answer or decline to answer.



Resistance

It's none of your business.

I understand why you might feel that way. I am required to ask each individual question. You do have opportunity to answer or decline to answer each individual question. It is important that we have the opportunity to hear from you.





Concern

Will my answers to these questions affect my ability to get services?

Absolutely not! Your responses will not negatively impact your services or ability to receive benefits in any way. They can only help you.



Consent

Participant agrees to continue

Activated Concerns

Asking any question may bring about unanticipated responses and behaviors. This may indicate the person is triggered by the questions. Behaviors may be interpreted as emotional, angry, loud, disruptive, annoyed, or apprehensive. Acknowledge the Participant's feelings or experiences, then refocus on what is happening in the here and now. Also, you can shift to factual questions or take a break.

Possible Responses

Reflections

You're really not happy that we're asking these questions.

It doesn't make sense to you why we'd ask these types of questions

Not all of your family members have the same resident status, and you're worried these questions could affect their ability to live and work in Oregon.



Transitional Question

I think I may have asked a question you're not comfortable with. It's 100% your choice to answer it or not, we ask everyone the same questions as I mentioned.



It may help to repeat the REaL+D introductory statement:

We are collecting this data to continuously improve our services. This will not impact your services or ability to receive benefits in any way. It is essential to equitable services that every individual be offered the opportunity to self-identify race, ethnicity, language and functional limitation demographic data. We recognize you may not have an answer for every one of these questions, however by answering to the best of your ability, this helps us to provide better services.



REaL+D FORMAT QUESTION

Note: If you read the answer categories out loud, read them exactly as listed.

Do you need written materials in an alternate format (Braille, audio recordings, etc.)?

Clarification from Staff May Include:

We provide you with important written information. What works best for you? Do you need an accessible format such as large font, audio files, oral presentation, Braille or others not mentioned? If these are needed, they are provided at no cost to you.



Possible Responses



Confusion
I don't know.

It's OK not to know. Do you want to choose "I Don't Know" as your response?



Resistance
I don't want to answer that.

You have concerns. Can I help you with those? We have found that answering this question helps us help you.



Choice
Participant chooses an answer category.

Additional Question if the Choice is YES

If yes, which format?



Consent
Participant identifies and continues.

REaL+D RACE / ETHNICITY QUESTIONS

We are going to ask you a few questions about race and ethnicity, but before we get into the specific categories – we ask everyone a general question first:



How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Note: Some people use this opportunity to say: Jewish, American, etc. This is totally okay. It's an open-ended question to open up the space before we go to the closed ended categories.

Possible Responses



Collaboration

How should I answer this question?

I can't tell you how to answer the question. Answer however you are most comfortable answering, or however you identify. If you are uncomfortable answering the question, you may decline to answer. If you don't know, you can choose "Unknown" or "I Don't Know".



Confusion

I don't know.

It's OK not to know. Do you want to choose "Unknown" or "I Don't Know" as your response?



Consent

Participant identifies and continues.

REaL+D RACE / ETHNICITY QUESTIONS

How do you identify your racial or ethnic identity? Please check ALL that apply.

Note: If you read the answer categories out loud, it helps to give the general categories first. When a category is chosen, read the subcategories.

Example

Which one or more of the following would you say is your/PERSONS's race?

- American Indian or Alaska Native?
(if yes – read the subcategories)
- Canadian Inuit, Metis, or First Nation?
(if yes – read the subcategories)
- Repeat for other category headings



Note: If the person identifies as Other, probe and find out what that means to the person. Record their response in the text box.

Possible Responses



Generalization
I'm American

I can understand how these questions are both confusing and complex. This question isn't about citizenship, we do citizenship elsewhere. This question is really about where you and your ancestry originated from. As a reminder you can choose as many categories as apply. Are any of these (read main) ones that you would like me to mark for you?





Curiosity

I'm human. Why do you care? We are all human beings.

Thank you, I understand that you feel that way. There is a lot of evidence that people are treated differently based on race or ethnicity. Your responses will help us make sure everyone is treated fairly. **pausing to allow individual to respond**



If they continue to say, *I am human*, or similar:

Yes, I can understand your feelings. Did you want to choose one of the existing categories, fill something in as Other, or decline to answer? As a reminder, you are welcome to choose multiple categories as well.



Collaboration

I was born in X (e.g. Nigeria), but I've really lived here all my life. What should I say?

That is up to you. You can use any term you want. It is fine to say that you are X (e.g. Nigerian).



Collaboration

Can't you tell by looking at me?

We want to get to know you better and how you identify. We don't want to assume anything about how people identify or how they want to describe themselves. As a reminder you are welcome to choose all that apply.





Concern
Who looks at this information?

This will be used for reporting and research purposes only. Your name, date of birth or other personal information are not used for reporting and research. It will not impact your services or ability to receive benefits in any way.



Consent
Participant identifies and continues.

REaL+D RACE / ETHNICITY QUESTIONS

If you selected more than one racial or ethnic identity above, please **CIRCLE/SELECT** the **ONE** that best represents your racial or ethnic identity. If you have more than one primary racial or ethnic identity, please check here:

Possible Responses



Ambivalence
I really can't choose.

Is there one you relate more closely to? If not, you can choose to decline this answer.



Consent
Participant identifies and continues.

REaL+D LANGUAGE QUESTIONS

In what language do you want us to:

- **Speak with you?**
- **Write to you?**

Possible Responses



Curiosity

Why are you asking me about this?

We want to provide you information in a language that best meets your needs. It is essential to fair services and is required by law that every individual be offered language assistance.



Consent

Participant identifies and continues.

REaL+D LANGUAGE QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed.

How well do you speak English?

Possible Responses



Curiosity

Why are you asking me how well I speak English?

We ask this question to ensure everyone receives the best level of service. These questions help us identify and address inconsistencies in social services. It also helps us address inconsistencies in health services and outcomes. It is okay to choose not to answer.



Concern

Are you trying to find out if I am a U.S. citizen?

No, this is definitely not our intention with this question. You should know that confidentiality of what you say is protected by law.



Consent

Participant chooses level and continues.

REaL+D LANGUAGE QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed.

Do you need an interpreter for us to communicate with you?

Possible Responses



Confusion
I don't know.

It's OK not to know. Do you want to choose "I Don't Know" as your response?



Resistance
I don't want to answer that.

I'll just put down that you didn't want to answer, which is fine. You can choose to request an interpreter at any time.



Consent
Participant chooses and continues.

Additional Question if Participant Age 5 and Older Chooses YES

Note: If you read the answer categories out loud, read them exactly as listed.

If yes, what kind of interpreter do you need (pick all that apply)

Possible Responses



Resistance

I decided, I don't want an interpreter.

It's OK to change your mind. Do you want to choose "No", "I don't know", or "I don't want to answer," as your response?



Consent

Participant chooses categories that apply and continues.

REaL+D FUNCTIONAL LIMITATIONS QUESTIONS

People may be curious about why we ask functional limitation questions when they are not applying for disability services.

We ask everyone the same questions to assess whether or not someone has a functional limitation. This information helps us identify and address avoidable differences in access and services.



Note: If you read the answer categories out loud, read them exactly as listed.

Are you deaf or do you have serious difficulty hearing?



Choice

Participant chooses an answer category.

Additional Question if the Choice is YES

If yes, at what age did this condition begin?



Consent

Participant reports and continues.

REaL+D FUNCTIONAL LIMITATIONS QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed.

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Possible Responses



Concern

Will my answers to these questions affect my ability to continue collecting disability benefits?

No. All data collected are confidential. Your responses will have no effect on your ability, or anyone else's ability, to qualify for disability benefits.



Choice

Participant chooses an answer category.

Additional Question if the Choice is YES

If yes, at what age did this condition begin?



Consent

Participant reports and continues.

REaL+D FUNCTIONAL LIMITATIONS QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed

Because of a physical, mental or emotional condition, do you have serious difficulty: a.) Concentrating, remembering or making decisions?

Possible Responses



Clarification

Well, my son has Attention Deficit Disorder (ADD).

Does that cause him **serious difficulty** concentrating, remembering or making decisions?



Alternate Interpretation

My mother is old and forgets to take her medicine sometimes.

(Ask if the limitation is due to condition mentioned in the question and refer to the question at hand.)

Would you say that your mother has **serious difficulty** remembering?



Choice

Participant chooses an answer category.

Additional Question if the Choice is YES

If yes, at what age did this condition begin?



Consent

Participant reports and continues.

REaL+D FUNCTIONAL LIMITATIONS QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed.

Do you have serious difficulty walking or climbing stairs?

For your information only: Anyone who has a prosthetic body part or is required to use an assistive device such as a wheelchair or walker should respond “yes” to this question. This is regardless of how much their difficulty is eased by assistive devices.

Possible Responses



Alternate Interpretation

I have a broken leg.

These questions don't include disabilities that may be temporary, or last for only a few months.



Minimizing

I get around fine with my wheelchair (or other device).

If you didn't have access to your wheelchair (or other device) would you have **serious difficulty** walking or climbing stairs?



Choice

Participant chooses an answer category.

Additional Question if the Choice is YES

If yes, at what age did this condition begin?



Consent

Participant reports and continues.

REaL+D FUNCTIONAL LIMITATIONS QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed.

Do you have difficulty dressing or bathing?

Possible Responses



Curiosity

Why do you ask about difficulty dressing or bathing?

This question helps to identify anyone who has a long-lasting condition that causes serious difficulty with performing ordinary self-care activities by yourself. Difficulty with self-care can include activities such as eating or getting around inside your home.



Alternate Interpretation

Well, my brother never takes a bath.

(Refer to the question where the confusion arose.)

Is it a physical, mental or emotional condition that causes your brother difficulty with bathing?



Choice

Participant chooses an answer category.

Additional Question if the Choice is YES

If yes, at what age did this condition begin?



Consent

Participant reports and continues.

REaL+D FUNCTIONAL LIMITATIONS QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed.

Because of a physical, mental or emotional condition, do you have serious difficulty: b.) Doing errands alone such as visiting a doctor's office or shopping?

Clarification for teenagers: *Doing errands alone* such as going to the mall with friends?

Possible Responses



Curiosity

Why do you ask about errands or shopping?

This question helps to determine if there is a long-lasting condition that causes serious difficulty with performing necessary tasks outside the home by yourself. The type of errands may differ such going to the mall or getting a haircut.



Alternate Interpretation

I have difficulty with errands (or shopping) because I don't have a car.

This question is not to identify people who have transportation difficulties, such as the lack of a car or access to public transportation. (*Repeat the question. Stress that it's not about transportation.*)



Choice

Participant chooses an answer category.

Additional Question if the Choice is YES

If yes, at what age did this condition begin?



Consent

Participant reports and continues.

REaL+D FUNCTIONAL LIMITATIONS QUESTIONS

Note: If you read the answer categories out loud, read them exactly as listed.

Does a physical, mental or emotional condition limit your activities in any way?

Possible Responses



Concern

Why are you asking me about functional limitations? I am not applying for disability services.

We ask everyone the same questions to assess whether or not someone has a functional limitation. This information helps us identify and address avoidable differences in access and services.



Concern

Why are you asking me about functional limitations again?

These functional limitation-related questions were designed to determine who has a functional limitation as a demographic. These questions are broad. They are not used for eligibility purposes.



Consent

Participant chooses an answer category, and continues

Additional Question if the Choice is YES

If yes, at what age did this condition begin?



Consent

Participant reports and continues.

REaL+D ADDITIONAL RESOURCES

*This guide is meant as a tool and not to replace REaL+D classroom training. .

If you need additional support and guidance related to REaL+D, contact Self Sufficiency Training Unit at: SSP.Training@dhsoha.state.or.us

For more detailed information and insight into the methodology of asking demographic data collections questions see: https://www2.census.gov/programs-surveys/cps/methodology/intman/CPS_Manual_April2015.pdf

This document can be obtained in an alternate format for individuals with disabilities upon request by contacting the Self Sufficiency Training Unit at: SSP.Training@dhsoha.state.or.us Available formats are: large print, Braille, audio file, electronic format and oral presentation.