

Strategies for Asking REALD Questions

(Race, Ethnicity, Language and
Disability)

October 16, 2020

While we wait to get started...

- We are recording this webinar.
- To access captioning, click on **captions – show subtitles**.
- For ASL interpreter access, you can “pin” the video on your screen to keep the interpreter view at all times.
- Private chat to Tom Cogswell if you are having technical challenges.
- If your name is not visible / clear, please rename yourself for clarity if possible.

Oregon
Health
Authority

Welcome and structure for today

- Introductions
 - Colin Sanders, Cascade AIDS Project: csanders@capnw.org
 - Marjorie McGee, Ph.D., OHA Equity and Inclusion Division
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 - Belle Shepherd, MPH, OHA External Relations: BELLE.SHEPHERD@dhsoha.state.or.us
 - Tom Cogswell, OHA Transformation Center: THOMAS.COGSWELL@dhsoha.state.or.us
- Structure: Brief Q & A after each section (use Chatbox)
 - Today we focus on **HOW to ask the REALD questions.**
- Next webinar: Using REALD Data to Advance Health Equity. **11/20, noon-1 p.m.**
- **Please hold questions about provider systems, REALD and COVID data.**

Learning objectives

At the end of this training you will be able to:

1. Explain what REALD is, and why it matters
2. Be more effective in collecting high-quality REALD data
3. Be more comfortable asking REALD questions
4. Be more comfortable responding to concerns and questions people may have when you are asking the REALD questions

REALD – What and Why? (Race, Ethnicity, and Language Disability)

- In 2013 [House Bill \(HB\) 2134](#) was proposed and passed.
 - HB 2134 came from communities most impacted by health inequities: Asian Pacific American Network of Oregon (APANO) & Oregon Health Equity Alliance (OHEA)
- Lack of standards = inconsistent and insufficient data collection
 - Can not assess how racism, disablism and lack of language access impact individual and community health
 - Makes services more expensive and less effective
- In 2014 – REALD data collection standards were codified in Oregon Administrative Rules [943-070-0000 through 943-070-0070](#) after an extensive rulemaking advisory process.
 - These rules were recently updated in 2020

Who, when, and where to ask

Strategies for Asking REALD Questions
(Race, Ethnicity, Language and Disability)

Core principles of REALD

- **Active** (decline, unknown) responses
 - Vs. **passive** (system missing) responses
- **Combining race and ethnicity** improves data quality
- REALD is **fluid**.
 - Identities can change over time.
 - People can acquire limitations and/or have temporary limitations.
 - Answers to REALD questions are based on context and relationship with requestor
 - It is important to ask and re-ask the questions on a regular basis (annually for most settings) to capture changes over time and to improve data quality.

Hi, my name is Monica Soni

“ . . . you can identify me as Asian and Black, I rarely check other.

“If . . . they want more information, you can further identify me as Jamaican and (Asian) Indian.”



My name is Anuj Goel

“I don’t know, I’m Indian. Does that make me Asian?”



Daeven and Riyan

Their father said, “I don’t know, I’m Indian and their mom is Norwegian.”

Race/Ethnicity: Asian Indian and Western European



Core principles of REALD – Self-report

“When an individual self-identifies as being from a certain population subgroup, it may also mean that the individual is more likely to have health beliefs, health care use patterns, and perspectives about the health care system that are common to that community.”

- (Hasnain-Wynia & Baker, 2006, p. 1509)

- Self-reporting is:
 - A core principle of REALD, and
 - **The most accurate source** of information
- We do not believe there is just one right response in how people identify or answer the questions.
- Identities and responses to the REALD questions are salient to the person’s lived experiences.

When and where to ask: Make it routine

- Ask at the **same time**, in the **same way as all other demographic information** is collected
 - When filling out intake forms
 - At time of registration (if applicable)
 - At time of application for services (if applicable)
 - At time of renewal of eligibility for services (if applicable)

Technique: The importance of the introductory statement

We ask **everyone** about their race, ethnicity, abilities, preferred language and interpreter needs.

We do so to ensure that **everyone** receives the highest quality of care.

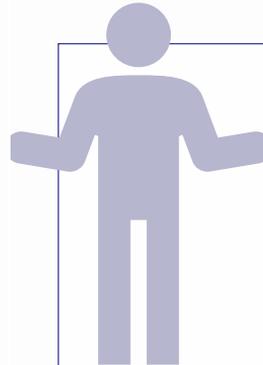
- This messaging helps people understand:
 - Why you are collecting the information
 - How it will (and will not) be used

Technique: Responding to general concerns (neutral)

- If a question activates neutral, not challenging, concerns:



How should I answer this question?



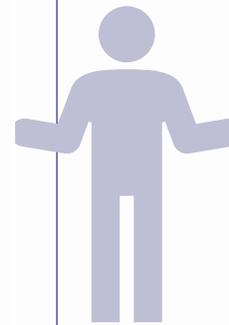
I can't tell you how to answer the question. Answer however you are most comfortable answering, or however you identify. If you are uncomfortable answering the question, you may decline to answer. If you don't know, you can choose "I don't know."

Technique: Responding to emotions

- **If a question activates emotions:**
 - Acknowledge and refocus
 - Share information about the person they can contact about any questions or concerns
 - Shift to factual questions or take a break



It's none of your business.



I understand these questions may bring up some concerns for you. If you have concerns, you can let this person know...

- Let's move on to some other questions. We can come back to these questions later.

Role play modeling with Colin

Strategies for Asking REALD Questions
(Race, Ethnicity, Language and Disability)

Getting started - messaging

Messaging –
why we ask



Race, Ethnicity, Language, and Disability (REALD)



These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and disability background so that we can find and address health and service differences.

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Please contact _____ at _____

Today's Date: _____ Medical record number (if applicable): _____

First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: _____

Note date of
birth here

Race and Ethnicity

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

Open-ended question

2. Which of the following describes your racial or ethnic identity? Please check **ALL** that apply.

Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- Chamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Middle Eastern/North African

- Middle Eastern
- North African

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Other Categories

- Other (*please list*)
- Don't know
- Don't want to answer

39 racial/ethnic identity options

Note - different technique for asking in person, by phone, or virtually

If "Other," write in the description

3. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

- Yes. Please circle your primary racial or ethnic identity above.
- I do not have just one primary racial or ethnic identity.
- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer

Primary race question

Language questions: New question

- Starting next week, a new question will begin the language section.
 - Asked of everyone over age 5
- If the response includes a language **other than** English, then ask the rest of the language questions.
- If the response indicates **English only**, then skip the rest of the language questions.

4. What language or languages do you use at home?

Language questions: Messaging and skip patterns

Language (*Interpreters are available at no charge*)

Please skip to question 7 if the person is under age 5

4a. In what language do you want us to communicate in person, on the phone, or virtually with you?

4b. In what language do you want us to write to you?

5a. Do you need or want an **interpreter** for us to communicate with you?
 Yes Don't know
 No Don't want to answer

5b. If you need or want an interpreter, what type of interpreter is preferred?
 Spoken language interpreter
 American Sign Language interpreter
 Deaf Interpreter for DeafBlind and with additional barriers
 Contact sign language (PSE) interpreter
 Other (*please list*): _____

Skip to question 7 if you are Deaf/deaf and do not speak a language other than English or sign language.

6. How well do you speak English?
 Very Well Not at all
 Well Don't know
 Not Well Don't want to answer

English proficiency question (note additional skip pattern)

Skip patterns by age

All ages answer questions 7 and 8.

Skip 9-13 for children under age 5.

Skip 14-15 for children under age 15.

Not required to directly ask children these questions if they are under age 11 or below 5th grade. Instead, you can ask their parent/guardian/representative.

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.

7. Are you **deaf** or do you have **serious difficulty hearing**?

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? ____

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

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? ____

Please stop now if you/the person is under age 5

9. Do you have serious difficulty **walking or climbing stairs**?

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? ____

10. Because of a physical, mental or emotional condition, do you have serious difficulty **concentrating, remembering or making decisions**?

- Yes Don't know
 No Don't want to answer

11. Do you have **difficulty dressing or bathing**?

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? ____

12. Do you have serious difficulty learning how to do things most people your age can learn?

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? ____

13. Using your **usual (customary) language**, do you have **serious difficulty communicating**, (*for example understanding or being understood by others*)

- Yes Don't want to answer
 No I don't know what this question is asking
 Don't know

If yes, at what age did this condition begin? ____

Please stop now if you/the person is under age 15

14. Because of a **physical, mental or emotional condition**, do you have difficulty doing **errands alone** such as visiting a doctor's office or shopping?

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? ____

15. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

- Yes Don't want to answer
 No I don't know what this question is asking
 Don't know

If yes, at what age did this condition begin? ____

Functional limitations questions: All ages

- Transitioning to these questions **must** have some messaging.
- Response to first question may be:
 - “What was that?” (transitioning/unfamiliar with these questions)
 - Some people are trying to be funny; others just mishear the question.

7. Are you **deaf** or do you have **serious difficulty hearing**?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

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

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

Please stop now if you/the person is under age 5

Disability questions: Ages 5 and older*

9. Do you have serious difficulty **walking or climbing stairs**?

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? _____

10. Because of a physical, mental or emotional condition, do you have serious difficulty **concentrating, remembering or making decisions**?

- Yes Don't know
 No Don't want to answer

11. Do you have **difficulty dressing or bathing**?

- Yes Don't know
 No Don't want to answer

If yes, at what age did this condition begin? _____

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- Yes Don't know
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If yes, at what age did this condition begin? _____

13. Using your **usual (customary) language**, do you have **serious difficulty communicating**, (*for example understanding or being understood by others*)

- Yes Don't want to answer
 No I don't know what this question is asking
 Don't know

If yes, at what age did this condition begin? _____

***Do not need to directly ask children these questions if they are under age 11 or below 5th grade.** Instead, you can ask their parent/guardian/ representative.

Disability questions: Ages 15 and older

Please stop now if you/the person is under age 15

14. Because of a **physical, mental or emotional condition**, do you have difficulty doing **errands alone** such as visiting a doctor's office or shopping?

- Yes
- No
- Don't know
- Don't want to answer

If yes, at what age did this condition begin? _____

15. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

- Yes
- No
- Don't know
- Don't want to answer
- I don't know what this question is asking

If yes, at what age did this condition begin? _____

Let's practice

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Breakout group instructions

- There will be a volunteer in most rooms
 - They will introduce themselves
 - They are there as a resource
- Have handy (on your monitor or printed):
 - Your REALD template, and
 - Guide on how to ask the questions
- Round Robin-Style; 7-8 people in a group; about 10 minutes
 - Pick someone to go first and start asking questions.
 - Start with asking **2 questions** before moving to next person and keep it moving.
- Please be sure to:
 - Not be too easy but also not overly difficult (gentle challenges okay)
 - Make sure everyone gets a chance to ask at least some of the REALD questions
 - Okay if you do not want to ask/answer and just want to listen
 - Take a minute or two to debrief before joining the large group (we will broadcast when to start debriefing)

Debrief from breakout groups

Questions

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Learning sessions

- Next session:
 - **Using REALD Data to Advance Health Equity.** 11/20, noon-1 p.m.
 - Registration: <https://www.eventbrite.com/e/using-read-data-to-advance-health-equity-tickets-120070858169>
- Past sessions: See OHA's REALD web page for slides and recordings.
 - REALD – What and Why (Introduction)
 - Provider-focused webinar on implementing REALD
 - <https://www.oregon.gov/OHA/OEI/Pages/REALD.aspx>

Whom to contact

- For questions on implementing REALD, use of REALD tools and data reporting:
 - Contact Marjorie McGee at marjorie.g.mcgee@dhsosha.state.or.us
- For questions on HB 4212 Collection and Reporting of REALD for COVID-19 encounters:
 - Contact Belle Shepherd at belle.shepherd@dhsosha.state.or.us
- For questions about the electronic data exchange for ELR or eCR for reporting COVID-19:
 - Email to ELR.project@dhsosha.state.or.us mailbox.