
Transformation and Quality Strategy (TQS)

Using REALD and SOGI data in TQS projects

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Agenda

- Why REALD and SOGI
- TQS requirements and mechanics
- REALD repository update
- Examples
- Q&A/discussion

Value of REALD and SOGI

What gets counted, counts!

“Complete and accurate data are essential for tracking how health outcomes and access to high-quality care differ for different racial and ethnic groups and how such differences vary geographically and over time” (Urban Institute, Haley, et al., 2022).

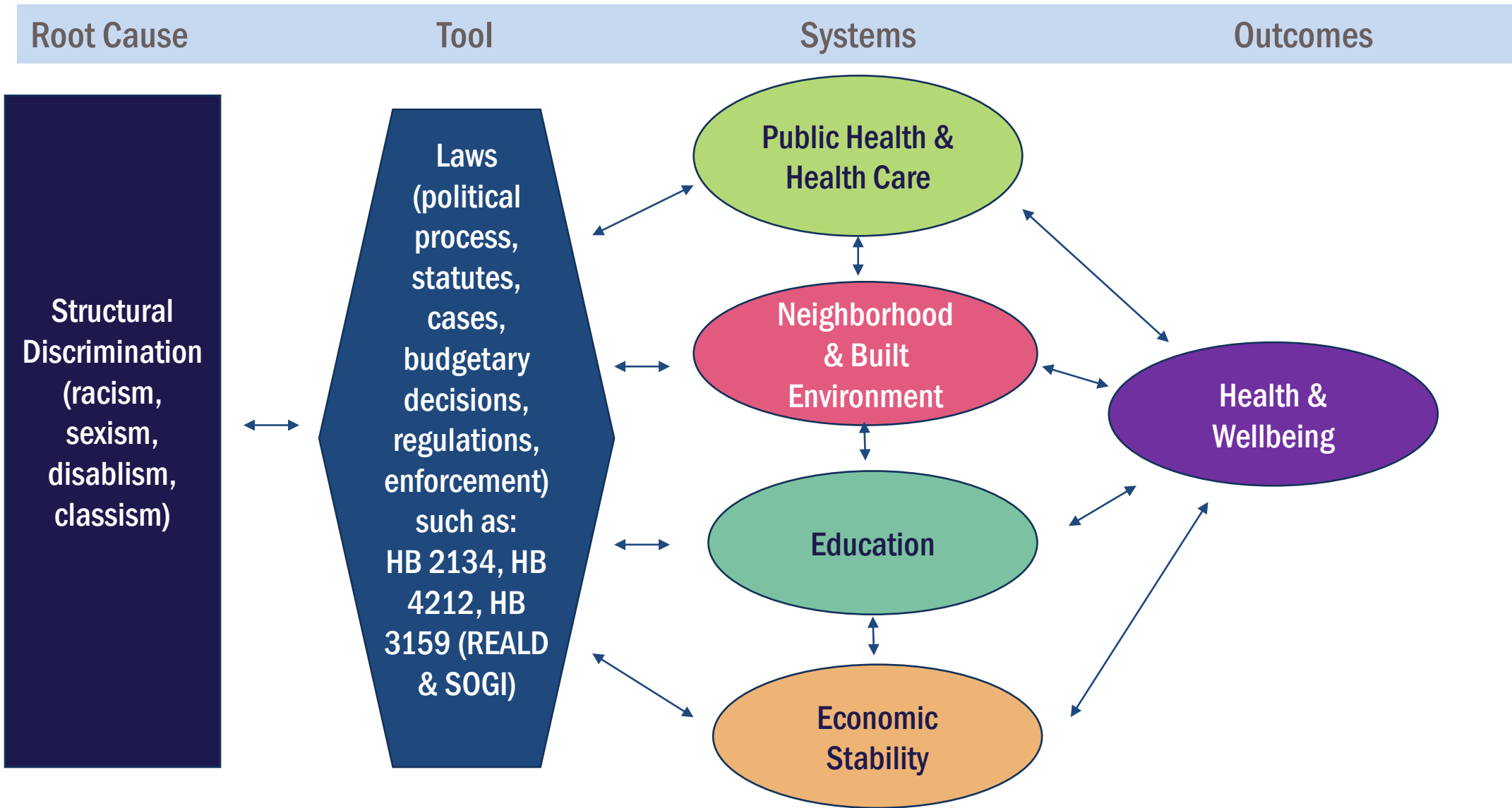
...lack of adequately disaggregated data impacts communities by making "them invisible when policies are made, resources are allocated, and programs are designed and implemented" (Hasnain-Wynia, et al 2012)

OHA Strategic Goal to eliminate health inequities by 2030

The REALD & SOGI categories are proxies of exposure to racism and other systems of oppression.

We must commit to developing systems to collect and use REALD & SOGI to make data informed decisions instead of data driven decisions.

Collecting REALD & SOGI is a manifestation of data justice - REALD & SOGI came from the communities. We **must do data equity** so that communities can do data justice (elevate voices and reveal systemic inequities).



Revised SDOH Framework by Ruqaiijah Yearby [Yearby, R. (2020, September 22). [Structural Racism: The Root Cause of Social Determinants of Health](#). *Bill of Health blog*.]

TQS requirements and mechanics

TQS requirements

Component prior year assessment, project context, monitoring measures

- ✓ **Include REALD data and SOGI data to identify inequities.**
 - ✓ Applies to all member-level data used in the TQS.
 - ✓ Disaggregate data by REALD and SOGI categories.
 - ✓ For SOGI, at a minimum, describe your CCO's plan for using SOGI data to identify and address inequities. SOGI standards will be available through Oregon Administrative Rule in summer 2023.

TQS requirements (cont.)

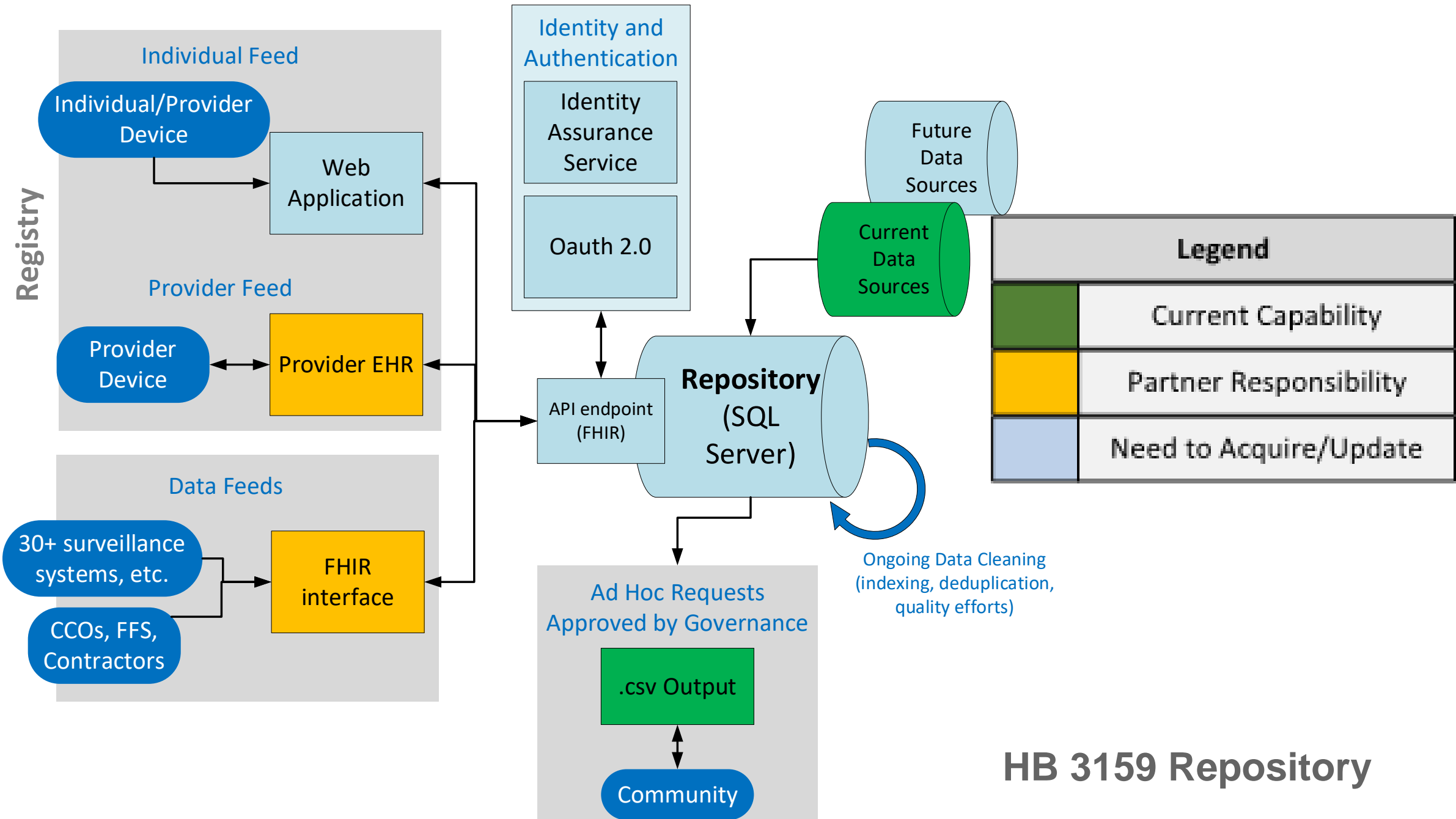
- ✓ If the data comes from an organization that is not collecting REALD, crosswalk to CCO's member-level REALD data.
- ✓ For the SDOH-E component, the REALD requirement is only tied to any CCO member-level data that is involved in the project.
- ✓ If REALD data is not available at the community or population level for the project, the CCO should include activities that support data improvement moving toward REALD and SOGI.

Mechanics – Data Collection and Assessment

- Anyone collecting REALD &/or SOGI directly?
 - How good is it? What can you do to promote?
- What are you doing with REALD data from OHA (834s)?
 - Begin using available data to promote patient-centered care
- If REALD data is not available at the community or population level for a TQS project, what can you do to improve REALD and SOGI data quality and use?
 - Assessment could inform workplan – short term, intermediate, long term
 - Review examples provided

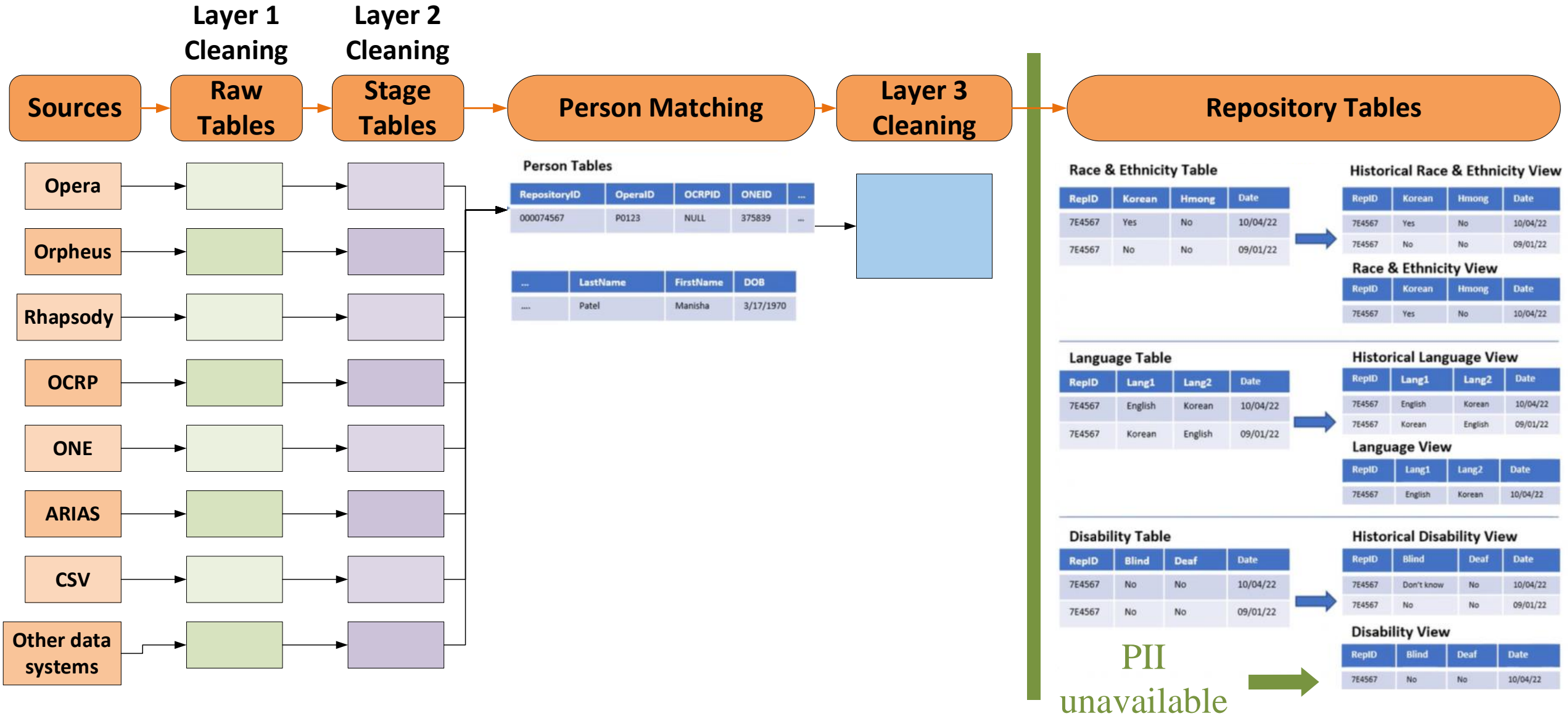
REALD & SOGI initial repository

Brief overview



HB 3159 Repository

Initial Repository Flow Chart



Processing REALD & SOGI data – brief overview

- Three steps used to reduce dupes and process the data for **maximum use to identify and address inequities**
- Most identity (primary race) / Rarest group
 - Why, how, impact
- Cascading primary race to fill in missing lines (and impact)
- Cascading disability based on age acquired
- Cascading language and interpreter need information as appropriate

Rarest race visualized with aggregated data (OMB)



Example – Most Identity/Rarest Group without cascading

ID	Date	Identities selected	Primary Race	Most Identity & Rarest Group
24	10/1/18	African American, Vietnamese, Western European		African American
24	12/1/18	African American, Vietnamese, Western European, Chamorro	African American	African American
24	5/4/20	Declined		
24	10/1/21	African American, Vietnamese		
24	10/1/21	Vietnamese, Chamorro	Chamorro	Chamorro

Example – Most Identity/Rarest Group with cascading

ID	Date	Identities selected	Primary Race	Most Identity & Rarest Group
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24	5/4/20	African American	African American	African American
24	10/1/21	African American, Vietnamese	African American	African American
24	10/1/21	Vietnamese, Chamorro	Chamorro	Chamorro



Cascading Example (Disability)

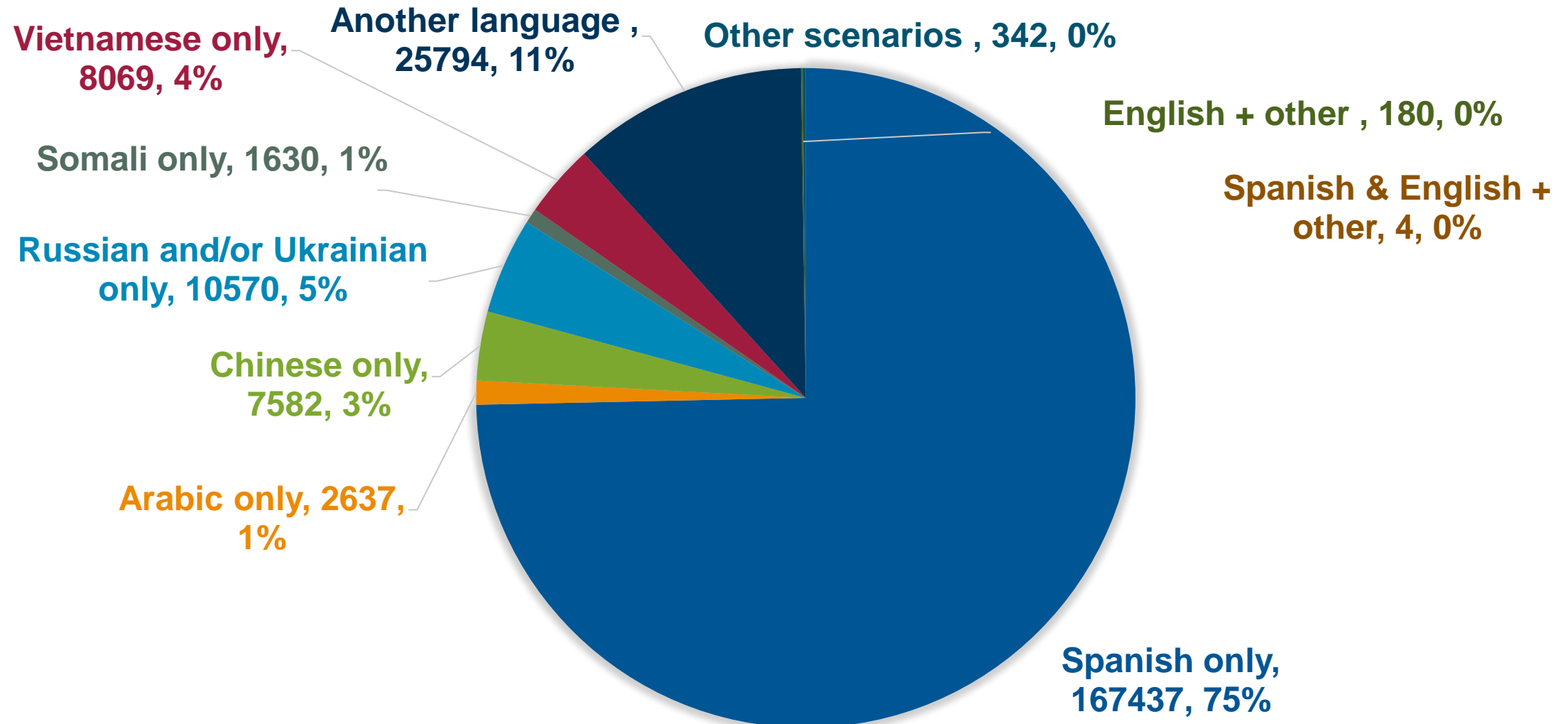
ID	Date	Current age (Maximum age is 16)	Difficulty remembering (DREM) (asked if age 5+)	Age acquired DREM	Difficulty moods (DMHD) (asked if age 15+)	Age Acquired DMHD
24	10/1/10	4				
24	12/1/11	5				
24	5/4/15	9	Yes	Birth		
24	6/2/20	14				
24	7/1/22	16			Yes	10
24	10/3/22	16				

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24	5/4/15	9	Yes	Birth		
24	6/2/20	14	Yes	Birth	Yes	10
24	7/1/22	16	Yes	Birth	Yes	10
24	10/3/22	16	Yes	Birth	Yes	10

Examples

Home languages used at home



Language access

Of those age 5+ and indicated using/preferring other languages in addition to or other than English (most recent record):

- 90% (of 160,500) indicated they did not speak English “Very well”
- 90% (of 180,381) indicated having an language access need of some type
- Of those who answered new question - interpreter type (April 2022; N=78,612):
 - Spoken language interpreter: 71,046
 - Spoken & sign language interpreter: 1,114
 - Sign language (any): 228
 - All other combinations: 35
 - Assist Listening/Captioning: 33

Preferred spoken languages – snapshots of granularity (149 languages)

ACHINESE
ADANGME
AFRIKAANS
AFRO-SEMINOLE CREOLE
ALBANIAN
ALGERIAN ARABIC
ALGERIAN SAHARAN
AMERICAN SIGN
LANGUAGE
AMHARIC
ANTIGUA AND BARBUDA
CREOLE ENGLISH
ARABIC
ARMENIAN
AZERBAIJANI
BANTU LANGUAGES
BELARUSIAN
BENGALI
BO (LAOS)
BOSNIAN
BULGARIAN
BURMESE

BWE KAREN
CAJUN FRENCH
CAKCHIQUÉL-QUICHÉ
MIXED LANGUAGE
CANTONESE (YUE
CHINESE)
CATALAN
CEBUANO
CENTRAL AMERICAN
INDIAN LANGUAGES
CENTRAL PASHTO
CHAMORRO
CHINESE
CHINESE PIDGIN ENGLISH
CHINESE SIGN LANGUAGE
CHUUKÉSE
COATZOSPAN MIXTEC
CROATIAN
CZECH
DANISH
DARI

EASTERN EGYPTIAN
BEDAWI ARABIC
EGYPTIAN ARABIC
EWE
FALAM CHIN
FARSI / PERSIAN
FILIPINO
FRENCH
FRENCH-BASED CREOLES
AND PIDGINS
FULAH
GERMAN
GUADELOUPEAN CREOLE
FRENCH
GUIANESE CREOLE
FRENCH
GUJARATI
GULF ARABIC
HAITIAN
HAKHA CHIN
HAWAIIAN
HEBREW

HINDI
HMONG
HMONG DAW
HMONG NJUA
HUNGARIAN
IGBO
ILOKO / ILOCANO
INDO-EUROPEAN
LANGUAGES
INDONESIAN
IRANUN (PHILIPPINES)
ITALIAN
IU MIEN
JAPANESE
JUDEO-ARABIC
JUDEO-IRAQI ARABIC
JUDEO-MOROCCAN ARABIC
KACHIN
KAPINGAMARANGI
KAREN LANGUAGES
KAZAKH

KINYARWANDA
KOREAN
KOSRAEAN
KURDISH
LAO
LOUISIANA CREOLE
MALAY
MALAYALAM
MAM
MANDARIN (CHINESE)
MARSHALLESE
MAYAN LANGUAGES
MON
MONGOLIAN
MOROCCAN ARABIC
NEPALI
NORTH LEVANTINE ARABIC
NORTHERN KURDISH
NORTHERN PASHTO
NORWEGIAN
OROMO
PALAUAN
PANJABI

Moving from “we don’t have the data” to doing things that advance equity

- Utilizing REALD & SOGI to improve person-centered care
 - Service equity: Determine who are being served
 - Ensure effective interpreter (spoken) and translation (written) services
 - Determine if certain groups of people are underserved
- Current TQS examples:
 - TQS project #4: Increasing the uptake and adoption of MAT services in integrated settings
 - TQS project #5: Improving access to SDOH-E supports for high-risk populations
- Using dashboard visualizations:
 - Health Analytics Metrics Dashboard



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2022 TQS technical assistance

Guidance documents: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Webinar series (October–December)

- ✓ SMARTIE goals (making SMART goals inclusive and equitable): Friday, Dec. 2, 9:30-11 a.m.
 - Register here: https://us02web.zoom.us/webinar/register/WN_PG4GNZegRQ-V3S8XgoPvig
- ✓ All recordings live on TQS TA webpage (link above)

Office hours (November–March)

- ✓ Allows CCOs to ask questions as they develop and finalize their TQS submissions.
- ✓ Offered monthly (first Thursdays).

Feedback on sample project (February)

- ✓ Each CCO may submit one project for feedback prior to final submission (due Feb. 15).

Written and oral feedback for each CCO (early summer)

- ✓ Feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
- ✓ Written assessment with scores; required 60-minute call with OHA.

Resources

REALD/SOGI team: OHAREALD.Questions@dhsoha.state.or.us

OHA TQS leads:

- ✓ Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
- ✓ Anona Gund: Anona.E.Gund@dhsoha.state.or.us
- ✓ Carrie Williamson: Carrie.Williamson2@dhsoha.state.or.us
- ✓ Tiffany Reagan: Tiffany.T.Reagan@dhsoha.state.or.us

All TQS resources, including the templates, guidance document, and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Thank You

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Authority