
REALD Training Part 1


History and Helping Parents with Questions

Center for Health Statistics

October 2021



MS Teams Basics

- Having a camera is not required for the meeting. To turn on/off the camera click on the  icon.



- If you have a question, you can raise your hand, or type in the chat.

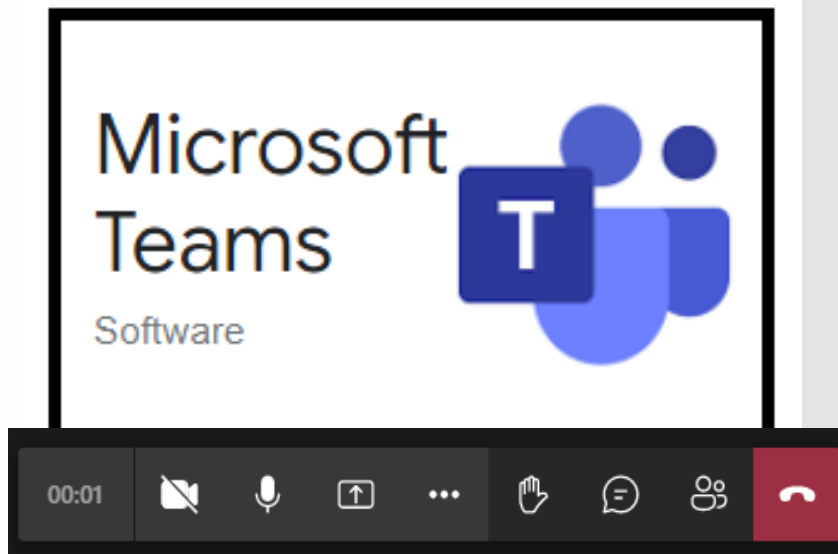


- We will do polls which will appear in the chat. The polls are anonymous.



- Any files attached to the meeting can be accessed by clicking on the files link at the top of the meeting.

Files



2

Today's Agenda

- REALD History
- Why we ask
- REALD Questions
- Helping Parents
- Next Steps

3



REALD (Race, Ethnicity, and Language, Disability)

History

- In 2013 House Bill (HB) 2134 passed and required data collection standards in all programs that collect, record, or report demographic data.
- In 2014, these standards were codified in Oregon Administrative Rules.
- The rules and guidelines were recently updated.
- REALD data collection for birth records will begin on January 1, 2022.



Why We Ask

Important to ensure access and equity

With REALD data, together we can:

- Improve client/patient services and reduce inequities.
- Identify inequities.
- Address identified inequities.
- Reallocate resources and funds needed to effectively address these inequities.
- Design culturally appropriate and accessible interventions.

5

Question Types

REALD Questions:

- Race and Ethnicity
- Language(s)
- Functional Limitations



6

Race and Ethnicity

REALD Questions:

- Race and Ethnicity-
Text field that parents write in.
- 40 check boxes to select racial or ethnic identity.
- Option to specify if race/ethnic identity not listed.
- Can select primary racial/ethnic identity if more than one checkbox is selected.



Language(s)

REALD Questions:

- Language(s) spoken at home
- Preferred language(s) for communication with someone outside the home and reading written information
- How well the parent/second parent speaks English



Functional Limitations

REALD Questions:

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing
- Serious difficulty walking or climbing stairs
- Because of a physical, mental, or emotional condition-serious difficulty concentrating, remembering, or making decisions
- Difficulty dressing or bathing



Functional Limitations continued

REALD Questions:

- Difficulty learning things most people your age can learn
- Serious difficulty communicating in parents' usual language
- Difficulty doing errands alone due to a condition
- Serious difficulty with the following: mood, intense feelings, controlling one behavior, delusions or hallucinations



Helping Parents with Questions

Explaining REALD to parents

- Parents can decline to answer the questions.
- However, answering questions is important so we can improve data regarding health access and equity.
- Information is confidential and doesn't appear on the birth certificate.



11

Example Questions and Responses

Question

Why are you asking me all these questions?

Responses

These questions were designed to help us identify and address avoidable differences in social services and health. We collect the same information from everyone.

We ask everyone about their race, ethnicity, preferred language and functional limitations. We do so to ensure that everyone receives the highest quality of care.

Example Questions and Responses

Questions

Responses

How should I answer this question?

You should answer however you are most comfortable answering or however you identify. If you don't know you can choose "I don't know".

This information is none of your business.

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

General Questions and Responses

Questions

Responses

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. All information is confidential.

Who looks at this information?

This will be used for reporting and research purposes. Your name, date of birth or other personal data are not used for reporting and research.

Racial/Ethnic Questions and Responses

Questions

Responses

Are you trying to find out if I'm a U.S. Citizen?

No, definitely not! The confidentiality of what you say is protected by law.

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.

Can I put down Human or American?

You can choose any of the existing categories or fill in something under "Other Specify" or you may decline to answer.

Racial and Language Questions and Responses

Questions

Responses

Why are you asking me to choose a primary racial or ethnic identity?

Many people have more than one racial or ethnic identity. Is there one you relate more closely to? If not, you can choose Biracial or Multiracial.

Why are you asking me how well I speak English?

These questions help us identify and address inequities in health services and outcomes. It is OK to choose not to answer.

Functional Limitations Questions and Responses

Questions

Responses

Why are you asking questions about functional limitations?

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

What do you mean by serious difficulty?

Refer to the question they are asking and ask if the condition causes them serious difficulty performing the tasks mentioned.

What if I don't know when the condition began?

You can put down your best guess. If you have had the condition since birth or before age one enter "0".

REALD Resources

- REALD Handout for parents
 - [English](#)
 - [Spanish](#)
- REALD Video
- REALD Responses Matrix
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721b.pdf>
- OHA website for REALD
<https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>
- CHS website for REALD
<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERTALRECORDS/Pages/REALD.aspx>



18

Worksheet Preview

Race or Ethnicity:

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

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
- Cuban
- Puerto Rican
- Other Hispanic or Latino/a/x

Specify _____

Native Hawaiian and Pacific Islander:

- CHamoru (Chamorro)
- Marshallese
- Communities of Micronesia Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

Specify _____

White:

- Eastern European
- Slavic
- Western European
- Other White

Specify _____

American Indian and Alaska Native:

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

Specify Tribe(s) _____

Black and African American:

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

Specify _____

- Other Black

Specify _____

Middle Eastern/North African:

- Middle Eastern
- North Africa

Asian:

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

Specify _____

- Not listed please specify:

Opt out options:

- Don't know
- Don't want to answer

Page 2 of 5

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

- Yes: If Yes, Please circle your primary racial or ethnic identity from the choices listed on page 1 of the worksheet.
- 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.
- Don't know.
- Don't want to answer.

19

Worksheet Preview

MOTHER FUNCTIONAL LIMITATIONS						
Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.	Yes	*If yes, at what age did this condition begin? Write in "0" if since birth to age 1.	No	Don't know	Don't want to answer	Don't know what this question is asking.
Are you deaf or have serious difficulty hearing ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you blind or have serious difficulty seeing , even when wearing glasses?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have serious difficulty walking or climbing stairs ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have difficulty dressing or bathing ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have serious difficulty learning how to do things most people your age can learn ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using your usual (customary) language , do you have serious difficulty communicating (for example understanding or being understood by others)?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer only if age 15 years and older.</i> Because of a physical, mental, or emotional condition , do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Answer only if age 15 years and older.</i> Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20

What's Next?

Training for REALD part 2.

- Will cover Parent Worksheet updates and OVERS changes.
- Training in early December



21

Contact Information

Kathy Ellis Vital Records Trainer

503-943-0405

Kathy.Ellis@dhsoha.state.or.us

- Take survey for today's training

22



**We appreciate your
participation**

thank you!

23