

# **Oregon Public Health Division**

## **REALD Reporting**

### **CSV Format for REALD Reporting**

### **Implementation Guide**

October 2020

Version 1.0

# Oregon REALD Reporting for Public Health

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## What is REALD?

REALD is an effort to increase and standardize Race, Ethnicity, Language, and Disability (REALD) data collection across the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA). REALD was first advanced through the passage of House Bill 2134 in 2013. HB 2134 required ODHS and OHA to develop a standard for collection of REALD data in conjunction with community stakeholders. The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS) 413.161. In 2014 the Oregon Administrative Rules (OARs) detailing the data collection standards were completed (OARs 943-070-0000 thru 943-070-0070).

## REALD and COVID-19

The COVID-19 public health emergency has re-affirmed that communities of color and people living with disabilities experience significant health disparities. To support Oregon's COVID-19 response and better identify health disparities due to differences in race, ethnicity, language, and disability, the Legislature passed House Bill 4212 during the first special session of 2020, requiring OHA to establish requirements for most health providers to collect REALD data for all COVID-19 patients encounters and provide that information to OHA when reporting positive or negative COVID-19 cases, COVID-19 hospitalizations or deaths, or MISC.

Health care providers in phase 1 must begin collecting and reporting REALD information on October 1, 2020; health care providers in phase 2 must begin collecting and reporting on March 1, 2021; and all health care providers must collect and report REALD information on and after October 1, 2021. For more information about Oregon REALD laws and reporting requirements, including which health care providers are in phases 1 and 2 please visit:

<https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx>

## Collecting REALD Information

OHA has developed a set of REALD collection [templates](#) in multiple languages for health care settings. These forms should be used to collect REALD from patients at the time of the patient encounter. All questions must be asked but patients may decline to answer any question. Clearly identify the patient's first name, last name, date of birth and medical record number (if applicable) on each completed form for your records. Providers may also choose to adapt their own systems and forms to incorporate the REALD questions into their existing data collection processes. If providers do adapt their own systems, they cannot change or remove wording in the questions or in the response choices for each question although changing the question order is acceptable.

## Reporting REALD Information

Providers reporting REALD for COVID-19 must report these data using the online OHA COVID Reporting Portal (OCRCP) unless other options have been approved by OHA. Currently, the only other method for reporting that has been approved is to create a CSV using this specification in this Guide. OHA is currently exploring whether it will be possible in the future to report through electronic case reporting or electronic laboratory reporting, but neither option is available at this time.

## Scope of This Document

This guide is designed for use by healthcare providers who are unable to submit data through OCRCP and are required to submit REALD data to the Oregon Public Health Division, or for high volume submitters where a CSV format is preferable to the OCRCP. Low volume submitters are encouraged to use OCRCP (<http://healthoregon.org/howtoreport>). Sending data in the method outlined in this document is not appropriate for Long Term Care Facility reporting that should also include laboratory testing data, nor is it appropriate for expanded case reporting. This method is appropriate to supplement ELR or eCR reporting with REALD data. To submit ELR or eCR, please review alternative specifications on our website (<http://healthoregon.org/elr> or <http://healthoregon.org/ecr>). Currently, the Oregon Public Health Division only accepts these via secure file transfer protocol (SFTP). Questions regarding alternative message transport should be addressed to [elr.project@state.or.us](mailto:elr.project@state.or.us).

## File Format – Comma Separated Values (CSV)

The table below describes the data elements expected for sending CSV case reports until November 1, 2020. The data elements will be updated to reflect the new requirements that will be in place starting November 1, 2020.

The first column in the table (seq) refers to the field order, the second (use) describes whether the field is required (R), conditional (C), or optional (O), the third (Name) describes the name of the field, and the last column (Guidance) provides instructions for how to populate that field. Fields should not contain commas or other special characters unless indicated (e.g., some fields may include multiple responses, in that case values should be separated with a tilde (~)). Unless otherwise indicated, responses should include a single value as indicated in the Guidance column.

Seq	Use	Name	Guidance
1	R	MessageDate	Date of message creation Format: YYYYMMDD
2	R	FacilityName	Name of the facility where testing was done

Seq	Use	Name	Guidance
3	R	FacilityID	Unique identifier for the facility (e.g., CLIA, NPI). If no unique identifier exists, one must be assigned by the eCR Coordinator prior to testing.
4	R	FacilityAddress	Include number, direction, and street name only
5	O	FacilityAddress2	May include PO Box, Suite, etc.
6	R	FacilityCity	
7	R	FacilityState	Two characters (e.g., <b>OR</b> )
8	R	FacilityZip	Five digits required, additional four optional (separated by hyphen)
9	R	FacilityPhone	Formatted as ###-###-####. Extension may be included in parentheses ().
10	R	ProviderID	National Provider Identifier (NPI) preferred
11	R	ProviderFirstName	
12	R	ProviderLastName	
13	R	ProviderPhone	Format: ###-###-####. Extension may be included in parentheses ().
14	R	PatientID	Patient identifiers may include medical record number, account number, etc. <b>Do not use patient's social security number.</b>
15	R	PatientFirstName	
16	R	PatientLastName	
17	R	PatientDOB	Patient date of birth. Format: <b>YYYYMMDD</b>
18	R	PatientSex	Female ( <b>F</b> ), Male ( <b>M</b> ), Non-Binary ( <b>X</b> ), Other ( <b>O</b> ), Refused ( <b>R</b> ), Unknown ( <b>U</b> )
19	R	PatientAddress	Include house number, direction, and street name
20	O	PatientAddress2	May include PO Box, Suite, etc.
21	R	PatientCity	
22	R	PatientState	Oregon ( <b>OR</b> ) residents only. Out of state residents must be reported to the appropriate jurisdiction by the facility.
23	R	PatientZip	Five digits required, additional four optional (separated by hyphen) Format: ##### or #####-####
24	O	PatientCounty	
25	O	PatientPhone	Format: ###-###-####
26	R	RaceEthnicityOpen	Free text entry. Do not include punctuation or special characters.
27	R	RaceEthnicityDiscrete	Value set: <a href="#">REALD_CDC RaceEthnicityCross_Walk_2020-5-5.xlsx</a> See <a href="#">Appendix A</a> if not implementing the full value set Separate multiple values with tilde (~)
28	R	RaceEthnicityPrimary	Value set: <a href="#">REALD_CDC RaceEthnicityCross_Walk_2020-5-5.xlsx</a> See <a href="#">Appendix A</a> if not implementing the full value set Separate multiple values with tilde (~)
29	R	LanguageSpeak	Value set: <a href="#">PHVS Language ISO 639-2 Alpha3</a> See <a href="#">Appendix B</a> if not implementing the full value set Separate multiple languages with tilde (~)

Seq	Use	Name	Guidance
30	R	LanguageWrite	Value set: <a href="#">PHVS Language ISO 639-2 Alpha3</a> See <a href="#">Appendix B</a> if not implementing the full value set Separate multiple languages with tilde (~)
31	R	InterpreterNeeded	Yes (Y), No (N), Declined(D), Unknown (U)
32	R	InterpreterType	Spoken language, American Sign Language, Deaf Interpreter for DeafBlind and Deaf with additional barriers, Contact Sign Language (PSE), Other Separate multiple interpreter types with tilde (~)
33	R	EnglishProficiency	Very Well (V), Well, Not Well, Not at all, Unknown, Declined
34	R	Deaf	Yes (Y), No (N), Declined(D), Unknown (U)
35	C	DeafAge	If answer to Deaf is Y Age in years (if since infancy, enter 0)
36	R	Blind	Yes (Y), No (N), Declined(D), Unknown (U)
37	C	BlindAge	If answer to Blind is Y Age in years (if since infancy, enter 0)
38	R/C	DifficultyStairs	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
39	C	DifficultyStairsAge	If answer to DifficultyStairs is Y Age in years (if since infancy, enter 0)
40	R/C	DifficultyConcentrating	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
41	C	DifficultyConcentratingAge	If answer to DifficultyConcentrating is Y Age in years (if since infancy, enter 0)
40	R/C	DifficultyDressing	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
41	C	DifficultyDressingAge	If answer to DifficultyDressing is Y Age in years (if since infancy, enter 0)
42	R/C	DifficultyLearning	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
43	C	DifficultyLearningAge	If answer to DifficultyLearning is Y Age in years (if since infancy, enter 0)
44	R/C	DifficultyCommunicating	Required for persons 5 years or older Yes (Y), No (N), Declined(D), Unknown (U)
45	C	DifficultyCommunicatingAge	If answer to DifficultyCommunicating is Y Age in years (if since infancy, enter 0)
48	R/C	DifficultyErrands	Required for persons 15 years or older Yes (Y), No (N), Declined(D), Unknown (U)
49	C	DifficultyErrandsAge	If answer to DifficultyErrands is Y Age in years (if since infancy, enter 0)
50	R/C	DifficultyMoods	Required for persons 15 years or older Yes (Y), No (N), Declined(D), Unknown (U)
51	C	DifficultyMoodsAge	If answer to DifficultyMoods is Y Age in years (if since infancy, enter 0)

## Concluding Remarks

This document was developed as an Oregon-specific CSV format Implementation Guide for REALD reporting. This guide represents the minimum expectation for message construction and submission. Modifications to this specification may be approved on a case-by-case basis. For more information about Oregon REALD statuses and reporting requirements, please visit: <https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx>

## Version History

Revision History	Issue Date	Summary of Changes
V 1.0	October 7, 2020	Created as an option for providers to meet COVID-19 REALD reporting requirements that went into effect on October 1, 2020.

## Appendix A – Race and Ethnicity Values

We encourage use of national standards when possible. If your site is unable to implement the full code set ([REALD CDC RaceEthnicityCross Walk 2020-5-5.xlsx](#)), this subset is acceptable for REALD reporting in Oregon.

Code	Description
AmInd	American Indian
AlaskNat	Alaska Native
LatInd	Indigenous Mexican, Central American, or South American
CanInd	Canadian Inuit, Metis, or First Nation
AsianInd	Asian Indian
Cambodian	Cambodian
Chinese	Chinese
Myanmar	Communities of Myanmar
Filipino	Filipino
Hmong	Hmong
Japanese	Japanese
Korean	Korean
Laotian	Laotian
SoAsian	South Asian
Vietnamese	Vietnamese
AsianOth	Other Asian
AfrAm	African American
Caribbean	Afro-Caribbean
Ethiopian	Ethiopian
Somali	Somali
African	Other African
BlackOth	Other Black

Code	Description
HisMex	Latinx Mexican
HisCen	Latinx Central American
HisSou	Latinx South American
HisOth	Other Hispanic/Latinx
CHamoru	CHamoru
Guam	Guamanian
Marshallese	Marshallese
Micronesian	Communities Micronesian Region
NatHaw	Native Hawaiian
Samoan	Samoan
Tongan	Tongan
NHPIoth	Other Pacific Islander
NoAfr	North African
MidEast	Middle Eastern
Slavic	Slavic
EastEur	Eastern European
WestEur	Western European
Othwhite	Other White
RaceOth	Other race
RaceOthS	(text from field)
Multiracial	I do not have just one primary racial or ethnic identity
RaceDecl	Don't want to say
RaceUnkn	Don't know

## Appendix B – Language Values

We encourage use of national standards when possible. If your site is unable to implement the full code set ([PHVS Language ISO 639-2 Alpha3](#)) this subset is acceptable for REALD reporting in Oregon.

Code	Description
eng	English
spa	Spanish
rus	Russian
vie	Vietnamese
hmn	Hmong
som	Somali
chi	Chinese (Mandarin)
zho	Chinese (Cantonese)
tgl	Tagalog
kor	Korean
swaa	Swahili
ara	Arabic
chk	Chuukese
mah	Marshallese
oth	Other Language (specify)