



OHA REALD/SOGI Overview

Why, What & How

Learning Objectives

- Understand the history of REALD data collection in Oregon, including future data collection efforts for REALD and SOGI (sexual orientation and gender identity)
- Understand why REALD data collection is important
- Understand how to access resources for REALD data collection

Agenda

- REALD & Equity – why it matters
- Overview of REALD
 - History & Purpose
 - High level review of REALD standards
 - Connection to Equity
- Overview of Covid-19 reporting & REALD
 - Requirements
 - What/how to report
- Discussion – opportunities and challenges
- Q &A



Health Equity & REALD

Why it matters

Health Inequities

- Everyone does not:
 - Receive the same level of health care, and
 - Have the same access to quality health care.

This results in avoidable differences in health outcomes.
- There are many factors that influence health:
 - Where we are born
 - Our experiences growing up, and
 - Where we live, learn, work and play.
- Experiences of our parents, grandparents and ancestors also affect our health and well-being.

Health Equity & REALD

- Health equity occurs when **all** people can reach their **full health potential and well-being**
 - REALD helps to identify and address inequities - differences that are avoidable and unjust
- Achieving health equity requires the **ongoing collaboration** of all regions and sectors of the state, including tribal governments
 - OHA is depending on quality REALD data from providers to identify & address inequities
- Requires equitable distribution or **redistribution of resources and power**
 - We can use REALD data to inform decisions to address needs
 - Ex. Informs contact tracer hiring (language access)
- Requires **recognizing, reconciling and rectifying historical and contemporary injustices**
 - Recognition: being counted is a first step
 - Developing culturally specific resources
 - Ensure language access

Identifying & Addressing Inequities

- “The goal of eliminating disparities in health care in the United States **remains elusive...**” (Ulmer et al., 2009, p. 1; Institute of Medicine)
- The lack of granularity in race/ethnicity can “...**mask important inequities in health and health care.**” (Ulmer et al., 2009, p. 31)
- 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

REALD/SOGI – Overview

- Race, ethnicity, and language disability/sexual orientation & gender identity
- [House Bill \(HB\) 2134](#), passed in 2013 - Came from communities most impacted by health inequities and lead by: Asian Pacific American Network of Oregon (APANO) & Oregon Health Equity Alliance (OHEA)
 - Requires ODHS and OHA develop and implement data collection standards in all programs that collect, record, or report demographic data.
 - Standards were codified 2014 in Oregon Administrative Rules [943-070-0000 through 943-070-0070](#) after an extensive rulemaking advisory process. Based upon local, state, and national standards and best practices. Rules were updated in 2020

Recent REALD/SOGI Legislation

- [HB 4212](#), passed in June 2020:
 - [requires](#) providers doing Covid testing to submit REALD data
- [HB 3159](#), passed in 2021 session:
 - expands REALD to include SOGI; plans are to develop standards during rulemaking advisory committee process in early 2022;
 - requires annual collection of REALD from all providers & insurers (likely 2024-25)

An abstract collage background featuring torn paper edges. It includes a hand in a blue sleeve holding an orange object, a hand in a black sleeve, and various abstract shapes and colors like orange, blue, and grey.

Required REALD Questions

For providers

Race & Ethnicity

Race and Ethnicity

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

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

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

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

Language questions – client/service/patient base settings

Language (*Interpreters are available at no charge*)

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

Skip to question 7 if you indicated English only

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

4c. 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 ☐ No ☐ Don't know ☐ Don't want to answer

5b. If you need or want an interpreter, what type of interpreter is preferred?

- | | |
|--|---|
| <input type="checkbox"/> Spoken language interpreter | <input type="checkbox"/> Deaf Interpreter for DeafBlind, additional barriers, or both |
| <input type="checkbox"/> American Sign Language interpreter | <input type="checkbox"/> Contact sign language (PSE) interpreter |
| <input type="checkbox"/> Other (<i>please list</i>): _____ | |

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English?

☐ Very Well ☐ Well ☐ Not Well ☐ Not at all ☐ Don't know ☐ Don't want to answer

Disability questions

All ages (hearing, vision):

- Are you deaf or have serious difficulty **hearing**?
- Are you blind or have serious difficulty **seeing**, even when wearing glasses?

Ages 5 and up (mobility, cognitive, learning, communicating, self-care):

- Do you have serious difficulty **walking or climbing stairs**?
- Because of a physical, mental, or emotional problem, do you have serious difficulty **remembering, concentrating**, or making decisions?
- Do you have serious difficulty **learning** how to do things most people your age can learn?
- Using your usual (customary) language, do you have serious difficulty **communicating** (for example understanding or being understood by others)?
- Do you have difficulty **bathing or dressing**?

Ages 15 and up (independent living, mental health):

- Because of a physical, mental, or emotional problem, do you have difficulty **doing errands alone** such as visiting a doctor's office or shopping?
- Do you have serious difficulty with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations**?

REALD Value

- Salience of self-reported data – gold standard
- Unmask within group differences; provides malleability in doing deeper dives
- Open-text race/ethnicity question – enables identifying emerging groups such as Somali, Marshallese, Communities of Myanmar
- Language information helps classify missing race/ethnicity if applicable
 - E.g., prefers Vietnamese language but did not indicate race/ethnicity
- Recognizes people with disabilities as a health disparity population (experiencing avoidable differences in society, care and outcomes)
- Age of acquired disability helps distinguish between disability as an outcome that occurred much later in life vs disability as a social determinant of health

How to make REALD work for you...

- **At a demographic (community) level:**
 - Identify inequities (between/within/intersectionally)
 - Address inequities through community action, policy and legislative efforts
 - Make the case for additional resources and funds needed to effectively address inequities
 - Determine who are being served or surveyed
 - Ensure effective interpreter (spoken) and translation (written) services
 - Develop culturally specific and accessible programs, services and materials (such as health education materials and survey tools)
 - Determine if certain groups of people are underserved

How to make REALD work for you...

- **At a functional (individual) level:**
 - Enhances our SDOH learning about an individual
 - Understand lived experiences and impact on determinants of health
 - Counteract bias, stigma and assumptions
 - Enhances “patient/member/client-centered” approach
 - Provides space to invite the person to say more about what would be helpful or what they need to know
 - Tailor communications, services, treatment (culturally specific and accessible) for the person

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COVID 19 & REALD

Reporting Requirements

Who is subject to report and when?



Oct. 1, 2020:

PHASE 1

Hospitals, except for
licensed psychiatric
hospitals

Providers within a health
system

Providers working in an
FQHC

Excludes clinical
laboratories



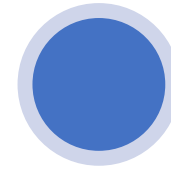
March 1,
2021:

PHASE 2

Health care facilities as
defined in **ORS**
442.015(12)(a)

Health care providers
working in or with
individuals in a congregate
setting

Excludes clinical
laboratories



Oct. 1, 2021:

All providers

***All must report
using electronic
method***

Compliance Plans can be submitted for
OHA approval

2 ways to report.


1. Oregon COVID Reporting Portal (OCRP).
2. Comma Separated Value (CSV) file submission.





Need more time?

If your organization needs more time, please fill out a compliance plan.



REALD tied to qualifying COVID-19 encounters.

- Tests
- Hospitalizations
- Deaths
- MultiSystem Inflammatory
Syndrome in Children (MIS-C)

REALD data collection is the responsibility of the attributing provider.

- Attributing providers preside over qualifying COVID-19 encounters.
- If your organization does not have qualifying COVID-19 encounters, you do not have a REALD data reporting responsibility.



The background of the slide is a deep blue image of water with many bubbles rising from the bottom. A large, semi-transparent white circle is positioned on the left side of the slide, containing the title and a list of legislative updates.

Legislative Updates

- HB 2134, passed in 2013 to define REALD questions
- HB 4212, passed in June 2020: REALD & COVID-19
- HB 3159, passed in 2021 session: Annual collection of REALD for all, Sexual Orientation & Gender Identity (SOGI)

REALD Resources

- [HB 4212 and REALD](#)
- [Office of Equity & Inclusion REALD](#)
- [HB 4212 Implementation Guide](#)
- Oregon COVID-19 Reporting Portal - healthoregon.org/howtoreport
- REALD CSV File [Specifications](#)
- [Listserv](#) to receive updates on changes to REALD reporting materials
- REALD [compliance plan](#)
- REALD Questions Mailbox:
OHAREALD.Questions@dhsoha.state.or.us