Optimizing race, ethnicity and language (REAL) data collection in reducing health care disparities: Collection and use of race, ethnicity and language data (American Hospital Association)

## **Section I: Optimizing REAL Data Collection**

Before hospitals and care systems begin using REAL data, they first should obtain a strong data set with which to work. Hospitals and care systems can adopt the four-step approach in Figure 1 to achieve a successful data collection effort.

Figure 1: Four-Step Approach to Ensure Successful REAL Data Collection

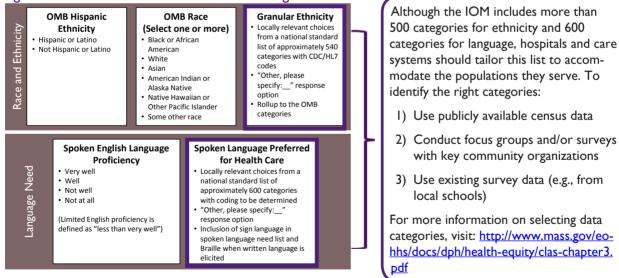


Step one is to develop a locally relevant and culturally appropriate set of REAL data categories that are standardized across the organization. Steps two through four consist of adopting an organizational process to ensure data integrity, accuracy and comprehensiveness.

## Step Determine the appropriate data categories

To obtain a good data set, hospitals and care systems should first define the data categories that are appropriate for their patient populations. The U.S. Office of Management and Budget (OMB) originally defined standardized REAL data categories, and the Institute of Medicine (IOM) developed a 2009 report citing the need for more granular ethnicity categories. The IOM's recommendations are outlined in Figure 2.

Figure 2: IOM-Recommended REAL Data Categories



Sources: Institute of Medicine, 2009, "Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement"; American Hospital Association, 2013.