New strategies for race and ethnicity data collection: Implementing REAL+D standards in a client survey

AUTHOR(S): Rachel Linz, MPH

PRESENTATION FORMAT: Oral Presentation

TOPIC/TARGET AUDIENCE: Those involved in demographic data collection and analysis

ABSTRACT:
Background: In 2013 the Oregon legislature passed House Bill 2134, which required the Oregon Health Authority to develop uniform standards for the collection and reporting of data on race, ethnicity, language, and disability status (REAL+D).

Methods: The Oregon Reproductive Health Program implemented the new race/ethnicity standards in our most recent client satisfaction survey, conducted in May 2015. The new standards include 33 response options for race and ethnicity identity categories plus Other, Unknown, and Decline to Answer.

Results: Overall, 92.1% of survey respondents (1388 of 1507) completed the race/ethnicity question. Compared to previous client surveys that used traditional race/ethnicity categories, 2015 survey respondents were more likely to select two or more race/ethnicity categories (25.8% in 2015 compared to 6.3% in 2013). Also, Hispanic survey respondents were more likely to identify only as Hispanic, compared to previous surveys in which race and ethnicity were treated as separate data elements (81.2% compared to 51.2% in 2013).

Conclusions: The new race/ethnicity data standards represent progress toward inclusiveness in data collection and ability to use data to identify and address health disparities. Overall, it appears that the new standards more closely match clients? self-identified backgrounds compared to traditional race and ethnicity data standards.

OBJECTIVE(S):
- Describe differences in race/ethnicity data collected using traditional categories compared REAL+D standards.
- Discuss implications for REAL+D data collection in a reproductive-age client population

PRIMARY CONTACT INFORMATION:
Rachel Linz, MPH
Senior Research Analyst
Oregon Health Authority
Portland, OR
971-673-0358|rachel.s.linz@state.or.us