AB 1296 Stakeholder Meeting Demographic Data Collection

May 3, 2012

Sacramento, CA

Welfare and Institutions Code Section 15925

(b)(3) The planning and development process shall consider issues, including, but not limited to, all of the following…

(D) What data collection standards to utilize for the collection of race, ethnicity, primary language, and disability status

Welfare and Institutions Code Section 15926

(c)(3) The application form shall, to the extent not inconsistent with federal statutes, regulations, and guidance, satisfy all of the following criteria: …

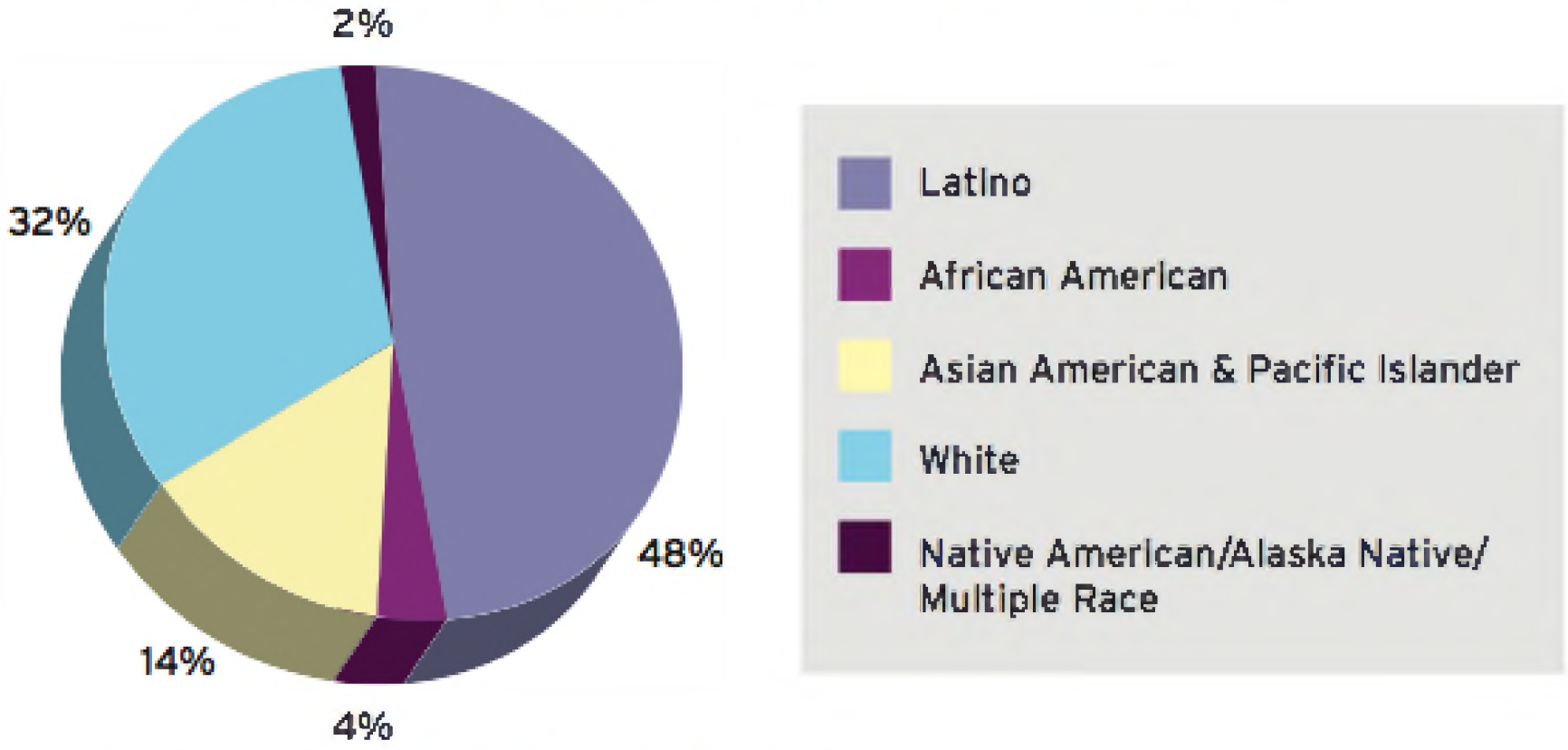
(F) Include questions that are voluntary for applicants to answer regarding demographic data categories, including race, ethnicity, primary language, disability status, and other categories recognized by the federal Secretary of Health and Human Services under Section 4302 of the PPACA.

CPEHN
California Pan-Ethnic Health Network

CHIS california health interview survey

UC BERKELEY LABOR CENTER

Figure 1: Eligible Population for Subsidies in the California Health Benefit Exchange by Race/Ethnicity (2013)



Source: UC Berkeley-UCLA CalSIM Version 1.5 projections

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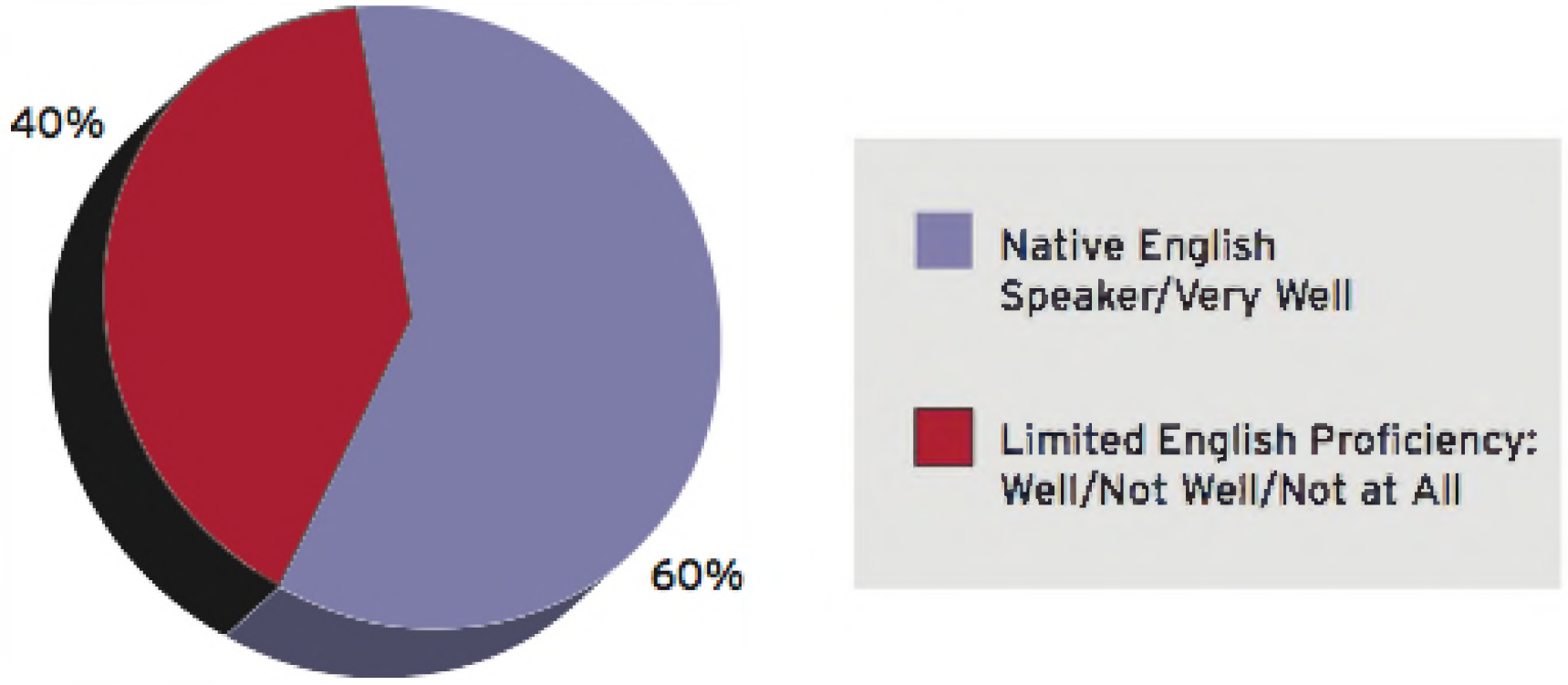
Figure 2: Eligible Population for Subsidies in the California Health Benefit Exchange by English Proficiency (2013)



Source: UC Berkeley-UCLA CalSIM Version 1.5 projections

APPLICATION FOR MEDI-CAL

To complete this form, use the instructions. Print clearly. Use black or blue ink only.

SECTION 1 Tell us about the person who wants Medi-Cal for themselves, their family or children in their care.

1 LAST NAME	FIRST NAME		MIDDLE INITIAL
2 HOME ADDRESS (NUMBER AND STREET). DO NOT LIST A P.O. BOX UNLESS HOMELESS		3 APARTMENT NUMBER	4 HOME PHONE # ( )
5 CITY/STATE	6 COUNTY	7 ZIP CODE	8 WORK PHONE # ( )
9 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) OR P.O. BOX		10 APARTMENT NUMBER	11 MESSAGE PHONE # ( )
12 CITY			13 ZIP CODE
14A WHAT LANGUAGE/DIALECT DO YOU SPEAK BEST?		14B WHAT LANGUAGE DO YOU READ BEST?	

SECTION 7 Continued

	Adult 1/Self	Adult 2	Child 1	Child 2	Child 3
55 Current or past U.S. Military Service for adults, spouse or child's parents?	☐ Yes ☐ No ☐ Self ☐ Spouse ☐ Parent	☐ Yes ☐ No ☐ Self ☐ Spouse ☐ Parent	☐ Yes ☐ No ☐ Self ☐ Spouse ☐ Parent	☐ Yes ☐ No ☐ Self ☐ Spouse ☐ Parent	☐ Yes ☐ No ☐ Self ☐ Spouse ☐ Parent
56 Ethnicity (race): (optional)					
57 In school full time?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
58 Living away from home?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Application

Please fill out all 4 pages of this form. Print clearly.
Use black or blue ink only. Mail your completed form to:

Healthy Families/Medi-Cal
P.O. Box 138005
Sacramento, CA 95813-9984

Need Help?
Call: 1-800-880-5305

Tell us about the family member filling out this form.

① Last Name | First Name | Middle Initial | Date of Birth (mo/day/yr) / /

② Home Address (Number and Street) **Do NOT use a P.O. Box – unless homeless** | Apt. # | Home Phone # ( )

③ City | County | Zip Code | Work Phone # ( )

④ Mailing Address *(if different from above)* or P.O. Box | Apt. # | Message or Cell Phone # ( )

⑤ City | Zip Code | E-mail Address *(Optional)*

⑥ What language do you want us to speak to you in?

⑦ What language should we write to you in?

	Child 1	Child 2	Child 3	Pregnant Woman	Unborn Child
⑯ Ethnicity – *Optional* *(See page 6.)*					
⑰ Birthplace — County:					
State:					
Or foreign country:					

CALIFORNIA PCIP Pre-Existing Condition Insurance Plan

MRMIP

We've got you covered!

Get the coverage you need, even if you have been denied before.

Application

Fill out this form to apply for PCIP **and** MRMIP. **Complete** all questions on the application, as they must be fully answered. If you do not provide all necessary information, the processing of your application may be delayed. When you see this arrow ▶, it means you may have to send supporting documents.

Household information *(optional)*

What language do you want us to use when speaking with you?

How many people are in your family?

What language should we use when writing to you?

What is your annual household income?

Tell us about your ethnicity *(optional)*

☐ White ☐ Black, African American

Hispanic: ☐ Cuban ☐ Mexican, Mexican American ☐ Puerto Rican ☐ Other Hispanic _____

Asian: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Japanese ☐ Amerasian ☐ Korean ☐ Laotian ☐ Vietnamese ☐ Filipino ☐ Other Asian _____

Pacific Islander: ☐ Hawaiian ☐ Guamanian ☐ Samoan ☐ Other Pacific Islander _____

☐ Aleut / Alaska Native ☐ American Indian, Native American ☐ Eskimo

Other, not listed above _____

APPLICATION FOR MEDI-CAL

23 Has a physical, mental or emotional disability?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Disability expected to last:	☐ 30 Days or More ☐ 12 Months or More	☐ 30 Days or More ☐ 12 Months or More	☐ 30 Days or More ☐ 12 Months or More	☐ 30 Days or More ☐ 12 Months or More	☐ 30 Days or More ☐ 12 Months or More

HEALTHY FAMILIES

39 Does any child or other person in the home have a physical, mental, emotional or developmental disability and want Medi-Cal? . . . . . ☐ Yes ☐ No

If yes, who? _____ *(If you answer Yes, we will contact you to see if you qualify.)*

CALIFORNIA PCIP Pre-Existing Condition Insurance Plan MRMIP

▶ **For PCIP**: Have you received a letter from a licensed doctor, physician assistant, or nurse practitioner within the past 12 months, stating the individual has or had a medical condition, disability or illness? ☐ Yes ☐ No

*If **Yes**, provide a copy of the **provider letter**.*

APPLICATION FOR MEDI-CAL

18	Gender:	☐ Male ☐ Female

HEALTHY FAMILIES

15	Gender	☐ Boy ☐ Girl

CALIFORNIA PCIP Pre-Existing Condition Insurance Plan

MRMIP

Gender: ☐ Female ☐ Male

United States Census 2010

This is the official form for all the people at this address.
It is quick and easy, and your answers are protected by law.

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

→ **NOTE: Please answer BOTH Question 8 about Hispanic origin and Question 9 about race. For this census, Hispanic origins are not races.**

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

9. What is Person 1's race? *Mark* ☒ *one or more boxes.*

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — *Print name of enrolled or principal tribe.*

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.*

- ☐ Some other race — *Print race.*

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

THE American Community Survey

13 **What is this person's ancestry or ethnic origin?**

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 **a. Does this person speak a language other than English at home?**

- ☐ Yes
- ☐ No → *SKIP to question 15a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

Demographic Data Collection Standards PPACA Section 4302

- Data standards for population/household surveys
- HHS is not yet using in health care

Ethnicity Data Standard

Are you Hispanic, Latino/a, or Spanish origin
(One or more categories may be selected)

a. ____*No, not of Hispanic, Latino/a, or Spanish origin*
b. ____*Yes, Mexican, Mexican American, Chicano/a*
c. ____*Yes, Puerto Rican*
d. ____*Yes, Cuban*
e. ____*Yes, another Hispanic, Latino, or Spanish origin*

Race Data Standard

What is your race?
(One or more categories may be selected)

a. ____*White*
b. ____*Black or African American*
c. ____*American Indian or Alaska Native*

d. ____*Asian Indian*
e. ____*Chinese*
f. ____*Filipino*
g. ____*Japanese*
h. ____*Korean*
i. ____*Vietnamese*
j. ____*Other Asian*

k. ____*Native Hawaiian*
l. ____*Guamanian or Chamorro*
m. ____*Samoan*
n. ____*Other Pacific Islander*

Data Standard for Primary Language

How well do you speak English? (5 years old or older)

a. ____*Very well*
b. ____*Well*
c. ____*Not well*
d. ____*Not at all*

Data Collection for Language Spoken (Optional)

1. *Do you speak a language other than English at home? (5 years old or older)*
   a. ____*Yes*
   b. ____*No*

   For persons speaking a language other than English (answering yes to the question above):
2. *What is this language? (5 years old or older)*
   a. ____*Spanish*
   b. ____*Other Language (Identify)*

Sex Data Standard

What is your sex?

a. ____*Male*
b. ____*Female*

Data Standard for Disability Status

1. ***Are you deaf or do you have serious difficulty hearing?***
   a. ____*Yes*
   b. ____*No*

2. ***Are you blind or do you have serious difficulty seeing, even when wearing glasses?***
   a. ____*Yes*
   b. ____*No*

3. ***Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)***
   a. ____*Yes*
   b. ____*No*

4. ***Do you have serious difficulty walking or climbing stairs? (5 years old or older)***
   a. ____*Yes*
   b. ____*No*

5. ***Do you have difficulty dressing or bathing? (5 years old or older)***
   a. ____*Yes*
   b. ____*No*

6. ***Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)***
   a. ____*Yes*
   b. ____*No*

The Affordable Care Act and LGBT Data Collection

The Affordable Care Act invests in the implementation of a new health data collection and analysis strategy. Section 4302 of the Affordable Care Act contains provisions to strengthen federal data collection efforts by requiring that all national federal data collection efforts collect information on race, ethnicity, sex, primary language, and disability status. The law also provides the Department of Health and Human Services (HHS) the opportunity to collect additional demographic data to further improve our understanding of healthcare disparities. In the past, identifying disparities and effectively monitoring efforts to reduce them has been limited by a lack of specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data will help us better understand the nature of health problems in the LGBT community.

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement

Race and Ethnicity

OMB Hispanic Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

OMB Race
(Select one or more)

- Black or African American
- White
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Some other race

Granular Ethnicity

- Locally relevant choices from a national standard list of approximately 540 categories with CDC/HL7 codes
- "Other, please specify:___" response option
- Rollup to the OMB categories

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Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement

Language Need

Spoken English Language Proficiency	Spoken Language Preferred for Health Care
• Very well • Well • Not well • Not at all (Limited English proficiency is defined as "less than very well")	• Locally relevant choices from a national standard list of approximately 600 categories with coding to be determined • "Other, please specify:___" response option • Inclusion of sign language in spoken language need list and Braille when written language is elicited

CDC Race and Ethnicity Code Set - Version 1.0

2028-9	R2	Asian
2029-7	R2.01	Asian Indian
2030-5	R2.02	Bangladeshi
2031-3	R2.03	Bhutanese
2032-1	R2.04	Burmese
2033-9	R2.05	Cambodian
2034-7	R2.06	Chinese
2035-4	R2.07	Taiwanese
2036-2	R2.08	Filipino
2037-0	R2.09	Hmong
2038-8	R2.10	Indonesian
2039-6	R2.11	Japanese
2040-4	R2.12	Korean
2041-2	R2.13	Laotian
2042-0	R2.14	Malaysian
2043-8	R2.15	Okinawan
2044-6	R2.16	Pakistani
2045-3	R2.17	Sri Lankan
2046-1	R2.18	Thai
2047-9	R2.19	Vietnamese

International Organization for Standardization

639-1:2002

Language	ISO
(Afan) Oromo	om
Abkhazian	ab
Afar	aa
Afrikaans	af
Albanian	sq
Amharic	am
Arabic	ar
Armenian	hy
Assamese	as
Aymara	ay
Azerbaijani	az
Bashkir	ba
Basque	eu
Bengali	bn
Bhutani	dz
Bihari	bh
Bislama	bi
Breton	br
Bulgarian	bg
Burmese	my
Byelorussian	be
Cambodian	km
Catalan	ca
Chinese	zh

Ethnicity Question

(OMB recommends asking ethnicity before race.)

- Are you Hispanic, Latino, or Spanish origin
- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin
- Unavailable/Unknown
- Declined

Which category best describes your race? (One or more categories may be marked)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Some other race
- Declined
- Unavailable/Unknown

Using Granular Categories

"We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care. I would like you to describe your race or ethnic background. You can use specific terms such as Korean, Haitian, Somali, etc"

You can provide all or some of the granular categories based on the community you serve.

- Asian Indian
- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Taiwanese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Malaysian
- Okinawan
- Pakistani
- Sri Lankan
- Thai
- Vietnamese
- Iwo Jiman
- Maldivian
- Nepalese
- Singaporean

HRET
Health Research & Educational Trust
In Partnership with AHA

HRET Disparities Toolkit

A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients

NQF ENDORSED
National Quality Forum

1. How well do speak English?

- Very Well
- Well
- Not Well
- Not at all
- Declined
- Unavailable

2. Would you like an interpreter?

- Yes
- No
- Don't know
- Declined
- Unavailable

3. Do you speak a language other than English (5 years old or older)

- Yes
- No
- Declined
- Unavailable

4. What is this language? (5 years old or older)

- Spanish
- Other language (identify)
- Declined
- Unavailable

5. What language do you feel most comfortable speaking with your doctor or nurse?

African languages American Sign Language Arabic Armenian Chinese English French French Creole German Greek Gujarathi Hebrew Hindi	Hungarian Italian Japanese Korean Laotian Miao Hmong Mon-Khmer Cambodian Navajo Other Native North American languages Persian Polish Portuguese Portuguese Creole	Russian Scandinavian languages Serbo-Croatian Spanish Tagalog Thai Urdu Vietnamese Yiddish Availability of Sign Language or other auxiliary aids or services Other, please specify: ___ Do not know Unavailable Declined

Language categories should be based on the community you serve.

6. In which language would you feel most comfortable reading medical or health care instructions?

African languages	Hungarian	Russian
American Sign Language	Italian	Scandinavian languages
Arabic	Japanese	Serbo-Croatian
Armenian	Korean	Spanish
Chinese	Laotian	Tagalog
English	Miao Hmong	Thai
French	Mon-Khmer Cambodian	Urdu
French Creole	Navajo	Vietnamese
German	Other Native North American languages	Yiddish
Greek	Persian	Availability of Sign Language or other auxiliary aids or services
Gujarathi	Polish	Other, please specify: ___
Hebrew	Portuguese	Do not know
Hindi	Portuguese Creole	Unavailable
		Declined

7. How satisfied are you with your ability to read English?

- Very satisfied
- Somewhat satisfied
- Satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Declined
- Unavailable