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Collecting REaL Data – Examples of How to Ask for REaL Data

Why Collect Race, Ethnicity, and Language (REaL) Data?

Evidence suggests that race, ethnic, and language-based disparities exist in health care, and it is imperative that data is collected to document and improve patient care. Collecting race, ethnicity, and language data helps your hospital better serve patients and the community. It allows hospital staff to identify and address unique patient needs, better communicate with patients, and understand a patient's culture. The data can also help analyze and review patient outcomes which can be used to identify and reduce disparities in care.

This Resource Guide provides examples on how best to collect race, ethnicity, and language data and ensure that it is being collected consistently.

American Hospital Association – [Staff Training](#)

This website provides a script on asking patients to provide REaL data as well as [tips](#) on addressing concern from patients.

American Medical Association – [Collecting Patient Data: Improving Health Equity in Your Practice](#)

This training provides information on standardizing REaL data collection and a sample script for collecting the data.

Center for Public Health Continuing Education University of Albany – [Scripts for Collecting Race and Ethnicity Data](#)

This document provides a script which explains to the patient the importance of self-identification.

Health Quality Innovators – [REAL Data Collection Script and Definition](#)

This document provides scripting recommendations when asking a patient for their race, ethnicity, and language.

Minnesota Community Measurement – [Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups](#)

This handbook provides tips on how to collect and use REaL data to improve quality as well as data elements for collecting REaL data.

New York State Partnership for Patients – [Race, Ethnicity and Language \(REaL\) Data Collection: How and Why We Ask](#)

This training module for frontline staff focuses on strategies aimed at collecting race, ethnicity and language data to ensure that quality and equitable health care is delivered to all patients. It provides strategies and best practices to improve and increase patient self-identification of REaL information and help patients, families and/or their caregivers understand why we collect REaL data.