

State: California  
Title: Improving Reporting of Race, Ethnicity, and Language in California  
Principal Investigator: David S. Zingmond  
Organization: University Of California Los Angeles  
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California is home to a large and diverse population of over 37 million individuals, including the largest Latino, Native American, Pacific Islander, and Asian populations in the U.S. A large percentage of these individuals are linguistically isolated. Disparities in care are well documented to be significantly higher among racial/ethnic minorities and among those with language barriers. Although California requires race, ethnicity, and language reporting, a lack of specific guidelines for what, how, and when this data should be collected has contributed to inconsistency in reporting, a significant barrier to better understanding the magnitude of health disparities.

California's Office of Statewide Health Planning and Development (OSHPD), a state agency, is responsible for the routine collection of patient-level hospital inpatient, emergency department, and ambulatory surgery data across the state. The Patient Discharge Database has over 4 million discharges annually and is the largest single constituent database contributing to the AHRQ Nationwide Inpatient Sample and the largest State Inpatient Database in AHRQ's Healthcare Cost and Utilization Project. Over 10 million emergency department encounters and 2.4 million ambulatory surgeries are reported to OSHPD annually.

In response to RFA-HS-10-010, "ARRA OS: Recovery Act 2009 Limited Competition: Enhanced State Data for Analysis and Tracking of Comparative Effectiveness Impact: Improved Clinical Content and Race-Ethnicity Data (R01)," a team of allied researchers led by investigators from the University of California, in collaboration with the leadership of the California Office of Statewide Health Planning and Development, propose a 3-year programmatic intervention to improve the reliability, validity, and completeness of self-reported race, ethnicity, and primary language provided by hospitals in the three databases that are currently within OSHPD's regulatory mandate.

The aims of this study are to:

- Perform a baseline assessment of race, ethnicity, and language data collection, reporting, and accuracy in hospitals in California and comparison states.
- Directly improve the accuracy and reliability of race, ethnicity, and language information collected by hospitals (direct improvement to self-reported data).
- Use supplemental data and statistical approaches to improve race and ethnicity measures reported by hospitals (indirect improvement to self-reported data).