

B. Strengthening the Infrastructure: Data

Public health experts agree that improving data collection is essential to addressing health disparities. Data can tell the story of which population is more affected by a disease and which population is least likely to receive critical treatments. There are multiple data sources available; however, there is inconsistency in the collection process. There is limited data not only based on collection but on population size. For the Hispanic population, undercounting and problems in collecting and coding race/ethnicity data may lead to problems in fully understanding health disparity issues for that population. Similarly, with the Asian American and Pacific Islander populations, diversity and population size can limit analysis of health disparity data. In New Jersey, there has been no reporting on the impact of health disparities on Native Americans because of the small population size.

The basis for all racial and ethnic data reporting in governmental settings is derived from the guidelines of the Federal Statistical Policy Directive No. 15, first issued by the Office of Management and Budget (OMB) in 1978. The original guidelines required that all Federal agencies, at a minimum "...collect and present data on at least four racial groups- American Indian or Alaska Native, Asian or Pacific Islander, Black and White; and one ethnic group- Hispanic" (McKinney, 1994).

OMB Directive No. 15 was updated in 1997 and now requires that all Federal agencies collect and report the following racial and ethnic categories; American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, white, and Hispanic or Latino or Not Hispanic or Latino (U.S. Census Bureau, <http://www.census.gov/population/www/socdemo/race/racefactcb.html>). In addition, to account for individuals who identified with more than one race, OMB allowed self-identification to include more than one race.

These data collection standards were expanded upon by the Census Bureau for the 2000 census. OMB granted permission for the census questionnaires to add a sixth racial

category, “Some Other Race” to account for individuals who did not identify with the available racial categories (U.S. Census Bureau,

<http://www.census.gov/population/www/socdemo/race/racefactcb.html>).

For the Census 2000, there were a total of 15 check box response categories and 3 write-in areas which could be collapsed into the OMB minimum race categories.

Building on Success

- Rutgers Center for State Health Policy (CSHP) assisted OMMH in revising and administering a survey designed to identify which NJDHSS programs collect racial and ethnic demographic data. The survey was completed by 29 programs within the Department. The survey was used to identify baseline data for current Department programs that collect information on racial and ethnic data. This survey inquired about cultural competency, language access, community partnerships and evaluation within NJDHSS programs. The survey gauged the extent to which these components are included in current NJDHSS programs.
- This was accomplished by first conducting a comprehensive search for NJDHSS publications that reported on racial and ethnic data. CSHP’s information specialist searched the NJDHSS website, several on-line databases and contacted NJDHSS units and programs to be provided with the latest published State reports. Thirteen State publications utilizing a variety of categories reporting race and ethnicity data were identified.
- Department projects which focus on measuring health care quality, including NJDHSS report cards, collect patient race and ethnicity data. This allows the Department to monitor whether race and ethnicity are factors in health care delivery. The licensing program also uses race and ethnicity information from the cardiac services data collection projects to review new Certificate of Need applications in order to ensure equal access.

- Additionally, the NJDHSS collects discharge data from acute care hospitals in New Jersey. In January 2007, the Department implemented a revised code list for patient race and ethnicity. The revised list was developed to provide consistent reporting of race and ethnicity across various data sets collected by the Department. The Department is developing a version in which there will be an additional variable for collecting patient primary language.

Goal: Standardize the collection and reporting of race/ethnicity data across the Department.

Action Plan

Steps and Timeline:

FY 2007- 2010

- Center for Health Statistics will identify all divisions/programs within NJDHSS that collect race and ethnicity data.
- Center for Health Statistics will provide uniform categories based on OMB 15 standards for the reporting of race and ethnicity.
- Center for Health Statistics will develop a specific template for reporting race and ethnicity data to be used by NJDHSS grantees.
- OMMH will develop an orientation program for NJDHSS grantees on requirements for collecting race and ethnicity and primary language spoken data.
- Center for Health Statistics will develop criteria for standard footnotes in NJDHSS reports whenever the standard categories for reporting are omitted.

Outcome Measures

- One hundred percent of NJDHSS grantees will use the standardized NJDHSS template when reporting race, ethnicity, and primary language spoken.
- One hundred percent of NJDHSS reports will use the NJDHSS standard race and ethnicity categories.