

Oregon collects enhanced race, ethnicity, language, and disability data



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Oregon Health Authority (OHA) worked diligently to implement and onboard provider submissions of race, ethnicity, language, and disability data for patients with COVID-19 allowing them to tailor their response strategies for maximal impact.

The “What”

In 2012 Oregon passed a statute requiring enhanced collection of race, ethnicity, language and disability (REALD) data on all persons interfacing with the Oregon Health Authority (OHA). By 2016, OHA had modified their disease surveillance system such that case investigators could collect these data during an interview.

In Spring 2020, an emergency rule went into effect requiring providers to collect these data from all patients with a COVID-19 encounter and report them electronically to OHA by October 1. At the time, there were no specifications, only a paper form that providers were instructed to use during registration or in the field at testing events. OHA’s Informatics Team was charged with creating a specification and working with submitters to send these data, ingest them along with electronic laboratory and case reports, link them to appropriate cases, and ensure the data were provisioned to the COVID-19 Response and Recovery Unit.

The “So What”

Within one month of notification that this was expected, OHA was able to implement and onboard provider submissions of REALD. Capture of more discrete data allowed their response team to better describe those most affected by COVID-19 and tailor messaging, testing, and ultimately immunization strategies more appropriately.

The “Now What”

Providers were often unable to limit the data to only those patients with COVID-19 encounters and instead sent entire patient populations. In January 2023, the rule was lifted; however, a new bill was passed that all patients with reportable conditions must be reported and submitted to a state-run REALD repository. This repository is not expected to be functional until 2027, but the OHA Informatics Team is working closely with Oregon’s Equity and Inclusion Division to establish an interim repository.

This will allow those providers that are currently submitting data to continue to do so while alleviating the burden of storing data for non-cases by OHA. In the future, OHA is looking to enable an application programming interface (API) call to this registry to populate REALD (and sexual orientation and gender identity [SOGI]) data on case creation.

Key contributors to this project include Renee Harger, Health Equity Analyst, and Marjorie McGee, Equity and Inclusion Administrator.



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