

**GenIC Clearance for CDC/ATSDR  
Formative Research and Tool Development**

**Hospital System Approach to Collecting Race,  
Ethnicity, and Language Data**

OMB Control No. 0920-1154

April 25, 2024

**Supporting Statement B**

**Contact:**

Paula Farrell, MS  
Division of Healthcare Quality Promotion  
National Center for Emerging and Zoonotic Infectious Diseases  
Centers for Disease Control and Prevention  
Atlanta, Georgia 30329-4018  
Phone: (404) 498-4019  
Fax: (404) 639-4043  
Email: [ujb1@cdc.gov](mailto:ujb1@cdc.gov)

## Table of Contents

1. Respondent Universe and Sampling Methods.....	2
2. Procedures for the Collection of Information.....	2
3. Methods to maximize Response Rates and Deal with No Response.....	2
4. Tests of Procedures or Methods to be Undertaken.....	2
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	2

This collection involves descriptive analysis of responses intended to provide a baseline generalization of how hospitals in the U.S. approach the collection of race, ethnicity, and language. Respondents are representative of U.S. hospitals.

### 1. Respondent Universe and Sampling Methods

The respondent universe for this study consists of facilities that are already part of the NHSN Collaborative (NHSNCoLab). Currently there are 13 NHSNCoLab sites. Participation in this study is voluntary. In this case, facilities will be invited to participate based on their willingness and interest in contributing to the research.

Given the limited number of facilities within the respondent universe, there is no statistical justification required for determining the sample size. While findings may not be generalizable beyond this specific group, they will provide valuable insights into practices and perspectives within this subset of facilities.

### 2. Procedures for the Collection of Information

NHSNCoLab sites will be sent an introductory letter from the administrators explaining the purposes of the project (Attachment 3). If the NHSNCoLab site is interested in participating, then they will be provided a short (approximately 30-minute) REDCap survey to complete asking about race, ethnicity, language, and interpreter use data fields that are collected, codes used, and any standardized workflow, scripting, and onboarding training processes that have been implemented to collect these data.

Once these data are collected, we plan to publish an overall summary of findings (without identifiers of hospital systems or EHR). Participating NHSNCoLab SDOH leads and/or CMIOs will be asked to participate in publication of the manuscript.

These data will provide us with a baseline landscape description of hospital system approaches currently used to collect these essential data elements and provide a better understanding of whether approaches have been validated within and across health systems, so that NHSN can better address HAIs related to race, ethnicity, language, and interpreter use as actionable health disparities public health work.

Once this first goal is achieved, we will continue to engage with respondents to propose the development of standardized approaches across health systems to collect race, ethnicity, language, and

interpreter use data with the same data elements across sites; development of multi-lingual standard scripting to ask race, ethnicity, language, and interpreter use questions; standard onboarding training of designated staff to collect this data; and required collection of these data elements for all patients; data elements will be provided based on current OMB standards; a minimum standard language data dictionary will be provided to sites (language data dictionary in process of being developed).

### **3. Methods to maximize Response Rates and Deal with No Response**

We intend to maximize response rates by having the facilitators of the NHSNCoLab, who already have an established relationship with respondents, contact the sites. This existing rapport can help in fostering trust and encouraging participation.

Additionally, up to two reminders will be sent to non-respondents before the deadline (Attachments 4 & 5). These reminders will serve as gentle prompts to remind participants about the importance of their contribution and encourage their engagement.

Clear communication will be a key aspect of these contact attempts. The initial communication will clearly outline the purpose and significance of their participation in the study. It will emphasize confidentiality, anonymity, and any incentives or rewards for taking part.

### **4. Tests of Procedures or Methods to be undertaken**

No pre-tests are planned.

### **5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

This project will be completed in consultation with a non-FTE staff medical advisor:

Dr. Janine Young, 720.281.8934, [jal5@cdc.gov](mailto:jal5@cdc.gov).

Data collection and analysis will be completed by individuals in the Surveillance Branch of the Division of Healthcare Quality Promotion of the National Center for Emerging and Zoonotic Infectious Disease (NCEZID) at CDC.