



# Adapting a national curriculum to better collect race and ethnicity data in New Mexico hospitals

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## Goals

The New Mexico Department of Health (NMDOH) aims to improve race, ethnicity and tribal identification data collection in non-federal New Mexico hospitals.

## Background

The Agency of Healthcare Research and Quality funded the New Mexico Department of Health to improve race, ethnicity and tribal identification data collection in non-federal New Mexico hospitals. A major facet of this project consists of training hospital staff through tools adapted from George Washington University and the Healthcare Cost and Utilization Project.

One aspect of my practicum consisted of working with the trainer and two epidemiologists to improve these training tools to better inform and relate this material to hospital staff. Incorporating the Health Behavior Theories, I created a protocol and model for role-play to be completed within the training.

The purpose of this is to increase self-efficacy in hospital staff when asking a patient's race, ethnicity and tribal affiliation. This will be implemented in 39 hospitals. Because New Mexico is a pioneer in race/ethnicity data collection, these methods will contribute to a national guide toolkit.

## Introduction

This project consists of training hospital staff through tools adapted from George Washington University and the Healthcare Cost and Utilization Project. Health Behavior Theories were used to develop a role play model to increase self-efficacy in hospital staff when asking a patient's race, ethnicity and tribal affiliation.

The NMDOH has contracted with Health Insight NM to educate and train registration staff to better collect race/ethnicity/tribal affiliation data. Currently, 9 pilot hospitals have already received education and training.

The goal is to reduce barriers of race/ethnicity/tribal identification data collection to increase completeness and quality by incorporating interactive activities, such as role play, in hospital training materials.

## Objectives

1. Describe the challenges of adapting nationally developed training materials to New Mexico
2. Identify the steps in developing a model for role play
3. Analyze different methods of integrating role play for specific participant groups
4. Describe the benefits and challenges of working with a contracted trainer

## Health Behavior Theories

**Trans theoretical Model** – Help people achieve change by modifying thinking, feelings, and behavior. Assesses an individual's readiness to act and the individuals' stages of change.



- **Precontemplation** (Not Ready) – No intention of action change
- **Contemplation** (Getting Ready) – Recognize a problem, looks at pros and cons
- **Preparation** (Ready) – Intention to take action – small steps
- **Action** – Taking action to change
- **Maintenance** – Able to sustain action, working towards preventing relapse

**Inoculation Theory** – Explain how attitudes and beliefs change. How to keep original attitudes and beliefs consistent during adversity.

- Strengthen existing attitudes & beliefs & build resistance to future counter arguments
- Forewarn (Knowledge), Practice, Feedback, Booster

**Resilience Theory** – Enhance protective mechanisms and responses under adversity. Not avoidance but successful engagement.

- Self efficacy – perceived confidence
- Relationships (Supportive) – reinforcements
- Adaptability – flexibility in various situations
- Social Problem Solving – communication skills

## OMB Standards

### Office of Management and Budget (OMB) 1997 Guidelines

QUESTION FORMAT:	•Allow respondent to select one or more race designation
	•5 categories for race
	•Ask Ethnicity first, then Race
	•Separates "Asian" from "Hawaiian/Pacific Islander"
<b>Ethnicity</b>	•Hispanic or Latino
	•Not Hispanic or Latino
<b>Race</b>	•White
	•Black or African American
	•Native Hawaiian or other Pacific Islander
	•Asian
	•American Indian or Alaskan Native

## Adapting Nationally Developed Training Materials

The challenges of adapting a nationally developed training materials to New Mexico consists of:

1. Re-branding – changing institutional name, contact information, logo, and other identifications
2. Localizing – incorporating local examples to fit New Mexico
3. Contextualizing – adjusting the content and syntax to match the characteristics of New Mexico and the objectives and goals of the NMDOH

1. Adapting materials for training hospital staff

## Developing a Model for Role Play

Role play technique is active, relevant, and allows participants to examine the basis of their perceptions by participating in the exploring/ learning process.

Participants stand a better chance of being meaningful and applicable to real-life situations when role plays are developed from participants' own behavioral experiences

Two types of Role Play:

1. **"scripted"** – participants read selected, prepared parts
1. **"improvisational"** – participants create their own dialogue as they proceed through the role play

## Specificity in Integrating Role Play

Role play activities during training is designed to help hospital staff increase self efficacy, build resilience, and be able to face various types of individuals prior to an actual event. Therefore, it is important to:



- Use comparable environmental settings and circumstances
- Identify audience and learning styles
- Incorporate interactivity and levels of difficulty in scripts
- Translate learning materials into local languages
- Switch roles and have hospital staff play the patient role
- Give direct feedback during role play and/or after
- Be aware of social, political, and religious sensibilities

## Pros and Cons of Team Collaborations

### Pros (Benefits)

- Advantage of merging different skillsets and disciplines to develop representative training materials
- Generates wiser and more durable decisions
  - Richer understanding of values at stake
  - Understanding of complex problems through shared information
  - Promotes proactive decision making
- Mobilizing shared resources to get work done – people, knowledge, funding, expertise, authority
- Builds Social Capital
  - Builds relationships and understanding
  - Fosters trust
  - Productive interaction and reduce conflicts over time

### Cons (Challenges)

- Final design of education materials is developed by contracted trainer.
- Process, Impact, and Outcome Evaluation will be managed by contracted trainer.
- Training materials will be implemented by contracted trainer's preference.
- Internal & external conflicts among the partners
  - Work load
  - Time restriction
  - Impact of emotional stress & fatigue

## Future Research/Limitations

### Research

- culturally sensitive education materials for hospital staff pertaining to collecting race/ethnicity.
- the outcomes of using role play as training methods.
- the methods of training hospital staff that have most impact
- sustainability/retention rates of training materials on hospital staff

### Limitation

- Time restrictions affecting the use of role play in training materials

## References

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