

## Policy for DHS and OHA Divisions on Collecting Race, Ethnicity and Language Data

### Overview

**Description:** This policy creates a standard for collecting race, ethnicity and language data for all programs and activities within the Department of Human Services (DHS) and Oregon Health Authority (OHA), and mandates the collection of such information by all DHS and OHA programs that collect demographic data.

This policy was developed as part of the work of the Office of Equity and Inclusion with divisions to develop meaningful indicators to monitor progress on closing gaps in need for, access to, and outcomes of services among racial and ethnic groups. It is a first stage in the development of comprehensive and practical policies for collecting, analyzing, and reporting meaningful race, ethnicity and language data across DHS and OHA.

This policy is built on the foundation of the U.S. Office of Management and Budget's (OMB) Directive 15 (revised 1997), and adds key elements that will improve the quality of the data gathered. This policy is in compliance with standards recently released by U.S. Department of Health and Human Services (DHHS) for the collection of race, ethnicity and English proficiency. DHHS standards for the collection of sex and disability data will be addressed in a separate policy from OHA and DHS.

**Purpose/Rationale:** A standardized race, ethnicity and language data collection methodology will assist DHS and OHA, stakeholders, elected officials, and other decision makers to promote policies that address disparities among racial and ethnic groups. The standardized methodology will allow DHS and OHA to demonstrate progress towards reductions in racial and ethnic disparities by increasing transparency in reporting indicators by race and ethnicity. In addition, it will allow DHS and OHA to be consistent with federal reporting expectations and facilitate comparison of Oregon's progress to address racial and ethnic disparities with national trends.

**Applicability:** This policy applies to all DHS and OHA programs and contractors that collect, record, or report demographic data (such as, gender, age, income, race, ethnicity or language). This policy does not override an individual's right to refuse to report his or her race or ethnicity in order to receive services. This policy does not supersede federal requirements for programs regarding the collection of race, ethnicity or language data.

## Policy

### 1. Overview

- A. **Data must be self-reported:** Whenever possible individuals should self-report race, ethnicity and language information on written forms. This is not always possible, but the expectation is that programs and contractors will adhere as closely to self-reporting as circumstances allow. Self-reporting race, ethnicity and language improves the quality of data gathered. Ethnic and racial identity and preferred spoken language should not be assumed or judged without asking the individual.
- B. **Definition of race and ethnicity categories:** DHS and OHA recognize that the definition of race and ethnicity categories is inherently sensitive and complex and the collection of such data for the public good is a serious responsibility. This policy is based on OMB Directive 15, which states, "the categories represent a social-political construct designed for collecting data on the race and ethnicity of broad population groups in this country, and are not anthropologically or scientifically based."
- C. **Race and ethnicity questions must be separate:** Separate questions shall be used for collecting race and ethnicity data. The ethnicity question shall precede the race question.

DHS and OHA acknowledge that respondents do not necessarily differentiate between their race and ethnicity and thus, may find the two questions confusing. DHS and OHA do not seek to define "ethnicity" and "race" with this policy, and recognize that these concepts are not well defined by OMB nor is there consensus among the citizenry as to their meaning. As the American Anthropological Association notes in its response to OMB Directive 15, "Although popular connotations of race tend to be associated with biology and those of ethnicity with culture, the two concepts are not clearly distinct from one another." Nonetheless, federal guidelines have mandated separate questions for race and ethnicity since 1997, and this policy seeks to find a balance among meeting federal reporting guidelines, honoring the complexity of identity of individuals, and being able to provide meaningful data for the purpose of serving DHS and OHA clients and the public.

- D. **Data granularity:** The ethnicity and race categories listed in this policy represent are a required minimum standard. Whenever possible and appropriate, programs are encouraged to collect and record data with greater granularity (i.e., greater number of race, ethnicity, and language categories) than those presented in this policy. However, the program must be able to aggregate those data into the categories presented in this policy.

For examples of greater granularity see the [2010 U.S. Census](#), [DHHS Standards, Oregon Health Care Quality Corporation C:\Users\Trish\AppData\Local\Temp\DHHS Hyperlink.doc](#) and [Boston Public Health Commission](#).

- E. **Confidentiality:** Nothing in this policy overrides existing policies to safeguard confidentiality, including HIPAA requirements.

## 2. Ethnicity Categories

The following are the minimum standard ethnicity categories to use as recommended by OMB directive 15 plus additional categories for “declined to answer” and “unknown” which are modifications of categories recommended by the Health Research and Educational Trust in their [Disparities Toolkit](#).

The following ethnicity categories shall be used be incorporated into all written or oral data collection efforts or intake forms, or if more fine grained ethnicity data is collected, it must be able to be collapsed into the following categories.

Individuals are to select only ONE of the following:

- A. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- B. **Not Hispanic or Latino.**
- C. **Declined to Answer:** This category should be used when the individual is actively choosing to not provide information on their ethnicity. They should not be asked again for the information.
- D. **Unknown:** This category should be used when the information is missing for some reason other than the individual actively declining, such as, (1) the individual or responsible caregiver is unable to provide an answer for some reason (e.g., they are cognitively unable) or (2) there is no available family member or responsible caregiver to respond for the individual. Individuals or their caregivers may be asked again for the information when appropriate.

## 3. Race Categories

The following race categories are the minimum standard categories to use and follow the OMB guidelines for minimum granularity to offer individuals and participants. The three categories “declined to answer,” “unknown” and “other” have been added, which are modifications of categories recommended by the Health Research and Educational Trust in their [Disparities Toolkit](#).

The following race categories shall be used on written or oral data collection efforts or intake forms, or if more fine grained race data is collected, it must be able to be collapsed into the following categories.

Individuals should be instructed that they may choose more than one race category. All of the respondent’s selections shall be recorded and retained.

- A. **American Indian or Alaska Native:** A person having origins in any of the original

peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- B. **Asian:** A person having origins in any of the original peoples of the East Asia, Southeast Asia, or South Asia including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- C. **Black or African American:** A person having origins in any of the black racial groups of Africa.
- D. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- E. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- F. **Declined to Answer:** This category should be used when the individual is actively choosing to not provide information on their race identity. They should not be asked again for the information.
- G. **Unknown:** This category should be used when the information is missing for some reason other than the individual actively declining, such as, (1) the individual or responsible caregiver is unable to provide an answer for some reason (e.g., they are cognitively unable) or (2) there is no available family member or responsible caregiver to respond for the individual. Individuals or their caregivers may be asked again for the information when appropriate.
- H. **Other:** Use this category for those individuals who identify another race category not listed.

#### 4. Primary Race Identity

A question asking clients for their primary race identity shall be incorporated into all written or oral data collection efforts, intake forms and systems for individuals who select multiple races.

Specifically, individuals shall be asked: "Which one of the following do you consider your primary race identity?" and then presented with the race categories listed in number 3 above plus a "no primary race identity" option.

This question is aligned with the approach taken in national surveys, such as the BRFSS (<http://www.cdc.gov/brfss/questionnaires/english.htm>).

Data from a primary race question allows individuals the freedom to indicate if they do have a primary race identity, rather than analysts making de facto decisions about race identity in the absence of this information. However, individuals should not feel pressured to select a primary race identity.

## 5. Preferred Language

A question asking for a client's preferred spoken language shall be incorporated into all written or oral data collection efforts, intake forms and systems. Preferred spoken language is essential information for programs to possess to be able to address the needs of clients. Preferred language can also serve as a proxy for acculturation. Gathering preferred written language is recommended but not required by this policy.

The following languages are a minimum standard and shall be used on data collection or intake forms, including a field allowing the respondent to self-report a language that is not listed:

American Sign Language, (ASL)	Korean
Arabic	Lao/Laotian
Bosnian	Mandarin
Burmese	Mien
Cantonese	Romanian
Chinese (Other)	Russian
English	Spanish
Farsi	Somali
Hmong	Teochew
Khmer (Cambodian)	Vietnamese
Other (specify):	

Note:

The above list is comprised of the most common languages spoken among DHS clients. As the DHS and OHA client populations change, this list will need to be updated.

## 6. English Language Proficiency

The following question assessing English language proficiency shall be incorporated into all written or oral data collection efforts, intake forms and systems: ***How well do you speak English? (5 years old or older)***

The following categories shall be for data collection:

- A. ***Very well***
- B. ***Well***
- C. ***Not well***
- D. ***Not at all***
- E. **Declined to Answer:** This category should be used when the individual is actively choosing to not provide information about the English language proficiency. They should not be asked again for the information.
- F. **Unknown:** This category should be used when the information is missing for some reason other than the individual actively declining, such as, (1) the individual or responsible caregiver is unable to provide an answer for some reason (e.g., they are cognitively unable) or (2) there is no available family member or responsible caregiver to respond for the individual. Individuals or their caregivers may be asked again for the information when appropriate.

The English language proficiency data standard represents a minimum standard and the question and answer categories cannot be changed. Additional questions on language may be added to any data collections forms or intakes as long as the minimum standard is included.

## **7. Data collection forms and training**

- A. When replacing existing data collection or client intake forms that include requests for self-reported race, ethnicity, and language, programs must use cognitive and linguistic testing to review draft forms before implementation. Cognitive and linguistic testing done by a federal agency for standardized national forms will be accepted as meeting this requirement. Forms and translations should read at a 6<sup>th</sup> grade level at most.
- B. DHS and OHA employees shall receive training on accurately collecting and recording race, ethnicity, and language data; why these data are important to the work of DHS and OHA; and best practices for using the data responsibly and respectfully. At a minimum, a packet of resource materials for supporting data collection, analysis and reporting including training will be developed.

### **Contracting:**

- A. This policy is applicable to all DHS and OHA contracts in which a contractor collects any demographic data (such as, gender, income, and age). Divisions shall require such contractors to collect race, ethnicity and language data according to the policy. Collection of these data will assist Divisions in understanding client populations, tailoring services, and evaluating potential disparities in need for services/programs, access to services/programs, customer service quality, and related outcomes by race/ethnicity. Contracts shall explicitly state the contractor's obligations to abide by this policy.
- B. As a minimum qualification requirement, potential contractors shall demonstrate efforts to continually improve methods for collecting race, ethnicity and preferred spoken language data.
- C. Contracts shall explicitly state that contractors for healthcare services, health insurance, pharmacy benefits management, third party healthcare claims administration, managed care, coordinated care and surveys including, but not limited to contracts for: PEBB, OEBC, MCOs, MHOs, OMIP, CCO and FHIAP are considered a "mandatory reporters" to OHA's All Payer All Claims (APAC) Data Reporting Program.

### **Implementation:**

Detailed timelines and budget for fully implementing this policy shall be filed with the **DHS/OHA Joint Operations Steering Committee.**

## References:

- OMB Directive 15: <http://www.whitehouse.gov/omb/fedreg/ombdir15.html> and updates <http://www.whitehouse.gov/omb/inforeg/statpolicy.aspx>, under *Data on Race and Ethnicity*
- Census Summary File 2: <http://www.census.gov/prod/cen2000/doc/sf2.pdf>
- Health Research and Educational Trust (HRET) Disparities Toolkit: <http://www.hretdisparities.org/>
- American Anthropological Association Response to OMB Directive 15: <http://www.aaanet.org/gvt/ombdraft.htm>
- Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/questionnaires/english.htm>
- U.S. Department of Health and Human Services Standards for collecting ethnicity, race, English proficiency, sex and disability data: <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>

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## Keywords:

Race, racial, ethnic, ethnicity, language, data, coding, category, OMB, Census, multiracial

## Appendix A

### Data Format and Coding:

Mandatory reporters to the All Payer All Claims (APAC) database must follow HIPAA transaction standards ASC X12 version 5010, which are given below. Other divisions and contractors collecting race, ethnicity and language data can view these standards as one possible example of a coding convention. OHA and DHS divisions and contractors that use other coding conventions are required to recode their data to the 5010 standards when merging datasets with APAC data. \*\*\*Note\*\*\* Race and ethnicity codes needed for the APAC database have not been finalized, so the following codes may need to change.

#### 1. Ethnicity

- A. Format: Text, maximum length 5
- B. Coding: A single letter identifying the member's ethnicity or multiple letters delimited by an ampersand (example: H&N)

<b>Code</b>	<b>Value</b>
H	Hispanic / Latino
N	Non-Hispanic / Latino
R	Refused ("Decline to Answer" was selected)
U	Unknown (No answer was selected)

#### 2. Race

- A. Format: Text, maximum length 13
- B. Coding: A single letter identifying the member's race or multiple letters delimited by an ampersand (example: I&P&W)

<b>Code</b>	<b>Value</b>
I	American Indian / Alaska Native
A	Asian
B	Black or African American
P	Native Hawaiian / Other Pacific Islander
W	White
O	Other
R	Refused ("Decline to Answer" was selected)
U	Unknown (No answer was selected)

#### 3. Primary race

- A. Format: Text, maximum length 13
- B. Coding: A single letter identifying the member's primary race

<b>Code</b>	<b>Value</b>
I	American Indian / Alaska Native
A	Asian
B	Black or African American

P	Native Hawaiian / Other Pacific Islander
W	White
O	Other
R	Refused ("Decline to Answer" was selected)
U	Unknown (No answer was selected)

#### 4. Preferred spoken language

- A. Format: Text, length 3
- B. Coding: The three-letter ANSI/NISO code identifying the member's preferred spoken language. Refer to most recent version of ANSI/NISO Z39.53 (Codes are for the Representation of Languages for Information Interchange); the 2001 version is freely available here: <http://www.niso.org/topics/ccm/ccmstandards/>.