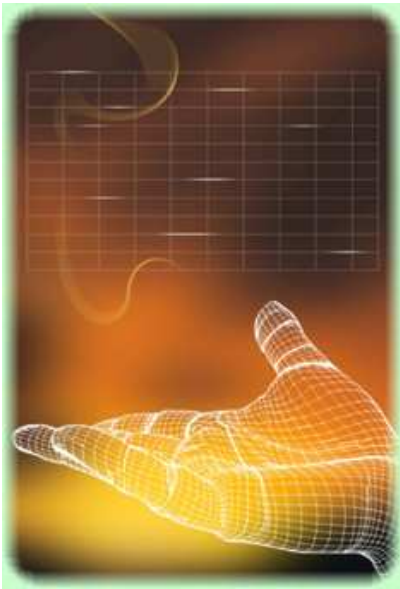


Health Care Information

Healthcare Information at Your Fingertips

Collecting Race and Hispanic Origin from Patients



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INTRODUCTION

Studies document that racial and ethnic minorities often receive lower quality care than non-minorities. Although much health care information comes from health care organizations, data on race and ethnicity are often unavailable or incomplete.

Valid and reliable data are needed to identify differences in care and develop targeted interventions to improve the quality of care delivered to specific populations. The capacity to measure and monitor quality of care for various racial and ethnic populations rests on the ability both to measure quality of care in general and to conduct similar measurements across different racial and ethnic groups.

COLLECTING THE DATA

Collect race and ethnicity information directly from patients or their caregivers. This information should be collected only once and periodically validated. Avoid repeated collection to reduce the burden both for patients and staff. Once collected, it should be stored in an electronic format when possible.

If the patient refuses to answer questions about race and ethnicity, registration staff should move on with the process and record “unknown” in the field indicating the patient did not want to answer this question. Providing race and ethnicity information is voluntary, and staff should recognize when people feel uncomfortable or explicitly state they do not want to respond to these questions.

IDENTIFICATION QUESTIONS

PART A:

Are you Hispanic? (Choose only one)

- No - not Hispanic/Latino
- Yes - Hispanic/Latino

*The above part of the question is about ethnicity, not race. **No matter what you selected in Part A above, please provide an answer to Part B** by marking one of the boxes below to indicate what you consider your race to be.*

PART B:

Which of the following groups describe your race? (choose one)

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black
- White
- Other
- Unknown

(Please refer to DEFINITIONS for detailed descriptions)



RACE & ETHNICITY DEFINITIONS

Race:

Sociological designation identifying a class sharing some outward physical characteristics.

Ethnic group:

Socially distinguishable from other groups and has developed its own subculture—which can include nationality, religion, and language—and has a shared feeling of “peoplehood.”

Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” may be used.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North, Central, or South America, and who maintain a tribal affiliation or community attachment.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black: Persons having origins in any of the black racial groups of Africa.

White: Persons having origins in any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

Other: Any possible options not covered in the above categories.

Unknown: Persons who choose not to answer the question or the hospital fails to request the information.

FREQUENTLY ASKED QUESTIONS

•Why is data collection of patients’ race and ethnicity important?

Data currently available on patients’ race and ethnicity are limited or inaccurate. However, these data are critical to documenting the nature of disparities in health care and developing strategies to eliminate disparities and improve quality of care.

•What should we do if patients refuse or decline to answer the race/ethnicity questions?

Rephrase the question to make sure they understand. If they still refuse to answer, record as “unknown.”

•Is it okay to record race/ethnicity by observation when it is obvious to the staff, especially if the person has been coming to the hospital for years?

No. All race and ethnicity information needs to be captured through self-report of the patient or his/her caregiver. Otherwise the person is recorded as “unknown.”

•Why are we collecting data on Hispanic origin and not on other ethnic groups?

Hispanics comprise a substantial population in our country. Reliable data are needed to identify and assess public health needs relevant to Hispanics. Identifying these needs will make it possible to allocate public health resources to this important segment of our population

HOW WILL THE DATA BE USED?

Data on race and ethnicity are used to make sure that all patients get the best care possible. This information is used to identify disparities in treatment and outcomes so that we may apply resources and implement those best practices and policies which will support opportunities for all residents to be as healthy as possible.

For more information, go to:
<http://www.hretdisparities.org/>



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