



# RACE & ETHNICITY DATA COLLECTION ESSENTIALS

Nearly half of U.S. adults have hypertension, the leading risk factor for heart disease, heart attack, and stroke. Disproportionately affected Black, Latinx, Asian and Native American adults are less likely than White adults to have their blood pressure controlled.<sup>1</sup> These health inequities are the result of long-standing structural factors, such as racism, that restrict or deny access to optimal social determinants of health, increasing risk and a disproportionate burden of disease.

To achieve blood pressure control for all patients, disparities must be identified and addressed. The first step in achieving health care equity is to capture accurate and complete race and ethnicity demographic data.<sup>†</sup> With better information, health care organizations can begin identifying and addressing drivers of inequity.

**More than half** of Non-Hispanic Black men and women have hypertension and nearly 80% do not have it controlled to goal.<sup>1,2</sup>

## USE THESE RECOMMENDED CATEGORIES TO CAPTURE RACE AND ETHNICITY DATA

The Office of Management and Budget (OMB) developed standardized questions on race and ethnicity required for reporting by federal agencies and recipients of federal funds.<sup>3</sup> To ensure data quality, OMB advises collecting ethnicity data followed by race data. The Institute of Medicine (now the National Academies of Medicine) further defined how hospitals and other health care organizations should be collecting data.<sup>4</sup>

	MINIMUM OMB STANDARD	EXPANDED OMB CATEGORIES*		
<b>ETHNICITY</b> Are you Hispanic, Latino or Spanish origin?	Hispanic or Latino	<ul style="list-style-type: none"> <li>Mexican, Mexican American, Chicano</li> </ul>	<ul style="list-style-type: none"> <li>Puerto Rican</li> </ul>	<ul style="list-style-type: none"> <li>Cuban</li> </ul>
	Not Hispanic or Latino	Not of Hispanic, Latino, or Spanish origin		
<b>RACE</b> What is your race? (One or more categories may be selected)	White	<ul style="list-style-type: none"> <li>European</li> <li>Armenian</li> <li>English</li> </ul>	<ul style="list-style-type: none"> <li>French</li> <li>German</li> <li>Irish</li> </ul>	<ul style="list-style-type: none"> <li>Italian</li> <li>Polish</li> <li>Scottish</li> </ul>
	Black or African American	<ul style="list-style-type: none"> <li>Black/African American</li> <li>African</li> <li>Botswanan</li> </ul>	<ul style="list-style-type: none"> <li>Ethiopian</li> <li>Liberian</li> <li>Namibian</li> </ul>	<ul style="list-style-type: none"> <li>Nigerian</li> <li>Haitian</li> <li>Jamaican</li> </ul>
	American Indian or Alaska Native	American Indian or Alaska Native ( <i>over 800 defined tribal groupings</i> )		
	Asian	<ul style="list-style-type: none"> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> </ul>	<ul style="list-style-type: none"> <li>Japanese</li> <li>Korean</li> <li>Vietnamese</li> </ul>	<ul style="list-style-type: none"> <li>Pakistani</li> <li>Thai</li> </ul>
	Native Hawaiian or other Pacific Islander	<ul style="list-style-type: none"> <li>Native Hawaiian</li> <li>Guamanian or Chamorro</li> </ul>	<ul style="list-style-type: none"> <li>Samoan</li> </ul>	<ul style="list-style-type: none"> <li>Other Pacific Islander</li> </ul>

<sup>†</sup>Other demographic data, such as preferred language, disability, sexual orientation, and gender identity are also important, but this resource begins with race and ethnicity. \*Depending on the population you serve, see additional [sub-categories with subcommittee annotations](#) on Figure 3-3 on page 82 for best practice.

# STEPS TO IMPROVE DATA COLLECTION

## ASSESSMENT

### 1. How would you describe your team's current practice for data collection?

It is important that you know how race and ethnicity data are currently being collected from your patients.

- A. Do you first provide information to patients regarding why race and ethnicity data are important before asking for their response?
- B. Do you ask patients to self-report their race and ethnicity?
- C. Do you provide training/scripts on how to ask patients about their race and ethnicity?
- D. Do you have a standard process for collecting and recording race and ethnicity data in the electronic health record (EHR)?

If you answered "No" to 1 or more questions, you can take action to improve health care equity

## EDUCATION & TRAINING

### 2. What gaps do you see in your team's education and training?

Build your team's knowledge and skills to accurately document race and ethnicity data.

- Watch the [Target: BP Race & Ethnicity Data Collection webinar](#) (free CME/CE credit), or
- Watch [Collecting Patient Data: Improving Health Equity In Your Practice](#) (free CME credit)

#### Use existing resources to train staff:

- Start with the [Race, Ethnicity, and Language Data Collection Nuts & Bolts](#) (Wynia)
- For additional details, see the [Inventory of Resources for Standardized Demographic Data Collection](#)<sup>5</sup>

## PROCESS IMPROVEMENT

### 3. How can your team's processes be strengthened?

Improve your routine for standardizing the collection, entry, and use of accurate and complete patient-level race and ethnicity data in the medical record.

- Define a standard procedure for your health care team
- Offer patients written information about the importance of race/ethnicity data – see [We Ask Because We Care](#)
- Use scripts to support your health care team in effective communication
- Evaluate the impact of your efforts using quality improvement methods, by observing staff use of new skills, tools, and procedures

#### Consider examples of scripts and clinic procedures such as:

- [Sample Script for Collecting Race, Ethnicity, & Tribal Affiliation Data](#)
- [Sample Script for Health Care Teams](#)
- [Sample Patient Demographics Questionnaire](#)

## REFERENCES

1. AHA STATISTICAL UPDATE Heart Disease and Stroke Statistics— 2020 Update A Report From the American Heart Association Circulation - <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000757>
2. Hypertension Journal Report - Discrimination and Hypertension Risk Among African Americans in the Jackson Heart Study - <https://www.ahajournals.org/doi/abs/10.1161/HYPERTENSIONAHA.119.14492>
3. Office of Management and Budget. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Federal Register Notice, October 30, 1997; [https://obamawhitehouse.archives.gov/omb/fedreg\\_1997standards](https://obamawhitehouse.archives.gov/omb/fedreg_1997standards). Accessed December 1, 2019.
4. IOM (Institute of Medicine). 2009. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Washington, DC: The National Academies Press. <https://www.ahrq.gov/sites/default/files/publications/files/iomracereport.pdf>
5. Centers for Medicare & Medicaid Services (CMS) Compendium of Resources for Standardized Demographic and Language Data Collection, March 2019. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf>

Once you have completed the first steps toward systematically collecting standardized race and ethnicity data, you can use this data to identify and address health care disparities through your quality improvement efforts. See [Inventory of Resources for Standardized Demographic Data Collection](#)<sup>5</sup> for additional examples of how to achieve equitable health outcomes.

**Disclaimer:** The materials in this guide represent guidance based on research and should not be relied upon as legal or other advice. Results in achieving health equity are not guaranteed. Race and ethnicity data should be collected and protected in accordance with state and federal laws.