Frequently Asked Questions about Standardizing the Collection of Race and Ethnicity Data

Target Audience: Hospital Admissions/Registration Staff

Purpose: This document provides answers to questions that are frequently asked about the collection of expanded race and ethnicity data.

FAQ 1: How is ethnicity defined and what is its relationship to a person’s race?

A: As stated in the 2009 Institute of Medicine Report Race, Ethnicity and Language Data Standardization for Health Care Quality Improvement, ethnicity is defined as a common ancestral heritage that gives social groups a shared sense of identity. A particular ethnic group may contain persons who self-identify with different race categories. This is why there is the convention now, as instituted by the U.S. government in 1997, to split race and ethnicity.

FAQ 2: Where can I find the list of race/ethnicity categories?

A: NYS uses the U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0. The CDC has prepared a code set for use in coding race and ethnicity data. This code set can be found at: http://www.health.ny.gov/statistics/sparcs/sysdoc/apprr.htm

FAQ 3: What does SPARCS stand for?

A: The Statewide Planning and Research Cooperative System (SPARCS) is a comprehensive data reporting system established in 1979 as a result of cooperation between the health care industry and government. Initially created to collect information on discharges from hospitals, SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for every patient admitted and discharged from the hospital or seen and discharged from an ambulatory surgery clinic or emergency department admission in New York State.

FAQ 4: Is there a standard to follow for reporting on persons with mixed or multiple races and ethnicities?

A: The SPARCS categories include the option for people to choose more than one race and more than one ethnicity. Refer to the link above or the example patient demographic form provided.
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FAQ 5: Do we need to collect all Race and Ethnicity Categories shown in Appendix RR including the more granular information or just the bolded levels?

A: Collect and report data as granular as possible. In the future, these more granular categories may be required.

FAQ 6: Is the patient required to sign the form that the intake staff person is using to collect race and ethnicity?

A: No the patient is not required to sign the form.

FAQ 7: Is it okay to record race and ethnicity by observation when it is obvious to the staff, especially if the person has been coming to the hospital for years?

A: No. All information on race and ethnicity needs to be captured through self-report by the patient or his/her caregiver.

FAQ 8: What should we do if our patients "refuse" or "decline" to answer the race, ethnicity and language questions?

A: Based on past experience with other hospitals, the percentage of refusals is small. SPARCS requires a race and ethnicity for every claim, there is not a recommendation for refuse or decline, the only options are to report “other” race and “unknown” ethnicity.

FAQ 9: My organization’s Hispanic patients often have difficulty identifying with any of the standard race categories. What should registration staff do in this situation to help the patient self-identify?

A: Patients who identify themselves as Hispanic/Latino – which is their ethnicity – may have difficulty identifying with any of the standard race categories. If the patient does not self-identify with any of the race categories, registration staff may provide an explanation of the race categories as needed to provide the patient with more information, but should not put pressure on the patient to make a selection if the patient does not choose one.

FAQ 10: If a patient’s preferred language is Spanish, can registration staff assume the patient’s ethnicity is Hispanic?

A: No, registration staff should not make any assumptions about a patient’s demographic information. The most accurate information is obtained when the patient provides his/her own response to the questions. The registration staff should ask the patient to self-identify his/her race and ethnicity.
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FAQ 11: Regarding the collection of patient race and ethnicity, how do we address patients'/family members concerns such as, "I have been coming here for a long time, don’t you have that information already?"

A: You can use the following response or a modification of it:

“We may have the information already but in some instances we do not. We want to make sure that we have the correct information for everyone so we can ensure that everyone is getting the best quality of care regardless of his/her race/ethnicity.”

FAQ 12: Should we ask patients for their race and ethnicity each time they come to the hospital?

A: We recommend that you develop a system that enables you to capture the information only once with periodic updates (e.g., every two years).

FAQ 13: How might our hospital address a patient concern about their immigration status when asked for their race and ethnicity?

A: If a patient has a concern related to immigration status, registration staff should make it clear to the patient that the race and ethnicity questions are not being asked to determine the patient’s immigration status and the patient’s responses to the questions will not be reported to the authorities. According to fieldwork with dozens of hospitals, including some in border states, most patients were comfortable with the above explanation. In a few instances, patients were still uncomfortable. SPARCS requires a race and ethnicity for every claim. There is not a category for refuse or decline, the only options are “other” race and “unknown” ethnicity.

FAQ 14: How should our registration staff obtain race and ethnicity for infants and children?

A: The reported race and ethnicity of infants and children should reflect the race(s) and ethnicity(ies) of both the infant’s mother and father. Previously, only one race and one ethnicity could be reported in SPARCS. Now up to a total of 10 different codes for race and ethnicity can be reported.
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FAQ 15: Should the script for asking questions about race and ethnicity be in paper or electronic format?

A: This decision is up to each hospital. It may be easier for staff if the script is on the patient registration screen, but some hospitals have indicated that there is not enough room on their screens to accommodate this option. When the script cannot be placed directly on the screen, it is best to have laminated cards, with script typed in large bold-faced font, at each registration station.

FAQ 16: When is the best time to start communicating to the community and our patient population about the changes to the registration process for collecting race and ethnicity information?

A: We suggest that you start communicating as soon as possible. You can use your hospital newsletter, community meetings, email, and other venues you have at your disposal. You may also want to display a poster or provide an informational flyer that registration staff can hand out to patients during registration.

We have developed flyer and poster tools to use and display in registration, waiting areas, cafeteria, and more in your hospital to let patients know that they will be asked for their race and ethnicity during registration. Each is available seven different languages. The poster and flyer files are available from http://improvepatientdatanys.org/