

Staff Reference Booklet

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I. Introduction

To ensure that data are collected accurately and consistently, organizations need to invest in training staff. Staff should be partners in this process. The training should provide information about why it is important to collect these data, how to collect data, and how to answer questions or address concerns from patients. The information in this booklet is designed to serve as a quick reference for definitions, scripts, categories, and key terms.

II. Definition of the Broad OMB Categories

OMB Revised Standards (1997)

In 1997, the Office of Management and Budget (OMB) published Revisions to the Standards for Classification of Federal Data on Race and Ethnicity. For detailed information about the OMB standards, [click here](#).

The OMB revised standards include separate race and ethnicity questions. See below for specific OMB recommendations

First ask questions about ethnicity.

OMB Ethnicity

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

Not Hispanic or Latino.

OMB Race

American Indian/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.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black/African American: A person having origins in any of the black

racial groups of Africa. Terms such as “Haitian” or “Somali” can be used in addition to “Black or African American.”

Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

Our recommended modifications to OMB include adding the following categories:

Multiracial (OMB does not support using a multiracial category. However, our field experience has shown that the use of this category is necessary when checking off more than one response option is not possible for a variety of reasons.)

Declined (This category is an indication that the person did NOT want to respond to the question and should not be asked again during the same visit or during a subsequent visit.)

Unavailable (This category is an indication that the person could not respond to the question and can be asked again during the same visit or during a subsequent visit.)

III. Granular Categories

The U.S. Centers for Disease Control and Prevention (CDC) have prepared a code set for use in coding race and ethnicity data. This code set is based on current federal standards for classifying data on race and ethnicity, specifically the minimum race and ethnicity categories defined by the OMB described above and a more detailed set of race and ethnicity categories maintained by the U.S. Bureau of the Census. The code set can be applied in both electronic and paper-based record systems.

Within the table, each race and ethnicity concept is assigned a unique identifier, which can be used in electronic interchange of race and ethnicity data. The hierarchical code is an alphanumeric code that places each discrete concept in a hierarchical position with reference to other related concepts. For example, Costa Rican, Guatemalan, and Honduran are all ethnicity concepts whose hierarchical codes place them at the same level relative to the concept Central American, which is the same hierarchical level as Spaniard within the broader concept Hispanic or Latino.

In contrast to the unique identifier, the hierarchical code can change over time to accommodate the insertion of new concepts.

Please ask your supervisor for the specific granular categories you will be using at your facility.

IV. Language Categories

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| African languages | Other native North American languages |
| American Sign Language | Persian |
| Arabic | Polish |
| Armenian | Portuguese |
| Chinese | Portuguese Creole |
| French | Russian |
| French Creole | Scandinavian languages |
| German | Serbo-Croatian |
| Greek | Spanish |
| Gujarathi | Tagalog |
| Hebrew | Thai |
| Hindi | Urdu |
| Hungarian | Vietnamese |
| Italian | Yiddish |
| Japanese | Availability of Sign Language or other auxiliary aids or services |
| Korean | Do not know |
| Laotian | Unavailable |
| Miao Hmong | Declined |
| Mon-Khmer Cambodian | |
| Navajo | |

IV. Script

Keep it simple.

“We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care.”

In addition, it is important to state that the information is confidential:

“The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement and oversight, and the confidentiality of what you say is protected by law.”

Most people will respond to the question. However, if an individual explicitly tells you that he/she does not want to answer the question or it is very clear that the individual has concerns, record “declined” and move on with the registration process. There is no need to press the issue.