

Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status

Current law invests in the implementation of a new health data collection and analysis strategy. This strategy contains provisions to strengthen federal data collection efforts by requiring that all national federal data collection efforts collect information on race, ethnicity, sex, primary language and disability status. The law also provides the Department of Health and Human Services (HHS) the opportunity to collect additional demographic data to further improve our understanding of healthcare disparities.

The law requires that data collection standards for these measures be used, to the extent that it is practical, in all national population health surveys. It applies to self-reported information only. The law also requires any data standards published by HHS to comply with [standards created by the Office of Management and Budget \(OMB\)](#).

The standards apply to population health surveys sponsored by HHS, where respondents either self-report information or a knowledgeable person responds for all members of a household. HHS is implementing these data standards in all new surveys and at the time of major revisions to current surveys.

I. and II. Race and Ethnicity

Ethnicity is always asked before Race

Ethnicity Data Standard	Categories
<p>Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin b. <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a c. <input type="checkbox"/> Yes, Puerto Rican d. <input type="checkbox"/> Yes, Cuban e. <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin 	<p>} These categories roll-up to the Hispanic or Latino category of the OMB standard</p>
Race Data Standard	Categories
<p>What is your race? (One or more categories may be selected)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> White b. <input type="checkbox"/> Black or African American c. <input type="checkbox"/> American Indian or Alaska Native d. <input type="checkbox"/> Asian Indian e. <input type="checkbox"/> Chinese f. <input type="checkbox"/> Filipino g. <input type="checkbox"/> Japanese h. <input type="checkbox"/> Korean i. <input type="checkbox"/> Vietnamese j. <input type="checkbox"/> Other Asian k. <input type="checkbox"/> Native Hawaiian l. <input type="checkbox"/> Guamanian or Chamorro m. <input type="checkbox"/> Samoan n. <input type="checkbox"/> Other Pacific Islander 	<p>} These categories are part of the current OMB standard</p> <p>} These categories roll-up to the Asian category of the OMB standard</p> <p>} These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard</p>

III. Sex

Sex Data Standard

What is your sex?

- a. ___ Male
- b. ___ Female

IV. Primary Language

Data Standard for Primary Language

How well do you speak English? (5 years old or older)

- a. ___ Very well
- b. ___ Well
- c. ___ Not well
- d. ___ Not at all

Data Collection for Language Spoken (Optional)

1. *Do you speak a language other than English at home? (5 years old or older)*

- a. ___ Yes
- b. ___ No

For persons speaking a language other than English (answering yes to the question above):

2. *What is this language? (5 years old or older)*

- a. ___ Spanish
- b. ___ Other Language (Identify)

V. Disability Status

Data Standard for Disability Status

1. *Are you deaf or do you have serious difficulty hearing?*

- a. ___ Yes
- b. ___ No

2. *Are you blind or do you have serious difficulty seeing, even when wearing glasses?*

- a. ___ Yes
- b. ___ No

3. *Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)*

- a. ___ Yes
- b. ___ No

4. *Do you have serious difficulty walking or climbing stairs? (5 years old or older)*

- a. ___ Yes
- b. ___ No

5. *Do you have difficulty dressing or bathing? (5 years old or older)*

- a. ___ Yes
- b. ___ No

6. *Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)*

- a. ___ Yes
- b. ___ No