

Collect Self-Identified Race, Ethnicity, and Language Quick Reference Guide for Providers

Collection of race, ethnicity, and language (R/E/L) data is a vitally important step, not just for satisfying Meaningful Use, but in improving the quality of care provided to your patients. Selecting “Other” is a reasonable choice if a patient either does not want to answer, or if the answer given does not fit within the choices provided, but “Other” should not be selected because asking the question is a bit awkward.

Who Should We Collect R/E/L Data From?

Every patient that comes into the office should be asked. This ensures our data is not biased or one-sided.

Why Collect R/E/L Data?

- We can ensure we provide adequate interpreter services, patient information materials, and cultural competency training for staff.
- We can link patient R/E/L data with clinical information to improve quality care and examine health care disparities, such as why Caucasian women receive more mammograms than African-American or Hispanic women.
- We can link certain clinical information or conditions to a specific race (e.g., sickle cell anemia in African Americans).
- We can use quality improvement tools/techniques to address healthcare disparities.
- We can validate that all patients receive high-quality care.

How to Collect R/E/L Data?

- Upon checking in the patient, simply ask for R/E/L information and record this accurately in the system. Again, don’t assume you know. Let the patient self-identify.
 - *Federal statutes do not prohibit collecting these data, and a few even require it. Indeed, collecting and reporting data on race, ethnicity, and language are legal and authorized under Title VI of the Civil Rights Act of 1964 ([Perot and Youdelman, 2001](#)).*
- If you are uncomfortable asking, create a registration form that allows patients to write down their R/E/L information.

How Do I Let My Patients Know I am Collecting R/E/L Data?

- **Verbal** - “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 and preferred language so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality care.”
- **Written** – This could include wall posters written in various languages as to the importance of collecting R/E/L data.

How Should Staff Address Common Patient Responses?

Patient Response	Suggested Response	R/E/L Code
“I’m American.”	Would you like to use an additional term, or would you like me to just put American?	Other or As Specified.
"Can't you tell by looking at me?"	Well, usually I can. But sometimes I'm wrong, so we think it is better to let people tell us. I don't want to put in the wrong answer. I'm trained not to make any assumptions.	As specified.
If using open-ended option: "I don't know. What are the responses?"	You can say White, Black or African American, Latino or Hispanic, Asian, American Indian or Alaska Native, Pacific Islander or Native Hawaiian, some other race, or any combination of these. In addition, you can also use more specific terms like Irish, Jamaican, Mexican, etc.	As specified.
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	That is really up to you. You can use any term you like. It is fine to say that you are Nigerian.	As specified.
"I'm human."	Is that your way of saying that you don't want to answer the question? If so, I can just say that you didn't want to answer, which is fine.	Other.
"It's none of your business."	I'll just put down that you didn't want to answer, which is fine.	Other.
"Who looks at this?"	The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement.	As Specified.
"Are you trying to find out if I'm a US citizen?"	No. Definitely not! Also, you should know that the confidentiality of what you say is protected by law, and we do not share this information with anyone.	As Specified.